Mass General Brigham
Health Plan

Asthma and Allergy Injectables
Cinqair (reslizumab)
Dupixent (dupilumab)
Fasenra (benralizumab)
Nucala (mepolizumab)
Xolair (omalizumab)
Effective 04/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	These medications have been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	Cinqair is only available through the Medical Benefit Dupixent and Xolair pen and autoinjector are only available through the Pharmacy Benefit		

Overview

Cinqair is an interleukin-5 antagonist monoclonal antibody indicated for:

- As add-on maintenance treatment of severe asthma for members with an eosinophilic phenotype.

Fasenra is an interleukin-5 antagonist monoclonal antibody indicated for:

- As add-on maintenance treatment of severe asthma for members with an eosinophilic phenotype.
- Eosinophilic granulomatosis with polyangiitis (EGPA)

Nucala is an interleukin-5 antagonist monoclonal antibody indicated for*:*

- Treatment of severe asthma with an eosinophilic phenotype
- Eosinophilic granulomatosis with polyangiitis
- Hypereosinophilic syndrome (HES)
- Rhinosinusitis with nasal polyps

Dupixent is an interleukin-4 receptor alpha agonist indicated for:

- Atopic Dermatitis
- Chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype
- Chronic rhinosinusitis with nasal polyps
- Moderate to severe asthma with an eosinophilic phenotype
- Eosinophilic esophagitis
- Prurigo nodularis

Xolair is an anti-IgE antibody indicated for:

- Treatment of moderate to severe persistent allergic asthma

- Chronic Idiopathic Urticaria (CIU)
- Treatment of nasal polyps in adults
- Reduction of allergic reactions (type I) due to IgE-mediated food allergy

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted for members when all the following criteria have been met:

Cinqair
Severe Asthma
1. Member has a diagnosis of severe asthma with an eosinophilic phenotype
2. Member is ≥ 18 years of age
3. Member is not an active smoker
4. Prescriber is an asthma specialist (i.e., allergist, immunologist, pulmonologist)
5. Documentation of an eosinophilic phenotype (i.e., peripheral blood eosinophil count ≥ 300 cells/µL, elevated sputum eosinophils)
6. Member is symptomatic despite receiving ONE of the following:
    - Combination inhaler containing an inhaled corticosteroid and a long-acting β-agonist
    - Combination of an inhaled corticosteroid and a long-acting β-agonist inhaler as separate agents
    - Chronic oral steroids
7. Prescriber confirms that Cinqair will be administered only in a healthcare setting
8. The member has had an inadequate response, or intolerance to at least THREE (3) of the following preferred products:
    - Dupixent
    - Fasenra
    - Nucala
    - Xolair.
9. Dose does not exceed 3mg/kg intravenously every four weeks
10. Cinqair will be used as add-on maintenance treatment

Dupixent
Chronic Obstructive Pulmonary Disease
1. Diagnosis of chronic obstructive pulmonary disease (COPD)
2. Member is 18 years of age or older
3. Presence of Type 2 inflammation evidenced by blood eosinophils greater than or equal to 300 cells per microliter at baseline
4. Member is receiving ONE of the following therapies at maximally tolerated doses:
    a. Triple therapy (i.e., an inhaled corticosteroid (ICS) (e.g., budesonide), a long-acting muscarinic antagonist (LAMA) [e.g., Spiriva (tiotropium), Incruse (umeclidinium)] and a long-acting beta agonist (LABA) (e.g., Serevent (salmeterol), arformoterol, formoterol)
    b. If ICS are contraindicated, a LAMA and a LABA
5. Member has had one of the following within the past 12 months:
    a. At least two exacerbations where systemic corticosteroids [intramuscular, intravenous, or oral (e.g., prednisone)] were required at least once

b. COPD-related hospitalization or emergency-medical visit

Moderate-to-severe atopic dermatitis

1. Member has a diagnosis of moderate to severe atopic dermatitis
2. Member is at least 6 months old
3. Affected body surface is greater than or equal to 10% body surface area OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected.
4. Member has had a trial and failure of a minimum 30-day supply (14-day supply for topical corticosteroids), intolerance, or contraindication to at least ONE of the following:
    a. Medium or higher potency topical corticosteroid (see Appendix)
    b. Pimecrolimus cream
    c. Tacrolimus ointment
    d. Eucrisa

