Fax completed form to: (855) 840-1678
If this is an URGENT request, please call (800) 882-4462
(800.88.CIGNA)

Nucala
(mepolizumab)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name:			*Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed.*		
Specialty:	* DEA, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:	* Date of Birth:	
Office Fax:			* Patient Street Address:		
Office Street Address:			City:	State:	Zip:
City:	State:	Zip:	Patient Phone:		

Urgency:
☐ Standard ☐ Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function)

Medication Requested:
☐ Nucala vial
☐ Nucala auto-injector
☐ Nucala syringe
☐ Other (please specify):

Directions for use: Dose: Quantity:
Duration of therapy: J-Code: ICD10:

Where will this medication be obtained?
☐ Accredo Specialty Pharmacy**
☐ Hospital Outpatient
☐ Retail pharmacy
☐ Other (please specify):
☐ Retail pharmacy
☐ Home Health / Home Infusion vendor
***Cigna's nationally preferred specialty pharmacy*

***Medication orders can be placed with Accredo via E-prescribe - Accredo (1620 Century Center Pkwy, Memphis, TN 38134-8822 | NCPDP 4436920), Fax 888.302.1028, or Verbal 866.759.1557*

Facility and/or doctor dispensing and administering medication:

Facility Name: State: Tax ID#:

Address (City, State, Zip Code):

Where will this drug be administered?
☐ Patient's Home
☐ Hospital Outpatient
☐ Physician's Office
☐ Other (please specify):

***NOTE:** Per some Cigna plans, infusion of medication MUST occur in the least intensive, medically appropriate setting.*

Is this patient a candidate for re-direction to an alternate setting (such as alternate infusion site, physician's office, home) with assistance of a Specialty Care Options Case Manager? ☐ Yes ☐ No (provide medical necessity rationale):

Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? ☐ Yes ☐ No

Diagnosis:

☐ Asthma
☐ Atopic Dermatitis
☐ chronic obstructive pulmonary disease (COPD
☐ Chronic Rhinosinusitis with Nasal Polyps
☐ Eosinophilic Colitis
☐ Eosinophilic Esophagitis (EE)
☐ Eosinophilic Gastroenteritis (EG)
☐ Eosinophilic Granulomatosis with Polyangiitis (EGPA) [formerly known as Churg-Strauss Syndrome]
☐ Hypereosinophilic Syndrome
☐ *Other:*

Clinical Information:

Will Nucala be used in combination with another monoclonal antibody therapy (that is, Cinqair, Ebglyss, Fasenra, Dupixent, Nemluvio, Tezspire, Xolair, or Adbry)? ☐ Yes ☐ No

Is the patient currently receiving Nucala? ☐ Yes ☐ No

<u>If Chronic Obstructive Pulmonary Disease (COPD)</u>

(if currently receiving) Has the patient already received at least 6 months of therapy with Nucala? Please Note: Answer No if the patient has received less than 6 months of therapy or is restarting therapy with Nucala. ☐ Yes ☐ No

(if Currently receiving for at least 6 months) Does the patient continue to receive combination therapy with an inhaled LABA and LAMA? Note: Use of single-entity inhalers or a combination inhaler containing multiple agents from the medication classes listed would fulfill the requirement. ☐ Yes ☐ No

(if COPD, currently receiving for at least 6 months) Has the patient experienced a beneficial clinical response, defined by reduced COPD symptoms? ☐ Yes ☐ No

(if no) Has the patient experienced a beneficial clinical response, defined by reduced COPD exacerbations? ☐ Yes ☐ No

(if no) Has the patient experienced a beneficial clinical response, defined by reduced COPD-related hospitalizations? ☐ Yes ☐ No

(if no) Has the patient experienced a beneficial clinical response, defined by reduced emergency department or urgent care visits? ☐ Yes ☐ No

(if no) Has the patient experienced a beneficial clinical response, defined by improved lung function parameters? ☐ Yes ☐ No

(if initial) Does the patient have a blood eosinophil level at least 300 cells per microliter within the previous 6 weeks -or- a blood eosinophil level at least 300 cells per microliter prior to treatment with Nucala or another monoclonal antibody therapy that may alter blood eosinophil levels? Note: Examples of monoclonal antibody therapies that may alter blood eosinophil levels include Nucala, Adbry (tralokinumab-ldrm subcutaneous injection), Cinqair (reslizumab intravenous infusion), Dupixent (dupilumab subcutaneous injection), Ebglyss (lebrikizumab-lbkz), Fasenra (benralizumab subcutaneous injection), Nemluvio (nemolizumab-ilto), Tezspire (tezepelumab-ekko subcutaneous injection), and Xolair (omalizumab subcutaneous injection). ☐ Yes ☐ No

