CarePartners of Connecticut MEDICARE ADVANTAGE

Medical Necessity Guidelines

Medical Benefit Drugs

Respiratory Interleukins Skilled-administration: Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)

Effective: March 1, 2024

Guideline Type	☒ Prior Authorization ☐ Non-Formulary ☐ Step-Therapy ☐ Administrative

Applies to:

☒ CarePartners of Connecticut Medicare Advantage HMO plans, Fax 617-673-0956

☒ CarePartners of Connecticut Medicare Advantage PPO plans, Fax 617-673-0956

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Overview

The majority of patients can manage their asthma symptoms with a combination of inhaled corticosteroids (ICS) and long-acting beta agonists (LABAs), although a subset of patients remain uncontrolled. Researchers have now developed targeted therapies that yield better outcomes in specific patient types. IgE is central to the development of diseases associated with immediate hypersensitivity reactions, such as allergic asthma. In allergic asthma, IgE production occurs within the bronchial and nasal mucosa, with additional production in the lymphoid tissues and bone marrow. IgE binds to receptors resulting in mast cell release and release of other mediators that contribute to bronchoconstriction and airway inflammation. The anti-interleukin-5 agents respiratory interleukins are a recommended add-on biologic therapy option for patients with uncontrolled severe asthma despite optimized maximal therapy. Patient features and medication administration features will guide the selection of the specific respiratory interleukin product.

Treatment guidelines recommend for adults with nonsevere eosinophilic granulomatosis with polyangiitis (EGPA) adding Nucala to systemic glucocorticoids. Approval of Nucala in eosinophilic granulomatosis with polyangiitis (EGPA) was based on a multicenter trial of 136 patients with relapsing or refractory EGPA. Treatment with Nucala led to significantly more accrued weeks of remission compared to treatment with placebo, and a higher percentage of participants in remission at weeks 36 and 48. Overall, 44 percent of Nucala-treated patients were able to taper steroids to 4 mg/day or less, compared to 7 percent of placebo-treated patients. However, 47 percent of participants in the mepolizumab group did not achieve remission.

Evidence demonstrates that Nucala can be beneficial in glucocorticoid-sensitive hypereosinophilic syndrome, including idiopathic hypereosinophilic syndrome, lymphocytic variants of hypereosinophilic syndrome, and hypereosinophilic syndrome / EGPA overlap. Approval of Nucala in hypereosinophilic syndrome was based on a multicenter, placebo-controlled, phase 3 trial of 108 patients with hypereosinophilic syndrome. Patients with non-hematologic secondary HES or FIP1L1::PDGFRA-positive hypereosinophilic syndrome were excluded. Patients with at least two disease flares in the past 12 months and a baseline absolute eosinophil count of at least 1000/microliter were included. Compared to placebo, Nucala was associated with a lower percentage of patients experiencing a subsequent disease flare (28% versus 56%). Nucala was also associated with a 66% reduction in the annualized flare rate and in risk of experiencing a flare. Similar proportions of patients in the Nucala and placebo treatment groups experienced on-treatment adverse events (89% versus 87%).

Chronic rhinosinusitis guidelines suggest offering respiratory biologic therapy for patients who have previously undergone functional endoscopic sinus surgery with recurrence of disease following surgery. Evidence demonstrates that Nucala improves nasal congestion, overall quality of life, and NPS for patients with chronic rhinosinusitis with nasal polyps (CRSwNP). Approval of Nucala for CRSwNP was based on the SYNAPSE trial in which patients with recurrent, severe bilateral nasal polyps and history of one prior functional endoscopic sinus surgery in the past 10 years was included. Patients received Nucala or placebo in addition to standard-of-care saline nasal irrigations and intranasal corticosteroids. Nucala-treated patients had decreased nasal polyps score and nasal obstruction visual analog scale score compared to placebo-treated patients. However, sense of smell did not improve in mepolizumab-treated patients.

Food and Drug Administration (FDA) Approved Indications

Cinqair (reslizumab) is an interleukin-5 antagonist monoclonal antibody (IgG4 kappa) indicated for:

- **Maintenance treatment of severe asthma**

  Add-on maintenance treatment of patients with severe asthma aged 18 years and older and with an eosinophilic phenotype. Cinqair (reslizumab) is not indicated for treatment of other eosinophilic conditions or for relief of acute bronchospasm or status asthmaticus.

Fasenra (benralizumab) is an interleukin-5 alpha directed cytolytic monoclonal antibody (IgG1, kappa) indicated for:

- **Maintenance treatment of severe asthma**

  Add-on maintenance treatment of patients with severe asthma aged 12 years and older and with an eosinophilic phenotype. Fasenra (benralizumab) is not indicated for treatment of other eosinophilic conditions or for relief of acute bronchospasm or status asthmaticus.

