

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
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Service Category:

- | | |
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| ☐ Anesthesia | ☐ Medicine Services and Procedures |
| ☐ Surgery | ☐ Evaluation and Management Services |
| ☐ Radiology Procedures | ☐ DME/Prosthetics or Supplies |
| ☐ Pathology and Laboratory Procedures | ☒ Other: Part B Drugs |

Service Description:

This document addresses the use of **Monoclonal Antibodies to Interleukin-5 (IL-5)**, approved by the Food and Drug Administration (FDA), for the treatment of eosinophilic conditions.

Background Information:

This document addresses the use of monoclonal antibodies against interleukin-5 (IL-5) in the treatment of individuals with eosinophilic conditions, including severe uncontrolled eosinophilic asthma, chronic rhinosinusitis with nasal polyps, eosinophilic granulomatosis with polyangiitis and hypereosinophilic syndrome. These drugs target IL-5, a cytokine primarily involved in the development, recruitment, and activation of eosinophils, which are key drivers in eosinophilic inflammation and associated diseases. The agents approved by the Food and Drug Administration (FDA) include:

- Cinqair (reslizumab), a monoclonal anti-IL-5 antibody
- Fasenra (benralizumab), a monoclonal anti-IL-5 receptor alpha antibody
- Nucala (mepolizumab), a monoclonal anti-IL-5 antibody

Eosinophilic Asthma

Researchers have discovered that eosinophils play a pivotal role in immune development and asthma. Eosinophils are a type of white blood cell whose natural role is to defend the body against disease and environmental substances. Eosinophils accumulate wherever allergic reactions take place, including those in allergic asthma. In individuals with eosinophilic asthma, white blood cells accumulate and release chemicals that may damage the lining of the lungs. Studies examining individuals with mild asthma have shown that airway inflammation due to eosinophils is a typical characteristic, and eosinophilic airway inflammation appears to be closely related to the risk of severe asthma exacerbations. Although the role eosinophils play in the pathophysiology of asthma is unclear, they represent a biomarker for predicting whether individuals will respond to corticosteroids, predicting which persons are at risk of exacerbation and for guiding steroid therapy in these events.

Cinqair, Fasenra and Nucala are approved by the FDA to treat severe eosinophilic asthma. In 2013, the European Respiratory Society/American Thoracic Society (ERS/ATS) released guidance for defining, evaluating and treating severe asthma. The guidelines recommend to start by confirming the asthma diagnosis, including a spirometry assessment, and then differentiating severe asthma from milder asthma. The guidelines define severe asthma as asthma which has required treatment with high dose inhaled corticosteroids and a long-acting beta agonist, leukotriene modifier or theophylline for the previous year in order to prevent asthma symptoms from becoming uncontrolled. Alternatively, severe asthma can be defined as asthma that has required systemic corticosteroid treatment for over 50% of the previous year.

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
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ERS/ATS guidance defines uncontrolled asthma as meeting one of the following:

- Poor symptom control: Asthma Control Questionnaire (ACQ) consistently >1.5, Asthma Control Test (ACT) <20
- Frequent severe exacerbations: two or more bursts of systemic corticosteroids in the previous year
- History of serious exacerbation: at least one hospitalization, intensive care unit stay or mechanical ventilation in the previous year
- Airflow limitation: after appropriate bronchodilator withhold FEV₁ <80% predicted

Cinqair is approved by the FDA for add-on maintenance treatment of individuals 18 years of age and older with severe asthma with an eosinophilic phenotype. Cinqair is administered monthly by intravenous infusion. The safety and efficacy of Cinqair was evaluated in two multicenter, randomized, double-blind, placebo-controlled trials in individuals with severe eosinophilic asthma confirmed by blood eosinophils ≥ 400 cells/microliter. Participants received background treatment consisting of medium-to-high dose inhaled corticosteroids 2+/- long-acting beta agonist (LABA) +/- oral corticosteroids. Study data confirms the efficacy of Cinqair in reducing asthma exacerbations and improving asthma control and quality of life measures.

Cinqair has a black box warning for anaphylaxis. Anaphylaxis occurred with Cinqair infusion in 0.3% of participants in placebocontrolled studies. Individuals should be observed after Cinqair administration for an appropriate period of time by a healthcare professional prepared to manage anaphylaxis that can be life-threatening. Discontinue Cinqair immediately if the patient experiences signs or symptoms of anaphylaxis.

Fasenra is approved by the FDA for add-on maintenance treatment of individuals 6 years of age and older with severe asthma with an eosinophilic phenotype. Fasenra is administered every 8 weeks by subcutaneous injection. The safety and efficacy of Fasenra was evaluated in three multicenter, randomized, double-blind placebo-controlled trials (CALIMA, SIROCCO, ZONDA) in individuals with severe eosinophilic asthma confirmed by blood eosinophils ≥ 300 cells/microliter. The steroid-sparing study (ZONDA) enrolled participants with blood eosinophils ≥ 150 cells/microliter. Participants received background treatment consisting of medium-to-high dose inhaled corticosteroids + LABA +/- oral corticosteroids. Study data confirms the efficacy of Fasenra in reducing exacerbations that require hospitalization or emergency department visits, improving asthma control and providing a steroid-sparing benefit.

