Pharmacy Benefit Determination Policy

Policy Subject:	Specialty Asthma Agents	**Dates:**	
Policy Number:	SHS PBD02	**Effective Date:**	May 3, 2004
Category:	Respiratory/Dermatological	**Revision Date**	November 2, 2018
Policy Type:	☒ **Medical** ☐ **Pharmacy**	**Approval Date:**	December 5, 2018
Department:	Pharmacy	**Next Review Date:**	December 2019

Product (check all that apply):	**Clinical Approval By:**
☒ Group HMO/POS	**Medical Directors**
☒ Individual HMO/POS	PHP: Peter Graham, MD
☒ PPO	**Pharmacy and Therapeutics Committee**
☒ ASO	PHP: Peter Graham, MD

Policy Statement:

Physicians Health Plan and PHP Insurance & Service Company and Sparrow PHP, will cover specialty Asthma Agents through the Medical/Pharmacy Benefit based on approval by the Clinical Pharmacist or Medical Director using the following determination guidelines:

Drugs and Applicable Coding:

J-code: Xolair - J2357 (1u = 5mg); Nucala - J2182 (1u = 1mg); Cinqair - J2786 (1u = 1mg); Fasenra - C9466 (1u = 1mg)

Clinical Determination Guidelines:

Document the following with chart notes

A. Moderate - Severe persistent allergic asthma (all below)
   1. Age: ≥ 12 years
   2. Diagnosis and severity
      a. Mod-severe persistent asthma for > 1year duration
      b. Allergic component
         - Skin Prick: + immediate responses to ≥ 1 allergens (dust mite, cockroach, dog or cat).
         - Total Serum IgE: ≥30 to ≤700 IU/mL.
      c. PFT: Historical PFT that confirms diagnosis of asthma
      d. Asthma Status: 2 asthma exacerbations that required treatment with systemic corticosteroids or emergency department visits or hospitalization for asthma in the last year
   3. Other therapies: Failed or had significant adverse effects to all of the below:
      a. Inhaled corticosteroids (ICS) with long acting beta agonist (LABA): High dose ICS with LABA: 3 months current use
      b. Systemic steroids: Intermittent oral or parenteral steroids use to control asthma symptoms.
      c. Compliance: Documentation of compliance to asthma medication regimen.
   4. Dosage regimen: Add on therapy
      a. Xolair (omalizumab SC): See Appendix Ia and b.

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B. Severe Eosinophilic Asthma
   1. Age:
      a. Nucala (mepolizumab), Fasenra (benralizumab) and Dupixent (dupilumab): ≥12 years
      b. Cinqair (reslizumab IV): ≥18 years.
   2. Diagnosis & severity
      a. Severe Eosinophilic Asthma
      b. Blood eosinophil count: ≥ 150cells/uL at start of treatment OR ≥ 300cells/uL in prior 12 months *(Note: 1 microliter [uL] = 1 cubic millimeter [mm^3])*
      c. Pulmonary Function Test: FEV_1 <80% predicted
      d. Asthma Status: 2 asthma exacerbations that required treatment with systemic corticosteroids or emergency department visits or hospitalization for asthma in the last year
   3. Other therapies: Uncontrolled symptoms despite trial of both regimens below (1 current):
      a. 12 months inhaled corticosteroid (ICS) + 3 months other controller med (LABA or LTRA)
      b. 6 months ICS + 3 months daily oral steroids + other controller med (LABA or LTRA)
   4. Dosage regimen: Add on therapy
      a. Nucala (mepolizumab SC): 100mg q 4 weeks
      b. Cinqair (reslizumab IV): 3mg/Kg IV q 4 weeks
      c. Fasenra (benralizumab SC): 30mg weekly x 3, then q 8 weeks
      d. Dupixent (dupilumab SC): 400mg, then 200mg every 2 weeks (600mg, then 300mg every 2 weeks with comorbid severe atopic dermatitis)

C. Moderate to Severe Chronic Idiopathic Urticaria (CIU)
   1. Age: ≥ 12 years.
   2. Diagnosis & severity: Moderate-severe CIU for 1 year
      a. The Urticaria Activity Score (UAS): ≥ 28 (See Appendix IV)
   3. Other therapies (See Appendix III): Failed (continued hives w itching) or had significant adverse effects with all of the below:
      a. First line: Non-sedating H1 antihistamines for 2 weeks. (2 agents)
      b. Second line: Max dose non-sedating H1 antihistamines for 1-4 weeks.
      c. Add to second line: Cyclosporin or montelukast
   4. Dosage regimen:
      a. Xolair (omalizumab SC): 150-300mg q 4 weeks (not dependent on serum IgE or wgt.)

