

Medical Policy:
Specialty Asthma

Last review date: 7/1/2026

Applicable Products:	
Cinqair (reslizumab)	Tezspire (tezepelumab-ekko)
Fasenra (benralizumab)	Xolair (omalizumab)
Nucala (mepolizumab)	

Initial Approval Criteria:

Coverage may be approved if all of the following are met:

- Disease-specific criteria; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list

Severe Asthma (Cinqair, Fasenra, Nucala, Tezspire)

- Agent is used for add-on maintenance treatment of severe asthma with an eosinophilic phenotype; **AND**
- Agent will not be used for the treatment of for the relief of acute bronchospasm or status asthmaticus; **AND**
- Agent will not be used for the treatment of other eosinophilic conditions; **AND**
- One of the following:
 - Patient is 6 years of age or older (Nucala and Fasenra only)
 - Patient is 18 years of age or older (Cinqair only)
 - Patient is 12 years of age or older (Tezspire only); **AND**
- Patient is currently using a medium or high dose inhaled corticosteroid, a long-acting beta agonist (LABA), and an additional asthma controller medications (LAMA, LTRA)

Asthma (Xolair)

- Patient is 6 years of age or older; **AND**
- Diagnosis of moderate to severe persistent asthma with a positive skin test or in vitro reactivity to a perennial aeroallergen; **AND**
- Patient's symptoms have been inadequately controlled with inhaled corticosteroids

Chronic Rhinosinusitis with Nasal Polyps (Nucala, Xolair)

- Patient is 18 years of age or older; **AND**
- Agent will be used as add-on maintenance treatment for chronic rhinosinusitis with nasal polyps (CRSwNP); **AND**
- Patient had an inadequate response to nasal corticosteroids

Eosinophilic Granulomatosis with Polyangiitis (Fasenra, Nucala)

- Patient is 18 years of age or older; **AND**
- Patient has a history of relapsing disease; **AND**
- Patient will continue to use glucocorticoid treatment (prednisone or prednisolone), with or without immunosuppressive therapy (cyclosporine, leflunomide, azathioprine etc.)

Hypereosinophilic Syndrome (Fasenra, Nucala)

- Patient is 12 years of age or older; **AND**
- Patient has hypereosinophilic syndrome (HES) for ≥6 months without an identifiable non-hematologic secondary cause; **AND**
- Patient does not have FIP1L1-PDGFRα kinase-positive HES; **AND**
- Patient is on standard HES therapy prior to starting Fasenra/Nucala (e.g., chronic or episodic oral corticosteroids, immunosuppressive, or cytotoxic therapy)

IgE-Mediated Food Allergy (Xolair)

- Patient is 1 year of age or older; **AND**
- Patient has Type 1 allergic reactions, including anaphylaxis, that can occur with exposure to one or more foods; **AND**
- Patient will continue to avoid food allergens while using Xolair; **AND**
- Xolair will not be used as an emergency treatment of allergic reactions, including anaphylaxis

Chronic Spontaneous Urticaria (Xolair)

- Patient is 12 years of age or older; **AND**
- Patient has chronic spontaneous urticaria (CSU) and remain symptomatic despite H1 antihistamine treatment

Chronic Obstructive Pulmonary Disease (Nucala)

- Patient is 18 years of age or older; **AND**
- Patient has diagnosis of chronic obstructive pulmonary disease (COPD) with an eosinophilic phenotype; **AND**
- Nucala will be used in combination with maintenance therapy

Renewal Criteria:

Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Absence of unacceptable toxicity

Length of Authorization:

12 months

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.