Nucala is approved by the FDA as add-on maintenance treatment of individuals 6 years of age and older with severe asthma with an eosinophilic phenotype. Nucala is administered monthly by subcutaneous injection. The safety and effectiveness of Nucala was established in three multicenter, double-blind, randomized, placebo-controlled trials (DREAM, SIRIUS, MENSA) in individuals with severe eosinophilic asthma confirmed by blood eosinophils ≥ 150 cells/microliter at initiation of treatment or blood eosinophils ≥ 300 cells/microliter in the past 12 months. Participants received background treatment consisting of high dose inhaled corticosteroids + controller therapy +/- oral corticosteroids. Study data confirms the efficacy of Nucala in reducing exacerbations that require hospitalization or emergency department visits, improving asthma control and quality of life measures and providing a steroid-sparing benefit.

The 2025 Global Initiative for Asthma (GINA) guidelines include Cinqair, Fasenra and Nucala as treatment options in Step 5 of their asthma management algorithm. Add-on targeted biologic therapy should be considered

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	--	---	--

for individuals with severe asthma experiencing exacerbations or poor symptom control despite taking at least high-dose inhaled corticosteroid/long acting beta2 –agonists and who have allergic or eosinophilic biomarkers or need maintenance oral corticosteroids. The 2020 European Respiratory Society/American Thoracic Society (ERS/ATS) guideline on management of severe asthma makes a similar recommendation, suggesting an anti-IL-5 agent as add-on therapy for adults with severe uncontrolled asthma with an eosinophilic phenotype. ERS/ATS suggests blood eosinophils ≥ 150 cells/microliter as a guide for anti-IL-5 therapy initiation.

Comparative Doses for Inhaled Corticosteroids (Adults and Adolescents) (Sharma 2025)

Drug	Low Daily Dose	Medium Daily Dose	High Daily Dose
Beclomethasone 40 or 80 mcg/actuation	80-160 mcg	>160-320 mcg	>320-640 mcg
Budesonide 90 or 180 mcg/actuation	180-360 mcg	>360–720 mcg	>720-1440 mcg
Ciclesonide 80 or 160 mcg/actuation	160 mcg	320 mcg	640 mcg
Fluticasone propionate MDI: 44, 110 or 220 mcg/actuation DPI: 50, 100 or 250 mcg/dose	176–220 mcg 100-250 mcg	>220–440 mcg >250–500 mcg	>440-1760 mcg >500-2000 mcg
Fluticasone furoate 50, 100 or 200 mcg/dose	50 mcg	100 mcg	200 mcg
Mometasone MDI: 50, 100 or 200 mcg/actuation DPI: 110 or 220 mcg/actuation	200 mcg 220 mcg	>200-400 mcg >220-440 mcg	>400-800 mcg >440-880 mcg

DPI = dry powder inhaler, MDI = metered dose inhaler

Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

Nucala is approved by the FDA as add-on maintenance treatment of adults with chronic rhinosinusitis with nasal polyps (CRSwNP). FDA approval was based on the results of a randomized, double-blind, placebo-controlled trial where nasal polyp score (NPS) and nasal obstruction visual analog scale (VAS) score were the principal outcome. The trial enrolled individuals with recurrent and symptomatic nasal polyps with an inadequate response to at least 8 weeks of nasal corticosteroids as well as at least one surgery for polyp removal within the previous 10 years. Participants received Nucala or placebo in addition to background nasal corticosteroid therapy. The Nucala group had a statistically significant greater improvement at week 52 in NPS and nasal obstruction VAS score compared to the placebo group.

In 2014, the Joint Task Force on Practice Parameters (JTFPP) representing the American Academy of Allergy, Asthma & Immunology (AAAAI), the American College of Allergy, Asthma & Immunology (ACAAI) and the Joint Council of Allergy, Asthma & Immunology published a practice parameter on the diagnosis and management of rhinosinusitis. In 2015, the American Academy of Otolaryngology-Head and Neck Surgery Foundation (AAO-HNS) published a clinical practice guideline on adult sinusitis. Both publications recommend confirming a clinical diagnosis of nasal polyps with imaging using anterior rhinoscopy, nasal endoscopy or computed tomography (CT). Intranasal corticosteroids are recommended for long-term treatment of nasal polyps.

Utilization Management and Clinical Medical Policy

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A short course of oral corticosteroids is included as a reasonable option to decrease polyp size and alleviate symptoms. Sinonasal surgery is another treatment option.

In 2022, the JTFPP published guidelines for the medical management of CRSwNP. The guidelines focus on select interventions for treatment of CRSwNP including intranasal corticosteroids, biologics and aspirin therapy after desensitization. The guidelines recommend intranasal corticosteroids over no intranasal corticosteroids in individuals with CRSwNP. The guidelines also recommend biologics over no biologics but note it is a conditional recommendation as other treatment options should be considered or used together with biologics (including inhaled corticosteroids and surgery).

Eosinophilic Granulomatosis with Polyangiitis (EGPA)

Eosinophilic granulomatosis with polyangiitis (EGPA), previously known as Churg-Strauss syndrome, is a multisystem disorder characterized by chronic rhinosinusitis, asthma and prominent peripheral blood eosinophilia. EGPA is classified as a vasculitis of the small to medium-sized arteries although the vasculitis is often not apparent in the initial phases of the disease. This blood vessel inflammation affects organ systems including the lungs, gastrointestinal tract, skin, heart and nervous system. Nucala is approved by the FDA for the treatment of adults with EGPA.

The safety and efficacy of Nucala for the treatment of EGPA was evaluated in a multicenter, parallel-group, double-blind, phase 3 trial of 136 adults with a diagnosis of relapsing or refractory EGPA for at least six months who had received at least 4 weeks of a stable prednisolone or prednisone therapy. The clinical trial inclusion criteria defined EGPA as a history or presence of asthma, a blood eosinophil level of greater than or equal to 10% of leukocytes or an absolute eosinophil count of greater than 1000 cells per mm³ and the presence of two or more features associated with EGPA. Participants were randomized to receive Nucala or placebo in addition to standard care (glucocorticoid treatment with or without immunosuppressive therapy).

