

This policy applies to the following:

Standard Control (SF)	Managed Medicaid Template (MMT)	ACSF Chart (ACSFC)	✓	Medical Benefit	Medicare Part B	Reference #
Standard Control – Choice (SCCF)	Marketplace (MF)	SF Chart (SFC)		Medical: Advanced Biosimilars First	Medicare Part B: Biosimilars First	5597-D
Preferred Drug Plan Design (PDPD)	Aetna Health Exchange (AHE)	VF Chart (VFC)		Medical Benefit: Managed Medicaid	Medicare Part B: Advanced Biosimilars First	
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: DUPIXENT, FASENRA, NUCALA, TEZSPIRE AND XOLAIR

POLICY

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

I. PLAN DESIGN SUMMARY

This program applies to the asthma products specified in this policy. Coverage for the targeted product is provided based on clinical circumstances that would exclude the use of the preferred product 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 all members requesting treatment with the targeted product.

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

Table. Asthma products

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

*: 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 product.

Coverage for a targeted product is provided when the member has a documented inadequate response or intolerable adverse event with at least three of the preferred products.

REFERENCES

1. Cinqair [package insert]. West Chester, PA: Teva Respiratory, LLC; June 2020.
2. Dupixent [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; October 2023.
3. Fasenra [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; February 2021.

This policy applies to the following:

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

Reference #
5597-D

4. Nucala [package insert]. Durham, NC: GlaxoSmithKline; March 2023.
5. Tezspire [package insert]. Thousand Oaks, CA: Amgen Inc.; May 2023.
6. Xolair [package insert]. South San Francisco, CA: Genentech, Inc.; August 2023.