(if initial) Has the patient received at least 3 consecutive months of combination therapy with ALL of the following: 1. Inhaled long-acting beta2-agonist (LABA); 2. Inhaled long-acting muscarinic antagonist (LAMA); and 3. Inhaled corticosteroid (ICS)? Note: Use of single-entity inhalers or a combination inhaler containing multiple agents from the medication classes listed would fulfill the requirement. ☐ Yes ☐ No

(if no) Has the patient received at least 3 consecutive months of combination therapy with an inhaled LABA and an inhaled LAMA? Note: Use of single-entity inhalers or a combination inhaler containing multiple agents from the medication classes listed would fulfill the requirement. ☐ Yes ☐ No

(if yes) According to the prescriber, does the patient have a contraindication to the use of an inhaled corticosteroid? ☐ Yes ☐ No

(if initial) Has the patient experienced two or more COPD exacerbations requiring treatment with a systemic corticosteroid with or without an antibiotic in the previous 12 months? ☐ Yes ☐ No

(if no) Has the patient experienced one or more COPD exacerbation(s) requiring a hospitalization in the previous 12 months? Note: A hospitalization includes a hospital admission or an emergency medical care visit with observation lasting more than 24 hours. ☐ Yes ☐ No

(if initial) Is this medication being prescribed by, or in consultation with, an allergist, immunologist, or pulmonologist? ☐ Yes ☐ No

If Asthma

(if currently receiving) Has the patient already received at least 6 months of therapy with Nucala? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with Nucala. ☐ Yes ☐ No

(if Currently receiving Nucala at least 6 months) Will the patient responded to therapy according to the prescriber? Note: Examples of a response to Nucala therapy are decreased asthma exacerbations; decreased asthma symptoms; decreased hospitalizations, emergency department, urgent care, or medical clinic visits due to asthma; and decreased requirement for oral corticosteroid therapy. ☐ Yes ☐ No

(if Currently receiving Nucala at least 6 months) will the patient continue to receive therapy with one inhaled corticosteroid OR one inhaled corticosteroid-containing combination inhaler? ☐ Yes ☐ No

(if initial) Does the patient have a blood eosinophil level greater than or equal to 150 cells per microliter within the previous 6 weeks? ☐ Yes ☐ No

(if no) Did the patient have a blood eosinophil count greater than or equal to 150 cells per microliter prior to treatment with Nucala or another monoclonal antibody therapy that may alter blood eosinophil levels? - Please note: Examples of monoclonal antibody therapies that may alter blood eosinophil levels include Nucala, Adbry (tralokinumab-ldrm subcutaneous injection), Cinqair (reslizumab intravenous infusion), Dupixent (dupilumab subcutaneous injection), Ebglyss (lebrikizumab-lbkz subcutaneous injection), Fasenra (benralizumab subcutaneous injection), Nemluvio (nemolizumab-ilto subcutaneous injection), Tezspire (tezepelumab-ekko subcutaneous injection), Xolair (omalizumab subcutaneous injection). ☐ Yes ☐ No

(if initial) Has the patient received at least 3 consecutive months of combination therapy with BOTH of the following: an inhaled medium- or high-dose corticosteroid AND at least one additional asthma controller or asthma maintenance medication? Please Note: Examples of additional asthma controller or asthma maintenance medications are inhaled long-acting beta2-agonists, inhaled long-acting muscarinic antagonists, and monoclonal antibody therapies for asthma (for example, Cinqair, Dupixent, Fasenra, Nucala, Tezspire, and Xolair). Please Note: Use of a combination inhaler containing both an inhaled corticosteroid and additional asthma controller/maintenance medication(s) would fulfill the requirement. ☐ Yes ☐ No

(if initial) Does the patient have a forced expiratory volume in 1 second (FEV1) less than 80% predicted at any time prior to or during asthma treatment? Note: The reduced FEV1 should not be due to smoking-related chronic obstructive pulmonary disease. ☐ Yes ☐ No

(if yes-FEV1 less than 80%) Does the patient have an FEV1/forced vital capacity (FVC) less than 0.80 at any time prior to or during asthma treatment? ☐ Yes ☐ No