Prurigo Nodularis

1. Member has a diagnosis of prurigo nodularis
2. Member is 18 years of age or older
3. Member must have a minimum of 20 nodular lesions
4. Member meets ONE of the following:
    a. Inadequate response to ONE of the following:
        i. Medium to super high potency topical steroid (see Appendix A)
        ii. Topical calcineurin inhibitor
        iii. Phototherapy (e.g., UVB, PUVA)
        iv. Pharmacologic treatment with methotrexate or cyclosporine
    b. Intolerance or a clinical reason to avoid ANY of the following:
        i. Medium to super high potency topical corticosteroid (see Appendix A) and topical calcineurin inhibitor
        ii. Pharmacologic treatment with methotrexate and cyclosporine

Eosinophilic Esophagitis

1. Member has a diagnosis of eosinophilic esophagitis as evidenced by BOTH of the following:
    a. Chronic symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, food refusal, abdominal pain, heartburn, regurgitation, chest pain, odynophagia)
    b. Findings from esophageal biopsies (e.g., eosinophil-predominant inflammation)
2. Member is at least 1 year of age weighting at least 15kg
3. Provider documents poor control requiring additional treatment despite a trial of a proton pump inhibitor (unless intolerant or contraindication)

Asthma

1. Member has a diagnosis of moderate to severe asthma
2. Member is at least 6 years old
3. Member meets ONE of the following criteria:
    a. Member has inadequate asthma control (e.g. hospitalization or emergency medical care visit within the past year) despite current treatment with ALL of the following medications at optimized doses*:
        i. Inhaled corticosteroid
        ii. Additional controller (long acting beta2-agonist, leukotriene modifier, or sustained-release theophylline)
        iii. Oral glucocorticoids (at least 5 mg per day of prednisone/prednisolone or equivalent)

b. Member has a baseline blood eosinophil count of at least 150 cells per microliter and inadequate asthma control (e.g. hospitalization or emergency medical care visit within the past year) despite current treatment with BOTH of the following medications at optimized doses:
    i. Inhaled corticosteroid
    ii. Additional controller (long acting beta2-agonist, leukotriene modifier, or sustained-release theophylline)
4. Member will not use Dupixent as monotherapy

*Members should be receiving treatment with inhaled corticosteroid and additional controller for at least the previous 3 months, and oral glucocorticoids for most days during the previous 6 months (e.g. 50% of days, 3 steroid bursts in the previous 6 months).

Chronic rhinosinusitis with nasal polyposis (CRSwNP)

1. The member is at least 12 years old
2. Member has a diagnosis of chronic rhinosinusitis with nasal polyposis (CRSwNP)
3. Member has had a trial and failure, contraindication, or intolerance to 2 months of treatment with an intranasal corticosteroid
4. Medication will be used in combination with another agent for CRSwNP (e.g., intranasal corticosteroid)
5. Prescribed by or in consultation with one of the following: Allergist/Immunologist, Otolaryngologist, Pulmonologist

Fasenra

Eosinophilic granulomatosis with polyangiitis (EGPA)

