

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 ALL of the following are met:

1. The requested agent is being used for ONE of the following:
 - A. An FDA approved indication
 - OR**
 - B. An indication in CMS approved compendia
- AND**
2. ONE of the following:
 - A. Information has been provided that indicates the patient has been treated with the request agent in the past 365 days
 - OR**
 - B. There is documentation that the patient has had an ineffective treatment response to the active ingredient(s) of ALL prerequisite agent(s)*
 - OR**
 - C. The patient has a documented intolerance, hypersensitivity, or FDA labeled contraindication to the active ingredient(s) of ALL prerequisite agent(s)*
 - OR**
 - D. The prescriber has submitted documentation indicating ALL prerequisite agent(s)* are likely to be ineffective or are likely to cause an adverse reaction or other harm to the enrollee

Length of Approval: up to 12 months

*Preferred agent(s) may vary based upon indication.

Targeted Part B Agent	Preferred Agent(s)*
Cinqair (reslizumab) injection for severe asthma with eosinophilic phenotype	Part D – formulary inhaled corticosteroid AND either a Medicare Part D formulary long-acting beta-2 agonist, leukotriene modifier, or theophylline
Fasenra (benralizumab) injection for severe asthma with eosinophilic phenotype	Part D – formulary inhaled corticosteroid AND either a Medicare Part D formulary long-acting beta-2 agonist, leukotriene modifier, or theophylline
Nucala (mepolizumab) injection for severe asthma with eosinophilic phenotype	Part D – formulary inhaled corticosteroid AND either a Medicare Part D formulary long-acting beta-2 agonist, leukotriene modifier, or theophylline
Xolair (omalizumab) injection for moderate to severe persistent asthma	Part D – formulary inhaled corticosteroid

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.