

**Asthma and Allergy Injectables**  
**Cinqair (reslizumab)**  
**Dupixent (dupilumab)**  
**Fasenra (benralizumab)**  
**Nucala (mepolizumab)**  
**Xolair (omalizumab)**  
**Effective January 1, 2021**

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy when obtained through the pharmacy benefit.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	Cinqair, Fasentra, Nucala and Xolair solutions are Medical Benefit only		
	Dupixent, Fasentra Pen, Nucala Pen and Xolair Pen are Pharmacy Benefit Only and obtained through specialty pharmacy		

**Overview**

**Cinqair and Fasentra** are interleukin-5 antagonist monoclonal antibodies indicated for:

- As add-on maintenance treatment of severe asthma for members with an eosinophilic phenotype.

**Nucala** is an interleukin-5 antagonist monoclonal antibody indicated for:

- Treatment of severe asthma with an eosinophilic phenotype
- Eosinophilic granulomatosis with polyangiitis
- Hypereosinophilic syndrome (HES)

**Dupixent** is an interleukin-4 receptor alpha agonist indicated for:

- Atopic Dermatitis
- Chronis rhinosinusitis with nasal polyps
- Moderate to severe asthma with an eosinophilic phenotype

**Xolair** is an anti-IgE antibody indicated for:

- Treatment of moderate to severe persistent allergic asthma
- Chronic Idiopathic Urticaria (CIU)



## Coverage Guidelines

Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs

### OR

Authorization may be granted for members when all the following criteria have been met:

## Cinqair

### Severe Asthma

1. The member has a diagnosis of severe asthma with an eosinophilic phenotype
2. The member is  $\geq 18$  years of age
3. The member is not an active smoker
4. The prescriber is an asthma specialist (i.e., allergist, immunologist, pulmonologist)
5. Documentation of an eosinophilic phenotype (i.e., peripheral blood eosinophil count  $\geq 300$  cells/ $\mu$ L, elevated sputum eosinophils)
6. The member is symptomatic despite receiving ONE of the following:
  - Combination inhaler containing an inhaled corticosteroid and a long-acting  $\beta$ -agonist
  - Combination of an inhaled corticosteroid and a long-acting  $\beta$ -agonist inhaler as separate agents
  - Chronic oral steroids
7. The prescriber must confirm that Cinqair will be administered only in a healthcare setting
8. The member has had an inadequate response, or intolerance to at least THREE (3) of the following preferred products: Dupixent, Fasenra, Nucala, and/or Xolair.
9. Dose does not exceed 3mg/kg intravenously every four weeks
10. Cinqair will be used an add-on maintenance treatment

## Dupixent

### Moderate-to-severe atopic dermatitis

1. The member has a diagnosis of moderate to severe atopic dermatitis
2. The member is at least 6 years old
3. Affected body surface is greater than or equal to 10% body surface area OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected.
4. Member has had an inadequate treatment response to a high potency topical corticosteroid (see Appendix) or a topical calcineurin inhibitor in the past 180 days, or the use of topical corticosteroids and topical calcineurin inhibitors is not advisable for the member (e.g., due to contraindications or prior intolerances).

### Asthma

1. The member has a diagnosis of moderate to severe asthma
2. The member is at least 12 years old
3. Member meets ONE of the following criteria:
  - a. Member has inadequate asthma control (e.g. hospitalization or emergency medical care visit within the past year) despite current treatment with ALL of the following medications at optimized doses\*:
    - i. High-dose inhaled corticosteroid
    - ii. Additional controller (long acting beta2-agonist, leukotriene modifier, or sustained-release theophylline)
    - iii. Oral glucocorticoids (at least 5 mg per day of prednisone/prednisolone or equivalent)

- b. The Member has a baseline blood eosinophil count of at least 150 cells per microliter and inadequate asthma control (e.g. hospitalization or emergency medical care visit within the past year) despite current treatment with BOTH of the following medications at optimized doses:
    - i. Inhaled corticosteroid
    - ii. Additional controller (long acting beta2-agonist, leukotriene modifier, or sustained-release theophylline)
  4. The member will not use Dupixent as monotherapy
  5. The member will not use Dupixent concomitantly with other biologics indicated for asthma (e.g., Cinqair, Fasentra, Nucala, or Xolair).
- \*Members should be receiving treatment with inhaled corticosteroid and additional controller for at least the previous 3 months, and oral glucocorticoids for most days during the previous 6 months (e.g. 50% of days, 3 steroid bursts in the previous 6 months).

