

SENTARA HEALTH PLANS

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 information provided is not complete, correct, or legible, authorization can be delayed.

Drug Requested: Nucala® (mepolizumab) **(Pharmacy)**
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: _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

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

Quantity Limit: 100 mg per 28 days

*The Health Plan considers the use of concomitant therapy with Cinqair®, Nucala®, 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.

DIAGNOSIS: Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

Initial Authorization: 12 months

- Prescribed by or in consultation with an allergist, immunologist or otolaryngologist
- Member is 18 years of age or older

(Continued on next page)

- Member has a **diagnosis of CRSwNP** confirmed by the American Academy of Otolaryngology-Head and Neck Surgery Clinical Practice Guideline (Update): Adult Sinusitis (AAO-HNSF 2015)/American Academy of Allergy Asthma & Immunology (AAAAI) with **ONE** of the following clinical procedures:
 - Anterior rhinoscopy
 - Nasal endoscopy
 - Computed tomography (CT)
- Member has a documented diagnosis of chronic rhinosinusitis defined by at least 12 weeks of the following:
 - Mucosal inflammation **AND** at least **TWO** of the following:
 - Decreased sense of smell
 - Facial pressure, pain, fullness
 - Mucopurulent drainage
 - Nasal obstruction
- Member has tried and failed intranasal corticosteroids **for at least 30 consecutive days** within a year of request (**verified by pharmacy paid claims**)
- Member is requesting Nucala® (mepolizumab) as add-on therapy to maintenance intranasal corticosteroids (**verified by pharmacy paid claims**)

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.

- Member has experienced a positive clinical response to Nucala® therapy (e.g., reduced nasal polyp size, improved nasal congestion, reduced sinus opacification, decreased sino-nasal symptoms, improved sense of smell, reduction in use of oral corticosteroids)
- Member has been compliant on Nucala® therapy and continues to receive therapy with an intranasal corticosteroid (**verified by pharmacy paid claims**)

Medication being provided by Specialty Pharmacy – Proprium Rx

****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.