D. Approval
   1. Initial
      a. Xolair: 6 months
      b. Nucala, Cinqair, Faserna and Dupixent: 3 months
   2. Re-approval:
      a. ↓ Disease activity: Both of the below
         - Asthma (1 of the following): ↓ use of rescue meds, ↓ exacerbations, ↑ FEV1 from pre-treatment baseline, ↓ symptoms (coughing, fatigue, SOB, sleep disturbances, or wheezing)
         - Hives: ↓ UAS
      b. Other therapies (asthma): Consistent use of ≥1 controller medication

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Appendix Ia: SC Xolair Doses Every 4 weeks for Patients ≥12 years old with Asthma

Pretreatment Serum IgE	Body Weight			
	30-60 Kg	>60-70 Kg	>70-90 Kg	>90-150 Kg
≥30-100 IU/mL	150mg	150mg	150mg	300mg
>100-200 IU/mL	300mg	300mg	300mg	
>200-300 IU/mL	300mg			
>300-400 IU/mL		**See Table Ib**		
>400-500 IU/mL				
>500-600 IU/mL				

Appendix Ib: SC Xolair Doses Every 2 Weeks for Patients ≥12 yo with Asthma

Pretreatment Serum IgE	Body Weight			
	30-60 Kg	>60-70 Kg	>70-90 Kg	>90-150 Kg
≥30-100 IU/mL		**See Table Ia**		
>100-200 IU/mL				
>200-300 IU/mL		225mg	225mg	225mg
>300-400 IU/mL	225mg	225mg	300mg	300mg
>400-500 IU/mL	300mg	300mg	375mg	
>500-600 IU/mL	300mg	375mg	**See Table Ia**	
>600-700 IU/mL	375mg			

Appendix II: Monitoring & Patient Safety

Drug	Adverse Reactions	Monitoring	REMS
Xolair omalizumab SC	• Derm: Injection site reactions (45%; severe – 12%)) • Pregnancy: IgG monoclonal antibodies expected to cross placenta in 3rd trimester	• Asthma severity: FEV_1, Peak flow &/or PFT • Injection site rx: monitor post infusion (most occur ≤ 1 hr.) • Infections: S & Sx	Med Guide: Dispensed w drug
Nucala mepolizumab SC	• CNS: HA (19%) • Pregnancy: IgG monoclonal antibodies expected to cross placenta in 3rd trimester	• Asthma severity: FEV_1, Peak flow &/or PFT, use of beta agonist	Not needed
Cinqair reslizumab IV	• MSK: ↑Cr phosphokinase (20% transient) • Pregnancy: IgG monoclonal antibodies expected to cross placenta in 3rd trimester	• Anaphylaxis: During & post infusion) • Asthma severity: FEV_1, Peak flow &/or PFT • Infection: S & sx	Not needed
Fasenra benralizumab SC	• Immunological: Antibody development (12-13%) • Pregnancy: Pregnancy: IgG monoclonal antibodies expected to cross placenta in 3rd trimester	• Anaphylaxis: During & post infusion) • Asthma severity: FEV_1, Peak flow &/or PFT • Infection: S & sx	Not needed
Dupixent dupilumab SC	• Local: Injection site rx (10%) • Ophth.: Conjunctivitis (10%)	• Asthma severity: PFT • Hypersensitivity • Ophth.: Ocular effects	None needed

