

COMMONWEALTH OF VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES Service Authorization (SA) Form

DUR MEDICATIONS FASENRA® Autoinjector Pen (benralizumab) and NUCALA® Prefilled Autoinjector and Syringe (mepolizumab)

If the following information is not complete, correct, or legible, the SA process can be delayed.

Please use one form per member.

MEMBER INFORMATION	
Last Name:	First Name:
Medicaid ID Number:	Date of Birth:
Gender: Male Female	Weight in Kilograms:
PRESCRIBER INFORMATION	
Last Name:	First Name:
NPI Number:	
Phone Number:	Fax Number:
DRUG INFORMATION	
Drug Name/Form:	
Strength:	
Dosing Frequency:	
Length of Therapy:	
Quantity per Day:	

Me	emb	er's La	st Nar	ne:								Men	nber	's Fir	st Na	ame:	:						
DI	AGN	NOSIS A	AND	MED	CAL	INFO	RM	ATIC	ON														
Fo	r ini	tial app	oroval	of FA	SENF	RA®,	com	plete	e the	foll	ow	ing q	uest	ions	to re	eceiv	e a 6	-mo	nth a	ppro	oval:		
*	Foi	FASEN	IRA:																				
	1.	Is ther (e.g., o	omaliz		o, me					_					on w	rith a	noth	er m	onoc	:lona	l anti	body	/
	For Severe Asthma: 2. Is the member 12 years of age or older? AND																						
	2.																						
	3.																						
	4.	Does t cells/µ Ye	ւL witl		week					eosin	юр	hilic	pher	notyp	oe de	efine	d as I	olood	l eosi	inopl	hils ≥	150	
	5.	Is ther							d for	r add	-or	n mai	inter	nance	e trea	atme	nt in	mer	nbers	s reg	ularly	/	
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		•	An a		onal c	ontro	oller	med	licati	on (e	e.g.	, lon	g-act	ing b	oeta	agon	ist, l	euko	trien	e mo	difie	rs, et	c.)?
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	6.	Is ther requir define	ing da d abo	ily or	al cor														•		•		ру

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	7.	Does t	_	mber No		nue to	mee [.]	t the	abov	e crit	eria	a? A	ND									
	8.																					
	9.	Has treatment resulted in clinical benefit? Yes No																				
	Yes No For Severe Asthma:																					
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*	Foi	r NUCA	LA:																			
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1	 14. Is there confirmation that this is used for add-on maintenance treatment in members regularly receiving BOTH of the following: Medium- to high-dose inhaled corticosteroids; AND An additional controller medication (e.g., long-acting beta agonist, leukotriene modifiers, etc.)? AND Yes No 15. Is there confirmation that the member has had two or more exacerbations in the previous year 															,							
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			ophilic membe		years				•	•	•	EGP	4) :										
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1	8. D	oes t	he mer	mber] No		e bloo	od ed	osino	ophil	s ≥ 1	.50	cells	/μL v	vithi	n 6 w	/eeks	s of d	losin	g? A l	ND			
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For	ren	ewal	of N	UCAL	A, co	omple	ete the	follo	owin	ions	to re	ceiv	e a 6	-moi	nth a	ppro	oval:						
	 21. Does the member continue to meet the above criteria? AND Yes No 22. Is member absent of unacceptable toxicity from the drug? Examples of unacceptable toxicity 																						
	 22. Is member absent of unacceptable toxicity from the drug? Examples of unacceptable toxicity incl the following: parasitic (helminth) infection, herpes zoster infection, and severe hypersensitivity reactions. AND Yes No 23. Has treatment resulted in clinical benefit? 																Эł						
	23.	Has t	reatr	nent	resu	lted ir	n clinic	al be	nefit	:?													
		Ye	es		No																		
	For	Seve	re As	thma	1:																		
	 For Severe Asthma: Does member exhibit improvement in asthma symptoms or asthma exacerbations as evidenced by decrease in one or more of the following: Use of systemic corticosteroids Two-fold or greater decrease in inhaled corticosteroid use for at least 3 days Hospitalizations ER visits Unscheduled visits to healthcare provider; OR Does member exhibit improvement from baseline in forced expiratory volume in 1 second (FEV1) 															,							
		Ye	-5		No																		

Men	nber	's La	st N	ame	:				Men	ıber'	s Fir	st Na	me:				

For Eosinophilic Granulomatosis with Polyangiitis:

- Is disease response as indicated by improvement in signs and symptoms compared to baseline as evidenced in one or more of the following:
 - Member is in remission (defined as a Birmingham Vasculitis Activity Score [BVAS] score=0 and a prednisone/prednisolone daily dose of ≤ 7.5 mg)
 - Decrease in maintenance dose of systemic corticosteroids
 - Improvement in BVAS score compared to baseline
 - Improvement in asthma symptoms or asthma exacerbations
 - Improvement in duration of remission or decrease in the rate of relapses

	Yes		No
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st Components of severity for classifying asthma as *severe* may include any of the following (not all-inclusive):

- Symptoms throughout the day
- Nighttime awakenings, often 7x/week
- SABA use for symptom control occurs several times per day
- Extremely limited normal activities
- Lung function (percent predicted FEV1) < 60%
- Exacerbations requiring oral systemic corticosteroids are generally more frequent and intense relative to moderate asthma

§ Eosinophilic Granulomatosis Polyangiitis (EGPA) is defined as all of the following:

- History or presence of asthma
- Blood eosinophil level > 10% or an absolute count > 1000 cells/mm³
- Two or more of the following criteria:
 - Histopathologic evidence of eosinophilic vasculitis, perivascular eosinophilic infiltration, or eosinophil rich granulomatous inflammation
 - Neuropathy
 - Pulmonary infiltrates
 - Sinonasal abnormalities
 - Cardiomyopathy
 - Glomerulonephritis
 - Alveolar hemorrhage
 - Palpable purpura
 - Antineutrophil Cytoplasmic Antibody (ANCA) positivity

Mer	nbe	r's L	.ast	Nam	ie:					Me	mbe	er's	Firs	st N	ame	:			

Prescriber Signature (Required)

Date

By signature, the physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; Incomplete forms will delay the SA process.

Submission of documentation does NOT guarantee coverage by the Department of Medical Assistance Services.

The completed form may be: **FAXED TO 800-932-6651**, phoned to 800-932-6648, or mailed to:

Magellan Medicaid Administration / ATTN: MAP 11013 W. Broad Street, Glen Allen, VA 23060