

EXCEPTIONS CRITERIA ASTHMA

PREFERRED PRODUCTS: 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 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)
Preferred*	<ul style="list-style-type: none">• Fasenra (benralizumab)• Nucala (mepolizumab)• 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 products.

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

- Member has received treatment with the targeted product in the past 365 days.
- Member has a documented inadequate response or intolerable adverse event with all of the preferred products.

REFERENCES

- Nucala [package insert]. Research Triangle Park, NC: GlaxoSmithKline; September 2020.
- Cinqair [package insert]. West Chester, PA: Teva Respiratory, LLC; February 2020.
- Fasenra [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; February 2021.
- Xolair [package insert]. South San Francisco, CA: Genentech, Inc.; December 2020.