

HEALTHY U CHIP

PRIOR AUTHORIZATION REQUEST FORM Eosinophilic Granulomatosis with Polyangiitis (EPGA) Fasenra®, Nucala®

For authorization, please answer each question and fax this form PLUS chart notes back to the Healthy U CHIP Prior Authorization Department.

- For **Medical Pharmacy** please fax requests to: 801-213-1547
- For **Retail Pharmacy** please fax requests to: 385-425-4052

Failure to submit clinical documentation to support this request will result in a dismissal of the request.

If you have prior authorization questions, please call for Pharmacy Customer Service for assistance at 385-425-5094

Disclaimer: Prior authorization request forms are subject to change in accordance with Federal and State notice requirements.

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/Non-Preferred

1. Preferred
 - a. Fasenra® (benralizumab)
2. Non-Preferred
 - a. Nucala® (mepolizumab)

Product being request: _____

Dosing/Frequency: _____

If the request is for reauthorization, proceed to reauthorization section

Questions	Yes	No	Comments/Notes
1. Is the request made by, or in consultation with, a pulmonologist, rheumatologist, allergist, or immunologist?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the member have a past medical history or presence of asthma?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide documentation
3. Does documentation show blood eosinophil level of $\geq 10\%$ or an absolute count $> 1000 \text{ cells/mm}^3$?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide documentation
4. Does the member have a confirmed diagnosis of EGPA with at least 2 of the following: <ul style="list-style-type: none"> • Neuropathy • Pulmonary infiltrates • Sinonasal abnormality • Cardiomyopathy • Glomerulonephritis • Alveolar hemorrhage • Antineutrophil cytoplasmic antibody (ANCA) positivity • Histopathologic evidence of eosinophilic vasculitis, perivascular eosinophilic 	<input type="checkbox"/>	<input type="checkbox"/>	Please provide documentation

<ul style="list-style-type: none"> Palpable purpura 	infiltration or eosinophil rich granulomatous inflammation			
5. Has the member been on a stable corticosteroid dose for at least 4 weeks prior to initiating the requested therapy?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide documentation	
6. Has the member tried at least one of the following immunosuppressants used for maintenance therapy: azathioprine, methotrexate, or leflunomide?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide documentation	
7. Does documentation show objective baseline severity (e.g. nighttime awakenings, daytime symptoms, FEV1, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide documentation	
REAUTHORIZATION				
1. Is the request for reauthorization of therapy?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does updated documentation show that the member has experienced a positive clinical response of at least one of the following: <ul style="list-style-type: none"> reduction in the frequency and/or severity of relapses reduction or discontinuation of doses of corticosteroids and/or immunosuppressants disease remission reduction in severity or frequency of EGPA-related symptoms 	<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:				

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Policy: PHARM-CHIP-163
Origination Date: 01/23/2025
Reviewed/Revised Date: 01/29/2025
Next Review Date: 01/29/2026
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