1. Diagnosis of eosinophilic granulomatosis with polyangiitis (EGPA)
2. Member is 18 years of age or older
3. Member has a history or the presence of an eosinophil count of greater than 1000 cells per microliter or a blood eosinophil level of greater than 10%.
4. Member has at least TWO of the following disease characteristics of EGPA:
    a. Biopsy showing histopathological evidence of eosinophilic vasculitis, perivascular eosinophilic infiltration, or eosinophil-rich granulomatous inflammation
    b. Neuropathy, mono or poly (motor deficit or nerve conduction abnormality)
    c. Pulmonary infiltrates, non-fixed; sino-nasal abnormality
    d. Cardiomyopathy (established by echocardiography or magnetic resonance imaging)
    e. Glomerulonephritis (hematuria, red cell casts, proteinuria)
    f. Alveolar hemorrhage (by bronchoalveolar lavage)
    g. Palpable purpura
    h. Anti-neutrophil cytoplasmic anti-body (ANCA) positive (Myeloperoxidase or proteinease 3)
5. Member meets ONE of the following:
    a. Member is currently administering corticosteroid therapy (e.g., prednisolone, prednisone)
    b. Member has a contraindication or intolerance to corticosteroid therapy
7. Member's disease has relapsed or is refractory to standard of care therapy (i.e., corticosteroid treatment with or without immunosuppressive therapy)

Severe Asthma

1. The member has a diagnosis of severe asthma
2. Member is 6 years of age or older
3. Member has a baseline blood eosinophil count of at least 150 cells per microliter

4. Member has inadequate asthma control (e.g., hospitalization or emergency medical care visit within the past year) despite current treatment with both of the following medications at optimized doses:
    a. Inhaled corticosteroid
    b. Additional controller (long-acting beta$_2$-agonist, leukotriene modifier, or sustained-release theophylline)
5. Member will not use Fasenra as monotherapy.

Nucala

Severe Asthma

1. Member has a diagnosis of severe asthma
2. Member is 6 years of age or older
3. Member has a baseline blood eosinophil count of at least 150 cells per microliter
4. Member has inadequate asthma control (e.g., hospitalization or emergency medical care visit within the past year) despite current treatment with both of the following medications at optimized doses:
    a. Inhaled corticosteroid
    b. Additional controller (long-acting beta$_2$-agonist, leukotriene modifier, or sustained-release theophylline)
5. Member will not use Nucala as monotherapy.

Chronic rhinosinusitis with nasal polyposis (CRSwNP)

1. Member is 18 years of age or older
2. Member has a diagnosis of chronic rhinosinusitis with nasal polyposis (CRSwNP)
3. Medication will be used in combination with another agent for CRSwNP (e.g., intranasal corticosteroid)
4. Prescribed by or in consultation with one of the following: Allergist/Immunologist, Otolaryngologist, Pulmonologist

Eosinophilic granulomatosis with polyangiitis

1. Member has a diagnosis of eosinophilic granulomatosis with polyangiitis
2. Member is 18 years of age or older
3. Member has a history or the presence of an eosinophil count greater than 1000 cells per microliter or a blood eosinophil level of greater than 10%.
4. Member has at least TWO of the following disease characteristics of EGPA:
    a. Biopsy showing histopathological evidence of eosinophilic vasculitis, perivascular eosinophilic infiltration, or eosinophil-rich granulomatous inflammation
    b. Neuropathy, mono or poly (motor deficit or nerve conduction abnormality)
    c. Pulmonary infiltrates, non-fixed; sino-nasal abnormality
    d. Cardiomyopathy (established by echocardiography or magnetic resonance imaging)
    e. Glomerulonephritis (hematuria, red cell casts, proteinuria)
    f. Alveolar hemorrhage (by bronchoalveolar lavage)
    g. Palpable purpura
    h. Anti-neutrophil cytoplasmic anti-body (ANCA) positive (Myeloperoxidase or proteinease 3)
5. Member meets ONE of the following:
    a. Member is currently administering corticosteroid therapy (e.g., prednisolone, prednisone)
    b. Member has a contraindication or intolerance to corticosteroid therapy
6. Member's disease has relapsed or is refractory to standard of care therapy (i.e., corticosteroid treatment with or without immunosuppressive therapy)

Hypereosinophilic syndrome (HES)

