

AvMed

MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-844-668-1550.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If information provided is not complete, correct, or legible, authorization can be delayed.**

For Medicare Members: Medicare Coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Mometasone Sinus Implants

Drug Requested: (Select ONE drug below)

<input type="checkbox"/> Propel[®] (mometasone furoate) 370 mcg (S1091)	<input type="checkbox"/> Sinuva[®] (mometasone furoate) 1350 mcg (J7402)
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MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member AvMed #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight (if applicable): _____ Date weight obtained: _____

- Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

Quantity Limit (max daily dose) [NDC/HCPCS Unit]:

- Sinuva 1350 mcg sinus implant (1 implant, 1 box per each) = 135 billable units
- Propel 370 mcg sinus implant (1 implant, 1 box per each) = 1 billable unit

Recommended Dosage: One sinus implant per sinus

(Continued on next page)

Administration: Sinus implants are placed in the sinus cavity under endoscopic visualization by a physician trained in otolaryngology. Implants may be left in the sinus to gradually release the corticosteroid over 90 days, however, Sinuva implants can be removed at day 90 or earlier at the physician's discretion using standard surgical instruments.

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Approval is for one implantation per sinus per lifetime

- Member is at least 18 years of age
- Administering physician is an Otolaryngologist (ENT)
- Member has a diagnosis of recurrent nasal polyp disease
- Member has a history of sinonasal surgery
- Member has tried and failed **TWO** nasal corticosteroid sprays (e.g., fluticasone, budesonide, triamcinolone)
- Member has tried and failed **ONE** full course of an oral corticosteroid (e.g., prednisone, methylprednisolone, dexamethasone)

Medication being provided by (check applicable box(es) below):

- Physician's office OR Specialty Pharmacy – Proprium Rx

For urgent reviews: Practitioner should call AvMed Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. AvMed's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****