

TARGETED IMMUNE MODULATORS PRIOR AUTHORIZATION Misc., Allergy & Asthma-Related Monoclonal Antibodies

Submit completed form by fax to: (573) 636-6470

is required. F	or type. All information must be supplied or the requion drug specific requirements or questions, call (80 Prior Authorization, MO HealthNet Division, PO Box	0) 392	2-8030. Submit	coı	mpleted fo	orm by far			
Participant Name		Date of Birth		1110	Participant MO HealthNet Number				
Check the bo	ox below for the requested drug name and list t	he str	ength, dosage	for	rm and dir	ections.			
Preferred	ox solow for the requested drug name and not t	110 011	Non-Preferred						
□ Adbry			☐ Dupixent						
☐ Cinqair			☐ Nucala						
☐ Fasenra			☐ Tezspire						
☐ Xolair							1		
Type of Requ	ıest □ Initial Request □ Renewal Request		If this is a renewal, list the date the patient first used the medication						
	severe asthma		ICD10 code						
	et defines an exacerbation as one oral corticostero orsening or emergency, not routine asthma follow-		st for asthma, E	ER v	isit or hosp	oitalization	for asthma, or an office visit		
Is the patient LAMA? □ Y	prescribed a high dose corticosteroid AND a LABAes □ No	\ or	How many asthma exacerbations has the participant had in the last 12 months despite treatment with this regimen?						
List medication	List medications currently prescribed:								
Does the pati	ient have eosinophilic asthma? ☐ Yes ☐ No I	f yes,	submit lab repo	ort w	vith recent	eosinophil	level		
If requesting perennial ae	Xolair, submit documentation of percutaneous roallergen.	skin	test or RAST	aller	rgy test, o	r in vitro	reactivity to at least one		
Renewal Red	Renewal Requests - What has been the patient's response to treatment with the requested medication? Submit updated progress notes.								
Has there be	en a decrease in the use of rescue inhalers? \Box Y	es 🗆	No Please	expla	ain:				
Has there be	en a decrease in the occurrence of asthma exacerl	bation	s? 🗌 Yes 🗌	No	Please	explain:			
Atopic derm	atitis	ICI	D10 code						
	Has the patient failed to achieve desired therapeutic outcome with trial of at least two of the following classes of therapy for 60 days each?								
List therapie	es and dates trialed:								
Topical cortic	costeroid								
Topical calcir	neurin inhibitor								
Phototherapy	1								
PDE-4 inhibit	or								
Oral corticost	teroid for the treatment of atopic dermatitis								
Oral immuno	suppressant for the treatment of atopic dermatitis								
Topical or oral JAK inhibitor		+							
•	quests - What has been the patient's response to t	reatm	ent with the req	lues	sted medica	ation? Sub	mit updated progress notes.		

Does the prescriber attest to activate that chronic rhinosinusitis with nasal polyposis is refractory to therapy with at least two of the following?		I	ICD10 code	
List therapies and dates trialed:		nosinusitis with nasal poly	yposis is refractory to therapy with at least two of the following?	
Systemic corticosteroid therapy burst for nasal polyps One or more prior nasal surgeries while on an intranasal steroid to prevent recurrence Ranewal Requests - What has been the patient's response to treatment with the requested medication? Submit updated progress notes. Eosinophilic esophagitis ICD10 code Does the patient have a confirmed diagnosis of eosinophilic esophagilis by endoscopic esophageal blopsy showing the presence of eosinophili? Yes No If yes, submit biopsy results and eosinophili count. Is the patient experiencing symptoms of esophageal dysfunction? Yes No If yes, submit progress notes documenting the specific signs and symptoms. Does the prescriber affects to inadequate control of eosinophilic esophagilis by all of the following? Yes No List therapies and dates trialed: High dose proton pump inhibitor for at least 8 weeks Swallowed topical corticosteroid Dietary therapy Renewal Requests - What has been the patient's response to treatment with the requested medication? Submit updated progress notes. Prurigo Nodularis ICD10 code Submit documentation of the number of nodular lesions and titch severity using the WI-NRS Score. Has the patient had at least one month of treatment with a medium to super-high potency topical corticosteroid? List medication and date used. If not, explain reason. Renewal Requests - What has been the patient's response to treatment with the requested medication? Submit updated progress notes Eosinophilic granulomatosis with polyangitis ICD10 code Hyperosinophilic syndrome ICD10 code Eosinophilic syndrome ICD10 code Prescriber Information Prescriber Information Prescriber Provider NPI Prescriber Provider NPI Prescriber Information Frescriber Telephone Number Prescriber Other Contact Information Title and Credentials Fax Number	List therapies and dates trialed:			
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