(if FEV1 NOT less than 80% OR FEV1/FVC NOT less than 0.80) Does the patient have an increase of greater than 12% and greater than 200ml in FEV1 following administration of a standard dose of a short-acting bronchodilator at any time prior to or during asthma treatment? Note: Patients 6 to 11 years of age would only be required to have an increase of greater than 12% in FEV1 (that is, they would not be required to have an increase greater than 200 mL). ☐ Yes ☐ No

(if no) Does the patient have an increase of greater than 12% and greater than 200ml in FEV1 between prescriber visits at any time prior to or during asthma treatment? Note: Patients 6 to 11 years of age would only be required to have an increase of greater than 12% in FEV1 (that is, they would not be required to have an increase greater than 200 mL). ☐ Yes ☐ No

(if no) Does the patient have an increase of greater than 12% and greater than 200ml in FEV1 from baseline to after at least 4 weeks of asthma treatment? Note: Patients 6 to 11 years of age would only be required to have an increase of greater than 12% in FEV1 (that is, they would not be required to have an increase greater than 200 mL). ☐ Yes ☐ No

(if no) Does the patient have a history of positive exercise challenge testing at any time prior to or during asthma treatment? ☐ Yes ☐ No

(if no) Does the patient have a history of positive bronchial challenge testing at any time prior to or during asthma treatment? ☐ Yes ☐ No

(if initial) Does the patient have asthma that is uncontrolled or was uncontrolled at baseline as defined by ONE of the following: the patient experienced two or more asthma exacerbations requiring treatment with systemic corticosteroids in the previous year; OR the patient experienced one or more asthma exacerbation(s) requiring a hospitalization, an emergency department visit, or an urgent care visit in the previous year; OR the patient has asthma that worsens upon tapering of oral (systemic) corticosteroid therapy? Please Note: "Baseline" is defined as prior to receiving Nucala or another monoclonal antibody therapy for asthma. Examples of monoclonal antibody therapies for asthma include Nucala, Cinqair, Dupixent, Fasenra, Tezspire, and Xolair. ☐ Yes ☐ No

(if initial) Is this medication being prescribed by, or in consultation with, an allergist, immunologist, or pulmonologist? ☐ Yes ☐ No

If Chronic Rhinosinusitis with Nasal Polyps

(if Currently receiving) Has the patient already received at least 6 months of therapy with Nucala? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with Nucala. ☐ Yes ☐ No

(if Currently receiving Nucala at least 6 months) Will the patient continue to receive therapy with an intranasal corticosteroid? ☐ Yes ☐ No

(if Currently receiving Nucala at least 6 months) Has the patient responded to therapy as determined by the prescriber? Note: Examples of a response to Nucala therapy are reduced nasal polyp size, improved nasal congestion, reduced sinus opacification, decreased sino-nasal symptoms, improved sense of smell. ☐ Yes ☐ No

(if initial) Does the patient have chronic rhinosinusitis with nasal polyps as evidenced by direct examination, endoscopy, or sinus computed tomography (CT) scan? ☐ Yes ☐ No

(if initial) Has the patient had the diagnosis of chronic rhinosinusitis with nasal polyps for at least 6 months? ☐ Yes ☐ No

(if initial) Has the patient experienced two or more of the following symptoms for at least 8 weeks: nasal congestion, nasal obstruction, nasal discharge, and/or reduction/loss of smell? ☐ Yes ☐ No

(if initial) Has the patient received at least 4 weeks of therapy with an intranasal corticosteroid? ☐ Yes ☐ No

((if yes) Will the patient continue to receive therapy with an intranasal corticosteroid concomitantly with Nucala? ☐ Yes ☐ No

(if initial) Has the patient received at least one course of treatment with a systemic corticosteroid within the previous year? Please note: One course of a systemic corticosteroid is greater than or equal to 3 consecutive days of treatment or one long-acting injectable dose. ☐ Yes ☐ No

(if no) Does the patient have a contraindication to systemic corticosteroid therapy? ☐ Yes ☐ No

(if no) Has the patient had prior surgery for nasal polyps? ☐ Yes ☐ No

(if initial) Is the medication being prescribed by (or in consultation with) an allergist, immunologist, or an otolaryngologist (ear, nose and throat [ENT] physician specialist)? ☐ Yes ☐ No

If Eosinophilic Granulomatosis with Polyangiitis (EGPA) [formerly known as Churg-Strauss Syndrome]

