

**NC Medicaid
Pharmacy Prior Approval Request for
Monoclonal Antibodies: Dupixent for Asthma**

Beneficiary Information

1. Beneficiary Last Name: _____ 2. First Name: _____
3. Beneficiary ID #: _____ 4. Beneficiary Date of Birth: _____ 5. Beneficiary Gender: _____

Prescriber Information

6. Prescribing Provider NPI #: _____
7. Requester Contact Information - Name: _____ Phone #: _____ Ext. _____

Drug Information

8. Drug Name: _____ 9. Strength: _____ 10. Quantity Per 30 Days: _____
11. Length of Therapy (in days): up to 30 Days 60 Days 90 Days 120 Days 180 Days 365 Days Other _____

Clinical Information

1. Is the beneficiary age 6 years of age or older? **Yes** **No**
2. Does the beneficiary have a pre-treatment serum eosinophil count of 150 cells/mcL or greater at screening (within the past six weeks prior to the request for Dupixent)? **Yes** **No** Please list eosinophil count: _____
3. Does the beneficiary have oral corticosteroid dependent asthma with at least 1 month of daily oral corticosteroid Use within the last 3 months? **Yes** **No**
4. Does the beneficiary have inadequate control of asthma symptoms after a minimum of 3 months of compliant use within the past 6 months of Inhaled corticosteroids and a long acting beta2 agonist? **Yes** **No** **Please list medication tried:** _____
5. Will Dupixent be used for the relief of acute bronchospasm or status asthmaticus? **Yes** **No**
6. Will the beneficiary receive dual therapy with another monoclonal antibody for the treatment of asthma?
 Yes **No**

For continuation of therapy, please answer questions 1-7

7. While on Dupixent, has the beneficiary had continued clinical benefit from baseline supported by medical records?
 Yes **No**

**** Please provide medical records documenting the beneficiary's current asthma status and response to Dupixent treatment****

Signature of Prescriber: _____ Date: _____

(Prescriber Signature Mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.