Medical Policy

Healthcare Services Department

Policy Name	Policy Number	Scope
Omalizumab [Xolair]	MP-RX-FP-105-23	☒ MMM MA ☒ MMM Multihealth

Service Category

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

Service Description

This document addresses the use of Omalizumab (Xolair) , a drug approved by the Food and Drug Administration (FDA) for the treatment of asthma, nasal polyps, chronic idiopathic urticaria.

Background Information

This document addresses the use of Xolair (omalizumab), an anti-IgE antibody approved by the Food and Drug Administration (FDA) to treat moderate to severe persistent asthma in individuals 6 years of age and older with a positive skin test or in vitro reactivity to a perennial aeroallergen and symptoms inadequately controlled with inhaled corticosteroids. Xolair also has FDA approved indications as add-on maintenance treatment of nasal polyps in adults with inadequate response to nasal corticosteroids as well as treatment of chronic idiopathic urticaria in individuals age 12 and older who remain symptomatic despite H1 antihistamine treatment.

Asthma

FDA approval for Xolair for moderate to severe persistent asthma was based in part on the results of three randomized, double-blind, placebo-controlled, multi-center trials where the number of asthma exacerbations was the principal outcome. The trials enrolled subjects with moderate to severe persistent asthma, a positive skin test reaction to a perennial aeroallergen and a total IgE level greater than 30 IU/mL. The number of exacerbations was reduced in those receiving Xolair compared to the placebo group. However, individuals whose forced expiratory volume in 1 second (FEV1) was greater than 80% predicted at enrollment did not experience a reduction in exacerbations.

The 2022 Global Initiative for Asthma (GINA) guidelines list Xolair as a treatment option in Step 5 of their asthma management algorithm. Add-on targeted biologic therapy should be considered for individuals with 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.

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Comparative Doses for Inhaled Corticosteroids (Adults and Adolescents) (Wenzel 2021)

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

Nasal Polyps

FDA approval for Xolair for nasal polyps was based on the results of two randomized, double-blind, placebo-controlled, multi-center trials where nasal polyp score (NPS) and nasal congestion score (NCS) were the principal outcome. The trials enrolled subjects with nasal polyps with inadequate response to nasal corticosteroids and a total IgE level greater than 30 IU/mL. Participants received Xolair or placebo in addition to background nasal mometasone therapy. The Xolair group had a statistically significant greater improvement at week 24 in NPS and NCS 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 OtolaryngologyHead 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. 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. The AAAAI/ACAAI guidance recommends consideration of Xolair for the treatment of nasal polyps when other medical and surgical options have failed.

In 2022, the JTFPP published guidelines for the medical management of chronic rhinosinusitis with nasal polyposis (CRSwNP). The guidelines focus on select interventions for treatment of CRSwNP including intranasal corticosteroids, biologics and aspirin therapy

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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.

Chronic Idiopathic Urticaria

Chronic idiopathic urticaria (CIU) is defined as itchy hives that last at least 6 weeks and have no apparent external trigger. The 2014 guidance from 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, provides a step-based approach to the treatment of chronic urticaria. Xolair is included as an option in Step 4 of the algorithm when chronic urticaria has been refractory to treatment with potent antihistamines and leukotriene receptor antagonists.

Xolair carries a black box warning for anaphylaxis. Anaphylaxis has been reported after the first dose of Xolair but also beyond one year after beginning treatment. Xolair should be initiated in a healthcare setting and individuals should be closely observed for an appropriate period of time. Health care providers should be prepared to manage anaphylaxis and individuals should be instructed on anaphylaxis signs and symptoms and to seek immediate medical care should they occur. Selection of individuals for self-administration of Xolair should be based on criteria to mitigate risk from anaphylaxis.

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Applicable Codes

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.

HCPCS	Description
J2357	Injection, omalizumab, 5 mg [Xolair]

ICD-10	Description
J33.0-J33.9	Nasal polyp
J44.0-J44.9	Other chronic obstructive pulmonary disease [with asthma]
J45.20-J45.998	Asthma
L50.0-L50.9	Urticaria

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.