1. The member has a diagnosis of hypereosinophilic syndrome (HES)
2. The member is ≥ 12 years of age
3. The member has a diagnosis of HES without another identifiable non-blood related cause
4. The member has had at least 2 HES flares within the past 12 months
5. The member has had an inadequate response (defined as ≥ 30 days of therapy), adverse reaction or contraindication to one of the following:
    a. Systemic steroid
    b. Immunosuppressive
    c. Cytotoxic therapy
6. Member has an absolute eosinophil count ≥ 1000 cells per microliter
7. The prescriber is a specialist (i.e., allergist, cardiologist, hematologist, or immunologist)

Xolair

Moderate to Severe Asthma

1. The member has a diagnosis of moderate to severe asthma
2. Member is 6 years of age or older
3. Member has a positive skin test or in vitro reactivity to at least one perennial aeroallergen
4. Member has a pre-treatment IgE level greater than or equal to 30 IU/mL
5. Member has inadequate asthma control (e.g., hospitalization or emergency medical care visit within the past year) despite current treatment with both of the following medications at optimized doses:
    a. Inhaled corticosteroid
    b. Additional controller (long acting beta$_2$-agonist, leukotriene modifier, or sustained-release theophylline)
6. Member will not use Xolair as monotherapy

Chronic idiopathic urticaria

1. The member has a diagnosis of chronic idiopathic urticaria
2. Member is 12 years of age or older
3. Member remains symptomatic despite treatment with a second-generation H_1 antihistamine (e.g., cetirizine, fexofenadine, levocetirizine, loratadine) for at least 2 weeks
4. Member has been evaluated for other causes of urticaria, including bradykinin-related angioedema and interleukin-1-associated urticarial syndromes (auto-inflammatory disorders, urticarial vasculitis)
5. Member has experienced a spontaneous onset of wheals, angioedema, or both, for at least 6 weeks

IgE-Mediated Food Allergy

1. Member has a diagnosis of IgE-mediated food allergy
2. Member is 1 year of age or older
3. Member has a serum IgE ≥ 30 IU
4. Requested medication is prescribed by or in consultation with an allergist or immunologist
5. Member will use Xolair in conjunction with allergen avoidance

Nasal Polyps:

1. The member is using Xolair as add-on maintenance for the diagnosis of nasal polyps
2. Member is 18 years of age or older
3. The physician specialty is allergist, immunologist, or otolaryngologist
4. Member has had ≥ 3-month trial of intranasal corticosteroid
5. Member meets ONE of the following:
    a. Member is concurrently being treated with an intranasal corticosteroid

b. Member has a contraindication or intolerance to intranasal corticosteroid

Continuation of Therapy

Cinqair:

1. Severe Asthma: Authorization of 12 months may be granted for continuation of treatment of asthma in members 18 years of age or older when all of the following criteria are met:
    a. Asthma control has improved on Cinqair treatment as demonstrated by at least one of the following:
        i. A reduction in the frequency and/or severity of symptoms and exacerbation
        ii. A reduction in the daily maintenance oral corticosteroid dose
    b. Member will not use Cinqair as monotherapy

Dupixent:

