CINQAIR (RESILUZUMAB) (NON-PREFERRED) PRIOR AUTHORIZATION FORM

(form effective 1/1/20)

Keystone First | PERFORMRx[SM] Next Generation Pharmacy Benefits

Fax to PerformRx[SM] at **1-215-937-5018**, or to speak to a representative call **1-800-588-6767**.

PRIOR AUTHORIZATION REQUEST INFORMATION

☐ New request ☐ Renewal request	total # pages:	Name of office contact:
Contact's phone number:		LTC facility contact/phone:

PATIENT INFORMATION

Patient name:		Patient ID #:	DOB:
Street address:	Apt. #:	City/state/zip:	

PRESCRIBER INFORMATION

Prescriber name:		Specialty:
State license #:	NPI:	MA Provider ID #:
Street address:	Suite #:	City/state/zip:
Phone:		Fax:

CLINICAL INFORMATION

Medication requested: ☐ Cinqair 100 mg/10 ml vial ☐ Cinqair ________		
Dose/directions:		
Quantity requested: #_____ vials (100 mg/10 ml vial)	**Duration requested:** _________ months	**Weight:** ________________ lbs / kg
Diagnosis:		Dx code *(required)*:

PHARMACY INFORMATION (Prescriber to identify the pharmacy that is to dispense the medication):

Deliver to: ☐ Patient's Home ☐ Physician's Office ☐ Patient's Preferred Pharmacy Name:

Pharmacy Phone #: Pharmacy Fax #:

☐ I acknowledge that the patient agrees with the pharmacy chosen for delivery of this medication.

INITIAL REQUESTS

1. Is Cinqair being prescribed by or in consultation with a specialist, such as a pulmonologist? ☐ Yes ☐ No *Provide specialty.* ____________________
2. Is the patient being treated for a diagnosis of asthma that is severe despite use of tolerated asthma controller medications? ☐ Yes ☐ No *Submit documentation.*
3. Does the patient have asthma of an eosinophilic phenotype with an absolute blood eosinophil count ≥ 400/microliter?
   ☐ Yes ☐ No Eosinophil count:____________________ Date of result:____________________
4. Is the patient currently receiving optimally titrated doses, or have a contraindication or intolerance to, any of the following?
   ☐ inhaled glucocorticoid ☐ leukotriene modifier ☐ long-acting beta-agonist (LABA) ☐ other (e.g., tiotropium, theophylline): ____________________
   ☐ Yes – List medications tried:____________________ ☐ No
5. Does the patient have a history of trial and failure of, or contraindication or intolerance to, the preferred Monoclonal Antibodies, Anti-IL, Anti-IgE, Nucala, Xolair, and Fasenra?
   ☐ Yes – List medications tried:____________________ ☐ No
6. Has the patient been using Cinqair in the past 90 days? ☐ Yes ☐ No *Submit documentation.*
7. Will the patient be monitored and/or treated for helminth infection as recommended in package labeling? ☐ Yes ☐ No

RENEWAL REQUESTS

1. Has the patient experienced measurable evidence of improvement in asthma severity? ☐ Yes ☐ No *Submit documentation of patient's response to therapy.*
2. Will the patient continue to use optimally titrated doses any of the following?
   ☐ inhaled glucocorticoid ☐ leukotriene modifier ☐ long-acting beta-agonist (LABA) ☐ other (e.g., tiotropium, theophylline): ____________________
   ☐ Yes ☐ No *Submit medical record documentation of patient's medication regimen to be used with Cinqair.*
3. Does the patient have a contraindication or intolerance to optimally titrated doses of any of the medications in question 2?
   ☐ inhaled glucocorticoid ☐ leukotriene modifier ☐ long-acting beta-agonist (LABA) ☐ other (e.g., tiotropium, theophylline): ____________________
   ☐ Yes ☐ No *Submit medical record documentation of contraindications/intolerances.*
4. Will the patient be monitored and/or treated for helminth infection as recommended in package labeling? ☐ Yes ☐ No

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION

Prescriber signature:	Date:

Confidentiality Notice: The documents accompanying this telecopy may contain confidential information belonging to the sender. The information is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any telecopy is strictly prohibited.

Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.