

This policy applies to the following:

Standard Control (SF)	Managed Medicaid Template (MMT)	ACSF Chart (ACSCF)	Medical Benefit	✓	Medicare Part B	Reference # 4659-D
Standard Control – Choice (SCCF)	Marketplace (MF)	SF Chart (SFC)	Medical Benefit: Biosimilars First	✓	Medicare Part B: Advanced Biosimilars First	
Preferred Drug Plan Design (PDPD)	Aetna Health Exchange (AHE)	VF Chart (VFC)	Medical Benefit: Managed Medicaid			
Advanced Control Specialty (ACSF)	IVL	New to Market (NTM)	Medical Benefit: Add-on			
Advanced Control Specialty – Choice (ACSCF)	Value (VF)					

## EXCEPTIONS CRITERIA ASTHMA

### PREFERRED PRODUCTS: FASENRA AND XOLAIR

#### POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

#### I. PLAN DESIGN SUMMARY

This program applies to the asthma products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with the targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

**Table. Asthma Products**

	Product(s)
<b>Preferred*</b>	<ul style="list-style-type: none"> <li>• Fasenra (benralizumab)</li> <li>• Xolair (omalizumab)</li> </ul>
<b>Targeted</b>	<ul style="list-style-type: none"> <li>• Cinqair (reslizumab)</li> <li>• Nucala (mepolizumab)</li> <li>• Tezspire (tezepelumab-ekko)</li> </ul>

\*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

#### II. EXCEPTION CRITERIA

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred products.

##### A. Cinqair

Coverage for Cinqair is provided when either of the following criteria is met:

1. Member has received treatment with Cinqair in the past 365 days.
2. Member has both of the following:
  - a. Member has a documented inadequate response or intolerable adverse event with the preferred product Fasenra.
  - b. Member has either of the following:

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- i. A pretreatment serum IgE level of at least 30 IU/mL and has had a documented inadequate response or an intolerable adverse event with the preferred product Xolair.
- ii. A pretreatment serum IgE level of less than 30 IU/mL.

**B. Nucala**

Coverage for Nucala is provided when either of the following criteria is met:

1. Member has received treatment with Nucala in the past 365 days.
2. Member meets either of the following:
  - a. Member has a comorbidity of nasal polyps and meets either of the following:
    - i. A pretreatment serum IgE level of at least 30 IU/mL and has had a documented inadequate response or an intolerable adverse event with the preferred product Xolair.
    - ii. A pretreatment serum IgE level of less than 30 IU/mL.
  - b. Member meets both of the following:
    - i. Member has a documented inadequate response or an intolerable adverse event with the preferred product Fasentra.
    - ii. Member has either of the following:
      - aa. A pretreatment serum IgE level of at least 30 IU/mL and has had a documented inadequate response or an intolerable adverse event with the preferred product Xolair.
      - bb. A pretreatment serum IgE level of less than 30 IU/mL.

**C. Tezspire**

Coverage for Tezspire is provided when either of the following criteria is met:

1. Member has received treatment with Tezspire in the past 365 days.
2. Member meets both of the following:
  - a. Member has either of the following:
    - i. Blood eosinophil count of at least 150 cells per microliter and has had a documented inadequate response or an intolerable adverse event with the preferred product Fasentra.
    - ii. Blood eosinophil count of less than 150 cells per microliter.
  - b. Member has either of the following:
    - i. A pretreatment serum IgE level of at least 30 IU/mL and has had a documented inadequate response or an intolerable adverse event with the preferred product Xolair.
    - ii. A pretreatment serum IgE level of less than 30 IU/mL.

**REFERENCES**

1. Cinqair [package insert]. West Chester, PA: Teva Respiratory, LLC; June 2020.
2. Fasentra [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; April 2024.
3. Nucala [package insert]. Research Triangle Park, NC: GlaxoSmithKline; March 2023.

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	Advanced Control Specialty – Choice (ACSCF)	Value (VF)						

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4. Tezspire [package insert]. Thousand Oaks, CA: Amgen Inc.; May 2023.
5. Xolair [package insert]. South San Francisco, CA: Genentech, Inc.; February 2024.