*Chronic rhinosinusitis with nasal polyposis (CRSwNP)*

1. The member is at least 18 years old
2. Member has bilateral nasal polyposis and chronic symptoms of sinusitis despite intranasal corticosteroid treatment for at least 2 months unless contraindicated or not tolerated; and
3. The member has CRSwNP despite ONE of the following:
  - a. Prior sino-nasal surgery
  - b. Prior treatment with systemic corticosteroids within the last two years was ineffective, unless contraindicated or not tolerated
4. Member has a bilateral nasal endoscopy or anterior rhinoscopy showing polyps reaching below the lower border of the middle turbinate or beyond in each nostril
5. Member has nasal obstruction plus ONE of the following additional symptoms:
  - a. Rhinorrhea (anterior/posterior)
  - b. Reduction or loss of smell
6. Member will be using a daily intranasal corticosteroid while being treated with Dupixent, unless contraindicated or not tolerated.

**Fasentra**

*Severe Asthma*

1. The member has a diagnosis of severe asthma
2. Member is 12 years of age or older.
3. Member meets ONE of the following criteria:
  - a. Member has a baseline blood eosinophil count of at least 150 cells per microliter; or
  - b. Member is dependent on systemic corticosteroids
4. Member has inadequate asthma control (e.g., hospitalization or emergency medical care visit within the past year) despite current treatment with both of the following medications at optimized doses:
  - a. Inhaled corticosteroid
  - b. Additional controller (long-acting beta<sub>2</sub>-agonist, leukotriene modifier, or sustained-release theophylline)
5. Member will not use Fasentra as monotherapy.
6. Member will not use Fasentra concomitantly with other biologics indicated for asthma (e.g., Cinqair, Dupixent, Nucala, Xolair).

## **Nucala**

### Severe Asthma

1. The member has a diagnosis of severe asthma
2. Member is 6 years of age or older
3. Member meets ONE of the following criteria:
  - a. Member has a baseline blood eosinophil count of at least 150 cells per microliter;
  - or
  - b. Member is dependent on systemic corticosteroids
4. Member has inadequate asthma control (e.g., hospitalization or emergency medical care visit within the past year) despite current treatment with both of the following medications at optimized doses:
  - a. Inhaled corticosteroid
  - b. Additional controller (long-acting beta<sub>2</sub>-agonist, leukotriene modifier, or sustained-release theophylline)
5. Member will not use Nucala as monotherapy.
6. Member will not use Nucala concomitantly with other biologics indicated for asthma (e.g., Cinqair, Dupixent, Fasenna, Xolair).

### Eosinophilic granulomatosis with polyangiitis

1. The member has a diagnosis of eosinophilic granulomatosis with polyangiitis
2. Member is 18 years of age or older.
3. Member has a history or the presence of an eosinophil count of more than 1000 cells per microliter or a blood eosinophil level of greater than 10%.
4. Member has at least TWO of the following disease characteristics of EGPA:
  - a. Biopsy showing histopathological evidence of eosinophilic vasculitis, perivascular eosinophilic infiltration, or eosinophil-rich granulomatous inflammation
  - b. Neuropathy, mono or poly (motor deficit or nerve conduction abnormality)
  - c. Pulmonary infiltrates, non-fixed; sino-nasal abnormality
  - d. Cardiomyopathy (established by echocardiography or magnetic resonance imaging)
  - e. Glomerulonephritis (hematuria, red cell casts, proteinuria)
  - f. Alveolar hemorrhage (by bronchoalveolar lavage)
  - g. Palpable purpura
  - h. Anti-neutrophil cytoplasmic anti-body (ANCA) positive (Myeloperoxidase or proteinase 3)
5. Member has had at least one relapse (requiring increase in oral corticosteroids dose, initiation/increased dose of immunosuppressive therapy or hospitalization) within 2 years prior to starting treatment with Nucala or has a refractory disease.

