

PHARMACY COVERAGE GUIDELINE

CINQAIR® (reslizumab)
FASENRA® (benralizumab) injection
NUCALA (mepolizumab) injection
TEZSPIRE™ (tezepelumab-ekko) injection
XOLAIR® (omalizumab) injection
Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively “Service”) is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider’s judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member’s benefit plan; and
- Is subject to change as new information becomes available.

Scope

- This PCG applies to Commercial and/or Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance

- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The “Criteria” section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member’s benefit plan.
- The “Description” section describes the Service.
- The “Definition” section defines certain words, terms or items within the policy and may include tables and charts.
- The “Resources” section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the [request form](#) and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.

Medical Necessity Requirements for CINQAIR IV (reslizumab)

Criteria for Initial Therapy:

Prescriber Qualifications

- Prescribed by an Allergist, Immunologist, or Pulmonologist or in consultation with one

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Indication

- Add-on therapy for persistent and severe asthma with an eosinophilic phenotype (see Definitions section)

Age Requirement

- 18 years or older

Baseline Clinical Evaluation

- Baseline (pre treatment) peripheral eosinophil count is greater than or equal to 400 cells per microliter
- Currently using high dose inhaled corticosteroid and other controllers (such as LABA, LTRA, or theophylline) for at least three months
- Has documented failure, contraindication, or intolerance to use of another asthma controlling medication to prevent symptoms
- Asthma is uncontrolled defined by **ONE** of the following:
 - Asthma Control Test (ACT) score is consistently less than 20
 - Two or more exacerbations requiring systemic corticosteroids in the past year
 - One or more exacerbations requiring hospitalization or emergency room visit in the past year
 - FEV1 is less than 80% predicted
 - Requires oral corticosteroid maintenance therapy that worsens upon tapering

Alternative Therapies

- Failure (trial for at least three months duration), contraindication, intolerance, or is not a candidate for **ONE** of the following:
 - Dupixent (dupilumab)
 - Fasentra (benralizumab)
 - Tezspire (tezepelumab)
 - Xolair (omalizumab)

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- No concomitant use with Dupixent, Fasentra, Nucala, Tezspire, Xolair, or any other biologic therapy

Initial Therapy Criteria Approval Duration

- 6 months OR end of plan year
-

Criteria for Continuation of Therapy (renewal therapy):

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy.

ORIGINAL EFFECTIVE DATE: 02/15/2024 | ARCHIVE DATE: | LAST REVIEW DATE: 02/19/2026 | LAST CRITERIA REVISION DATE: 02/19/2026

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PHARMACY COVERAGE GUIDELINE

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Prescriber Qualifications

- Continues to be seen by or in consultation with an Allergist, Immunologist, or Pulmonologist

Clinical Response

- Achieved and maintains improvement in **TWO** of the following:
 - Asthma exacerbations
 - Use of rescue medication
 - Use of systemic corticosteroid
 - Hospitalizations/emergency visits
 - FEV1 from baseline
 - Severity or frequency of asthma symptoms

Adherence

- Adherence to prescribed therapy regimen including inhaled corticosteroid

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- No concomitant use with Dupixent, Fasentra, Nucala, Tezspire, Xolair, or any other biologic therapy

Continuation Therapy Criteria Approval Duration

- 12 months OR end of plan year
-

Medical Necessity Requirements for **FASENRA** (benralizumab)

Criteria for Initial Therapy:

Prescriber Qualifications

- Prescribed by an Allergist, Immunologist, or Pulmonologist, or in consultation with one

Indication

- Add-on therapy for persistent and severe asthma with an eosinophilic phenotype
- Eosinophilic granulomatosis with polyangiitis (EGPA)

Age Requirement

- 6 years or older with persistent and severe asthma with an eosinophilic phenotype

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PHARMACY COVERAGE GUIDELINE

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- 18 years or older with eosinophilic granulomatosis with polyangiitis (EGPA)

Baseline Clinical Evaluation

- Persistent and severe asthma:
 - Baseline (pre treatment) peripheral eosinophil count is greater than or equal to 150 cells per microliter
 - Currently using high-dose inhaled corticosteroid and other controllers (such as LABA, LTRA, or theophylline) for at least three months
 - Has documented failure, contraindication, intolerance to use of another asthma controlling medication to prevent symptoms
 - Asthma is uncontrolled defined by **ONE** of the following:
 1. Asthma Control Test score is consistently less than 20
 2. Two or more exacerbations requiring systemic corticosteroids in the past year
 3. One or more exacerbations requiring hospitalization or emergency room visit in the past year
 4. FEV 1 is less than 80 percent predicted
 5. Requires oral corticosteroid maintenance therapy that worsens upon tapering
- Eosinophilic Granulomatosis with Polyangiitis (EGPA):
 - Asthma (current or prior diagnosis)
 - Blood eosinophil count is greater than or equal to 1000 cells/ μ L before treatment
 - Presence of **ANY** of the following:
 1. Biopsy showing histopathological evidence of eosinophilic vasculitis or inflammation
 2. Neuropathy
 3. Pulmonary infiltrates
 4. Sinus or nasal issues
 5. Cardiomyopathy
 6. Glomerulonephritis
 7. Alveolar hemorrhage
 8. Palpable purpura
 9. Positive anti neutrophil cytoplasmic antibody (ANCA) test

Alternative Therapies

- Eosinophilic Granulomatosis with Polyangiitis (EGPA):
 - Failure (trial for at least three months duration), contraindication, intolerance to **BOTH** of the following:
 1. At least a 4 week trial of systemic corticosteroid (e.g., methylprednisolone or prednisone)
 2. At least a 3 month trial of an immunosuppressant (e.g., cyclophosphamide, methotrexate, or mycophenolate)

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

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Safety

- No concomitant use with Cinqair, Dupixent, Nucala, Tezspire, Xolair, or any other biologic therapy

Initial Therapy Criteria Approval Duration

- 6 months OR end of plan year

Criteria for Continuation of Therapy (renewal therapy):

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy.

