

Cinqair (reslizumab), Fasenra (benralizumab), Nucala (mepolizumab), and Xolair (omalizumab) Step Therapy – Medicare Part B

PART B STEP THERAPY CRITERIA FOR APPROVAL

Cinqair (reslizumab), Fasenra (benralizumab), Nucala (mepolizumab), and Xolair (omalizumab) will be approved when BOTH of the following are met:

1. ONE of the following:
 - A. The patient has an FDA labeled indication for the requested agent
OR
 - B. The patient has an indication that is supported in CMS approved compendia for the requested agent
- AND**
2. ONE of the following:
 - A. There is evidence of a claim that the patient is currently being treated with the requested agent within the past 365 days
OR
 - B. The prescriber states the patient is currently being treated with the requested agent
OR
 - C. The patient's medication and/or medical history includes use of the cost-effective preferred agent(s) within the past 90 days
OR
 - D. The patient has a documented intolerance, ineffective treatment response, FDA labeled contraindication, or hypersensitivity to the cost-effective preferred agent(s)
OR
 - E. The prescriber has submitted documentation to support the use of the non-preferred agent for the patient's diagnosis over the cost-effective preferred agent(s)

Length of Approval: up to 12 months

Targeted Part B Agent	Preferred Agent(s) *
Cinqair (reslizumab) injection	Part D formulary inhaled corticosteroid AND either a Medicare Part D formulary long-acting beta-2 agonist, leukotriene modifier, or theophylline
Fasenra (benralizumab) injection	Part D formulary inhaled corticosteroid AND either a Medicare Part D formulary long-acting beta-2 agonist, leukotriene modifier, or theophylline
Nucala (mepolizumab) injection	Part D formulary inhaled corticosteroid AND either a Medicare Part D formulary long-acting beta-2 agonist, leukotriene modifier, or theophylline
Xolair (omalizumab) injection	Part D formulary inhaled corticosteroid AND either a Medicare Part D formulary long-acting beta-2 agonist, leukotriene modifier, or theophylline

* Preferred agent(s) may vary based upon indication

NOTES:

- Prerequisite drugs may require prior review under Medicare Part D or Medicare Part B. Medicare Part D prerequisites will not be required for Medical Only members.
- Length of approval may be shorter due to provider network participation status.
- Coverage of one Medicare Part B Step Therapy drug could equate to multiple drug authorizations when they share the same Medicare Part B Step Therapy criteria.
- LCD/NCD criteria review completed, if applicable, in addition to the Plan's Medicare Part B Step Therapy criteria.