



Respiratory Diseases Prior Authorization Guidelines

In general, the following criteria need to be met to obtain prior authorization approval. In the event of a prior authorization denial, recommended formulary alternatives will be provided to the prescriber based upon the patient's insurance coverage. If a prior authorization and recommended formulary alternatives are denied, our team can provide appeal support services.

Standard Requirements

- ☐ Documentation of uncontrolled or inadequately controlled asthma, which may include:
 - Asthma Control Questionnaire (ACQ) consistently > 1.5 or Asthma Control Test (ACT) consistently < 20
 - ≥ 2 exacerbations requiring systemic corticosteroids for at least 3 days each in the previous 12 months
 - Asthma-related emergency treatment (e.g., emergency room visit, hospital admission)
 - Airflow limitation (e.g., pretreatment FEV1 $< 80\%$ predicted or $< 90\%$ predicted for adolescents)
- ☐ Inadequate control with ICS and an additional controller (LABA/LAMA/LTRA/theophylline) at optimized doses for 3 months
- ☐ Provide previous tried/failed therapies including drug name, dose, duration (patient must be adherent to therapy)
- ☐ Documentation of any atopic comorbidities and labs (e.g., eosinophil, IgE, and FeNO levels) with last test date
- ☐ Therapy must NOT be used for relief of acute bronchospasm or status asthmaticus

Requirements for Dupixent®

- ☐ Diagnosis of moderate to severe asthma in patients ≥ 12 years old with ONE of the following:
 - Eosinophilic phenotype with eosinophil count ≥ 150 cells/mcL in the past 4-6 weeks (or ≥ 300 cells/mcL in the past 12 months on some insurances)
 - Dependence on oral corticosteroids for the treatment of asthma (provide dose and duration of therapy)
- ☐ Diagnosis of chronic rhinosinusitis with nasal polyposis (CRSwNP) in patients ≥ 18 years old
 - Provide inadequate response, intolerance, or contraindication to BOTH oral and nasal spray corticosteroids
 - Documentation of prior sinus surgery including date and type
- ☐ Dupixent® must be used as an add-on treatment in asthma (ICS + controller) and CRSwNP (intranasal corticosteroids)
- ☐ Dupixent® must NOT be used concurrently with another monoclonal antibody for asthma or given with live vaccines

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