Field Name	Field Description
Prior Authorization Group Description	**Respiratory Agents: Monoclonal Antibodies-Anti-IL/Anti-IgE**
Drugs	**Preferred:** Dupixent Fasenra Xolair **Non-Preferred:** Nucala Tezspire Cinqair
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	N/A
Required Medical Information	See "Other Criteria"
Age Restrictions	Per Package Insert
Prescriber Restrictions	Must be prescribed by or in consultation with an applicable specialist (i.e., allergist/immunologist, pulmonologist, or otolaryngologist).
Coverage Duration	Initial: 180 days; Subsequent: 365 days
Other Criteria	**From Ohio Medicaid Unified PDL effective April 1, 2024** **<u>CLINICAL PA CRITERIA:</u>** • For **Asthma** – Must have had uncontrolled asthma symptoms and/or exacerbations despite at least 30 days with: • Medium dose preferred ICS/LABA inhaler for 6 years and older **OR** medium dose preferred ICS/LABA inhaler with tiotropium or high dose ICS/LABA inhaler if 12 years and older • For **Chronic Rhinosinusitis with Nasal Polyposis** – Must have had an inadequate clinical response of at least 30 days to at least one oral corticosteroid AND one nasal corticosteroid spray • For **Chronic Urticaria** – Must have had an inadequate clinical response to at least 14 days with at least two different second-generation antihistamines at 4 times standard dose **<u>NON-PREFERRED CRITERIA:</u>**

Review Date: 4/2025	• Must have had an inadequate clinical response of at least 90 days with at least one preferred drug **<u>SUBSEQUENT AUTHORIZATION CRITERIA:</u>** • Must provide documentation of patient's clinical response to treatment and ongoing safety monitoring (i.e., PFT improvement, reduced affected BSA) **Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**