

ALASKA MEDICAID
Prior Authorization Criteria

Interleukin-5 Inhibitors
Nucala®, Cinqair®, Fasenra®

FDA INDICATIONS AND USAGE^{1,2,3}

Interleukin-5 (IL-5) inhibitors are indicated as an add-on maintenance treatment for patients with severe asthma, the eosinophilic phenotype. Nucala® is also indicated for the treatment of eosinophilic granulomatosis with polyangiitis and hypereosinophilic syndrome (HES). Interleukin -5 is the major cytokine responsible for the growth and differentiation, recruitment, activation, and survival of eosinophils. Inhibition of IL-5 reduces the production and survival of eosinophils and inflammation.

APPROVAL CRITERIA

Maintenance Treatment of Severe Asthma^{1,2,3,4,5,6,7}

1. Patient is 6 years of age or older for Nucala®, 12 years of age or older for Fasenra® or 18 years of age or older for Cinqair® **AND;**
2. Prescribed by or in consultation with an allergist, immunologist, or pulmonologist **AND;**
3. Patient has the diagnosis of severe asthma **AND;**
4. The member has one of the following blood eosinophil counts:
 - A) For Nucala®:
 - a) Blood eosinophil count > 150 cells/mcL with 6 weeks of treatment initiation **OR;**
 - b) Blood eosinophil count > 300 cells/mcL in the past 12 months **OR;**
 - B) For Fasenra®:
 - a) Blood eosinophil count ≥ 150 cells/mcL within 4 weeks of treatment initiation **OR;**
 - C) For Cinqair®:
 - a) Blood eosinophil count > 400 cells/mcL within 4 weeks of treatment initiation **AND;**
5. Patient has ongoing symptoms of asthma with a minimum 3 month trial of a combination inhaled corticosteroid plus a long acting beta agonist, leukotriene modifier or theophylline, or is intolerant to all of these medications **AND;**
6. Requested medication will be used concurrently with other asthma controller medications.

Eosinophilic Granulomatosis with Polyangiitis^{1,8}

1. Request is for Nucala® **AND;**
2. Patient is 18 years of age or older **AND;**
3. Prescribed by or in consultation with an allergist, immunologist, rheumatologist, or pulmonologist **AND;**
4. Patient diagnosis of eosinophilic granulomatosis with polyangiitis based on the presence of at least four of the following diagnostic criteria:
 - a) Asthma
 - b) Eosinophilia (>10% eosinophils on the differential leukocyte count)
 - c) Mononeuropathy or polyneuropathy
 - d) Migratory or transient pulmonary infiltrates on chest x-rays
 - e) Paranasal sinus abnormalities
 - f) Biopsy containing a blood vessel with extravascular eosinophils
5. Patient has been stable on corticosteroids for at least 4 weeks or the prescriber has indicated clinical inappropriateness of corticosteroid therapy.

ALASKA MEDICAID
Prior Authorization Criteria

Hypereosinophilic Syndrome¹

1. Request is for Nucala® **AND;**
2. Patient is 12 years of age or older **AND;**
3. Prescribed by or in consultation with an allergist, immunologist, rheumatologist, or pulmonologist **AND;**
4. Patient has the diagnosis of hypereosinophilic syndrome (HES) for ≥ 6 months without an identifiable non-hematologic secondary cause **AND;**
5. Patient has been stable on corticosteroids for at least 4 weeks or the prescriber has indicated clinical inappropriateness of corticosteroid therapy.

Nasal Polyps¹

1. Request is for Nucala® **AND;**
2. Patient is 18 years of age or older **AND;**
3. Prescribed by or in consultation with an allergist, immunologist, or an otolaryngologist **AND;**
4. Patient has a diagnosis of chronic rhinosinusitis with nasal polyposis as evidenced by direct examination, endoscopy, or sinus computed tomography (CT) scan **AND;**
5. Patient has experienced two or more of the following symptoms for at least 6 months: nasal congestion, nasal obstruction, nasal discharge, and/or reduction/loss of smell **AND;**
6. Patient has received at least 3 months of therapy with an intranasal corticosteroid and will continue to receive therapy with an intranasal corticosteroid concomitantly with Nucala.

DENIAL CRITERIA^{1,2,3}

1. Failure to meet approval criteria **OR;**
2. Being used in conjunction with another biologic medication (I.E. Enbrel, Xolair, Remicaide, etc.) **OR;**
3. Being used for relief of acute bronchospasms or status asthmaticus.

CAUTIONS^{1,2,3}

- Monitor for hypersensitivity reactions after administration.
- Patient should be monitored for new or worsening eye symptoms.
- Corticosteroids should not be discontinued abruptly upon initiation of therapy.
- Monitor patients for vasculitic rash, worsening pulmonary symptoms, or neuropathies.

DURATION OF APPROVAL

- Approval: Up to 3 months
- Reauthorization: Up to 12 months

ALASKA MEDICAID
Prior Authorization Criteria

QUANTITY LIMITS

- Fasenna® (HCPCS- J0517) - 30 mg subcutaneously every 28 days for the first 3 doses, and then once every 8 weeks
- Nucala® (HCPCS- J2182-100 mg subcutaneously once every 28 days for severe asthma and nasal polyps -300mg every 28 days for Eosinophilic Granulomatosis with Polyangiitis and Hypereosinophilic Syndrome
- Cinqair® (HCPCS- J2786): 3 mg/kg IV once every 28 days

REFERENCES / FOOTNOTES:

1. Nucala (mepolizumab) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; July 2021.
2. Fasenna (benralizumab) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; September 2019.
3. Cinqair (reslizumab) [prescribing information]. Frazer, PA: Teva Respiratory, LLC; January 2019.
4. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention. 2019. <http://ginasthma.org>. Available from the Internet. Accessed March 12, 2020.
5. Pavord ID, Korn S, Howarth P et al. Mepolizumab for severe eosinophilic asthma (DREAM): a multicenter, double-blind, placebo-controlled trial. *Lancet*. 2014; 380: 651-659.
6. FitzGerald JM, Bleecker ER, Nair P, et al. Benralizumab, an anti-interleukin-5 receptor α monoclonal antibody, as add-on treatment for patients with severe, uncontrolled, eosinophilic asthma (CALIMA): a randomized, double-blind, placebo-controlled phase 3 trial. *Lancet*. 2016 Oct; 388(10056):2128-41.
7. Corren J, Weinstein S, Janka L, et al. Phase 3 study of reslizumab in patients with poorly controlled asthma: effects across a broad range of eosinophil counts. *Chest*. 2016 Mar;S0012-3692(16)45715-6.
8. Groh, Mathieu, et al. Eosinophilic Granulomatosis With Polyangiitis (Churg-Strauss) (EGPA) Consensus Task Force Recommendations for Evaluation and Management. *European Journal of Internal Medicine*. 26 (2015): 545-553.