Prescriber Qualifications

- Continues to be seen by or in consultation with an Allergist, Immunologist, or Pulmonologist

Clinical Response

- Persistent and severe asthma achieved and maintains improvement in **TWO** of the following:
 - Asthma exacerbations
 - Use of rescue medication
 - Use of systemic corticosteroid
 - Hospitalizations/emergency visits
 - FEV1 from baseline
 - Reduced severity or frequency of asthma symptoms
- Eosinophilic granulomatosis with polyangiitis (EGPA) achieved and maintains improvement **TWO** of the following:
 - Symptoms or exacerbations
 - Frequency of relapses
 - Corticosteroid dose
 - Eosinophil level

Adherence

- Adherence to prescribed therapy regimen has been documented including other medications for the condition being treated

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- No concomitant use with Cinqair, Dupixent, Nucala, Tezspire, Xolair, or any other biologic therapy

PHARMACY COVERAGE GUIDELINE

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Continuation Therapy Criteria Approval Duration

- 12 months OR end of plan year

Medical Necessity Requirements for **NUCALA** (mepolizumab)

Criteria for Initial Therapy:

Prescriber Qualifications

- Prescribed by or is in consultation with an Allergist, Immunologist, or Pulmonologist Otolaryngologist, or Dermatologist depending upon the indication or use

Indication

- Add on therapy for persistent and severe asthma with an eosinophilic phenotype
- Add on therapy for chronic rhinosinusitis with nasal polyposis (CRSwNP) with an inadequate response to nasal corticosteroids
- Add on therapy for inadequately controlled chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype
- Eosinophilic granulomatosis with polyangiitis (EGPA)
- Hyper eosinophilic syndrome (HES) for greater than or equal to 6 months without an identifiable non-hematologic secondary cause

Age Requirement

- 6 years of age or older with persistent and severe asthma with an eosinophilic phenotype
- 18 years or older with chronic rhinosinusitis with nasal polyposis (CRSwNP)
- 18 years or older with chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype
- 18 years or older with eosinophilic granulomatosis with polyangiitis (EGPA)
- 12 years or older with hyper eosinophilic syndrome (HES) for greater than or equal to 6 months or without an identifiable non-hematologic secondary cause

Baseline Clinical Evaluation

- Persistent and severe asthma:
 - Baseline (pre treatment) peripheral eosinophil count is greater than or equal to 150 cells per microliter
 - Currently using high-dose inhaled corticosteroid and other controllers (such as long-acting beta agonist, leukotriene receptor antagonist, or theophylline) for at least three months
 - Asthma is uncontrolled, defined by **ONE** of the following:
 1. Asthma Control Test (ACT) score is consistently less than 20
 2. Two or more exacerbations requiring systemic corticosteroids in the past year
 3. One or more exacerbations requiring hospitalization or emergency room visit in the past year
 4. FEV1 is less than 80 percent predicted

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5. Requires oral corticosteroid maintenance therapy that worsens upon tapering
- Chronic rhinosinusitis with nasal polyposis (CRSwNP):
 - Evidence of nasal polyposis by direct examination, endoscopy, or sinus CT scan
 - History of 12 weeks or more of anterior or posterior rhinorrhea and **TWO** of the following:
 1. Mucopurulent discharge
 2. Nasal obstruction/congestion
 3. Facial pain/pressure
 4. Diminished or loss of sense of smell
 - Will be used as add on maintenance therapy with intranasal corticosteroids
 - Chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype:
 - Blood eosinophil count is greater than or equal to 150 cell/mcL or greater than or equal to 300 cell/mcL in the previous 12 months
 - Has had at least two moderate or one severe exacerbation in the previous year despite triple inhaled therapy with inhaled corticosteroid, LABA, and LAMA
 - Exacerbations required systemic corticosteroids and/or antibiotics or required hospitalization or observation for over 24 hours in an emergency department or urgent care facility
 - Post bronchodilator FEV1/FVC ratio is less than 0.7
 - Post bronchodilator FEV1 is 20 to 80 percent of predicted
 - Eosinophilic granulomatosis with polyangiitis (EGPA):
 - Asthma (current or prior diagnosis)
 - Baseline (pre treatment) peripheral eosinophil count is greater than or equal to 1000 cells per microliter
 - Presence of **ANY** of the following:
 1. Biopsy showing histopathological evidence of eosinophilic vasculitis or inflammation
 2. Neuropathy
 3. Pulmonary infiltrates
 4. Sinus or nasal issues
 5. Cardiomyopathy
 6. Glomerulonephritis
 7. Alveolar hemorrhage
 8. Palpable purpura
 9. Positive anti neutrophil cytoplasmic antibody (ANCA) test
 - Hypereosinophilic syndrome (HES):
 - Baseline (pre treatment) peripheral eosinophil count is greater than or equal to 1000 cells per microliter
 - Experienced at least 2 HES flares within the past 12 months
 - Does not have FIP1L1 PDGFR α kinase positive disease
 - No non-blood related secondary cause of HES found (such as allergies, parasitic infection, HIV, or non-blood cancers)
 - Will be added to ongoing HES treatment (e.g., corticosteroids, immunosuppressants, or cytotoxic drugs)

