## AAICSWLA Biologic Prescribing and Insurance Approval Policy

To manage symptoms of chronic hives, chronic rhinosinusitis with nasal polyps, and certain types of asthma, your doctor may recommend treatment with a specific type of injectable medication called "biologics." Brand name examples of these medications include Xolair, Dupixent, Fasenra, Nucala, Cinqair, etc. Consideration for prescribing biologics depends on a patient's disease severity, underlying inflammatory mechanism of disease, and response, or lack thereof, to previous treatments. Nevertheless, biologics can be life-changing therapy for the right patient.

These medications are usually approved through a patient's insurance if clinically indicated. Unfortunately, the insurance approval process can be very tedious, requiring a significant amount of time from our staff and providers. If you anticipate a change in insurance in the next 90 days, we will wait until the new insurance plan is active before initiating the approval process. We will submit a patient's records and necessary paperwork to begin the approval. Our team checks the submission status weekly and notifies patients of significant updates. Specific clinic staff handles the approval process. Please do not ask our shot room staff or front desk staff to check the status of biologics. The insurance approval process can take up to two months. Verifying out-of-pocket costs is the responsibility of the patient. Our practice does not "buy and bill" medications and has no financial incentive to prescribe any specific drug.

When biologic coverage is approved, patients receive a call from the specialty pharmacy to schedule medication delivery. The medication will ship to our office or the patient only after consent. Once a patient approves the first shipment and the prescription is received, our office will call the patient to make an appointment for the first dose. Some biologics require waiting in the office for a few hours after the first few doses. After receiving the first few doses, patients continue self-administering their biologic therapy at home, as most insurers require. Unless otherwise instructed, you should continue taking your other maintenance medications.

Again, biologic approvals require significant clinical resources. We cannot restart/resubmit approvals for a lapse in coverage due to missed doses or appointments. Insurers require regular follow-up for continued coverage. Missing a biologic appointment may result in wasted doses, costing hundreds and even thousands of dollars. Patients who miss multiple scheduled biologic treatments or multiple scheduled follow-up appointments will not be able to continue biologic therapy prescribed by our providers.

We thank our patients for their help and understanding in this process. Please ask our staff if you have any questions about our biologic prescribing and insurance approval policy.

Acknowledgement I have read and understand the above biologic therapies prescribing and insurance approval policy and agree to the policy.		
Signature of patient/parent/guardian	Relation to patient	Date
Patient name (printed)		