

Medical Policy:
Specialty Asthma

Last review date: 10/1/2026

Prior review date: 8/28/2026

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

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, Exdensur, Fasenra, Nucala, Tezspire)

- Agent is used for add-on maintenance treatment of severe asthma; **AND**
- Severe asthma is of eosinophilic phenotype (Cinqair, Exdensur, Fasenra, Nucala only); **AND**
- Agent will not be used for the treatment for the relief of acute bronchospasm or status asthmaticus; **AND**
- Agent will not be used for the treatment of other eosinophilic conditions (Cinqair only); **AND**
- One of the following:
 - Patient is 6 years of age or older (Nucala and Fasenra only)
 - Patient is 12 years of age or older (Exdensur and Tezspire only)
 - Patient is 18 years of age or older (Cinqair 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**
- Agent will not be used for the treatment for the relief of acute bronchospasm or status asthmaticus; **AND**
- Patient's symptoms have been inadequately controlled with inhaled corticosteroids

Chronic Rhinosinusitis with Nasal Polyps (Nucala, Xolair, Tezspire)

- Patient is 18 years of age or older (Nucala and Xolair only); **OR**
- Patient is 12 years of age or older (Tezspire only); **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 (HES), (Fasenra, Nucala)

- Patient is 12 years of age or older; **AND**
- Patient has HES without an identifiable non-hematologic secondary cause; **AND**
- Patient has HES for ≥ 6 months (Nucala only); **AND**
- Patient does not have FIP1L1-PDGFR α kinase-positive HES; **AND**
- Patient is on standard HES therapy prior to starting Nucala/Fasenra (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; **AND**
- Xolair will not be used for treatment of other forms of urticaria.

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

Applicable Procedure Codes

Code	Description
J2357	Injection, omalizumab, 5 mg
J0517	Injection, benralizumab, 1 mg
J2786	Injection, reslizumab, 1 mg
J2182	Injection, mepolizumab, 1 mg
J2356	Injection, tezepelumab-ekko, 1 mg
J2361	Injection, depemokimab-ulaa, 1 mg

Applicable NDC Codes

Code	Description
50242-0040-xx	Omalizumab 150 mg
50242-0215-xx	Omalizumab 150 mg/1 mL
50242-0214-xx	Omalizumab 75 mg/0.5 mL
50242-0227-xx	Xolair 300 mg prefilled syringe/autoinjector
00310-1730-85	Fasenra 30 mg/mL Prefilled Syringe
00310-1730-30	Fasenra 30 mg/mL Prefilled Syringe
00310-1745-01	Fasenra 10 mg/0.5 mL Prefilled Syringe
00310-1830-30	Fasenra Pen 30 mg/mL Auto-injector
59310-0610-31	Cinqair 10 mg/mL
59310-0610-33	Cinqair 10 mg/mL
00173-0881-xx	Nucala 100 mg powder for solution
00173-0892-xx	Nucala 100 mg/1 mL prefilled syringe
00173-0904-xx	Nucala 40 mg/0.4 mL prefilled syringe
55513-0112-01	Tezspire 210 mg/1.91 mL prefilled syringe
55513-0100-xx	Tezspire 210 mg/1.91 mL vial
00173-0927-42	Exdensur 100 mg/mL prefilled syringe
00173-0927-61	Exdensur 100 mg/mL prefilled syringe

ICD-10 Diagnoses

Code	Description
J45.40	Moderate persistent asthma, uncomplicated
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with acute exacerbation
L50.1	Idiopathic urticaria
L50.6	Contact urticaria

Code	Description
L50.8	Other urticaria
L50.9	Urticaria, unspecified
T78.40XA	Allergy, unspecified, initial encounter
T78.40XD	Allergy, unspecified, subsequent encounter
T78.40XS	Allergy, unspecified, sequela
J33.0	Polyp of nasal cavity
J33.1	Polypoid sinus degeneration
J33.8	Other polyp of sinus
J33.9	Nasal polyp, unspecified
Z91.010	Allergy to peanuts
Z91.011	Allergy to milk products
Z91.012	Allergy to eggs
Z91.013	Allergy to seafood
Z91.014	Allergy to mammalian meats
Z91.018	Allergy to other foods
J82.81	Eosinophilic pneumonia, NOS
J82.82	Acute eosinophilic pneumonia
J82.83	Eosinophilic asthma
J82.89	Other pulmonary eosinophilia
M30.1	Polyarteritis with lung involvement (Churg–Strauss)
D72.110	Idiopathic Hypereosinophilic Syndrome [IHES]
D72.111	Lymphocytic Variant Hypereosinophilic Syndrome [LHES]
D72.118	Other Hypereosinophilic Syndrome
D72.119	Hypereosinophilic Syndrome [HES], unspecified
J44	Chronic obstructive pulmonary disease
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J44.89	Other specified obstructive pulmonary disease
J44.9	Chronic obstructive pulmonary disease, unspecified
J40	Bronchitis, not specified as acute or chronic
J41	Simple and mucopurulent chronic bronchitis
J41.0	Simple chronic bronchitis
J41.1	Mucopurulent chronic bronchitis
J41.8	Mixed simple and mucopurulent chronic bronchitis
J42	Unspecified chronic bronchitis
J43	Emphysema

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.



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