Reference number
1002-AMBST

Aetna Medicare Part B Drug Step Criteria

Asthma

Preferred product(s):
Fasenra (benralizumab)
Tezspire (tezepelumab-ekko)
Xolair (omalizumab)

This criteria document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization. Step criteria are applied in addition to any applicable National Coverage Determination (NCD), Local Coverage Determination (LCD), and Aetna Medicare Part B Drug Criteria. **Find Aetna Medicare Part B Drug Criteria documents**.

This program applies to asthma products as specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude use of the preferred product and may be based on previous use of a product. The coverage review process will determine situations where a clinical exception can be made. This program applies to all Medicare members who are new to treatment with a targeted product.

For the indication(s) listed below (new starts only):

1. Severe asthma with an eosinophilic phenotype

TABLE. Asthma

Status	Product(s)
Preferred*	Fasenra (benralizumab) Tezspire (Tezepelumab-ekko) Xolair (omalizumab)
Non-preferred (targeted)	Cinqair (reslizumab) Nucala (mepolizumab)

*Preferred products may still require a prior authorization review for medical necessity

EXCEPTION CRITERIA

Coverage for the targeted product(s) is provided when the member meets one or more of the following criteria:

1. Member has received the requested product in the past 365 days
2. Inadequate response to a trial of one or more preferred products
3. Intolerable adverse event to one or more preferred products
4. The preferred products are contraindicated for the member
5. The request is for a medically necessary indication not listed above

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REFERENCES

1. Cinqair (reslizumab) [package insert]. West Chester, PA: Teva Respiratory LLC; February 2020.
2. Fasenra (benralizumab) [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; February 2021.
3. Nucala (mepolizumab) [package insert]. Philadelphia, PA: GlaxoSmithKline LLC; March 2023.
4. Tezspire (Tezepelumab-ekko) [package insert]. Thousand Oaks, CA: Amgen, Inc; May 2023.
5. Xolair (omalizumab) [package insert]. South San Francisco, CA: Genentech, Inc.; March 2023.

DOCUMENT HISTORY

Revised:	03/2025
Aetna Medicare Utilization Management Committee (MUMC) Approved:	4/24/2025
Version:	2025a
Policy effective date:	7/01/2025
Policy termination date:	

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.
The formulary may change at any time. You will receive notice when necessary.

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