The two primary endpoints in the clinical trial were the accrued weeks of disease remission over a 52-week period and the proportion of participants in remission at both week 36 and week 48 of treatment. Remission was defined as Birmingham Vasculitis Activity Score (BVAS) = 0 [no active vasculitis] and the receipt of prednisolone or prednisone at a dose of 4 mg or less per day. Participants receiving Nucala achieved a significantly greater accrued time in remission compared to placebo (28% vs. 3% of participants had ≥ 24 weeks of accrued remission; odds ratio, 5.91; 95% CI, 2.68 to 13.03; $p < 0.001$) and a significantly higher proportion of participants in remission at both week 36 and week 48 compared to placebo (32% vs. 3%; odds ratio, 16.74; 95% CI, 3.61 to 77.56; $p < 0.001$).

The safety and efficacy of Fasenra for the treatment of EGPA was evaluated in a multicenter, double-blind, phase 3, randomized, active-controlled noninferiority trial comparing Fasenra to Nucala. The trial included 140 adults with a diagnosis of relapsing or refractory EGPA for at least six months who had received at least 4 weeks of stable prednisolone therapy or equivalent. The clinical trial inclusion criteria defined EGPA as a history or presence of asthma, a blood eosinophil level of greater than 10% of leukocytes or an absolute eosinophil count of greater than 1000 cells per microliter and the presence of two or more features associated with EGPA. Participants were randomized to receive Fasenra or Nucala in addition to standard care (glucocorticoid treatment with or without immunosuppressive therapy). The primary end point in the clinical trial was the proportion of

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---	---	--	---	--

participants in remission at weeks 36 and 48 of treatment. Remission was defined as Birmingham Vasculitis Activity Score (BVAS) = 0 [no active vasculitis] and the receipt of prednisolone or prednisone at a dose of 4 mg or less per day. Fasenra demonstrated noninferiority but not superiority compared to Nucala.

In 2021, the American College of Rheumatology/Vasculitis Foundation (ACR/VF) published guidelines for the management of vasculitis. The guidelines discuss the role of Nucala in non-severe relapsing disease. For individuals with active, non-severe EGPA, ACR/VF conditionally recommends initiating treatment with Nucala and glucocorticoids over methotrexate, azathioprine or mycophenolate mofetil and glucocorticoids. For individuals with EGPA who have experienced relapse with non-severe disease manifestations (asthma and/or sinonasal disease) while receiving methotrexate, azathioprine or mycophenolate mofetil, ACR/VF conditionally recommends adding Nucala over switching to another agent. For patients with EGPA who have experienced relapse with non-severe disease manifestations (asthma and/or sinonasal disease) while receiving low-dose glucocorticoids and no other therapy, ACR/VF conditionally recommends adding Nucala over adding methotrexate, azathioprine or mycophenolate mofetil. The ACR/VF guidelines predate the approval of Fasenra for EGPA.

Fasenra (benralizumab) received FDA approval in September 2024 for the treatment of adults with EGPA. Fasenra specifically targets the IL-5 receptor alpha (IL-5Rα) on eosinophils, leading to antibody-dependent cell-mediated cytotoxicity (ADCC) and depletion of eosinophils, a critical factor in the pathophysiology of EGPA. The addition of Fasenra provides an alternative treatment option for individuals with refractory, relapsing, or severe eosinophilic inflammation associated with EGPA, supporting its role as a vital therapeutic agent in managing this challenging condition.

Hypereosinophilic Syndrome

Hypereosinophilic syndromes (HES) are a group of rare disorders marked by increased levels of eosinophils in blood and tissues. Eosinophils can infiltrate many organ systems and lead to dermatological, pulmonary, gastrointestinal, neurologic and cardiovascular manifestations. HES diagnosis can be confirmed by blood eosinophil counts greater than or equal to 1,500 cells/microliter on two or more occasions and/or tissue eosinophilia. The goal of treatment is to reduce eosinophil levels and prevent organ damage. Systemic corticosteroids are the backbone of HES therapy. Immunosuppressive and cytotoxic agents are also utilized in treatment of HES. Nucala is approved by the FDA for the treatment of individuals aged 12 years and older with HES for ≥6 months without an identifiable non-hematologic secondary cause.

The safety and efficacy of Nucala for the treatment of HES was evaluated in a randomized, double-blind, placebo-controlled, multicenter, 32-week trial in 108 individuals aged 12 and older with HES for at least six months. Participants in the trial had experienced at least two HES flares within the past 12 months and had a blood eosinophil count greater than or equal to 1,000 cells/microliter at screening. Individuals with non-hematologic secondary HES (including drug hypersensitivity, parasitic helminth infection, HIV infection, non-hematologic malignancy) or FIP1L1-PDGFRα kinase-positive HES were excluded from the trial. Participants were randomized to receive Nucala or placebo in addition to background HES therapy consisting of chronic or episodic oral corticosteroids, immunosuppressive and/or cytotoxic therapy.

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	--	---	--

The primary endpoint in the clinical trial was the number of HES flares. HES flare was defined as worsening of clinical signs and symptoms of HES or increasing eosinophils resulting in the need to escalate background HES therapy by increasing the oral corticosteroid dose or increasing/adding cytotoxic or immunosuppressive therapy. Over the 32-week treatment period, the incidence of HES flares was 28% for the Nucala group compared to 56% for the placebo group.

