



Part B Prior Authorization Guidelines

Anti-Asthmatic (Eosinophilic)

Fasenra (benralizumab) J0517 is non-preferred. The preferred products are Cinqair (reslizumab) J2786, Nucala (mepolizumab) J2182, Xolair (omalizumab) J2357
Prior Authorization Request
Medicare Part B Form

Instructions: \* Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.

Form with checkboxes for Standard Request (72 Hours) and Urgent Request, and fields for Date Requested, Requestor, and Clinic name.

MEMBER INFORMATION

\*Name: \*ID#: \*DOB:

PRESCRIBER INFORMATION

\*Name: \*Address: \*Phone: \*Fax: with checkboxes for MD, FNP, DO, NP, PA

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

\*Name: \*Address: Phone: Fax:

PROCEDURE / PRODUCT INFORMATION

Table with columns: HCPC Code, Name of Drug, Dose (Wt: kg Ht: ), Frequency, End Date if known. Includes checkboxes for Self-administered, Provider-administered, Home Infusion and a field for Other important information.

Diagnosis: ICD10: Description:

Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

Form with checkboxes for New Start or Initial Request and Continuation Requests, including fields for clinical rationale.

ACKNOWLEDGEMENT

Request By (Signature Required): Date: Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company...



## Prior Authorization Group – Anti-Asthmatic (Eosinophilic) PA

### Drug Name(s):

**FASENRA (benralizumab)**

**CINQAIR (reslizumab)**

**NUCALA (mepolizumab)**

**XOLAIR (omalizumab)**

### Criteria for approval of Non-Formulary/Preferred Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Member has tried and failed at least ONE of the formulary alternatives: **Cinqair, Nucala, Xolair** OR  
There is clinical documentation stating formulary alternatives are contraindicated.
3. Drug is being used appropriately per MCG GUIDELINES, CMS recognized compendia, authoritative medical literature, evidence-based guidelines and/or accepted standards of medical practice.
4. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
  - If the member meets all these criteria, they may be approved by the Plan for the requested drug.
  - Quantity limits and Tiering will be determined by the Plan.

### Exclusion Criteria:

N/A

### Prescriber Restrictions:

N/A

### Coverage Duration:

Approval will be for 12 months

### FDA Indications:

#### Fasenra

- Severe asthma, Patients with an eosinophilic phenotype; Adjunct
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#### Cinqair

- Severe asthma, Add-on maintenance in patients with eosinophilic phenotype

#### Nucala

- Severe asthma, Add-on maintenance in patients with eosinophilic phenotype
- Maintenance treatment of nasal polyps in adult patients 18 years of age and older with inadequate response to nasal corticosteroids
- Eosinophilic granulomatosis with polyangiitis (Nucala only)
- Hypereosinophilic syndrome of at least 6 months duration without an identifiable nonhematologic secondary cause

#### Xolair

- Chronic idiopathic urticaria in adults and adolescents (12 years or older) who remain symptomatic despite H1 antihistamine therapy (Xolair only)
- Polyp of nasal cavity, Not controlled by inhaled corticosteroids; Adjunct
- Moderate to severe persistent asthma not controlled by inhaled corticosteroids (ICS) and who have a positive skin test or in vitro reactivity to a perennial aeroallergen



## Part B Prior Authorization Guidelines

### Off-Label Uses:

N/A

### Age Restrictions:

Cinqair: 6 years and older

Fasenra: 12 years or older

Nucala, Xolair: Adults 18 years and older

### Other Clinical Consideration:

Not indicated to treat other forms of urticaria.

### Resources:

[https://www.micromedexsolutions.com/micromedex2/librarian/CS/81F708/ND\\_PR/evidencexpert/ND\\_P/evidencexpert/DUPLICATIONSHIELDSYNC/96FE23/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_AppProduct/evidencexpert/ND\\_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=931804&contentSetId=100&title=Reslizumab&servicesTitle=Reslizumab&brandName=Cinqair&UserMdxSearchTerm=Cinqair&=null#](https://www.micromedexsolutions.com/micromedex2/librarian/CS/81F708/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/96FE23/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=931804&contentSetId=100&title=Reslizumab&servicesTitle=Reslizumab&brandName=Cinqair&UserMdxSearchTerm=Cinqair&=null#)

[https://www.micromedexsolutions.com/micromedex2/librarian/CS/5CE074/ND\\_PR/evidencexpert/ND\\_P/evidencexpert/DUPLICATIONSHIELDSYN C/817009/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_AppProduct/evidencexpert/ND\\_T/evidencexpert/PFActionId/evidencexpert.GoToDash board?docId=931650&contentSetId=100&title=Mepolizumab&servicesTitle=Mepolizumab&brandName=Nucala&UserMdxSearchTerm=Nucala&= null#](https://www.micromedexsolutions.com/micromedex2/librarian/CS/5CE074/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYN C/817009/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDash board?docId=931650&contentSetId=100&title=Mepolizumab&servicesTitle=Mepolizumab&brandName=Nucala&UserMdxSearchTerm=Nucala&= null#)

[https://www.micromedexsolutions.com/micromedex2/librarian/CS/A11177/ND\\_PR/evidencexpert/ND\\_P/evidencexpert/DUPLICATIONSHIELDSYN C/5026E4/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_AppProduct/evidencexpert/ND\\_T/evidencexpert/PFActionId/evidencexpert.GoToDash board?docId=927771&contentSetId=100&title=Omalizumab&servicesTitle=Omalizumab&brandName=Xolair&UserMdxSearchTerm=Xolair&=null#](https://www.micromedexsolutions.com/micromedex2/librarian/CS/A11177/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYN C/5026E4/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDash board?docId=927771&contentSetId=100&title=Omalizumab&servicesTitle=Omalizumab&brandName=Xolair&UserMdxSearchTerm=Xolair&=null#)

[https://www.micromedexsolutions.com/micromedex2/librarian/CS/A3D27E/ND\\_PR/evidencexpert/ND\\_P/evidencexpert/DUPLICATIONSHIELDSYN C/3A616F/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_AppProduct/evidencexpert/ND\\_T/evidencexpert/PFActionId/evidencexpert.GoToDash board?docId=932371&contentSetId=100&title=Benralizumab&servicesTitle=Benralizumab&brandName=Fasenra&UserMdxSearchTerm=fasenra&= null#](https://www.micromedexsolutions.com/micromedex2/librarian/CS/A3D27E/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYN C/3A616F/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDash board?docId=932371&contentSetId=100&title=Benralizumab&servicesTitle=Benralizumab&brandName=Fasenra&UserMdxSearchTerm=fasenra&= null#)