1. Atopic Dermatitis: Reauthorizations may be granted for up to 12 months when documentation is submitted supporting clinical improvement in the member's condition as evidenced by low disease activity (e.g., clear or almost clear skin), or improvement in signs and symptoms of atopic dermatitis (e.g., redness, itching, oozing/crusting).
2. Asthma: Authorization of 12 months may be granted for continuation of treatment of asthma in members 6 years of age or older when all of the following criteria are met:
    a. Asthma control has improved on Dupixent treatment as demonstrated by at least one of the following:
        i. A reduction in the frequency and/or severity of symptoms and exacerbation
        ii. A reduction in the daily maintenance oral corticosteroid dose
    b. Member will not use Dupixent as monotherapy
3. COPD: Reauthorization may be granted for up to 12 months when the member meets all of the following criteria:
    a. Member is 18 years of age or older
    b. Member demonstrates positive clinical response to therapy
    c. Member continues to receive one of the following therapies:
        i. Triple therapy (i.e., an inhaled corticosteroid [ICS], a long-acting muscarinic antagonist [LAMA] and a long-acting beta agonist [LABA])
        ii. If ICS are contraindicated, a LAMA and a LABA
4. Prurigo Nodularis: Authorization of 12 months may be granted for members 18 years of age or older who are using Dupixent for prurigo nodularis when the member has achieved or maintained positive clinical response with Dupixent therapy as evidenced by one of the following:
    1. Low disease activity (i.e., clear or almost clear skin).
    2. Reduction in pruritus intensity and improvement in extent and severity of nodular lesions.
5. Chronic rhinosinusitis with nasal polyposis (CRSwNP): Authorization of 12 months may be granted for continuation of treatment of chronic rhinosinusitis with nasal polyposis in members 12 years of age or older who achieve or maintain positive clinical response to Dupixent therapy as evidenced by improvement in signs and symptoms of CRSwNP (e.g., improvement in nasal congestion, nasal polyp size, loss of smell, anterior or posterior rhinorrhea, sinonasal inflammation, hyposmia and/or facial pressure or pain or reduction in corticosteroid use).
6. Eosinophilic esophagitis: Authorization of 12 months may be granted for continuation of treatment of eosinophilic esophagitis in members 1 years of age or older weighing at least 15kg when provider attests to improvement in symptoms of esophageal dysfunction (e.g., dysphagia, pain upon swallowing, food impact, etc.)

Fasenra

1. Asthma: Authorization of 12 months may be granted for treatment of asthma when all of the following criteria are met:
    a. Member is 6 years of age or older.
    b. Asthma control has improved on Fasenra treatment as demonstrated by at least ONE of the following:
        i. A reduction in the frequency and/or severity of symptoms and exacerbations
        ii. A reduction in the daily maintenance oral corticosteroid dose
    c. Member will not use Fasenra as monotherapy.
2. Eosinophilic granulomatosis with polyangiitis: Authorization of 12 months may be granted for continuation of treatment of eosinophilic granulomatosis with polyangiitis when all of the following criteria are met:
    a. Member is 18 years of age or older.
    b. Member has beneficial response to treatment with Fasenra as demonstrated by ONE of the following:
        i. A reduction in the frequency of relapses
        ii. A reduction in the daily oral corticosteroid dose
        iii. No active vasculitis

Nucala

1. Asthma: Authorization of 12 months may be granted for continuation of treatment of asthma when ALL of the following criteria are met:
    a. Member is 6 years of age or older.
    b. Asthma control has improved on Nucala treatment as demonstrated by at least ONE of the following:
        i. A reduction in the frequency and/or severity of symptoms and exacerbations
        ii. A reduction in the daily maintenance oral corticosteroid dose
    c. Member will not use Nucala as monotherapy.
2. Eosinophilic granulomatosis with polyangiitis: Authorization of 12 months may be granted for continuation of treatment of eosinophilic granulomatosis with polyangiitis when all of the following criteria are met:
    a. Member is 18 years of age or older.
    b. Member has beneficial response to treatment with Nucala as demonstrated by ONE of the following:
        i. A reduction in the frequency of relapses
        ii. A reduction in the daily oral corticosteroid dose
        iii. No active vasculitis
3. HES: Reauthorizations may be granted for up to 12 months when clinical documentation is submitted showing member has had a decrease in absolute eosinophils and improvement in condition
4. Chronic rhinosinusitis with nasal polyposis (CRSwNP): Authorization of 12 months may be granted for continuation of treatment of chronic rhinosinusitis with nasal polyposis in members 18 years of age or older who achieve or maintain positive clinical response to Nucala therapy as evidenced by improvement in signs and symptoms of CRSwNP (e.g., improvement in nasal congestion, nasal polyp size, loss of smell, anterior or posterior rhinorrhea, sinonasal inflammation, hyposmia and/or facial pressure or pain or reduction in corticosteroid use).