Appendix III: Recommended treatment algorithm for chronic urticaria

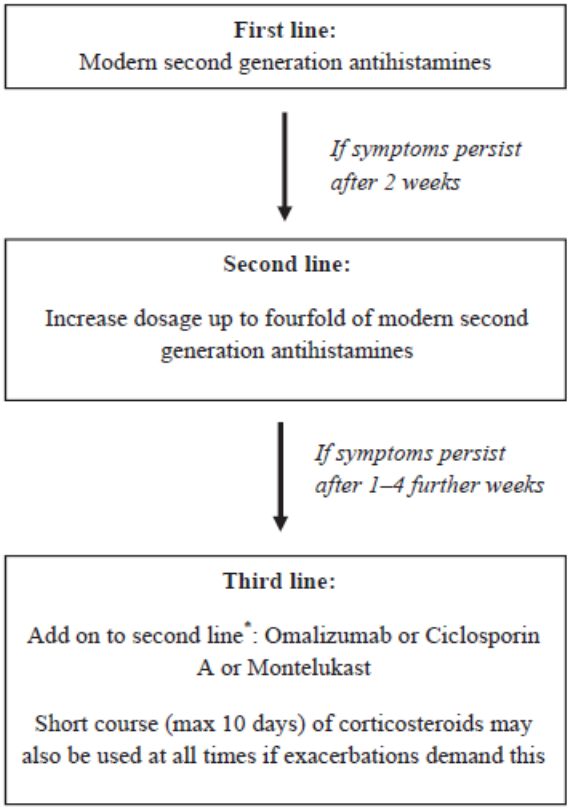

Figure 2 Recommended treatment algorithm for urticaria. *The order of third-line treatments does not reflect preference. *First line = High-quality evidence:* Low cost and worldwide availability (e.g., modern second-generation antihistamines exist also in developing countries mostly cheaper than old sedating Antihistamines), per daily dose as the half-life time is much longer, very good safety profile, good efficacy. *Second line = high-quality evidence:* Low cost, good safety profile, good efficacy. *Third line as add-on to AH. Ciclosporin A = High-quality evidence:* Medium to high cost, moderate safety profile, good efficacy. *Omalizumab = High-quality evidence:* High cost, very good safety profile, very good efficacy. *Montelukast = Low quality evidence:* Low cost, good safety, low efficacy. *Short course of corticosteroids = Low quality evidence:* Low cost, worldwide availability, good safety profile (for short course only), good efficacy during intake, but very low for lasting efficacy.

EAACI/GA²LEN/EDF/WAO guidelines for the definition, classification, diagnosis and management of urticarial: the 2013 revision and update. Allergy 2014:69(7):868-887

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Appendix IV: The Urticaria Activity Score (UAS)

The Urticaria Activity Score (UAS) is a composite score of itch severity and hive count

To assess disease severity in patients with chronic idiopathic urticaria (CIU), patients record the severity of their itch and the number of hives 2 times per day (AM AND PM)

Each component of the UAS is scored on a scale of 0 to 3; the 2 scores are added together for a daily total of 0 to 6

Daily scoring the urticaria activity score (UAS)

Score	Itch Severity	Number of Hives
0	None	None
1	Mild	1-6
2	Moderate	7-12
3	Severe	>12

The UAS7 is the sum of the average daily UAS over 7 days

After 7 days, average daily scores from the morning and evening assessments are added together

Values can range between 0 to 21 for weekly itch severity, and 0 to 21 for weekly hive count

The UAS7 ranges from 0 to 42

References and Resources:

1. Update on optimal use of omalizumab in management of asthma. Journal of Allergy and Clinical Immunology.2001:108(2):184-90
2. Omalizumab for the treatment of chronic idiopathic or spontaneous Urticaria. N Engl J Med 2013:368(10);924-35
3. A randomized, placebo-controlled, dose-ranging study of a single-dose omalizumab in patients with H1-antihistamine-refractory chronic idiopathic urticarial. J Allergy Clin Immunol 2011:128(3):567-73
4. EAACI/GA²LEN/EDF/WAO guidelines: Management of urticarial. Allergy 2009:64(10):1417-43
5. EAACI/GA²LEN/EDF/WAO guidelines for the definition, classification, diagnosis and management of urticarial: the 2013 revision and update. Allergy 2014:69(7):868-887
6. Lexicomp Online® Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; Xolair, Nucala, Cinqair, Fasenra, Dupixent Accessed November 2018.
7. The Urticaria Activity Score (UAS) http://www.gpnotebook.co.uk/simplepage.cfm?ID=x20150614174531231819 accessed August 2017

Approved By:	
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