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Alternative Therapies

- Persistent and severe asthma:
 - At least a 3 month trial of a daily controller medication regimen including use of maximally dosed inhaled corticosteroid and LABA or use of another asthma controlling medication regimen to prevent symptoms
 - Failure (trial for at least three months duration), contraindication, intolerance to **ONE** of the following:
 1. Dupixent (dupilumab)
 2. Fasentra (benralizumab)
 3. Tezspire (tezepelumab)
 4. Xolair (omalizumab)
- Chronic rhinosinusitis with nasal polyposis (CRSwNP): **ALL** of the following:
 - At least a 3 month trial of maximally tolerated intra nasal corticosteroid and nasal saline irrigation without or with short course of systemic corticosteroid for individuals with complete obstruction
 - Has previously undergone functional endoscopic sinus surgery (FESS) with recurrence of disease following surgery or is not a surgical candidate or has a comorbid condition where Nucala can control comorbid condition symptoms
 - Has documented failure, contraindication per FDA label, intolerance, or is not a candidate for at least a 3 month trial of **ONE** of the following:
 1. Dupixent (dupilumab)
 2. Xolair (omalizumab)
- Chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype:
 - Inhaled therapy with inhaled corticosteroid, a LAMA, and a LABA or if inhaled corticosteroid is contraindicated, a LAMA with a LABA
 - Has documented failure (trial for at least three months duration), contraindication, intolerance, or is not a candidate for to Dupixent (dupilumab)
- Eosinophilic granulomatosis with polyangiitis (EGPA): **BOTH** of the following:
 - At least a 4 week trial of systemic corticosteroid (e.g., methylprednisolone or prednisone)
 - At least a 3 month trial of an immunosuppressant (e.g., azathioprine, methotrexate, or mycophenolate)
- Hypereosinophilic syndrome (HES), at least a 4 week trial of **ONE** of the following:
 - Systemic corticosteroid (e.g., prednisone)
 - Hydroxyurea
 - Cyclosporine
 - Pegylated interferon

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- No concomitant use with Cinqair, Dupixent, Fasentra, Tezspire, Xolair, or any other biologic therapy

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Initial Therapy Criteria Approval Duration

- 6 months OR end of plan year

Criteria for Continuation of Therapy (renewal therapy):

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy.

Prescriber Qualifications

- Continues to be seen by or in consultation with an Allergist, Immunologist, Pulmonologist, Otolaryngologist, or Dermatologist depending upon the indication or use

Clinical Response

- Persistent and severe asthma achieved and maintains improvement in **TWO** of the following:
 - Asthma exacerbations
 - Use of rescue medication
 - Use of systemic corticosteroid
 - Hospitalizations/emergency visits
 - FEV1 from baseline
 - Severity or frequency of asthma symptoms
- Chronic rhinosinusitis with nasal polyposis (CRSwNP) achieved and maintains improvement in **THREE** of the following:
 - Nasal poly size
 - Sinus opacification
 - Nasal congestion
 - Rhinorrhea
 - Facial pain or pressure
 - Sense of smell
 - Need for systemic corticosteroid
 - No evidence of disease progression
- Chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype achieved and maintains improvement in **ANY** of the following:
 - Number of exacerbations treated with either systemic corticosteroids with or without antibiotics
 - Exacerbations requiring hospitalization
 - Rate of moderate or severe exacerbations
 - Use of systemic corticosteroids and/or antibiotics
 - Post bronchodilator forced expiratory volume in one second
- For eosinophilic granulomatosis with polyangiitis (EGPA) achieved and maintains improvement in **TWO** of the following:
 - Asthma symptoms or exacerbations
 - Frequency of relapses
 - Corticosteroid dose

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PHARMACY COVERAGE GUIDELINE

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- Eosinophil level
- Hypereosinophilic syndrome (HES) achieved and maintains improvement in **TWO** of the following:
 - Number of HES flares
 - Corticosteroid dose
 - Eosinophil levels
 - Fatigue

Adherence

- Adherence to the prescribed therapy regimen and other medications for the condition being treated (i.e., inhaled corticosteroid for asthma, intranasal corticosteroid for chronic rhinosinusitis)

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- No contraindications or other significant adverse drug effects that may exclude continued use such as hypersensitivity reactions (e.g., anaphylaxis, bronchospasm, hypotension angioedema, urticaria, and rash)
- No concomitant use with Cinqair, Dupixent, Fasenra, Tezspire, Xolair, or any other biologic therapy

Continuation Therapy Criteria Approval Duration

- 12 months OR end of plan year
-

Medical Necessity Requirements for **TEZSPIRE** (tezepelumab-ekko)

Criteria for Initial Therapy:

