Reference number(s)
4243-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☐
Standard Control – Choice (SCCF)	☐
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☐
Advanced Control Specialty – Choice (ACSCF)	☐
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Value (VF)	☐

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☑
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☑
Value Formulary Chart (VFC)	☑
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

Exceptions Criteria
Asthma

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

These criteria were developed to align with the following: Standard Formulary Chart (SFC), Advanced Control Specialty Formulary Chart (ACSFC), and Value Formulary Chart (VFC).

Plan Design Summary

This program applies to the asthma products specified in this document. 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 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

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

	Product(s)
Preferred	• Dupixent (dupilumab) • Fasenra (benralizumab) • Nucala (mepolizumab) • Xolair (omalizumab)
Target	• Cinqair (reslizumab) • Tezspire (tezepelumab-ekko)

Exception Criteria

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

Cinqair

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

Tezspire

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

- Member meets all of the following:
    - Member has a documented inadequate response or intolerable adverse event with the preferred product Dupixent.
    - Member has either of the following:
        - Blood eosinophil count of at least 150 cells per microliter and has a documented inadequate response or intolerable adverse event with either of the preferred products, Fasenra or Nucala.
        - Blood eosinophil count of less than 150 cells per microliter.
    - Member has either of the following:
        - A pretreatment serum immunoglobulin E (IgE) level of at least 30 international units per milliliter (IU/mL) and has a documented inadequate response or intolerable adverse event with the preferred product Xolair.
        - A pretreatment serum IgE level of less than 30 IU/mL.
- 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.; September 2024.
3. Fasenra [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; September 2024.
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.; February 2024.