Xolair

1. Asthma: Authorization of 12 months may be granted for continuation of treatment of asthma when ALL of the following criteria are met:
    a. Member is 6 years of age or older.
    b. Asthma control has improved on Xolair treatment as demonstrated by at least one of the following:
        i. A reduction in the frequency and/or severity of symptoms and exacerbations
        ii. A reduction in the daily maintenance oral corticosteroid dose
    c. Member will not use Xolair as monotherapy.
2. CIU: Authorization of 12 months may be granted for continuation of treatment of chronic idiopathic urticaria when all of the following criteria are met:
    a. Member is 12 years of age or older.
    b. Member has experienced a response (e.g., improved symptoms, decrease in weekly urticaria activity score [UAS7]) since initiation of therapy
3. IgE-Mediated Food Allergy: Authorization of 12 months may be granted for continuation of treatment for IgE-mediated food allergy when all of the following criteria are met:
    a. Member is 1 year of age or older
    b. Member has had a positive response to treatment
4. Nasal Polyps: Authorization of 12 months may be granted for continuation of treatment for nasal polyps when all the following criteria are met:
    a. Member is 18 years of age or older
    b. The physician specialty is allergist, immunologist, or otolaryngologist
    c. Provider documents member has experienced therapeutic response (e.g. sinus ventilation, control of mucosal inflammation/edema, reduction in exacerbations)

Limitations:

1. Initial approvals will be approved medication and diagnosis specific as follows:

Cinqair:

- Severe Asthma: 4 months

Dupixent:

- Prurigo nodularis: 4 months
- Asthma, Moderate to Severe Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps (CRSwNP), COPD, and eosinophilic esophagitis: 6 months

Fasenra**:**

- Asthma: 6 months
- Eosinophilic granulomatosis with polyangiitis: 12 months

Nucala**:**

- Asthma: 6 months
- Eosinophilic granulomatosis with polyangiitis: 12 months
- Hypereosinophilic syndrome: 4 months
- Chronic rhinosinusitis with nasal polyposis (CRSwNP): 6 months

Xolair**:**

- Asthma, Chronic Idiopathic Urticaria, IgE-Mediated Food Allergy, Nasal Polyps: 6 months

2. The following quantity limits apply:

Drug Name	Quantity Limit
Dupixent prefilled syringe	2 syringes per 28 days
Dupixent Pen-Injector	2 pens per 28 days
Fasenra Pen	1 pen per 56 days
Nucala autoinjector 100mg/ml	3 autoinjectors per 28 days
Nucala prefilled syringe 100mg/ml	3 syringes per 28 days
Nucala prefilled syringe 40 mg/mL	1 syringe per 28 days
Xolair prefilled syringe 75 mg/0.5 mL	2 syringes per 28 days
Xolair prefilled syringe 150mg/mL	8 syringes per 28 days
Xolair prefilled syringe 300 mg/2 mL	4 syringes per 28 days
Xolair autoinjector 75 mg/0.5 mL	2 autoinjectors per 28 days
Xolair autoinjector 150 mg/mL	8 autoinjectors per 28 days
Xolair autoinjector 300 mg/2mL	4 autoinjectors per 28 days
Xolair vials 150mg	8 vials per 28 days