Chronic Obstructive Pulmonary Disease (COPD)

Nucala is approved by the FDA as add-on maintenance treatment of adult patients with inadequately controlled chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype. The clinical efficacy of Nucala was demonstrated in two phase 3, multicenter, randomized, double-blind, placebo controlled trials in 1,266 individuals with COPD with an eosinophilic phenotype. Participants were required to have a 5 post-bronchodilator FEV1 20–80% of predicted normal and FEV1/FVC less than 0.7. Participants had a documented history of two moderate COPD exacerbations or one severe COPD exacerbation in the previous 12 months while receiving triple inhaled therapy for COPD. The blood eosinophil requirements differed between the two trials, but the efficacy population included individuals with an eosinophil count greater than or equal to 300 cells/microliter at screening or in the previous 12 months. In both trials, Nucala demonstrated a lower annualized rate of moderate or severe exacerbations when compared to placebo.

Approved Indications

- A. Cinqair®
 - a. Severe Eosinophilic Asthma
- B. Fasenra®
 - a. Severe Eosinophilic Asthma
 - b. Eosinophilic granulomatosis with polyangiitis (EGPA)
 - c. Hypereosinophilic Syndrome (HES)
- C. Nucala®
 - a. Severe Eosinophilic Asthma
 - b. Eosinophilic granulomatosis with polyangiitis (EGPA)
 - c. Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)
 - d. Hypereosinophilic Syndrome (HES)
 - e. Eosinophilic COPD

Other Uses

- A. None.

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
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Medical Necessity Guidelines:

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Reslizumab (Cinqair®)

- A. Criteria for Initial Approval** (*Provider must submit documentation [such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information] supporting the patient's diagnosis for the drug and confirming that the patient has met **all** approval criteria.*)

Initial requests for Cinqair (reslizumab) for severe eosinophilic asthma may be approved if the following criteria are met:

- i. Individual is 18 years of age or older; **AND**
- ii. Individual has a diagnosis of severe eosinophilic asthma; **AND**
- iii. Evidence of asthma is demonstrated by the following (NAEPP, 2008):
 - A. A pretreatment forced expiratory volume in 1 second (FEV₁) less than 80% predicted; **AND**
 - B. FEV₁ reversibility of at least 12% and 200 ml after albuterol administration; **AND**
- iv. Documentation is provided that individual has had a 3-month trial and inadequate response or intolerance to combination controller therapy (high dose inhaled corticosteroids plus long acting beta₂ –agonists, leukotriene modifiers, long-acting muscarinic antagonists or oral corticosteroids) (GINA 2025); **AND**
- v. Individual has experienced two or more asthma exacerbations in the prior 12 months requiring use of a systemic corticosteroid or temporary increase in the individual's usual maintenance dosage of oral corticosteroids (ERS/ATS, 2013); **AND**
- vi. Documentation is provided that individual has a blood eosinophil count (in the absence of other potential causes of eosinophilia, including hypereosinophilic syndromes, neoplastic disease, and known or suspected parasitic infection) greater than or equal to 400 cells/microliter (400 cells/mm³) at initiation of therapy.

B. Criteria for Continuation Therapy

Continuation requests for Cinqair (reslizumab) for severe eosinophilic asthma may be approved if the following criteria are met:

- i. Treatment with Cinqair has resulted in clinical improvement in one or more of the following:
 - A. Decreased utilization of rescue medications;
OR
 - B. Decreased frequency of exacerbations (defined as worsening of asthma that requires an increase in inhaled corticosteroid dose or treatment with systemic corticosteroids);
OR
 - C. Increase in percent predicted FEV₁ from pretreatment baseline;

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	--	---	--

OR

- D. Reduction in reported asthma-related symptoms, such as asthmatic symptoms upon awakening, coughing, fatigue, shortness of breath, sleep disturbance, or wheezing; **AND**
- ii. Individual continues to use Cinqair in combination with inhaled corticosteroid-based controller therapy.

C. Conditions not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

- i. Cinqair (reslizumab) may not be approved for the following:
 - A. In combination with Dupixent, Exdensus, Fasenra, Nucala, Tezspire or Xolair;
- OR**
- B. May not be approved when the above criteria are not met and for all other indications.

D. Approval Duration

- i. Initial Approval Duration: 6 months
- ii. Reauthorization Approval Duration: 12 months

Benralizumab (Fasenra®)

A. Criteria for Initial Approval *(Provider must submit documentation [such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information] supporting the patient's diagnosis for the drug and confirming that the patient has met **all** approval criteria.)*

- I. Initial requests for Fasenra (benralizumab) for *severe eosinophilic asthma* may be approved if the following criteria are met:
 - i. Individual is 6 years of age or older; **AND**
 - ii. Individual has a diagnosis of severe eosinophilic asthma; **AND**
 - iii. Evidence of asthma is demonstrated by the following (NAEPP, 2008):
 - A. A pretreatment forced expiratory volume in 1 second (FEV₁) less than 80% predicted; **AND**
 - B. FEV₁ reversibility of at least 12% and 200 milliliters after albuterol administration; **AND**
 - iv. Documentation is provided that individual has had a 3 month trial and inadequate response or intolerance to combination controller therapy (high dose inhaled corticosteroids plus long acting beta₂ –agonists, leukotriene modifiers, long-acting muscarinic antagonists or oral corticosteroids) (GINA 2025); **AND**
 - v. Individual has experienced two or more asthma exacerbations in the prior 12 months requiring use of a systemic corticosteroid or temporary increase in the individual's usual maintenance dosage of oral corticosteroids (ERS/ATS, 2013); **AND**

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	---	---	--

- vi. Documentation is provided that individual has a blood eosinophil count (in the absence of other potential causes of eosinophilia, including hypereosinophilic syndromes, neoplastic disease, and known or suspected parasitic infection) greater than or equal to 150 cells/microliter (150 cells/mm³) at initiation of therapy.

