CareSource Rx Innovations

PHARMACY POLICY STATEMENT
Arkansas PASSE

DRUG NAME	Exdensur (depemokimab-ulaa)
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Exdensur, approved by the FDA in 2025, is an interleukin-5 (IL-5) antagonist, a monoclonal antibody (humanized immunoglobulin G [IgG]1 kappa) indicated for add-on maintenance treatment of severe asthma characterized by an eosinophilic phenotype in adult and pediatric patients aged 12 years and older.

Exdensur (depemokimab-ulaa) will be considered for coverage when the following criteria are met:

Severe Asthma

For **initial** authorization:

1. Member is at least 12 years of age; AND
2. Medication must be prescribed by or in consultation with an allergist, immunologist, or pulmonologist; AND
3. Member has a diagnosis of severe eosinophilic asthma with a blood eosinophil count of at least 150 cells/µL; AND
4. Member has at least two documented severe asthma exacerbations requiring oral corticosteroids (OCS), or at least one requiring hospitalization, within the past 12 months; AND
5. Member's asthma has been inadequately controlled after 3 months of conventional treatment on medium to high doses of inhaled corticosteroids (ICS) and additional maintenance therapy (i.e, LABA, LAMA etc.); AND
6. Medication is being used as the add-on maintenance treatment to conventional therapies for asthma (i.e., ICS, LABA, etc.); AND
7. Medication is **NOT** used in conjunction with any other biologic therapy for asthma.
8. **Dosage allowed/Quantity limit:** administer 100 mg subcutaneously once every 6 months. Quantity limit: 1 pen or syringe per 6 months.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Medication is **NOT** being used as monotherapy for asthma; AND
2. Chart notes have been provided showing improvement of signs and symptoms such as decreased frequency of emergency department visits or hospitalizations due to asthma exacerbations, increase in percent predicted FEV1 from pretreatment baseline and/or decreased utilization of rescue medications or oral corticosteroids.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Exdensur (depemokimab-ulaa) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
01/30/2026	New policy for Exdensur created.

References:

1. Exdensur [prescribing information]. GlaxoSmithKline LLC; 2025.
2. Global Initiative for Asthma. Difficult-To-Treat & Severe Asthma in Adolescent and Adult Patients, V6.0, 2025. Available from: www.ginasthma.org/reports
3. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2025. Updated 15 November 2025. Available from: www.ginasthma.org
4. Holguin F, Cardet JC, Chung KF, et al. Management of severe asthma: a European Respiratory Society/American Thoracic Society guideline. *Eur Respir J.* 2020;55(1):1900588. Published 2020 Jan 2. doi:10.1183/13993003.00588-2019
5. Oberle AJ, Abbas F, Adrish M, et al. Biologic Management in Severe Asthma for Adults: An American College of Chest Physicians Clinical Practice Guideline. *Chest*. Published online September 24, 2025. doi:10.1016/j.chest.2025.08.042

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