

PRIOR AUTHORIZATION REQUEST FORM
IL5 RECEPTOR ANTAGONIST FOR ASTHMA
 Cinqair®, Fasentra®, Nucala®

For authorization, please answer each question and fax this form PLUS chart notes back to the U of U Health Plans Prior Authorization Department. Failure to submit clinical documentation to support this request will result in delay and/or denial of the request.

- For **Medical Pharmacy** please fax requests to 801-213-1547.
- For **Retail Pharmacy** requests please fax requests to: 888-509-8142

If you have prior authorization questions, please call for assistance: Healthy U: 855-856-5694, University of Utah Health Employees: 855-856-5690, Individual & Family Plans: 855-869-4769, Commercial Groups: 855-859-4892, MHC: 855-885-7695, Advantage U Part B: 888-605-0858

Date:	Member Name:	ID#:
DOB:	Gender:	Physician:
Office Phone:	Office Fax:	Office Contact:
Height/Weight:	HCPCS Code:	

Member must try formulary preferred drugs before a request for a non-preferred drug may be considered. If treatment with preferred products has not been successful, you must submit which preferred products have been tried, dates of treatment, and reason for failure. Reasons for failure must meet the Health Plan medical necessity criteria.

Preferred: Fasentra® (benralizumab), Nucala® (mepolizumab)

Non-Preferred: Cinqair® (reslizumab)

Dosing/Frequency: _____

If the request is for reauthorization, proceed to reauthorization section

Questions	Yes	No	Comments/Notes
1. Is the request for treatment of eosinophilic asthma?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the request for the preferred product Fasentra®?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the member meet the age restrictions for the requested product? <ul style="list-style-type: none"> • Fasentra: at least 12 years of age • Cinqair: at least 18 years of age • Nucala: at least 6 years of age 	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does documentation show the member's baseline eosinophil count?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide documentation
5. Is the member being followed by an asthma specialist (e.g. allergist, immunologist, or pulmonologist)?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Has the member shown to be ≥80% compliant with high-dose inhaled corticosteroids (ICS) and long-acting inhaled beta-2-agonists (LABA) and oral corticosteroids for exacerbation?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide documentation
7. Does the member have poor asthma control, defined as ≥2 acute exacerbations in 12 months requiring additional medical treatment and an Asthma Control Test ≤19?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide documentation

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8. Does documentation show the member's forced expiratory volume (FEV1)?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide documentation
9. Are the underlying conditions or triggers for asthma or pulmonary disease maximally managed?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the member an active smoker?	<input type="checkbox"/>	<input type="checkbox"/>	
11. If yes, does documentation show that smoking cessation has been addressed?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide documentation
REAUTHORIZATION			
1. Is the request for reauthorization?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does updated documentation show sustained clinical improvement from baseline, such as decreased nighttime awakenings, improved FEV1, reduced missed days from work/school, decreased daytime symptoms, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide documentation
What medications and/or treatment modalities have been tried in the past for this condition? Please document name of treatment, reason for failure, treatment dates, etc.			
Additional information:			
Physician's Signature:			

****Failure to submit clinical documentation to support this request will result in delay and/or denial of the request****

Policy PHARM- 035
 Origination Date: 07/25/2018
 Reviewed/Revised Date: 01/22/2020
 Next Review Date: 01/23/2021
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