II. Initial requests for Fasenra (benralizumab) for *eosinophilic granulomatosis with polyangiitis (EGPA)* may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual has been diagnosed with relapsing or refractory eosinophilic granulomatosis with polyangiitis (EGPA) defined as (Wechsler, 2024):
 - A. A history or presence of asthma; **AND**
 - B. A blood eosinophil level of greater than or equal to 10% of leukocytes or an absolute eosinophil count of greater than 1000 cells per mm³ (in the absence of other potential causes of eosinophilia, including hypereosinophilic syndromes, neoplastic disease and known or suspected parasitic infection), and documentation is provided; **AND**
 - C. The presence of two or more features of eosinophilic granulomatosis with polyangiitis (such as, a biopsy showing histopathological evidence of eosinophilic vasculitis, perivascular eosinophilic infiltration, or eosinophil-rich granulomatosis inflammation; neuropathy, mono or poly [motor deficit or nerve conduction abnormality]; pulmonary infiltrates, non-fixed; sinonasal abnormality; cardiomyopathy; glomerulonephritis; alveolar hemorrhage; palpable purpura; antineutrophil cytoplasmic antibody [ANCA] positive status; MPO or PR3 antibody positive status); **AND**
- III. Individual is using in combination with oral corticosteroid therapy (Wechsler, 2024).

III. Initial requests for Fasenra (benralizumab) for *hypereosinophilic syndrome (HES)* may be approved if the following criteria are met:

- i. Individual is 12 years of age or older; **AND**
- ii. Individual has been diagnosed with hypereosinophilic syndrome (HES) for at least six months; **AND**
- iii. Individual has had a trial and inadequate response to oral corticosteroids (WHO 2022); **AND**
- iv. Documentation is provided that individual has experienced two or more HES flares within the past 12 months requiring escalation in therapy (increase in oral corticosteroid dose or increase/addition of immunosuppressive or cytotoxic therapy); **AND**
- v. Documentation is provided that individual has a blood eosinophil count greater than or equal to 1,000 cells/microliter.

B. Criteria for Continuation Therapy

- I. Continuation requests for Fasenra (benralizumab) for *severe eosinophilic asthma* may be approved if the following criteria are met:

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	--	---	--

- i. Treatment with Fasenra has resulted in clinical improvement in one or more of the following:
 - A. Decreased utilization of rescue medications;
 - OR**
 - B. Decreased frequency of exacerbations (defined as worsening of asthma that requires an increase in inhaled corticosteroid dose or treatment with systemic corticosteroids);
 - OR**
 - C. Increase in percent predicted FEV₁ from pretreatment baseline;
 - OR**
 - D. Reduction in reported asthma-related symptoms, such as asthmatic symptoms upon awakening, coughing, fatigue, shortness of breath, sleep disturbance, or wheezing;
 - AND**
- ii. Individual continues to use Fasenra in combination with inhaled corticosteroid-based controller therapy.
- II. Continuation requests for Fasenra (benralizumab) for *eosinophilic granulomatosis with polyangiitis (EGPA)* may be approved if the following criteria are met:
 - i. Treatment with Fasenra has resulted in clinically significant improvement in clinical signs and symptoms of disease (including but not limited to achievement of remission, decreased frequency of relapses, reduction in corticosteroid dosage).
- III. Continuation requests for Fasenra (benralizumab) for hypereosinophilic syndrome (HES) may be approved if the following criteria are met:
 - i. Treatment with Fasenra has resulted in clinically significant improvement or stabilization in clinical signs and symptoms of disease (including but not limited to decrease or absence of HES flares, improvement in fatigue).

C. Conditions not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

- i. Fasenra (benralizumab) may not be approved for the following:
 - A. In combination with Cinqair, Exdensur, Dupixent, Nucala, Tezspire or Xolair;
 - OR**
 - B. May not be approved when the above criteria are not met and for all other indications.
- ii. Fasenra (benralizumab) for hypereosinophilic syndrome (HES) may not be approved for the following:
 - A. Individuals with non-hematologic secondary HES (including but not limited to drug hypersensitivity, parasitic helminth infection, HIV infection, non-hematologic malignancy); **OR**
 - B. Individuals with FIP1L1-PDGFR α kinase-positive HES.

D. Approval Duration

- i. Initial Approval Duration: 6 months
- ii. Reauthorization Approval Duration: 12 months

Utilization Management and Clinical Medical Policy

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Mepolizumab (Nucala®)

A. Criteria for Initial Approval (*Provider must submit documentation [such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information] supporting the patient's diagnosis for the drug and confirming that the patient has met **all** approval criteria.*)