Prescriber Qualifications

- Prescribed by an Allergist, Immunologist, or Pulmonologist or in consultation with an Allergist, Immunologist, or Pulmonologist

Indication

- Add on therapy for persistent and severe asthma
- Add on therapy for chronic rhinosinusitis with nasal polyposis (CRSwNP) with an inadequate response to nasal corticosteroids

PHARMACY COVERAGE GUIDELINE

CINQAIR® (reslizumab)
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Generic Equivalent (if available)

Age Requirement

- 12 years or older

Baseline Clinical Evaluation

- Currently using high dose inhaled corticosteroid and other controllers (such as long acting beta agonist, leukotriene receptor antagonist, or theophylline) for at least three months
- Has documented failure, contraindication, intolerance to use of another asthma controlling medication to prevent symptoms
- Asthma is uncontrolled defined by **ONE** of the following:
 - Asthma Control Test score is consistently less than 20
 - Two or more exacerbations requiring systemic corticosteroids in the past year
 - One or more exacerbations requiring hospitalization or emergency room visit in the past year
 - FEV1 is less than 80 percent predicted
 - Requires oral corticosteroid maintenance therapy that worsens upon tapering
- Chronic rhinosinusitis with nasal polyposis (CRSwNP): **ALL** of the following:
 - At least a 3 month trial of maximally tolerated intra-nasal corticosteroid and nasal saline irrigation without or with short course of systemic corticosteroid for individuals with complete obstruction
 - Has previously undergone functional endoscopic sinus surgery (FESS) with recurrence of disease following surgery or is not a surgical candidate or has a comorbid condition where Nucala can control comorbid condition symptoms

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- No concomitant use with Cinqair, Dupixent, Fasenra, Nucala, Xolair, or any other biologic therapy
- Tezspire will not be used concurrently with live vaccines

Initial Therapy Criteria Approval Duration

- 6 months OR end of plan year
-

Criteria for Continuation of Therapy:

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy.

Prescriber Qualifications

- Continues to be seen by or in consultation with an Allergist, Immunologist, or Pulmonologist

PHARMACY COVERAGE GUIDELINE

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Generic Equivalent (if available)

Clinical Response

- Persistent and severe asthma achieved and maintains improvement in **TWO** of the following:
 - Asthma exacerbations
 - Use of rescue medication
 - Use of systemic corticosteroid
 - Hospitalizations/emergency visits
 - FEV1 from baseline
 - Severity or frequency of asthma symptoms
- Chronic rhinosinusitis with nasal polyposis (CRSwNP) achieved and maintains improvement in **THREE** of the following:
 - Nasal polyp size
 - Sinus opacification
 - Nasal congestion
 - Rhinorrhea
 - Facial pain or pressure
 - Sense of smell
 - Need for systemic corticosteroid
 - No evidence of disease progression

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Adherence

- Adherence to the prescribed therapy regimen has been documented and other medications for asthma maintenance including inhaled corticosteroid

Safety

- No concurrent use with Cinqair, Dupixent, Fasenra, Nucala, Xolair, or any other biologic therapy

Continuation Therapy Criteria Approval Duration

- 12 months OR end of plan year
-

Medical Necessity Requirements for **XOLAIR** (omalizumab)

Criteria for Initial Therapy:

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Prescriber Qualifications

- Prescribed by an Allergist, Immunologist, Otolaryngologist, Dermatologist, or Pulmonologist or in consultation with an Allergist, Immunologist, Otolaryngologist, Dermatologist, or Pulmonologist

Indication

- Add on therapy for symptomatic moderate to severe persistent asthma with a positive skin test or *in vitro* reactivity to a perennial aeroallergen inadequately controlled with inhaled corticosteroids
- Add on therapy for chronic rhinosinusitis with nasal polyposis (CRSwNP) with an inadequate response to nasal corticosteroids
- Symptomatic chronic spontaneous urticaria (CSU) despite use of H1 antihistamines
- Type I allergic reaction IgE mediated food allergy used in conjunction with food allergen avoidance

Age Requirement

- 6 years of age or older with persistent and moderate to severe asthma
- 18 years or older with chronic rhinosinusitis with nasal polyposis (CRSwNP)
- 12 years or older with chronic spontaneous urticaria (CSU)
- 1 year or older with Type I allergic reaction IgE mediated food allergy

Baseline Clinical Evaluation

- Persistent and moderate to severe asthma
 - Serum immunoglobulin E level is greater than or equal to 30 international units per milliliter
 - Baseline positive skin test or in vitro test (i.e., a blood test) for allergen specific IgE for one or more perennial aeroallergens and/or for one or more seasonal aeroallergens
 - Currently using high dose inhaled corticosteroid and other controllers (such as LABA, LTRA, or theophylline) for at least three months
 - Has documented failure, contraindication, intolerance to use of another asthma controlling medication to prevent symptoms
 - Asthma is uncontrolled defined by **ONE** of the following:
 1. Asthma Control Test score is consistently less than 20
 2. Two or more exacerbations requiring systemic corticosteroids in the past year
 3. One or more exacerbations requiring hospitalization or emergency room visit in the past year
 4. FEV1 is less than 80 percent predicted
 5. Requires oral corticosteroid maintenance therapy that worsens upon tapering
- Chronic rhinosinusitis with nasal polyposis
 - Serum immunoglobulin E level is between 30 international units per milliliter
 - Symptoms persist despite current therapy of maximally tolerated intranasal corticosteroids for the last 3 months and if there is complete nasal obstruction use of nasal saline irrigation with or without a short course of systemic corticosteroid
 - Evidence of nasal polyposis by direct examination, endoscopy, or sinus CT scan
 - Has 12 weeks or more of anterior or posterior rhinorrhea and **TWO** of the following:
 1. Mucopurulent discharge
 2. Nasal obstruction/congestion

