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

Plan
☐ MassHealth
☒ Commercial/Exchange

Benefit
☒ Pharmacy Benefit
☒ Medical Benefit (NLX)

Program Type
☐ Prior Authorization
☐ Quantity Limit
☐ Step Therapy

Specialty Limitations
This medication has been designated specialty and must be filled at a contracted specialty pharmacy when obtained through the pharmacy benefit.

Contact Information

Specialty Medications
All Plans
Phone: 866-814-5506
Fax: 866-249-6155

Non-Specialty Medications
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

Medical Specialty Medications (NLX)
All Plans
Phone: 844-345-2803
Fax: 844-851-0882

Exceptions
Cinqair, Fasenra, Nucala and Xolair solutions are Medical Benefit only
Dupixent, Fasenra Pen, Nucala Pen and Xolair Pen are Pharmacy Benefit Only and obtained through specialty pharmacy

Overview
Cinqair and Fasenra 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 ≥ 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 ≥ 300 cells/µL, elevated sputum eosinophils)
6. The member is symptomatic despite receiving ONE of the following:
   - Combination inhaler containing an inhaled corticosteroid and a long-acting β-agonist
   - Combination of an inhaled corticosteroid and a long-acting β-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, Fasenra, 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.

**Fasenra**

**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 beta2-agonist, leukotriene modifier, or sustained-release theophylline)
5. Member will not use Fasenra as monotherapy.
6. Member will not use Fasenra 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 beta2-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, Fasenra, 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 proteinease 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 ≥ 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 ≥ 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 beta2-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, Fasenra, 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 H1 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, Fasenra, 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

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:

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dupixent prefilled syringe</td>
<td>2 pens per 28 days</td>
</tr>
<tr>
<td>Fasenra Pen</td>
<td>1 pen per 56 days</td>
</tr>
<tr>
<td>Nucala auto-injector 100mg/ml</td>
<td>3 injectors per 28 days</td>
</tr>
<tr>
<td>Nucala prefilled syringe 100mg/ml</td>
<td>3 syringes per 28 days</td>
</tr>
<tr>
<td>Xolair Pens 150mg</td>
<td>4 pens per 28 days</td>
</tr>
<tr>
<td>Xolair vials 150mg</td>
<td>6 vials per 28 days</td>
</tr>
</tbody>
</table>

References
1. Nucala (mepolizumab) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; September 2020
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


18. Talmadge EK. Treatment and prognosis of eosinophilic granulomatosis with polyangiitis (ChurgStrauss). In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on December 26, 2017).


**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 ≥ 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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