- I. Initial requests for Nucala (mepolizumab) for *severe eosinophilic asthma* may be approved if the following criteria are met:
 - i. Individual is 6 years of age or older; **AND**
 - ii. Individual has a diagnosis of severe eosinophilic asthma; **AND**
 - iii. Evidence of asthma is demonstrated by the following (NAEPP, 2008):
 - A. A pretreatment forced expiratory volume in 1 second (FEV₁) less than 80% predicted; **AND**
 - B. FEV₁ reversibility of at least 12% and 200 milliliters after albuterol administration; **AND**
 - iv. Documentation is provided that individual has had a 3 month trial and inadequate response or intolerance to combination controller therapy (high dose inhaled corticosteroids plus long acting beta₂ –agonists, leukotriene modifiers, long-acting muscarinic antagonists or oral corticosteroids) (GINA 2025); **AND**
 - v. Individual has experienced two or more asthma exacerbations in the prior 12 months requiring use of a systemic corticosteroid or temporary increase in the individual's usual maintenance dosage of oral corticosteroids (ERS/ATS, 2013); **AND**
 - vi. Documentation is provided that individual has a blood eosinophil count (in the absence of other potential causes of eosinophilia, including hypereosinophilic syndromes, neoplastic disease and known or suspected parasitic infection) greater than or equal to 150 cells/microliter (150 cells/mm³) at initiation of therapy.
- II. Initial requests for Nucala (mepolizumab) for *eosinophilic granulomatosis with polyangiitis (EGPA)* may be approved if the following criteria are met:
 - i. Individual is 18 years of age or older; **AND**
 - ii. Individual has been diagnosed with relapsing or refractory eosinophilic granulomatosis with polyangiitis (EGPA) defined as (Wechsler, 2017):
 - A. A history or presence of asthma; **AND**
 - B. A blood eosinophil level of greater than or equal to 10% of leukocytes or an absolute eosinophil count of greater than 1000 cells per mm³ (in the absence of other potential causes of eosinophilia, including hypereosinophilic syndromes, neoplastic disease and known or suspected parasitic infection), and documentation is provided; **AND**
 - C. The presence of two or more features of eosinophilic granulomatosis with polyangiitis (such as, a biopsy showing histopathological evidence of eosinophilic vasculitis, perivascular eosinophilic infiltration, or eosinophil-rich granulomatosis

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	--	---	--

	inflammation; neuropathy, mono or poly [motor deficit or nerve conduction abnormality]; pulmonary infiltrates, non-fixed; sinonasal abnormality; cardiomyopathy; glomerulonephritis; alveolar hemorrhage; palpable purpura; antineutrophil cytoplasmic antibody [ANCA] positive status; MPO or PR3 antibody positive status); AND
iii.	Individual is using in combination with oral corticosteroid therapy (Wechsler, 2017).
III.	Initial requests for Nucala (mepolizumab) for <i>hypereosinophilic syndrome (HES)</i> may be approved if the following criteria are met:
i.	Individual is 12 years of age or older; AND
ii.	Individual has been diagnosed with hypereosinophilic syndrome (HES) for at least six months; AND
iii.	Individual has had a trial and inadequate response to oral corticosteroids (WHO 2022); AND
iv.	Documentation is provided that individual has experienced two or more HES flares within the past 12 months requiring escalation in therapy (increase in oral corticosteroid dose or increase/addition of immunosuppressive or cytotoxic therapy); AND
v.	Documentation is provided that individual has a blood eosinophil count greater than or equal to 1,000 cells/microliter.
IV.	Initial requests for Nucala (mepolizumab) for <i>chronic rhinosinusitis with nasal polyps (CRSwNP)</i> may be if approved if the following criteria are met:
i.	Individual is 18 years of age or older; AND
ii.	Individual has a diagnosis of chronic rhinosinusitis with nasal polyps (CRSwNP); AND
iii.	Documentation is provided that there is presence of bilateral nasal polyps demonstrated on one of the following (AAOHNS 2015):
	A. Anterior rhinoscopy;
	OR
	B. Nasal endoscopy;
	OR
	C. Computed tomography (CT); AND
iv.	Individual has had a trial and inadequate response to maintenance intranasal corticosteroids; AND
v.	Individual is refractory to or is ineligible or intolerant to the following (AAAAI/ACAAI 2014, JTFPP 2022):
	A. Systemic corticosteroids;
	OR
	B. Sinonasal surgery; AND
vi.	Individual is requesting Nucala as add-on therapy to maintenance intranasal corticosteroids.

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	---	---	--

V. Initial requests for Nucala (mepolizumab) for *chronic obstructive pulmonary disease* may be approved if the following criteria are met:

- i. Individual is 18 years of age or older; **AND**
- ii. Individual has a diagnosis of chronic obstructive pulmonary disease (COPD) with an eosinophilic phenotype; **AND**
- iii. COPD diagnosis is demonstrated by post-bronchodilator FEV1/FVC <0.7; **AND**
- iv. Individual has moderate to severe airflow obstruction demonstrated by post-bronchodilator FEV1 20% - 80% predicted; **AND**
- v. Documentation is provided that individual is currently on long-acting muscarinic antagonist (LAMA) in combination with long-acting beta-2 agonist (LABA) and inhaled corticosteroid (ICS); **AND**
- vi. Individual meets one of the following:
 - A. Two or more moderate COPD exacerbations in the prior 12 months requiring use of a systemic corticosteroid or antibiotic; **OR**
 - B. One or more severe COPD exacerbation in the prior 12 months requiring more than 24 hours hospitalization; **AND**
- vii. Documentation is provided that individual has a blood eosinophil count (in the absence of other potential causes of eosinophilia, including hypereosinophilic syndromes, neoplastic disease and known or suspected parasitic infection) greater than or equal to 300 cells/microliter (300 cells/mm³).

B. Criteria for Continuation Requests

I. Continuation requests for Nucala (mepolizumab) for *severe eosinophilic asthma* may be approved if the following criteria are met:

- i. Treatment with Nucala has resulted in clinical improvement in one or more of the following:
 - A. Decreased utilization of reliever medications;
OR
 - B. Decreased frequency of exacerbations (defined as worsening of asthma that requires an increase in inhaled corticosteroid dose or treatment with systemic corticosteroids);
OR
 - C. Increase in percent predicted FEV₁ from pretreatment baseline;
OR
 - D. Reduction in reported asthma-related symptoms, such as asthmatic symptoms upon awakening, coughing, fatigue, shortness of breath, sleep disturbance, or wheezing.
- ii. Individual continues to use Nucala in combination with inhaled corticosteroid-based controller therapy.