ORIGINAL EFFECTIVE DATE: 02/15/2024 | ARCHIVE DATE: | LAST REVIEW DATE: 02/19/2026 | LAST CRITERIA REVISION DATE: 02/19/2026

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3. Facial pain/pressure
 4. Diminished or loss of sense of smell
- Chronic spontaneous urticaria
 - Symptoms persist despite treatment with antihistamines
 - Does not have other forms of urticaria or other skin diseases with chronic itching other than those associated with chronic spontaneous urticaria
 - Has itch and hives on most days of the week for at least 6 consecutive weeks over the last 6 months
 - Weekly urticaria activity score (UAS7) score is at least 16
 - Weekly itch severity score (ISS7) score is at least 8
 - IgE mediated food allergy
 - Baseline (pre treatment) serum total immunoglobulin E (IgE) level is greater than or equal to 30 international units per milliliter
 - Has a history of a serious reaction to food allergen that results in **BOTH** of the following:
 1. History of type I allergic reaction resulting in nausea, vomiting, cramping, diarrhea, flushing, pruritus, urticaria, swelling of the lips, face or throat, wheezing, lightheadedness, syncope
 2. Administration of epinephrine or emergency medical care
 - Allergic to peanuts and at least **TWO** other foods (e.g. milk, eggs, wheat, cashews, hazelnuts, or walnuts) confirmed by **BOTH** of the following tests completed in the prior 12 months for the food allergen:
 1. Positive skin prick test (SPT) of 4 mm or greater wheal compared to saline control for one or more foods
 2. Positive serum immunoglobulin E of 6 kUA/L or greater for one or more foods

Alternative Therapies

- Persistent and moderate to severe asthma: Failure (trial for at least three months duration), contraindication, or intolerance to daily controller medication regimen including use of maximally dosed inhaled corticosteroid **AND** long acting inhaled beta agonist **OR** use of another asthma controlling medication regimen to prevent symptoms **AND** has access to a reliever medication such as an inhaled short-acting beta agonist for rapid treatment of symptoms
- Nasal polyps: Failure (trial for at least three months duration), contraindication, intolerance to intranasal corticosteroids and nasal saline irrigation **AND** previously undergone functional endoscopic sinus surgery (FESS) with recurrence of disease following surgery or is not a candidate or has a comorbid condition where Xolair can control comorbid condition symptoms
- Chronic spontaneous urticaria: Failure, contraindication, or intolerance to **TWO** of the following:
 - At least a 2 week trial of non sedating H1 antihistamine at four times the FDA approved dose
 - At least a 2 week trial of non sedating H1 antihistamine in combination with a H2 antihistamine
 - At least a 4 week trial of a leukotriene modifiers (e.g., montelukast, zafirlukast) in combination with an H1 antihistamine
- IgE mediated food allergen avoidance

ORIGINAL EFFECTIVE DATE: 02/15/2024 | ARCHIVE DATE: | LAST REVIEW DATE: 02/19/2026 | LAST CRITERIA REVISION DATE: 02/19/2026

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Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- No concomitant use with Cinqair, Dupixent, Fasenna, Nucala, Tezspire, or any other biologic therapy
- For IgE: Not receiving oral immunotherapy (OIT)

Additional Requirements

- There is no history of anaphylaxis
- Does not have other forms of urticaria
- Not used for emergency treatment of allergic reactions

Initial Therapy Criteria Approval Duration

- 6 months OR end of plan year

Criteria for Continuation of Therapy:

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy.

Prescriber Qualifications

- Continues to be seen by or in consultation with an Allergist, Immunologist, Otolaryngologist, Dermatologist, or Pulmonologist

Clinical Response

- Persistent and moderate to severe asthma achieved and maintains improvement in **TWO** of the following:
 - Asthma exacerbations
 - Use of rescue medication
 - Use of systemic corticosteroid
 - Hospitalizations/emergency visits
 - FEV1 from baseline
 - Severity or frequency of asthma symptoms
- Chronic rhinosinusitis with nasal polyposis achieved and maintains improvement in **THREE** of the following:
 - Sinus opacification
 - Nasal congestion
 - Rhinorrhea
 - Facial pain or pressure
 - Sense of smell
 - Need for systemic corticosteroid

ORIGINAL EFFECTIVE DATE: 02/15/2024 | ARCHIVE DATE: | LAST REVIEW DATE: 02/19/2026 | LAST CRITERIA REVISION DATE: 02/19/2026

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- No evidence of disease progression
- Chronic spontaneous urticaria achieved and maintains improvement in **TWO** of the following:
 - Severity of itching
 - Number of hives
 - Size of hives
 - Frequency urticaria episodes
- IgE mediated food allergy achieved and maintains **ALL** of the following:
 - Remains at high risk for an IgE mediated allergic reaction
 - Able to consume higher amount peanut proteins and other reactive foods without symptoms
 - Is not receiving oral immunotherapy (OIT)
 - Has not had an allergic reaction to the food allergen or decrease in severity of allergic reaction compared to prior events
 - Continues food allergen avoidance
 - Has as needed epinephrine injection

