VENTURA COUNTY
HEALTH CARE PLAN

# PREFERRED SPECIALTY MANAGEMENT POLICY

**POLICY:** Immunologicals – Anti-Interleukin-5 Agents Preferred Specialty Management Policy
- Cinqair® (reslizumab intravenous infusion – Teva)
- Fasenra® (benralizumab subcutaneous injection – AstraZeneca)
- Nucala® (mepolizumab subcutaneous injection – GlaxoSmithKline)

**REVIEW DATE:** 10/20/2021

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## OVERVIEW

Cinqair, Fasenra, and Nucala are anti-interleukin (IL)-5 monoclonal antibodies indicated for add-on maintenance treatment of patients with **severe asthma** who have an eosinophilic phenotype.[1-3] Nucala is indicated in patients ≥ 6 years of age; Fasenra is indicated in patients ≥ 12 years of age; Cinqair is indicated in patients ≥ 18 years of age. Nucala is also indicated for the treatment of adults with eosinophilic granulomatosis with polyangiitis, adults and adolescents with hypereosinophilic syndrome, and adults with chronic rhinosinusitis with nasal polyps.[3]

## Guidelines

The Global Initiative for Asthma (GINA) Global Strategy for Asthma Management (2021) lists Cinqair, Fasenra, and Nucala as options for add-on therapy with difficult-to-treat, severe eosinophilic asthma (i.e., asthma that cannot be managed by therapy with an inhaled corticosteroid/long-acting beta$_2$-agonist combination with or without an additional controller).[4] GINA does not prefer one anti-IL-5 agent over another, but does note the differences in their approved age indications.

## POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of the Preferred Products. For all medications (Preferred and Non-Preferred), the patient is required to meet the respective standard *Prior Authorization Policy* criteria. The program also directs the patient to try one Preferred Product prior to the approval of a Non-Preferred Product. Requests for the Non-Preferred Product will also be reviewed using the exception criteria (below). If the patient meets the standard *Immunologicals – Cinqair Prior Authorization Policy* criteria, but has not tried a Preferred Product, a review will be offered for a Preferred Product using the respective standard *Prior Authorization Policy* criteria. All approvals are provided for the duration noted in the respective *Immunologicals Prior Authorization Policy*.

**Automation:** None.

**Preferred Products:** Fasenra, Nucala
**Non-Preferred Products:** Cinqair

## RECOMMENDED EXCEPTION CRITERIA

| Non-Preferred Product | Exception Criteria |
|---|---|
| Cinqair | **1.** Approve if the patient meets BOTH of the following criteria (A and B):<br>**A)** Patient meets the standard *Immunologicals – Cinqair Prior Authorization Policy* criteria; AND<br>**B)** Patient meets ONE of the following (i or ii):<br>**i.** Patient has tried ONE of Fasenra or Nucala; OR<br>**ii.** Patient is currently receiving Cinqair.<br>**2.** If the patient has met the standard *Immunologicals – Cinqair Prior Authorization Policy* criteria (1A), but has not met exception criteria (1B): offer to review for a Preferred Product. |

## REFERENCES

1. Cinqair® intravenous infusion [prescribing information]. Frazer, PA: Teva; January 2019.
2. Fasenra™ subcutaneous injection [prescribing information]. Wilmington, DE: AstraZeneca; October 2019.
3. Nucala® subcutaneous injection [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; July 2021.
4. Global Initiative for Asthma. Global strategy for asthma management and prevention. Updated 2021. Available at: http://www.ginasthma.org. Accessed on October 13, 2021.

## HISTORY

| Type of Revision | Summary of Changes | Review Date |
|---|---|---|
| Annual Revision | **Cinqair:** "Asthma" indication and "Other Conditions" were removed (not needed as Cinqair is only indicated for asthma). The requirement that patients who are currently receiving Cinqair must have a blood eosinophil count ≥ 400 cells per microliter at baseline or require daily or near daily oral corticosteroid therapy was removed. | 10/14/2020 |
| Annual Revision | No changes to criteria. | 10/20/2021 |