

# AvMed

## 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 1-305-671-0200.** 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<sup>®</sup> (mepolizumab) (**Pharmacy**)  
{Hypereosinophilic Syndrome (HES)}

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

Member Name: \_\_\_\_\_

Member AvMed #: \_\_\_\_\_ 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 Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

Weight: \_\_\_\_\_ Date: \_\_\_\_\_

**Recommended Dosage:** 300 mg/mL SubQ once every 4 weeks administered as 3 separate 100-mg injections

**\*The Health Plan considers the use of concomitant therapy with Cinqair<sup>®</sup>, Dupixent<sup>®</sup>, Fasentra<sup>®</sup>, Nucala<sup>®</sup>, Tezspire<sup>®</sup> and Xolair<sup>®</sup> 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<sup>®</sup>, Dupixent<sup>®</sup>, Fasentra<sup>®</sup>, Tezspire<sup>®</sup> or Xolair<sup>®</sup> authorization on file, all subsequent requests for Nucala<sup>®</sup> 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.

**Initial Authorization: 12 months**

- Member is  $\geq$  12 years of age
- Prescriber is or has consulted with an Allergist, Immunologist, Pulmonologist or Rheumatologist

(Continued on next page)

- Member has a diagnosis of HES for 6 months or longer without any non-hematologic secondary cause (i.e. drug hypersensitivity, parasitic helminth infection, human immunodeficiency virus infection, non-hematologic malignancy) **(submit chart notes and labs confirming diagnosis)**
- Member has FIP1L1-PDGFR $\alpha$ -negative disease
- Member has had two or more episodes of HES-related flares (worsening of clinical symptoms and/or worsening of blood eosinophil counts) requiring escalation of therapy in the past 12 months **(submit chart notes)**
- Member's HES-related flares occur spontaneously and did **NOT** occur within 4 weeks of a decrease in therapy
- Member has been on a stable dose of HES therapy (such as oral corticosteroids, immunosuppressive agents and/or cytotoxic therapy) for the past 4 or more weeks **(verified by pharmacy paid claims)**
- Member's blood eosinophil count is  $\geq 1000$  cells/microliter while taking stable doses of HES therapy **(submit labs obtained within 4 weeks of request)**

**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 response to Nucala<sup>®</sup> therapy as determined by the prescriber (i.e. decreased number of flares, improved fatigue, reduced corticosteroid requirements, and decreased eosinophil levels) **(submit chart notes)**

**Medication being provided by a 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.\****