### Hypereosinophilic syndrome (HES)

1. The member has a diagnosis of hypereosinophilic syndrome (HES)
2. The member is  $\geq 12$  years of age
3. The member has a diagnosis of HES without another identifiable non-blood related cause
4. The member has had at least 2 HES flares within the past 12 months
5. The member has had an inadequate response (defined as  $\geq 30$  days of therapy), adverse reaction or contraindication to one systemic steroid
6. The member has had an absolute eosinophil count  $> 1500$  cells per microliter for greater than six months
7. The prescriber is a specialist (i.e., allergist, cardiologist, hematologist, or immunologist)

## **Xolair**

### Moderate to Severe Asthma

1. The member has a diagnosis of moderate to severe asthma
2. Member is 6 years of age or older.
3. Member has a positive skin test or in vitro reactivity to at least one perennial aeroallergen.
4. Member has a pre-treatment IgE level greater than or equal to 30 IU/mL.
5. Member has inadequate asthma control (e.g., hospitalization or emergency medical care visit within the past year) despite current treatment with both of the following medications at optimized doses:
  - a. Inhaled corticosteroid
  - b. Additional controller (long acting beta<sub>2</sub>-agonist, leukotriene modifier, or sustained-release theophylline)
6. Member will not use Xolair as monotherapy.
7. Member will not use Xolair concomitantly with other biologics indicated for asthma (e.g., Cinqair, Dupixent, Fasentra, Nucala).

### Chronic idiopathic urticaria

1. The member has a diagnosis of chronic idiopathic urticaria
2. Member is 12 years of age or older.
3. Member remains symptomatic despite treatment with a second-generation H<sub>1</sub> antihistamine (e.g., cetirizine, fexofenadine, levocetirizine, loratadine) for at least 2 weeks.
4. Member has been evaluated for other causes of urticaria, including bradykinin-related angioedema and interleukin-1-associated urticarial syndromes (auto-inflammatory disorders, urticarial vasculitis).
5. Member has experienced a spontaneous onset of wheals, angioedema, or both, for at least 6 weeks.

## **Continuation of Therapy**

### Cinqair:

1. **Severe Asthma:** Authorization of 12 months may be granted for continuation of treatment of asthma in members 18 years of age or older when all of the following criteria are met:
  - a. Asthma control has improved on Cinqair treatment as demonstrated by at least one of the following:
    - i. A reduction in the frequency and/or severity of symptoms and exacerbation
    - ii. A reduction in the daily maintenance oral corticosteroid dose
  - b. Member will not use Cinqair as monotherapy
  - c. Member will not use Cinqair concomitantly with other biologics indicated for asthma (e.g., Dupixent, Fasentra, Nucala, or Xolair)

### Dupixent:

2. **Atopic Dermatitis:** Reauthorizations may be granted for up to 12 months for members 6 years of age or older who achieve or maintain positive clinical response with Dupixent therapy for moderate-to-severe atopic dermatitis as evidenced by low disease activity (i.e., clear or almost clear skin), or improvement in signs and symptoms of atopic dermatitis (e.g., redness, itching, oozing/crusting).
3. **Asthma:** Authorization of 12 months may be granted for continuation of treatment of asthma in members 12 years of age or older when all of the following criteria are met:
  - d. Asthma control has improved on Dupixent treatment as demonstrated by at least one of the following:
    - iii. A reduction in the frequency and/or severity of symptoms and exacerbation
    - iv. A reduction in the daily maintenance oral corticosteroid dose

- e. Member will not use Dupixent as monotherapy
  - f. Member will not use Dupixent concomitantly with other biologics indicated for asthma (e.g., Cinqair, Fasenra, Nucala, or Xolair)
4. Chronic rhinosinusitis with nasal polyposis (CRSwNP): Authorization of 12 months may be granted for continuation of treatment of chronic rhinosinusitis with nasal polyposis in members 18 years of age or older who achieve or maintain positive clinical response to Dupixent therapy as evidenced by improvement in signs and symptoms of CRSwNP (e.g., improvement in nasal congestion, nasal polyp size, loss of smell, anterior or posterior rhinorrhea, sinonasal inflammation, hyposmia and/or facial pressure or pain or reduction in corticosteroid use).

Fasenra

1. Asthma: Authorization of 12 months may be granted for treatment of asthma when all of the following criteria are met:
- a. Member is 12 years of age or older.
  - b. Asthma control has improved on Fasenra treatment as demonstrated by at least ONE of the following:
    - i. A reduction in the frequency and/or severity of symptoms and exacerbations
    - ii. A reduction in the daily maintenance oral corticosteroid dose
  - c. Member will not use Fasenra as monotherapy.
  - d. Member will not use Fasenra concomitantly with other biologics indicated for asthma (e.g., Cinqair, Dupixent, Nucala, Xolair).