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Adherence

- Adherence to the prescribed therapy regimen has been documented and other medications for the condition being treated (i.e., inhaled corticosteroids for asthma, intranasal corticosteroids for chronic rhinosinusitis, antihistamines for idiopathic urticaria)

Safety

- No contraindications or other significant adverse effects such as:
 - Anaphylaxis,
 - Eosinophilia, eosinophilic pneumonia, or eosinophilic granulomatosis with polyangiitis
 - Fever, arthralgia and rash (serum sickness like reactions)
- No concurrent use with Cinqair, Dupixent, Fasenra, Nucala, Tezspire, or any other biologic therapy

Continuation Therapy Criteria Approval Duration

- 12 months OR end of plan year
-

Criteria for Off-Label Use Requests:

Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

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1. Off-Label Use of Non-Cancer Medications
2. Off-Label Use of Cancer Medications

Description:

Asthma is a complex disorder characterized by variable and recurring clinical symptoms, airflow obstruction, bronchial hyper-responsiveness, and underlying inflammation.

Inflammation is an important component in the pathogenesis of asthma. Multiple cell types (e.g., mast cells, eosinophils, neutrophils, macrophages, and lymphocytes) and mediators (e.g., histamine, eicosanoids, leukotrienes, and cytokines) are involved in inflammation.

Asthma can be divided into subtypes, which are associated with airway inflammation with eosinophils. It is estimated that about half of individuals with severe asthma exhibiting an eosinophilic phenotype with elevated eosinophil levels (a marker of inflammation) in both the blood and airways. Activated eosinophils can increase airway smooth muscle contraction and mucous secretion. Interleukin-5 (IL-5) is an important cellular signal in eosinophilic inflammation.

About 10% of asthma patients have severe asthma that may be uncontrolled despite high doses of standard-of-care asthma controller medicines and can require the use of chronic oral corticosteroids (OCS). Severe, uncontrolled asthma is debilitating and potentially fatal with patients experiencing frequent exacerbations and significant limitations on lung function and quality of life.

Inhaled corticosteroids are the most effective long-term therapy for control and management of asthma. Asthma is said to be well controlled when asthma symptoms are twice a week or less; rescue bronchodilator medication use is twice a week or less; there is no nocturnal or early morning awakening due to asthma symptoms; there are no limitations of work, school, or exercise; and the Forced Expiratory Volume (FEV1) is normal or the patient's personal best. On the other hand, indicators of asthma that is not adequately controlled include limitation of normal activities, poor lung function with FEV1 of < 80% predicted, at least 2 episodes per year of asthma exacerbations requiring oral systemic corticosteroids. More frequent and intense exacerbations requiring urgent, unscheduled care, hospitalization, or ICU admission point toward worse disease control.

Chronic rhinosinusitis (CRS) is an inflammatory condition of the nose and paranasal sinuses characterized by the presence of two or more of the following symptoms for greater than 12-weeks duration: 1) nasal blockage/obstruction/congestion; 2) nasal discharge that is mucopurulent; 3) facial pain/pressure; 4) reduction or loss of smell. Confirmation of the diagnosis is made by sinus CT scan or nasal endoscopy to determine if there is nasal polyposis in both nasal passages. In general, individuals with nasal polyposis (CRSwNP) have more extensive disease than CRS without nasal polyposis (CRSsNP). The underlying mechanisms that contribute to the chronic sinonasal inflammation observed in CRSwNP are not completely defined. Individuals with CRSwNP may also have concurrent diagnoses of asthma, chronic rhinitis, and allergic rhinitis.

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Topical corticosteroids and nasal saline irrigations are recommended as initial therapy. Intranasal corticosteroids decrease nasal polyp size, lessen nasal symptoms, and improve patient quality of life. Oral corticosteroids can also reduce polyp size and improve symptoms but are associated with serious systemic side effects. Patients with significant sinonasal disease and/or those who fail medical management should be evaluated for sinus surgery. However, nasal polyps can recur despite sinus surgery.

The hypereosinophilic syndromes (HES) are a group of disorders marked by the sustained overproduction of eosinophils, in which eosinophilic infiltration and mediator release cause damage to multiple organs. Primary HES, eosinophilia is caused by an underlying stem cell, myeloid, or eosinophilic neoplasm. Secondary HES, eosinophilia is caused by overproduction of eosinophilopoietic cytokines. Examples of secondary etiologies include parasitic infections, certain solid tumors, and T cell lymphoma. In, idiopathic HES, the underlying cause is unknown. There are multiple genetic variants associated with HES. The most common is the *FIP1L1-PDGFR α* -associated myeloproliferative variant, where imatinib is the treatment of choice. For severe or life-threatening disease, high dose glucocorticoids are indicated. Nucala (mepolizumab) is an interleukin-5 antagonist used in *FIP1L1-PDGFR α* negative individuals that can be used in non-severe disease, usually as add on therapy to steroids or other disease modifying therapy.

