INTERLEUKIN-5 RECEPTOR ANTAGONISTS

Included Products: Cinqair (reslizumab), Fasenra (benralizumab), Nucala (mepolizumab)

Created: 03/21/2016 *Revised*: 03/14/2024 *Reviewed*: 03/14/2024 *Updated*: 03/14/2024

Nonformulary for outpatient benefit. PA required on medical benefit.

All Diagnoses

Initial Criteria: All Diagnoses		If yes	If no
1.	Is the requested agent indicated for or supported for use in the submitted diagnosis for the member's age?	Continue to #2.	Do not approve.
2.	Has the treatment been initiated by or is an appropriate specialist currently supervising it? a. Eosinophilic asthma: pulmonologist b. Eosinophilic granulomatosis with polyangiitis (Churg–Strauss): pulmonologist, rheumatologist, or vasculitis specialist. c. Hypereosinophilic Syndrome (HES): hematologist d. Nasal polyps: allergist or ENT	Continue to #3.	Do not approve.
3.	Is the member a current smoker?	Continue to #4.	Continue to #5.
4.	Is the member enrolled in a smoking cessation program?	Continue to #5.	Do not approve.
5.	Continue to appropriate diagnosis.		

Eosinophilic Asthma

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of moderate to severe asthma with an eosinophilic phenotype?	Continue to #2.	Do not approve.

2.	Is the member's recent eosinophil count of at least 150 cells/ µL in last 6 months?	Continue to #3.	Do not approve.
3.	Has the member failed the following agents including as combination therapy? a. High dose inhaled corticosteroid with a long acting beta agonist (such as AirDuo, Advair, or Symbicort). b. Long acting muscarinic antagonist (such as Spiriva) c. Leukotriene inhibitor (such as montelukast)	Continue to #4.	Do not approve.
4.	Does the member have a history of compliance with asthma medications (above)?	Continue to #5.	Do not approve.
5.	In the past year has the member had frequent asthma exacerbations resulting in repeated use of health care services, such as urgent care or ED visits or hospitalization?	Continue to #6.	Do not approve.
6.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Has the member had a reduction in asthma exacerbations necessitating frequent office visits, ED / urgent care visits, hospitalizations, oral steroids and demonstrated sustained clinical improvement from baseline?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		

Eosinophilic Granulomatosis with Polynangiitis

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of symptomatic eosinophilic granulomatosis with polyangiitis?	Continue to #2.	Do not approve.
2.	Is there documentation of systemic involvement, aside from asthma or ear, nose, and throat manifestations)?	Continue to #3.	Do not approve.
3.	Has the member tried and failed to induce remission with a course of oral or pulse corticosteroids, or failed to taper after 3-4 months?	Continue to #4.	Do not approve.
4.	Has the member failed an immunosuppressant	Continue to #5.	Do not approve.

	such as cyclophosphamide, azathioprine, or methotrexate?		
5.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Is the member in remission as defined as Birmingham Vasculitis Activity Score (BVAS) of 0 plus oral corticosteroid dose less than or equal to 4mg/day?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		

Hypereosinophilic Syndrome

Initial Criteria		If yes	If no
1.	Is the request from a hematologist?	Continue to #2.	Do not approve.
2.	Does the member have a diagnosis of PDGFRA-negative HES?	Continue to #3.	Do not approve.
3.	Has the member had a diagnosis of HES for at least 6 months?	Continue to #4.	Do not approve.
4.	Has the member had at least 2 HES flares in the past 12 months while on treatment?	Continue to #5.	Do not approve.
5.	Does the member have a current eosinophil count of 1000 or greater?	Continue to #6	Do not approve.
6.	Has the HES been responsive to steroids?	Continue to #7.	Do not approve.
7.	Has the member had a flare while on hydroxyurea or have a reason hydroxyurea cannot be used?	Continue to #8.	Do not approve.
8.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Has the member been free from HES flare or have a documented clinical response showing medical necessity for continuation?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		

Nasal Polyps

Initial Criteria		If yes	If no
1.	Does the member have recurrent nasal polyps after multiple prior sinus surgeries within the past 2 years?	Continue to #2.	Do not approve.
2.	Has the member failed all the following?	Continue to #3.	Do not approve.

	a. At least 2 prior intranasal corticosteroids b. Sinuva		
3.	Is the member currently adherent to a nasal corticosteroid and is Nucala intended to be adjunctive therapy?	Continue to #4.	Do not approve.
4.	Is the member at risk of another sinus surgery?	Continue to #5.	Do not approve.
5.	Is there a statement why sinus surgery is not medically appropriate?	Continue to #6.	Do not approve.
6.	Consult with a medical director for approval.		
Renewal Criteria		If yes	If no
1.	Has the member had a clinically significant improvement in symptoms and reduced risk of needing surgery?	Continue to #2.	Do not approve.
2.	Approve for 6 months.		

REFERENCES

- Eosinophilic granulomatosis with polyangiitis (Churg–Strauss) (EGPA)
- Consensus Task Force recommendations for evaluation and management