

SENTARA COMMUNITY PLAN (MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. If the information provided is not complete, correct, or legible, the authorization process can be delayed.

Drug Requested: Nucala® SQ (mepolizumab) (Pharmacy) (Non-Preferred)
Eosinophilic Granulomatosis Polyangiitis (EGPA)*

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight (if applicable): _____ Date weight obtained: _____

Recommended Dosage: 300 mg/mL SubQ once every 4 weeks administered as 3 separate 100-mg injections; single-dose prefilled auto-injector/single-dose prefilled syringe

***The Health Plan considers the use of concomitant therapy with Cinqair®, Dupixent®, Fasenra®, Tezspire™ and Xolair® to be experimental and investigational. Safety and efficacy of these combinations have **NOT** been established and will **NOT** be permitted. In the event a member has an active Cinqair®, Dupixent®, Fasenra®, Tezspire™ or Xolair® authorization on file, all subsequent requests for Nucala® will **NOT** be approved.**

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CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Initial Authorization: 6 months

1. Has the member been approved for Nucala[®] previously through the Sentara medical department?
☐ Yes ☐ No
2. Is the member 18 years of age or older?
☐ Yes ☐ No
3. Does the member have a confirmed diagnosis of EGPA (aka Churg-Strauss Syndrome)?
☐ Yes ☐ No
4. Does the member have blood eosinophils ≥ 1000 cells/ μ L or $\geq 10\%$ eosinophils on white blood cell differential count?
☐ Yes ☐ No
5. Has the member been on stable dose of concomitant oral corticosteroid therapy for at least 4 weeks (i.e., prednisone or prednisolone at a dose of 7.5 mg/day)?
☐ Yes ☐ No
6. Has the physician assessed baseline disease severity utilizing an objective measure/tool (e.g., Birmingham Vasculitis Activity Score [BVAS], history of asthma symptoms and/or exacerbations, duration of remission, rate of relapses)?
☐ Yes ☐ No
7. Has the member tried and failed an adequate trial of the preferred product Fasenra[®]?
☐ Yes ☐ No

Reauthorization: 12 months. Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

1. Has the member been assessed for toxicity?
☐ Yes ☐ No
2. Does the member have disease response as indicated by improvement in signs and symptoms compared to baseline as evidenced in one or more of the following:
 - Member is in remission [defined as a Birmingham Vasculitis Activity Score (BVAS) score=0 and a prednisone/prednisolone daily dose of ≤ 7.5 mg]
 - Decrease in maintenance dose of systemic corticosteroids
 - Improvement in BVAS score compared to baseline
 - Improvement in asthma symptoms or asthma exacerbations
 - Improvement in duration of remission or decrease in the rate of relapses?☐ Yes ☐ No

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***Eosinophilic Granulomatosis Polyangiitis (EGPA) is defined as all the following:**

- History or presence of asthma
- Blood eosinophil level > 10% or an absolute count > 1000 cells/mm³
- Two or more of the following criteria:
 - Histopathologic evidence of eosinophilic vasculitis, perivascular eosinophilic infiltration, or eosinophil rich granulomatous inflammation
 - Neuropathy
 - Pulmonary infiltrates
 - Sinonasal abnormalities
 - Cardiomyopathy
 - Glomerulonephritis
 - Alveolar hemorrhage
 - Palpable purpura
 - Antineutrophil Cytoplasmic Antibody (ANCA) positivity

Medication being provided by Specialty Pharmacy - PropriumRx

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****