

This document applies to the following:

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

Formulary	Applies
New to Market (NTM)	<input type="checkbox"/>
Standard Formulary Chart (SFC)	<input type="checkbox"/>
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	<input type="checkbox"/>
Advanced Control Specialty Formulary Chart (ACSFC)	<input type="checkbox"/>
Value Formulary Chart (VFC)	<input type="checkbox"/>
Medical Benefit	<input type="checkbox"/>
Medical Benefit: Advanced Biosimilars First	<input type="checkbox"/>
Medical Benefit: Managed Medicaid (MMMB)	<input type="checkbox"/>
Medicare Part B	<input type="checkbox"/>
Medicare Part B: Advanced Biosimilars First	<input type="checkbox"/>

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 Control Formulary (SF), Standard Control Choice Formulary (SCCF), Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF), and Value Formulary (VF).

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	<ul style="list-style-type: none"> • Dupixent (dupilumab) • Fasenra (benralizumab) • Nucala prefilled syringe/autoinjector (mepolizumab) • Tezspire (tezepelumab-ekko) • Xolair (omalizumab)
Target	<ul style="list-style-type: none"> • Cinqair (reslizumab) • Nucala lyophilized powder (mepolizumab)

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.

Nucala Lyophilized Powder

Coverage for Nucala lyophilized powder is provided when both of the following criteria are met:

Member has had a documented intolerable adverse event to the preferred product Nucala prefilled syringe/autoinjector, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

Member meets any of the following:

- Member has a diagnosis of eosinophilic granulomatosis with polyangiitis (EGPA) and has a documented inadequate response or intolerable adverse event with the preferred product Fasenra.
- Member has a comorbidity of nasal polyps and meets both of the following criteria:
 - Member has a documented inadequate response or intolerable event with the preferred product Dupixent.
 - 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 two of the preferred products other than Nucala prefilled syringe/autoinjector.

Reference number(s)
5596-D

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.