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® (mepolizumab) **(Pharmacy) (Non-Preferred)**
Chronic rhinosinusitis with nasal polyps (CRSwNP)

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:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight: _____ **Date:** _____

Recommended Dosage:

- 100 mg/mL subcutaneously once every 4 weeks

Quantity Limit: 100 mg per 28 days

***Sentara Health Plans considers the use of concomitant therapy with Cinqair®, Dupixent®, Fasenra®, 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®, and/or Xolair® authorization on file, any subsequent requests for Nucala® will NOT be approved.**

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.

(Continued on next page)

❑ DIAGNOSIS: Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

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 bilateral symptomatic sino-nasal polyposis with symptoms lasting at least 8 weeks?
   ❑ Yes ❑ No
4. Has the member failed at least 8 weeks of intranasal corticosteroid therapy?
   ❑ Yes ❑ No
5. Will therapy be used in combination with intranasal corticosteroids unless unable to tolerate or contraindicated?
   ❑ Yes ❑ No
6. Has the member tried and failed an adequate trial of the **preferred product Xolair®?**
   ❑ Yes ❑ No

Reauthorization Approval: 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 in one or more of the following: nasal/obstruction symptoms, improvement of sinus opacifications as assessed by CT-scans and/or an improvement on a disease activity scoring tool [e.g., nasal polyposis score (NPS), nasal congestion (NC) symptom severity score, sinonasal outcome test-22 (SNOT-22), etc.]? **(supporting chart notes submitted)**
   ❑ Yes ❑ No
3. Has the member had improvement in at least one of the following: reduction in nasal polyp size, reduction in the need for systemic corticosteroids, improvement in quality of life, improvement in sense of smell, and/or reduction of impact of comorbidities? **(supporting chart notes submitted)**
   ❑ Yes ❑ No

Medication being provided by (check box below that applies):

❑ **Physician's office** **OR** ❑ **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.*

REVISED/UPDATED/REFORMATTED: ~~12/13/2021; 12/23/2021~~, ~~11/9/2023~~, ~~5/24/2024;~~ **6/19/2024**