Eosinophilic granulomatosis with polyangiitis (EGPA), formally known as Churg-Strauss syndrome or allergic granulomatosis and angiitis, is a multisystem disorder characterized by chronic rhinosinusitis, asthma, and prominent peripheral blood eosinophilia. It is classified as an antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis of the small and medium sized arteries. The most involved organ is the lung, followed by the skin. EGPA, however, can affect any organ system, including the cardiovascular, gastrointestinal, renal, and central nervous systems. Vasculitis of extrapulmonary organs is largely responsible for the morbidity and mortality associated with EGPA. Systemic glucocorticoids are the gold standard treatment for EGPA and can often lead to remission, although relapses are common. However, patients with involvement in the heart, kidney, gastrointestinal tract, or central nervous system often require additional immunosuppressive therapy (e.g., cyclophosphamide or rituximab). For non-severe EGPA, methotrexate, azathioprine, mycophenolate or mepolizumab are options to induce remission.

Chronic spontaneous urticaria (CSU) is defined by the presence of recurrent urticaria, angioedema, or both for a period of six weeks or longer. Thus far, the pathogenesis of CSU is inconclusive. It is self-limited, with an average duration of two to five years, but symptoms can significantly impact the quality of life. The urticarial lesions (also called hives or wheals) can vary in size but usually are surrounded by erythema. They are associated with an itching sensation and are usually limited to 30 minutes to 24 hours in duration. Standard treatment includes a second-generation H1 antihistamine which can be increased in dose or combined with other antihistamines or a leukotriene modifier. Short courses of steroids may be warranted but are usually avoided long-term. Individuals refractory to H1 antihistamine regimens, may benefit from Xolair (omalizumab).

IgE-mediated food allergic reactions are acute allergic reactions that typically begin within a few seconds to minutes from ingestion up to a few hours after exposure. Symptoms can involve the skin, respiratory, gastrointestinal tract, and cardiovascular system. While many patients only have one or two specific food allergies, an increasing number (30-80%) can have multiple food allergies. Allergies can be outgrown during childhood, but many persist. Egg and cow milk allergies are often outgrown, and nut and shellfish allergies are

ORIGINAL EFFECTIVE DATE: 02/15/2024 | ARCHIVE DATE: | LAST REVIEW DATE: 02/19/2026 | LAST CRITERIA REVISION DATE: 02/19/2026

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more likely to persist. Treatment is historically focused on food avoidance and treatment for acute reactions. More recently there is increased treatment with oral immunotherapy (OIT). Xolair (omalizumab) is the first non-specific treatment FDA approved for IgE-mediated food allergies.

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
[MedWatch Forms for FDA Safety Reporting | FDA](#)

Adult: Age 18 years and older

Asthma:

Asthma Severity Classification:

	Classification of Asthma Severity (children 5 to 11 years of age)			
	Intermittent	Persistent		
		Mild	Moderate	Severe
Symptoms	≤ 2 days/week	> 2 days/week, but not daily	Daily	Throughout the day
Nighttime awakening	≤ 2 times/month	3 to 4 times/month	>1 time/week, but not nightly	Often 7times/week
SABA use for symptom control (not for prevention of EIB)	≤ 2 days/week	> 2 days/week, but not daily	Daily	Several times per day
Interference with normal activity	None	Minor limitation	Some limitation	Extremely limited
Lung function	Normal FEV1 between exacerbations	FEV1 is > 80% predicted	FEV1 is 60-80% predicted	FEV1 < 60% predicted
	FEV1 > 80% predicted	FEV1/FVC > 80%	FEV1/FVC is 75-80% predicted	FEV1/FVC < 75%
	FEV1/FVC > 85%			
Exacerbations requiring oral systemic glucocorticoids	0-1/year	≥ 2 in 1 year		
	Consider severity & interval since last exacerbation Frequency and severity may fluctuate over time for patients in any severity category Relative annual risk of exacerbations may be related to FEV1			

Asthma Control Classification:

	Classification of Asthma Control (12 years of age and older)		
	Well Controlled	Not Well Controlled	Very Poorly Controlled

ORIGINAL EFFECTIVE DATE: 02/15/2024 | ARCHIVE DATE: | LAST REVIEW DATE: 02/19/2026 | LAST CRITERIA REVISION DATE: 02/19/2026

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Symptoms	≤ 2 days/week, but not more than once each day	≥ 2 days/week or multiple times on ≤ 2 days/week	Throughout the day
Nighttime awakenings	≤ 1 day/month	> 2 times/month	> 2x/week
Interference with normal activities	None	Some limitation	Extremely limited
SABA use to control symptoms (not for EIB prevention)	≤ 2 days/week	> 2 days/week	Several times/day
FEV1 or peak flow	> 80% predicted or personal best	60-80% predicted or personal best	< 60% predicted or personal best
FEV1/FVC	> 80%	75-80%	< 75%
Exacerbations requiring oral systemic glucocorticoids (Consider severity & interval since last exacerbation)	0-1/year	≥ 2/year: In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate poorer disease control. For treatment purposes, patients who had ≥ 2 exacerbations requiring oral systemic glucocorticoids in the past year may be considered the same as patients who have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.	
Asthma Control Test	≥ 20	16-19	≤ 15

Asthma control test: a validated set of questions

The Asthma Control Test provides a numerical score to help determine if your asthma symptoms are well controlled.

Step 1: Circle the number of each answer in the score box provided [].

Step 2: Add up each score in each box [] for the total.

Step 3: Take the completed test to your healthcare provider to talk about your score.

