PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Cinqair (reslizumab)

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:	**Prescriber Name:** **Supervising Physician:**	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. What diagnosis is this drug being prescribed for?

☐ Severe Eosinophilic Asthma ☐ Other

Q2. Please provide ICD code(s) for diagnosis.

Q3. Is patient a NEW START to Cinqair therapy?

☐ Yes ☐ No

Q4. Specify the prescriber's specialty.

☐ Allergist
☐ Immunologist
☐ Pulmonologist
☐ Other (please specify)

Q5. I have provided the most recent chart note, labs, and additional clinical information to support the information provided on this request form.

☐ Yes ☐ No

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Q6. For initial request, does the patient have a blood eosinophil concentration of greater than or equal to 400 cells/mcL within the last 4 weeks?

☐ Yes ☐ No

Q7. For initial request, has the patient had 2 or more asthma exacerbations (defined as need for systemic corticosteroids, ER visit, or hospitalization) in the last 12 months despite use of the following: greater than or equal to 500 microgram/day of inhaled fluticasone propionate or equivalent for at least 3 months AND a long-acting beta-agonist for at least 3 months?

☐ Yes ☐ No

Q8. For initial request, has the patient had an inhaled corticosteroid for at least 12 months AND at least 1 additional controller medication for at least 3 months?

☐ Yes ☐ No

Q9. For initial request, is the patient oral corticosteroid-dependent, defined as: daily oral glucocorticoids PLUS an inhaled corticosteroid for at least 6 months AND at least 1 additional controller medication for at least 3 months?

☐ Yes ☐ No

Q10. For initial request, will Cinqair be used concomitantly with Fasenra, Nucala, or Xolair?

☐ Yes ☐ No

Q11. For initial request, will the Cinqair dose exceed 3 mg/kg every 4 weeks?

☐ Yes ☐ No

Q12. For continuation of Cinqair, has the patient demonstrated response to therapy? (Select all that apply)

- ☐ Decreased asthma exacerbation rate
- ☐ Documented improvement in asthma symptoms
- ☐ Decreased hospitalizations, emergency department/urgent care visits, or physician visits due to asthma
- ☐ Decreased requirement for oral corticosteroids

Q13. For continuation of Cinqair, does patient have documented compliance with the following: Cinqair, inhaled corticosteroid, AND at least 1 additional controller medication?

☐ Yes ☐ No

Q14. Who is the ENTITY that will be submitting the CLAIM for the DRUG and seeking reimbursement?

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☐ Pharmacy
☐ Individual prescriber
☐ Provider or specialty group
☐ Facility
☐ Other (please specify)

Q15. Provide name and NPI of the billing entity

Q16. Will the claim for the drug be submitted as a MEDICAL claim or PHARMACY claim (Note: If a pharmacy will be submitting a MEDICAL claim for drug reimbursement, answer MEDICAL)?

☐ Medical ☐ Pharmacy

Q17. Additional Comments

_____ _____

Prescriber Signature Date

□ Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to a SWHP pharmacist or medical director at 1-800-728-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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