

This policy applies to the following:

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

Reference #
4243-D

## EXCEPTIONS CRITERIA ASTHMA

### PREFERRED PRODUCTS: DUPIXENT, FASENRA, NUCALA 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 product 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 all members requesting treatment with a targeted product.

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>• <b>Dupixent</b> (dupilumab)</li> <li>• <b>Fasenra</b> (benralizumab)</li> <li>• <b>Nucala</b> (mepolizumab)</li> <li>• <b>Xolair</b> (omalizumab)</li> </ul>
<b>Targeted</b>	<ul style="list-style-type: none"> <li>• <b>Cinqair</b> (reslizumab)</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.

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; February 2020.
2. Dupixent [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; October 2021.
3. Fasenra [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; February 2021.
4. Nucala [package insert]. Research Triangle Park, NC: GlaxoSmithKline; October 2021.
5. Xolair [package insert]. South San Francisco, CA: Genentech, Inc.; July 2021.