

PREFERRED SPECIALTY MANAGEMENT POLICY

- POLICY:** Immunologicals – Asthma Preferred Specialty Management Policy
- Cinqair[®] (reslizumab intravenous infusion – Teva)
 - Fasenra[®] (benralizumab subcutaneous injection – AstraZeneca)
 - Nucala[®] (mepolizumab subcutaneous injection – GlaxoSmithKline)

REVIEW DATE: 08/07/2024

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 Fasenra and Nucala are indicated in patients ≥ 6 years of age, while 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 (2024) lists Cinqair, Fasenra, and Nucala as options for add-on therapy in patients with uncontrolled severe asthma despite maximal inhaled therapy.⁴ GINA does not prefer one immunological agent over another, but does note the differences in their approved age indications as well as patient characteristics that may predict a good response with each agent.

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

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RECOMMENDED EXCEPTION CRITERIA

REFERENCES

1. Cinqair® intravenous infusion [prescribing information]. Frazer, PA: Teva; January 2019.
2. Fasentra® subcutaneous injection [prescribing information]. Wilmington, DE: AstraZeneca; April 2024.
3. Nucala® subcutaneous injection [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; March 2023.
4. Global Initiative for Asthma. Global strategy for asthma management and prevention. Updated 2024. Available at: <http://www.ginasthma.org>. Accessed on July 24, 2024.