Nucala

1. Asthma: Authorization of 12 months may be granted for continuation of treatment of asthma when ALL of the following criteria are met:
- a. Member is 6 years of age or older.
  - b. Asthma control has improved on Nucala treatment as demonstrated by at least ONE of the following:
    - i. A reduction in the frequency and/or severity of symptoms and exacerbations
    - ii. A reduction in the daily maintenance oral corticosteroid dose
  - c. Member will not use Nucala as monotherapy.
  - d. Member will not use Nucala concomitantly with other biologics indicated for asthma (e.g., Cinqair, Dupixent, Fasenra, Xolair).
2. Eosinophilic granulomatosis with polyangiitis: Authorization of 12 months may be granted for continuation of treatment of eosinophilic granulomatosis with polyangiitis when all of the following criteria are met:
- a. Member is 18 years of age or older.
  - b. Member has beneficial response to treatment with Nucala as demonstrated by any of the following:
    - i. A reduction in the frequency of relapses, or
    - ii. A reduction in the daily oral corticosteroid dose, or
    - iii. No active vasculitis
3. HES: Reauthorizations may be granted for up to 12 months when clinical documentation is submitted showing member has had a decrease in absolute eosinophils and improvement in condition

Xolair

1. Asthma: Authorization of 12 months may be granted for continuation of treatment of asthma when ALL of the following criteria are met:
- a. Member is 6 years of age or older.

- b. Asthma control has improved on Xolair treatment as demonstrated by at least one of the following:
    - i. A reduction in the frequency and/or severity of symptoms and exacerbations
    - ii. A reduction in the daily maintenance oral corticosteroid dose<sup>10</sup>
  - c. Member will not use Xolair as monotherapy.
  - d. Member will not use Xolair concomitantly with other biologics indicated for asthma (e.g., Cinqair, Dupixent, Fasenra, Nucala).
2. CIU: Authorization of 12 months may be granted for continuation of treatment of chronic idiopathic urticaria when all of the following criteria are met:
- a. Member is 12 years of age or older.
  - b. Member has experienced a response (e.g., improved symptoms, decrease in weekly urticaria activity score [UAS7]) since initiation of therapy

**Limitations:**

1. Initial approvals will be approved medication and diagnosis specific as follows:

Cinqair:

- Severe Asthma: 4 months

Dupixent:

- Moderate to Severe Atopic Dermatitis: 4 months
- Asthma or Chronic Rhinosinusitis with Nasal Polyps (CRSwNP): 6 months

Fasenra:

- Asthma: 6 months

Nucala:

- Asthma: 6 months
- Eosinophilic granulomatosis with polyangiitis: 12 months
- Hypereosinophilic syndrome: 4 months

Xolair:

- Asthma or Chronic Idiopathic Urticaria: 6 months

2. The following quantity limits apply:

Dupixent prefilled syringe	2 pens per 28 days
Fasenra Pen	1 pen per 56 days
Nucala auto-injector 100mg/ml	3 injectors per 28 days
Nucala prefilled syringe 100mg/ml	3 syringes per 28 days
Xolair Pens 150mg	4 pens per 28 days
Xolair vials 150mg	6 vials per 28 days

**References**

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2. Dupixent (dupilumab) [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals; June 2020
3. Cinqair (reslizumab) [prescribing information]. West Chester, PA: Teva Respiratory, LLC; June 2020
4. Fasenra (benralizumab) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; October 2019
5. Xolair (omalizumab) [prescribing information]. San Francisco, CA: Genentech Inc; May 2019

6. National Heart, Lung, and Blood Institute (NHLBI/NIH). Guidelines for the Diagnosis and Management of Asthma (EPR-3). URL: [nhlbi.nih.gov/health-ro/guidelines/current/asthma\\_guidelines](http://nhlbi.nih.gov/health-ro/guidelines/current/asthma_guidelines). Available from internet. Accessed 2016 April 2018
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17. Straesser MD, Oliver E, Palacios T, et al. Serum IgE as an immunological marker to predict response to omalizumab treatment in symptomatic chronic urticaria. *J Allergy Clin Immunol Pract* 2018; 6:1386
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## Review History

09/24/18 – Updated

11/20/19 – Updated to require only failure of separate ICS inhaler w/ LABA or combination product and removed requirement of DX based on diagnostic criteria

03/18/2020 – Reviewed and Updated P&T Mtg; age updated  $\geq$  6 years old for moderate to severe eosinophilic asthma (effective 6/1/20)





11/18/2020- Updated: changed criteria name to *Asthma & Allergy Injectables*, made one document for Cinqair, Dupixent, Fasenra, Nucala and Xolair criteria, added preferred trials for Cinqair, added new indication of HES for Nucala: Matching the CVS SGM criteria for Xolair, Nucala, Fasenra, and Dupixent. Effective 1/1/21.

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