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Clinical Criteria:

B vs D Criteria: All drugs included in this PA are subject to B vs D evaluation. Medication must be furnished "incident to" physician service provided and usually not self-administered to be covered by Medicare and to be eligible to be evaluated through part B. If not, medication must be evaluated through part D.

Xolair (omalizumab)
Initial requests for Xolair (omalizumab) for moderate to severe persistent asthma may be if approved if the following criteria are met:
I. Individual is 6 years of age or older; **AND**
II. Individual has a diagnosis of moderate to severe persistent asthma; **AND**
III. Documentation is provided that individual has had a 3 month trial and inadequate response or intolerance to combination controller therapy (high doses of inhaled corticosteroids plus long acting beta2 –agonists, leukotriene modifiers, long-acting muscarinic antagonists or oral corticosteroids) (GINA 2022); **AND**
IV. Individual has a positive skin test or in vitro reactivity to a perennial aeroallergen; **AND**
V. Individual has a pretreatment forced expiratory volume in one second (FEV1) less than 80% predicted; **AND**
VI. Documentation is provided that individual has a serum Immunoglobulin E (IgE) level equal to or greater than 30 IU/mL.

Continuation requests for Xolair (omalizumab) for moderate to severe persistent asthma may be if approved if the following criteria
are met:
I. Treatment with Xolair 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 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 but not limited to wheezing, shortness of breath, coughing, fatigue, sleep disturbance, or asthmatic symptoms upon awakening.

Initial requests for Xolair (omalizumab) for nasal polyps 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 nasal polyps; **AND**
III. Documentation is provided that presence of bilateral nasal polyps demonstrated on by one of the following (AAO-HNS 2015):
A. Anterior rhinoscopy; **OR**

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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 Xolair as add-on therapy to maintenance intranasal corticosteroids; AND
VII. Documentation is provided that individual has a serum Immunoglobulin E (IgE) level greater than or equal to 30 IU/mL.

Continuation requests for Xolair (omalizumab) for nasal polyps may be if approved if the following criterion is met:
I. Treatment with Xolair 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 Xolair in combination with maintenance intranasal corticosteroids.
Initial requests for Xolair (omalizumab) for chronic idiopathic urticaria (CIU) may be approved if the following criteria are met:
I. Individual is 12 years of age or older; **AND**
II. Individual has a diagnosis of chronic idiopathic urticaria (CIU); **AND**
III. Individual has had a trial and inadequate response or intolerance to H1 antihistamines and H2 antihistamines (AAAAI/ACAAI 2014); **AND**
IV. Documentation is provided that individual has had a trial and inadequate response or intolerance to leukotriene receptor antagonists (AAAAI/ACAAI 2014).

Continuation requests for Xolair (omalizumab) for chronic idiopathic urticaria (CIU) may be approved if the following criterion is met:
I. Treatment with Xolair has resulted in clinically significant improvement or stabilization in clinical signs and symptoms of disease (including but not limited to itch severity and hive count).
Xolair (omalizumab) may not be approved for the following;
I. In combination with Cinqair, Dupixent, Fasenra, Nucala, or Tezspire; **OR**
II. May not be approved with the above criteria are not met and for all other indications.

Approval Duration
Initial Requests: 6 months
Continuation Requests: 12 months

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Limits or Restrictions

A. 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
Xolair (omalizumab) 150 mg vial, 75 mg and 150 mg syringes	Asthma: 375 mg as frequently as every 2 weeks Nasal Polyps: 600 mg as frequently as every 2 weeks Chronic Idiopathic Urticaria: 300 mg every 4 weeks

Reference Information

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

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Policy History

Revision Type	Summary of Changes	P&T Approval Date	MPCC Approval Date
Policy Inception	Elevance Health's Medical Policy adoption.	N/A	11/30/2023

Revised: 2/24/2023