Nucala (mepolizumab) is an interleukin-5 antagonist monoclonal antibody (IgG1 kappa) indicated for:

- **Eosinophilic granulomatosis with polyangiitis**

  The treatment of adult patients with eosinophilic granulomatosis with polyangiitis
- **Hypereosinophilic Syndrome**

  The treatment of adult and pediatric patients aged 12 years and older with hypereosinophilic syndrome for at least 6 months without an identifiable non-hematologic secondary cause
- **Maintenance treatment of chronic rhinosinusitis with nasal polyps (CRSwNP)**

  Add-on maintenance treatment of CRSwNP in adult patients 18 years of age and older with Inadequate response to nasal corticosteroids
- **Maintenance treatment of severe asthma**

  Add-on maintenance treatment of patients with severe asthma aged 6 years and older, and with an eosinophilic phenotype. Nucala (mepolizumab) is not indicated for the relief of acute bronchospasm or status asthmaticus

Clinical Guideline Coverage Criteria

The plan may authorize coverage of a Respiratory Interleukin Skilled-administration product for Members when the following criteria are met:

Cinqair

1. Documented diagnosis of severe asthma with an eosinophilic phenotype

AND

2. Documentation the requested medication is being prescribed as add-on maintenance treatment

AND

3. Patient is 18 years of age or older

Fasenra

1. Documented diagnosis of severe asthma with an eosinophilic phenotype

AND

2. Documentation the requested medication is being prescribed as add-on maintenance treatment

AND

3. Patient is 12 years of age or older

Nucala

1. Documentation of both of the following:
   a. Diagnosis of eosinophilic granulomatosis with polyangiitis
   b. Patient is 18 years of age or older

OR

2. Documentation of both of the following:
   a. Diagnosis hypereosinophilic syndrome for at least 6 months without an identifiable non-hematologic secondary cause
   b. Patient is 12 years of age or older

OR

3. Documentation of all of the following:
   a. Diagnosis of chronic rhinosinusitis with nasal polyps
   b. Patient is 18 years of age or older
   c. Requested medication is being prescribed as add-on maintenance treatment
   d. Inadequate response to nasal corticosteroids

OR

4. Documentation of both of the following:
    a. Diagnosis of severe asthma with an eosinophilic phenotype
    b. Patient is 6 years of age or older
    c. Requested medication is being prescribed as add-on maintenance treatment

Limitations

- None

Codes

The following code(s) require prior authorization:

Table 1: HCPCS Codes

HCPCS Codes	Description
J0517	Injection, benralizumab, 1 mg
J2182	Injection, mepolizumab, 1 mg
J2786	Injection, reslizumab, 1 mg

References

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7. Chung KF, Wenzel SE, Brozek JL, et al. International ERS/ATS guidelines on definition, e valuation and treatment of severe asthma. Eur Respir J. 2014 Feb; 43(2):343-373.
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15. Nucala (mepolizumab) [prescribing information]. Philadelphia, PA: GlaxoSmithKline, LLC.; 2020 September.
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19. Zeiger RS, Schatz M, Dalal AA, et al. Utilization and costs of severe uncontrolled asthma in a managed-care setting. J Allergy Clin Immunol Pract. 2016 Jan-Feb;4(1):120-129

Approval And Revision History

September 13, 2022: Reviewed by Pharmacy and Therapeutics Committee (P&T).

Subsequent endorsement date(s) and changes made:

- September 21, 2022: Reviewed by the Medical Policy Approval Committee (MPAC).
- December 12, 2024: Updated title of Medical Necessity Guideline from Nucala to Respiratory Interleukins Skilled-administration. Added Cinqair and Fasenra to the Medical Necessity Guideline. Added requirements for use as add-on treatment throughout the Medical Necessity Guideline in line with package labeling. Added the requirement for an inadequate response to an intranasal corticosteroids for chronic rhinosinusitis with nasal polyps. Removed Limitations The Plan may authorize coverage of Nucala (mepolizumab) for up to 12 months when coverage criteria are met and All other indications are considered experimental/investigational and not medically necessary. Administrative Update in support of calendar year 2024 Medicare Advantage and PDP Final Rule (eff 3/1/24).

Background, Product and Disclaimer Information

Point32Health prior authorization criteria to be applied to Medicare Advantage plan members is based on guidance from Medicare laws, National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs). When no guidance is provided, Point32Health uses clinical practice guidance published by relevant medical societies, relevant medical literature, Food and Drug Administration (FDA)-approved package labeling, and drug compendia to develop prior authorization criteria to apply to Medicare Advantage plan members. Medications that require prior authorization generally meet one or more of the following criteria: Drug product has the potential to be used for cosmetic purposes; drug product is not considered as first-line treatment by medically accepted practice guidelines, evidence to support the safety and efficacy of a drug product is poor, or drug product has the potential to be used for indications outside of the indications approved by the FDA. Prior authorization and use of the coverage criteria within this Medical Necessity Guideline will ensure drug therapy is medically necessary, clinically appropriate, and aligns with evidence-based guidelines. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests revisions.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.