

## PREFERRED SPECIALTY MANAGEMENT POLICY

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

**REVIEW DATE:** 10/14/2020

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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.<sup>1-3</sup> Nucala is indicated in patients  $\geq 6$  years of age; Fasenra is indicated in patients  $\geq 12$  years of age; Cinqair is indicated in patients  $\geq 18$  years of age. Nucala is also indicated for the treatment of adult patients with eosinophilic granulomatosis with polyangiitis and for the treatment of adult and adolescent patients with hypereosinophilic syndrome.<sup>3</sup> Nucala and Fasenra are administered as subcutaneous injections and both have formulations available that are labeled for patient or caregiver administration in adult and adolescent patients (for patients 6 to 12 years of age, Nucala must be administered by a healthcare professional). Cinqair is administered as an intravenous infusion by a healthcare professional. In the Global Initiative for Asthma (GINA) Global Strategy for Asthma Management and Prevention (2020), Cinqair, Fasenra, and Nucala are all listed as add-on therapy options in patients with severe eosinophilic asthma who have had exacerbations in the previous year and who have baseline eosinophils  $\geq 300$  cells/microliter.<sup>7</sup> 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 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 Product:** Cinqair

**RECOMMENDED EXCEPTION CRITERIA**

Non-Preferred Product	Exception Criteria
Cinqair	<ol style="list-style-type: none"> <li>1. Approve if the patient meets BOTH of the following criteria (A <u>and</u> B):                             <ol style="list-style-type: none"> <li>A) Patient meets the standard <i>Immunologicals – Cinqair Prior Authorization Policy</i> criteria; AND</li> <li>B) Patient meets ONE of the following (i <u>or</u> ii):                                     <ol style="list-style-type: none"> <li>i. Patient has tried ONE of Fasenra or Nucala; OR</li> <li>ii. Patient is currently receiving Cinqair.</li> </ol> </li> </ol> </li> <li>2. If the patient has met the standard <i>Immunologicals – Cinqair Prior Authorization Policy</i> criteria (1A), but has <u>not</u> met exception criteria (1B): offer to review for a Preferred Product.</li> </ol>

**REFERENCES**

1. Cinqair<sup>®</sup> injection for intravenous use [prescribing information]. Frazer, PA: Teva Respiratory, LLC; January 2019.
2. Fasenra<sup>™</sup> subcutaneous injection [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; October 2019.
3. Nucala<sup>®</sup> injection for subcutaneous use [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; September 2020.
4. *Immunologicals – Cinqair Prior Authorization Policy*. Express Scripts Holding Company. Updated 02/12/2020.
5. *Immunologicals – Fasenra Prior Authorization Policy*. Express Scripts Holding Company. Updated 02/12/2020.
6. *Immunologicals – Nucala Prior Authorization Policy*. Express Scripts Holding Company. Updated 02/12/2020.
7. Global Initiative for Asthma. Global strategy for asthma management and prevention. Updated 2020. Available at: <http://www.ginasthma.org>. Accessed on September 16, 2020.