II. Continuation requests for Nucala (mepolizumab) for *eosinophilic granulomatosis with polyangitis* may be approved if the following criteria are met:

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	---	---	--

- i. Treatment with Nucala has resulted in clinically significant improvement in clinical signs and symptoms of disease (including but not limited to achievement of remission, decreased frequency of relapses, reduction in corticosteroid dosage).

III. Continuation requests for Nucala (mepolizumab) for *hypereosinophilic syndrome (HES)* may be approved if the following criteria are met:

- i. Treatment with Nucala has resulted in clinically significant improvement or stabilization in clinical signs and symptoms of disease (including but not limited to decrease or absence of HES flares, improvement in fatigue).

IV. Continuation requests for Nucala (mepolizumab) for *chronic rhinosinusitis with nasal polyps (CRSwNP)* may be if approved if the following criteria are met:

- i. Treatment with Nucala has resulted in clinically significant improvement in clinical signs and symptoms of disease (including but not limited to improvement in nasal congestion or reduced nasal polyp size); **AND**
- ii. Individual continues to use Nucala in combination with maintenance intranasal corticosteroids.

V. Continuation requests for Nucala (mepolizumab) for chronic obstructive pulmonary disease may be approved if the following criteria are met:

- i. Treatment with Nucala (mepolizumab) has resulted in clinical improvement in one or more of the following:
 - A. Decreased utilization of reliever medication; **OR**
 - B. Decreased frequency or severity of exacerbations; **OR**
 - C. Increase in percent predicted FEV1 from pretreatment baseline; **OR**
 - D. Reduction in reported COPD-related symptoms, including shortness of breath, cough, fatigue or sleep disturbance; **AND**
 - E. Individual continues to use Nucala in combination with ICS/LAMA/LABA therapy.

C. Conditions not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

I. Nucala (mepolizumab) for *hypereosinophilic syndrome (HES)* may not be approved for the following:

- i. Individuals with non-hematologic secondary HES (including but not limited to drug hypersensitivity, parasitic helminth infection, HIV infection, non-hematologic malignancy); **OR**
- ii. Individuals with FIP1L1-PDGFR α kinase-positive HES.

II. Nucala (mepolizumab) may not be approved for the following:

- i. In combination with Cinqair, Dupixent, Exdensur, Fasenra, Tezspire or Xolair; **OR**

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	--	---	--

- ii. May not be approved when the above criteria are not met and for all other indications.

D. Approval Duration

- i. Initial Approval Duration: 6 months
- ii. Reauthorization Approval Duration: 12 months

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	--	---	--

Limits or Restrictions:

A. Therapeutic Alternatives

The list below includes preferred alternative therapies recommended in the approval criteria and may be subject to prior authorization.

i. N/A

B. Quantity Limitations

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.

Drug	Limit
Cinqair (reslizumab) 100 mg vial	• 3 mg/kg every 4 weeks
Fasenra (benralizumab) 10 mg/0.5 mL prefilled syringe	• 10 mg (1 syringe/autoinjector) every 8 weeks
Fasenra (benralizumab) 30 mg prefilled syringe/autoinjector	• 30 mg (1 syringe/autoinjector) every 8 weeks
Nucala (mepolizumab) 40 mg/0.4 mL prefilled Syringe	• 40 mg (1 syringe) every 4 weeks
Nucala (mepolizumab) 100 mg vial, 100 mg/ml prefilled syringe/autoinjector	• 100 mg (1 vial/syringe/autoinjector) every 4 weeks
Exceptions	
For Fasenra, may approve 1 additional 30 mg/mL prefilled syringe/autoinjector or 10 mg/mL prefilled syringe at week 4. The total allowed quantity for initiation of therapy is 30 mg once every 4 weeks for the first 3 doses for individuals age 12 and older or age 6 – 11 weighing greater than or equal to 35 kg. The total allowed quantity for initiation of therapy is 10 mg once every 4 weeks for the first 3 doses for individuals age 6 – 11 weighing less than 35 kg.	
For Fasenra, may approve 30 mg/mL prefilled syringe/autoinjector every 4 weeks if individual is using for eosinophilic granulomatosis with polyangiitis (EGPA).	
For Nucala, may approve up to 300 mg (3 vials/syringes/autoinjectors) every 4 weeks if individual is using for eosinophilic granulomatosis with polyangiitis (EGPA) or hypereosinophilic syndrome (HES).	