Appendix

Appendix A: Relative potency of select topical corticosteroid products

Potency	Drug	Dosage form	Strength
I. Super-high potency (group 1)	Augmented betamethasone dipropionate	Ointment, Lotion, Gel	0.05%
	Clobetasol propionate	Cream, Gel, Ointment, Solution, Cream (emollient), Lotion, Shampoo, Foam, Spray	0.05%
	Fluocinonide	Cream	0.1%
	Flurandrenolide	Tape	4 mcg/cm^2
	Halobetasol propionate	Cream, Lotion, Ointment, Foam	0.05%
II. High potency (group 2)	Amcinonide	Ointment	0.1%
	Augmented betamethasone dipropionate	Cream	0.05%
	Betamethasone dipropionate	Ointment	0.05%
	Clobetasol propionate	Cream	0.025%
	Desoximetasone	Cream, Ointment, Spray	0.25%
		Gel	0.05%
	Diflorasone diacetate	Ointment, Cream (emollient)	0.05%
	Fluocinonide	Cream, Ointment, Gel, Solution	0.05%
	Halcinonide	Cream, Ointment	0.1%
	Halobetasol propionate	Lotion	0.01%
III. High potency (group 3)	Amcinonide	Cream, Lotion	0.1%
	Betamethasone dipropionate	Cream, hydrophilic emollient	0.05%
	Betamethasone valerate	Ointment	0.1%
		Foam	0.12%
	Desoximetasone	Cream, Ointment	0.05%
	Diflorasone diacetate	Cream	

Potency	Drug	Dosage form	Strength
	Fluocinonide	Cream, aqueous emollient	0.05%
	Fluticasone propionate	Ointment	0.005%
	Mometasone furoate	Ointment	0.1%
	Triamcinolone acetonide	Cream, Ointment	0.5%
IV. Medium potency (group 4)	Betamethasone dipropionate	Spray	0.05%
	Clocortolone pivalate	Cream	0.1%
	Fluocinolone acetonide	Ointment	0.025%
	Flurandrenolide	Ointment	0.05%
	Hydrocortisone valerate	Ointment	0.2%
	Mometasone furoate	Cream, Lotion, Solution	0.1%
	Triamcinolone acetonide	Cream	0.1%
		Ointment	0.05% and 0.1%
		Aerosol Spray	0.2 mg per 2-second spray
V. Lower-mid potency (group 5)	Betamethasone dipropionate	Lotion	0.05%
	Betamethasone valerate	Cream	0.1%
	Desonide	Ointment, Gel	0.05%
	Fluocinolone acetonide	Cream	0.025%
	Flurandrenolide	Cream, Lotion	0.05%
	Fluticasone propionate	Cream, Lotion	0.05%
	Hydrocortisone butyrate	Cream, Lotion, Ointment, Solution	0.1%
	Hydrocortisone probutate	Cream	0.1%
	Hydrocortisone valerate	Cream	0.2%
	Prednicarbate	Cream (emollient), Ointment	0.1%
	Triamcinolone acetonide	Lotion	0.1%
		Ointment	0.025%
VI. Low potency (group 6)	Alclometasone dipropionate	Cream, Ointment	0.05%
	Betamethasone valerate	Lotion	0.1%
	Desonide	Cream, Lotion, Foam	0.05%
	Fluocinolone acetonide	Cream, Solution, Shampoo, Oil	0.01%
	Triamcinolone acetonide	Cream, lotion	0.025%
VII. Least potent (group 7)	Hydrocortisone (base, less than 2%)	Cream, Ointment, Solution	2.5%
		Lotion	2%
		Cream, Ointment, Gel, Lotion, Spray, Solution	1%
		Cream, Ointment	0.5%
	Hydrocortisone acetate	Cream	2.5%
		Lotion	2%
		Cream	1%

