

# 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 the information provided is not complete, correct, or legible, the authorization process can be delayed.**

**Drug Requested:** Brinsupri™ (brensocatib)

**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:** 10 mg or 25 mg once daily

**Quantity Limit:** 30 tablets per 30 days (both strengths)

**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: 12 months**

- Member must be  $\geq 12$  years of age or older
- Prescribed by or in consultation with a pulmonologist
- Member has bronchiectasis diagnosed by chest computed tomography in the last five years (**submit documentation**)

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- Member must meet **ONE** of the following (**submit documentation**):
  - For members  $\geq$  12 years of age and  $<$  18 years of age:** Member has a history of at least one pulmonary exacerbation during the previous 12 months requiring an antibiotic prescription, urgent care or emergency room visit, or hospitalization prior to initiating Brinsupri™
  - For members  $\geq$  18 years of age:** Member has a history of at least two pulmonary exacerbations during the previous 12 months requiring an antibiotic prescription, urgent care or emergency room visit, or hospitalization, prior to initiating Brinsupri™
- [NOTE: A pulmonary exacerbation is defined as worsening of three or more of the following major symptoms over 48 hours: increased cough, increased sputum volume or change in sputum consistency, increased sputum purulence, increased breathlessness, decreased exercise tolerance, fatigue and/or malaise, and hemoptysis.]**
- Member does **NOT** have cystic fibrosis
- Provider attests bronchiectasis is **NOT** driven primarily by other comorbid respiratory conditions (e.g., asthma, chronic obstructive pulmonary disease (COPD), alpha-1 antitrypsin deficiency, and known or suspected immunodeficiency disorders)
- Member is a current non-smoker
- Member has tried and failed antibiotics and other optimal supportive treatments for bronchiectasis including the following where clinically appropriate (**check all that apply; verified by chart notes and/or pharmacy paid claims**):
  - Antibiotics:**
    - Chronic or intermittent macrolide therapy (e.g., azithromycin)
    - Other systemic antibiotics (e.g.,  $\beta$ -lactams or tetracyclines)
    - Inhaled antibiotics (e.g., tobramycin, aztreonam)
  - Expectorants and mucolytics:**
    - e.g., hypertonic saline, dornase alfa, mannitol, or acetylcysteine
  - Airway clearance techniques:**
    - e.g., chest physiotherapy, mechanical percussion vests, or breathing techniques
  - Other adjunct therapies**, as clinically indicated:
    - Inhaled bronchodilators
    - Anti-inflammatory medications
    - Management of gastroesophageal reflux disease (GERD)
- Prescribed dose does **NOT** exceed the maximum daily dose of one per day for 10 mg or 25 mg strength tablets

**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 continues to meet all initial authorization criteria

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- ❑ Provider attests to an absence of unacceptable toxicity from therapy (e.g., hyperkeratosis and periodontitis or gingivitis, severe infections)
- ❑ Provider must submit clinical notes documenting clinical improvement (e.g., reduction in the number of exacerbations or preservation of lung function) while on Brinsupri™

**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.\****