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	--	---	--

Codes Information:

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

ICD-10 Diagnostic Codes:

Codes	Description
D72.110-D72.119	Hypereosinophilic syndrome [HES]
J32.0 - J32.9	Chronic sinusitis
J33.0 - J33.9	Nasal Polyp
J44.0-J44.9	Other chronic obstructive pulmonary disease
J45.20-J45.998	Asthma
J82.81-J82.89	Pulmonary eosinophilia, not elsewhere classified
M30.1	Polyarteritis with lung involvement (Churg-Strauss)

HCPCS Codes:

Codes	Description
J0517	Injection, benralizumab, 1 mg [Fasenra]
J2182	Injection, mepolizumab, 1 mg [Nucala]
J2182	[Nucala] (mepolizumab) 40 mg/0.4 mL prefilled syringe)
J2786	Injection, reslizumab, 1 mg [Cinqair]

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
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Reference Information:

1. Bradding P. Asthma: eosinophil disease, mast cell disease, or both? Allergy Asthma Clin Immunol. 2008; (4) 2:84-90.
2. Chung KF, Wenzel SE, Brozek JL, et al. International European Respiratory Society/American Thoracic Society (ERS/ATS) guidelines on definition, evaluation and treatment of severe asthma. Eur Respir J. 2014; 43(2):343-373.
3. Chung SA, Langford CA, Maz M, et. al. 2021 American College of Rheumatology/Vasculitis Foundation Guideline for the Management of Antineutrophil Cytoplasmic Antibody-Associated Vasculitis. Arthritis Rheumatol. 2021;73(8):1366-1383.
4. Cloutier MM, Baptist AP, Blake KV, et. al. 2020 Focused Updates to the Asthma Management Guidelines: A Report from the National Asthma Education and Prevention Program (NAEPP) Coordinating Committee Expert Panel Working Group. J Allergy Clin Immunol. 2020 Dec;146(6):1217-1270.
5. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 26, 2023.
6. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
7. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2025. Available from: ginasthma.org/reports/. Accessed on: January 15, 2026.
8. Holguin F, Cardet JC, Chung KF, et. al. Management of severe asthma: a European Respiratory Society/American Thoracic Society guideline. Eur Respir J. 2020 Jan 2;55(1):1900588.
9. Khoury P. Clinical features and diagnosis of eosinophilic granulomatosis with polyangiitis (EGPA). Last updated: April 21, 2025. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: February 1, 2026.
10. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.
11. National Asthma Education and Prevention Program (NAEPP). Expert Panel Report 3: Guidelines for the diagnosis and management of asthma. NIH Publication Number 08-5846. Updated: August 5, 2008. Available at: <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>. Accessed: February 1, 2026.
12. Peters AT, Spector S, Hsu J, et al. Joint Task Force on Practice Parameters (JTFPP), representing the American Academy of Allergy, Asthma & Immunology (AAAAI), the American College of Allergy, Asthma & Immunology (ACAAI) and the Joint Council of Allergy, Asthma & Immunology. Diagnosis and management of rhinosinusitis: a practice parameter update. American College of Allergy, Asthma & Immunology. 2014; 113:347-385.
13. Rank MA, Chu DK, Bognanni A, et. al. The Joint Task Force on Practice Parameters (JTFPP) GRADE guidelines for the medical management of chronic rhinosinusitis with nasal polyposis. J Allergy Clin Immunol. 2022; S0091-6749(22)01484-1.
14. Rosenfeld RM, Piccirillo JF, Chandrasekhar SS, et.al. American Academy of Otolaryngology-Head and Neck Surgery Foundation (AAO-HNS). Clinical Practice Guideline (Update): Adult Sinusitis. Otolaryngology-Head and Neck Surgery. 2015;152(2S) SI-S39.

Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	--	---	--

15. Roufosse F, Kahn JE, Rothenberg ME, et al. Efficacy and safety of mepolizumab in hypereosinophilic syndrome: A phase III, randomized, placebo-controlled trial. J Allergy Clin Immunol. 2020; 146:1397-1405.
16. Sciurba FC, Criner GJ, Christenson SA, et al. Mepolizumab to Prevent Exacerbations of COPD with an Eosinophilic Phenotype. N Engl J Med. 2025;392(17):1710-1720.
17. Sharma S, Carr TF. Treatment of severe asthma in adolescents and adults. Last updated: October 20, 2025. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: January 15, 2026.
18. Shomali W, Gotlib J. World Health Organization (WHO)-defined eosinophilic disorders: 2022 update on diagnosis, risk stratification, and management. Am J Hematol. 2022;97:129-148.
19. Wechsler ME, Akuthota P, Jayne D, et al. Mepolizumab or placebo for eosinophilic granulomatosis with polyangiitis. N Engl J Med. 2017; 376(20):1921-1932.
20. Wechsler ME, Nair P, Terrier B, et al. Benralizumab versus Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis. N Engl J Med. 2024; 390(10):911-921.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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Utilization Management and Clinical Medical Policy

Policy Name: Monoclonal Antibodies to Interleukin-5 [Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab)]	Policy Number: MP-RX-FP-58-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
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Policy History:

Type of Review	Summary of Changes	P&T Approval Date	UM/CMPC Approval Date
Annual Review 6/26/26	Updated background information to reflect current clinical guidance. Added new indication for Fasenra in Hypereosinophilic Syndrome (HES) and added clinical criteria. Updated may not approve in combination criteria for Cinqair, Fasenra and Nucala to include Exdensusur. Administrative update to add documentation. Revise EGPA continuation criteria and quantity limits table. Coding Reviewed: No changes. Update references information. Incorporated new policy template.	8/14/2026	8/19/2026
Annual Review 8/28/2025	Addition of COPD clinical criteria for Nucala. Addition of ICD10 code J44.0-J44.9 for COPD. Word formatting changes.	9/5/2025	9/16/2025
Select Review 09/17/2024	Added sections: Approved Indications, other uses, and Therapeutic Alternatives. Update Background information, Approved indications and Medical Necessity Guidelines (Clinical Criteria for initial and continuation requests) for the new indication for Fasenra for the treatment of EGPA. Update Fasenra age criteria. Add quantity limit to new strength. Wording and formatting changes. Coding Reviewed: No changes.	2/24/2025	3/6/2025
Policy Inception	9/17/2023 Elevance Health's Medical Policy adoption.	N/A	11/30/2023