Asthma Control Test				
1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?				
All of the time [1]	Most of the time [2]	Some of the time [3]	A little of the time [4]	None of the time [5]
2. During the past 4 weeks, how often have you had shortness of breath?				
More than once a day [1]	Once a day [2]	3 to 6 times a week [3]	Once or twice a week [4]	Not at all [5]
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?				
4 or more nights a week [1]	2 to 3 nights a week [2]	Once a week [3]	Once or twice [4]	Not at all [5]
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?				
3 or more times per day [1]	1 to 2 times per day [2]	2 or 3 times per week [3]	Once a week or less [4]	Not at all [5]
5. How would you rate your asthma control during the past 4 weeks?				
Not Controlled at all [1]	Poorly controlled [2]	Somewhat controlled [3]	Well controlled [4]	Completely controlled [5]
Total Score: _____				
Interpretation of Total Score: Well controlled: ≥ 20 Not well controlled: 16-19 Very poorly controlled: ≤ 15				

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Exacerbations of COPD:

- Moderate exacerbations that required either systemic corticosteroids (intramuscular, intravenous, or oral) and/or antibiotics. One of the two required moderate exacerbations had to require the use of systemic corticosteroids.
- Severe exacerbations required hospitalization or observation >24 hours in emergency department/urgent care facility

Chronic rhinosinusitis:

Types of Chronic Rhinosinusitis:

Features	CRSwNP	CRSsNP	AFRS
Bilateral nasal polyps	Presence required for diagnosis*	Exclusion required for diagnosis	Yes, in most cases
Allergic mucin	May be present	May be present	Required for diagnosis
Aspirin associated respiratory disease	Asthma: present in 40% Aspirin intolerance & asthma present I 15%	Rare	May be present
IgE-mediated allergy to fungus	May be present	May be present	Required for diagnosis
* Unless medical record documents removal of bilateral nasal polyps during surgery CRSwNP: Chronic rhinosinusitis with nasal polyps CRSsNP Chronic rhinosinusitis without nasal polyps AFRS: Allergic fungal rhinosinusitis			

Chronic rhinosinusitis with nasal polyposis:

- Inflammation of the nose and paranasal sinuses characterized by the presence of two or more of the following symptoms for greater than 12-weeks duration:
 - 1) Nasal blockage/obstruction/congestion
 - 2) Nasal discharge
 - 3) Facial pain/pressure
 - 4) Reduction or loss of smell (hyposmia or anosmia)
- Confirmation of the diagnosis is made by sinus CT scan or nasal endoscopy to determine if there is nasal polyposis in both nasal passages

Chronic Spontaneous Urticaria (CSU)

Weekly Itch Severity Score (ISS7)

- The ISS7 is the sum of the daily itch severity scores (dISS) over 7 days and ranges from 0 to 21

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- The dISS is the average of the AM & PM scores on a scale of 0 (none) to 3 (severe) [0 = none; 1 = mild; 2 = moderate; 3 = severe]
- A higher itch severity score indicates more severe itching
- A negative change score indicates improvement
- Minimally important difference (MID) response in the ISS7
 - MID response is defined as a reduction ≥ 5 points in ISS7

Urticaria activity score over 7 days (UAS7) – a composite scoring

- The UAS7 is the sum of the daily urticarial activity scores (dUAS) over 7 days and ranges from 0 to 42
- The dUAS is the average of the AM & PM urticarial activity scores and ranges from 0 to 6
- The urticarial activity score is the sum of ratings on a scale of 0 to 3 (0 = none; 1 = mild; 2 = moderate; 3 = intense/severe) for:
 - (1) the number of wheals (hives)
 - 0 = none
 - 1 = mild (1-6 hives)
 - 2 = moderate (7-12 hives)
 - 3 = severe (more than 12 hives)
 - (2) itch intensity (ISS) over the previous 12 hours, ranges from 0 to 6, and is measured twice daily (morning & evening)
 - 0 = none
 - 1 = mild (present but not annoying or troublesome)
 - 2 = moderate (troublesome but does not interfere with normal daily activity or sleep)
 - 3 = intense (severe, sufficiently troublesome to interfere with normal daily activity or sleep)
- A higher urticarial activity score indicates more urticaria activity
- A negative change score indicates improvement
- Goal is UAS7 score ≤ 6
- Complete responder is UAS7 = 0

H1 Antihistamines:

- First-generation agents (e.g., hydroxyzine, diphenhydramine, chlorpheniramine)
- Second-generation agents (e.g., cetirizine, levocetirizine, fexofenadine, loratadine, desloratadine)

H2 Antagonist:

- Cimetidine, famotidine

Leukotriene receptor antagonists:

- Montelukast, zafirlukast

PHARMACY COVERAGE GUIDELINE

CINQAIR® (reslizumab) FASENRA® (benralizumab) injection NUCALA (mepolizumab) injection TEZSPIRE™ (tezepelumab-ekko) injection XOLAIR® (omalizumab) injection Generic Equivalent (if available)

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XOLAIR® (omalizumab) injection
Generic Equivalent (if available)

King M, Dransfield MT. Management of refractory chronic obstructive pulmonary disease. In: UpToDate, Stoller JK, Hatipoglu U, Dieffenbach P, Li H (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through November 2025. Topic last updated November 19, 2024. Accessed December 08, 2025.

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