

depemokimab-ulaa (Exdensur)

HCPCS: J2361 Injection, depemokimab-ulaa, 1 mg (Exdensur)

LOB:	MCAL
Duration of Approval:	One year
Quantity Limit:	Per FDA-Approved/Compendia-Supported Dosing
MCG Available:	No
DHCS Drug Policy:	No

Requires Prior Authorization (PA)

Exdensur (depemokimab-ulaa) injection

PA CRITERIA FOR APPROVAL**New Therapy**

1. The member has a diagnosis for a Food and Drug Administration (FDA)-approved indication (refer to package insert under References) **OR** a compendia-supported (Drugdex or American Hospital Formulary Service [AHFS]) indication **AND**
2. The medication was prescribed by an allergist, immunologist or pulmonologist **AND**
3. Lab results showing blood eosinophil count of at least 150 cells/mcL **AND**
4. The member has uncontrolled asthma as demonstrated by at least **ONE** of the following:
 - a. History of two or more asthma exacerbations requiring treatment with systemic corticosteroids (CS) in the past 12 months
 - b. History of one or more asthma exacerbations requiring hospitalizations, mechanical ventilation or visit to the emergency room or urgent care within the past 12 months
 - c. Worsening asthma when oral corticosteroids are tapered
 - d. Member has forced expiratory volume in one second (FEV1) < 80% predicted**AND**
5. The member has inadequate asthma control despite at least three consecutive months with the following therapies (**Note:** See [Other Information](#) below for a list of these drugs):
 - a. High-dose inhaled corticosteroid (ICS) **AND**
 - b. At least one additional asthma controller or asthma maintenance medication such as inhaled long-acting beta2-agonists (LABA), inhaled long-acting muscarinic antagonists (LAMA), leukotriene modifier (e.g. montelukast) or theophylline (**Note:** The use of a combination inhaler containing both ICS and an asthma controller/maintenance medication may be accepted)**AND**
6. The member will continue to use maintenance asthma treatments in combination with the requested medication

Continuation of Therapy

1. The member has a diagnosis for an FDA-approved indication (refer to package insert under References) **OR** a compendia-supported (Drugdex or AHFS) indication **AND**
2. The medication was prescribed by an allergist, immunologist or pulmonologist **AND**
3. Chart notes provided showing positive response to therapy **AND**
4. The member will continue to use maintenance asthma treatments in combination with the requested medication

OTHER INFORMATION:

HCPCS	Description	Brand name
J2786	Intravenous infusion, reslizumab, 1mg	Cinqair

depemokimab-ulaa (Exdensur)

HCPs: J2361 Injection, depemokimab-ulaa, 1 mg (Exdensur)

Drug Class	Drug Name (for asthma)
ICS	▪ Asmanex (mometasone) ▪ Alvesco (ciclesonide) ▪ Arnuity Ellipta (fluticasone furoate) ▪ Flovent (fluticasone propionate) ▪ Pumicort (budesonide) ▪ Qvar (beclomethasone)
Combination: LABA + ICS	▪ Advair Diskus/Advair HFA (fluticasone/salmeterol) ▪ AirDuo Respiclick (fluticasone/salmeterol) ▪ Breo Ellipta (fluticasone/vilanterol) ▪ Dulera (mometasone/formoterol) ▪ Symbicort (budesonide/formoterol) ▪ Serevent (salmeterol)*requires concomitant therapy with ICS for asthma diagnosis (Dx) ▪ Trelegy (fluticasone/umeclidinium/vilanterol)*includes LAMA
Leukotriene modifier	▪ Accolate (zafirlukast) ▪ Singulair (montelukast)
LAMA	▪ Spiriva Respimat (tiotropium)
Oral corticosteroids	▪ Dexamethasone ▪ Methylprednisolone ▪ Prednisolone ▪ Prednisone

REFERENCES:

1. Exdensur Prescribing Information.
gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Exdensur/pdf/EXDENSUR-PI-PIL.PDF. 06/2026.
2. Chung KF, Wenzel SE, Brozek JL, et al. International European Respiratory Society/American Thoracic Society (ERS/ATS) guidelines on definition, evaluation and treatment of severe asthma. Eur Respir J. 2014;43:343-373.publications.ersnet.org/content/erj/43/2/343?implicit-login=true%26122
3. Holguin F, Cardet JC, Chung KF, et al. Management of severe asthma: a European Respiratory Society/American Thoracic Society Guideline. Eur Respir J. 2020;55:1900588.
4. Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention. 2024 update.
ginasthma.org/wp-content/uploads/2024/05/GINA-2024-Strategy-Report-24_05_22_WMS.pdf

P&T APPROVAL HISTORY:

August 2026 P&T Drug Review.