(if currently receiving) Has the patient already received at least 9 months of therapy with Nucala? Please Note: Answer No if the patient has received less than 9 months of therapy or if the patient is restarting therapy with Nucala. ☐ Yes ☐ No

(if Currently receiving Nucala for at least 9 months) Has the patient responded to therapy according to the prescriber? Note: Examples of a response to Nucala therapy are reduced rate of relapse, corticosteroid dose reduction, and reduced eosinophil levels. ☐ Yes ☐ No

(if initial) Does the patient have active, non-severe disease? Note: Non-severe disease is defined as vasculitis without life- or organ-threatening manifestations. Examples of symptoms in patients with non-severe disease include rhinosinusitis, asthma, mild systemic symptoms, uncomplicated cutaneous disease, mild inflammatory arthritis. ☐ Yes ☐ No

(if initial) Does the patient have a blood eosinophil level at least 150 cells per microliter within the previous 4 weeks or a blood eosinophil level at least 150 cells per microliter prior to treatment with Nucala or another monoclonal antibody therapy that may alter blood eosinophil levels? Note: Examples of monoclonal antibody therapies that may alter blood eosinophil levels include Nucala, Adbry (tralokinumab-ldrm subcutaneous injection), Cinqair (reslizumab intravenous infusion), Dupixent (dupilumab subcutaneous injection), Ebglyss (lebrikizumab-lbkz subcutaneous injection), Fasenra (benralizumab subcutaneous injection), Nemluvio (nemolizumab-ilto), Tezspire (tezepelumab-ekko subcutaneous injection), and Xolair (omalizumab subcutaneous injection). ☐ Yes ☐ No

(if initial) Is the patient currently receiving a systemic corticosteroid (for example, prednisone) for a minimum of 4 weeks? ☐ Yes ☐ No

(if initial) Is the requested medication being prescribed by (or in consultation with) an allergist, immunologist, pulmonologist, or rheumatologist? ☐ Yes ☐ No

If Hypereosinophilic Syndrome

(if currently receiving) Has the patient already received at least 8 months of therapy with Nucala? Please Note: Answer No if the patient has received less than 8 months of therapy or if the patient is restarting therapy with Nucala. ☐ Yes ☐ No

(if Currently receiving Nucala for at least 8 months) Has the patient responded to therapy according to the prescriber? Note: Examples of a response to Nucala therapy are decreased number of flares, improved fatigue, reduced corticosteroid requirements, and decreased eosinophil levels. ☐ Yes ☐ No

(if initial) Has the patient had hypereosinophilic syndrome for at least 6 months? ☐ Yes ☐ No

(if initial) Does the patient have FIP1L1-PDGFR alpha-negative disease? ☐ Yes ☐ No

(if initial) Does the patient have an identifiable non-hematologic secondary cause of hypereosinophilic syndrome? Note: Examples of secondary causes of hypereosinophilic syndrome include drug hypersensitivity, parasitic helminth infection, human immunodeficiency virus infection, non-hematologic malignancy. ☐ Yes ☐ No

(if initial) Does/did the patient have a blood eosinophil level at least 1,000 cells per microliter prior to treatment with any monoclonal antibody therapy that may alter blood eosinophil levels? Note: Examples of monoclonal antibody therapies that may alter blood eosinophil levels include Nucala, Adbry (tralokinumab-ldrm subcutaneous injection), Cinqair (reslizumab intravenous infusion), Dupixent (dupilumab subcutaneous injection), Ebglyss (lebrikizumab-lbkz), Fasenra (benralizumab subcutaneous injection), Nemluvio (nemolizumab-ilto), Tezspire (tezepelumab-ekko subcutaneous injection), and Xolair (omalizumab subcutaneous injection). ☐ Yes ☐ No

(if initial) Has the patient tried at least one other treatment for hypereosinophilic syndrome for a minimum of 4 weeks? Note: Example of treatments for hypereosinophilic syndrome include systemic corticosteroids, hydroxyurea, cyclosporine, imatinib, or pegylated-interferon. ☐ Yes ☐ No

(if Hypereosinophilic, if initial) Is the requested medication being prescribed by (or in consultation with) an allergist, immunologist, pulmonologist, or rheumatologist? ☐ Yes ☐ No

Additional Pertinent Information *(examples could include past medications tried, labs, pertinent patient history, and names of any agents to be used concurrently):*

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature:_____ **Date:**_____

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