PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Immunologicals – Asthma Preferred Specialty Management Policy
- Cinqair® (reslizumab intravenous infusion – Teva)
- Fasenra® (benralizumab subcutaneous injection – AstraZeneca)
- Nucala® (mepolizumab subcutaneous injection – GlaxoSmithKline)

REVIEW DATE: 08/06/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Cinqair, Fasenra, and Nucala are anti-interleukin (IL)-5 monoclonal antibodies indicated for add-on maintenance treatment of patients with **severe asthma** who have an eosinophilic phenotype.[1-3] Fasenra and Nucala are indicated in patients ≥ 6 years of age, while Cinqair is indicated in patients ≥ 18 years of age. Nucala is also indicated for the treatment of adults with eosinophilic granulomatosis with polyangiitis (EGPA), adults and adolescents with hypereosinophilic syndrome, adults with chronic obstructive pulmonary disease; and adults with chronic rhinosinusitis with nasal polyps.[3] Fasenra is also indicated for the treatment of adults with EGPA.[2]

Guidelines

The Global Initiative for Asthma (GINA) Global Strategy for Asthma Management (2025) lists Cinqair, Fasenra, and Nucala as options for add-on therapy in patients with uncontrolled severe asthma despite maximal inhaled therapy.[4] GINA does not prefer one immunological agent over another, but does note the differences in their approved age indications as well as patient characteristics that may predict a good response with each agent.

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of the Preferred Products. For all medications (Preferred and Non-Preferred), the patient is required to meet the respective standard *Prior Authorization Policy* criteria. The program also directs the patient to try one Preferred Product prior to the approval of a Non-Preferred Product. Requests for the Non-Preferred Product will also be reviewed using the exception criteria (below). If the patient meets the standard *Immunologicals – Cinqair Prior Authorization Policy* criteria, but has not tried a Preferred Product, a review will be offered for a Preferred Product using the respective standard *Prior Authorization Policy* criteria. All approvals are provided for the duration noted in the respective *Immunologicals Prior Authorization Policy*.

Preferred Products: Fasenra, Nucala
Non-Preferred Products: Cinqair

***Immunologicals – Asthma Preferred Specialty Management Policy* non-preferred product(s) is(are) covered as medically necessary when the following non-preferred product exception criteria is(are) met. Any other exception is considered not medically necessary.**

NON-PREFERRED PRODUCT EXCEPTION CRITERIA

Non-Preferred Product	Exception Criteria
Cinqair	**1.** Approve if the patient meets BOTH of the following (A and B): **A)** Patient meets the standard *Immunologicals – Cinqair Prior Authorization Policy* criteria; AND **B)** Patient meets ONE of the following (i or ii): **i.** Patient has tried ONE of Fasenra or Nucala; OR **ii.** Patient is currently receiving Cinqair. **2.** If the patient has met the standard *Immunologicals – Cinqair Prior Authorization Policy* criteria (1A), but has not met exception criteria (1B): offer to review for a Preferred Product.

REFERENCES

1. Cinqair® intravenous infusion [prescribing information]. Frazer, PA: Teva; January 2019.
2. Fasenra® subcutaneous injection [prescribing information]. Wilmington, DE: AstraZeneca; September 2024.
3. Nucala® subcutaneous injection [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; May 2025.
4. Global Initiative for Asthma. Global strategy for asthma management and prevention. Updated 2025. Available at: http://www.ginasthma.org. Accessed on July 21, 2025.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	11/15/2023
Early Annual Revision	The title of the policy was changed from "Immunologicals – Anti-Interleukin-5 Agents Preferred Specialty Management Policy" to "Immunologicals – Asthma Preferred Specialty Management Policy".	08/07/2024
Annual Revision	No criteria changes.	08/06/2025