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Review History

09/24/18 – Updated
11/20/19 – Updated to require only failure of separate ICS inhaler w/ LABA or combination product and removed requirement of DX based on diagnostic criteria
03/18/2020 – Reviewed and Updated P&T Mtg; age updated ≥ 6 years old for moderate to severe eosinophilic asthma (effective 6/1/20)
11/18/2020- Updated: changed criteria name to *Asthma & Allergy Injectables*, made one document for Cinqair, Dupixent, Fasenra, Nucala and Xolair criteria, added preferred trials for Cinqair, added new indication of HES for Nucala: Matching the CVS SGM criteria for Xolair, Nucala, Fasenra, and Dupixent. Effective 1/1/21.
09/22/2021 – Reviewed and Updated September P&T; added indication for nasal polyps for Xolair. Effective 01/01/2022
03/16/2022 – Reviewed and Updated for March P&T; updated age requirement from 12 years to 6 years for Dupixent for asthma per manufacture recommendations; added new indication and criteria for Nucala for nasal polyps; references updated; added appendix with high and very high corticosteroid list. Effective 05/01/2022
11/16/2022 – Reviewed and Updated for Nov P&T; updated age requirement for Dupixent from 12 years of age to 6 months for moderate to severe atopic dermatitis. Effective 02/01/2023.
01/11/2023 – Reviewed and updated for Jan P&T; Fasenra solution and Nucala solution available on pharmacy benefit. Added new indication of eosinophilic esophagitis and prurigo nodularis for Dupixent. Effective 4/1/23
6/23/2023 – Reviewed and Updated for July P&T; added initial approval duration of 4 months for Dupixent prurigo nodularis under limitations. Effective 09/01/2023
11/15/2023 – Reviewed and Updated for Nov P&T; updated age requirement for reauthorization for Dupixent to 6 months of age. Effective 1/1/2024
12/13/2023 – Reviewed and Updated for Dec P&T; For all Drugs: removed "The member will not use requested medication concomitantly with other biologics indicated for asthma". Dupixent for purigo nodularis: Removed pruritis lasting 6 weeks and history of signs of repeated itch scratch cycle. Dupixent and Nucala for CRSwNP: Removed disease involvement, including bilateral nasal endoscopy or rhinoscopy, removed nasal obstruction with rhinorrhea OR reduction or loss of smell. Xolair for Nasal polyps removed the requirement of a leukotriene inhibitor, only requires intranasal corticosteroid. Effective 1/1/24
08/14/2024 – Reviewed at updated for August P&T. Added initial and reauthorization criteria for Xolair for the treatment of IgE-mediated food allergy. Added Xolair auto-injector to the policy with quantity limitations. Updated approvable minimum age and weight for Dupixent for the treatment of eosinophilic esophagitis to one year and 15 kg, respectively, based on updated FDA-approved indication. Updated approvable age for Fasenra for the treatment of asthma to 6 years of age based on updated FDA-approved indication. Clarified step therapy language to indicate member must be new to the plan within the past 90 days. Effective 10/1/2024.
09/11/2024 – Reviewed and updated for September P&T. Updated atopic dermatitis criteria for Dupixent to remove lookback period of step through agents. Effective 10/1/2024.
12/11/2024 – Reviewed and updated for December P&T. Updated Dupixent criteria to include COPD. Updated Dupixent criteria for nasal polyps to decrease approvable age from 18 to 12 years old to align with updated FDA package labeling. Added EGPA criteria for Fasenra. Updated EGPA Nucala criteria to streamline relapsed/refractory disease requirement and included a requirement that the member is either on a corticosteroid or is unable to take a corticosteroid. Effective 4/1/2025.
01/08/2025 – Reviewed and updated for January P&T. Updated initial criteria for atopic dermatitis to include Eucrisa as a previous trial option and specified that needed length of trial for the topical agents and updated the reauthorization criteria to require documentation of clinical improvement. Updated severe asthma criteria for Nucala and Fasenra to remove allowance for approval if the member is dependent on systemic corticosteroids.

Updated Nucala criteria for hypereosinophilic syndrome (HES) to allow for approval if the member has tried immunosuppressive agents or cytotoxic therapy and updated the required eosinophil count from 1500 to 1000. Updated policy to indicate that Xolair solution is no longer restricted to the medical benefit. Effective 4/1/2025. 03/12/2025 – Reviewed and updated for March P&T. Updated initial approval length for Dupixent for the treatment of atopic dermatitis. Effective 4/1/2025.