Field Name	Field Description
Prior Authorization Group Description	**Biologic Agents for Nasal Polyposis**
Drugs	**Xolair** (omalizumab), **Nucala** (mepolizumab)
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	Use of Xolair, or Nucala concomitantly or with another pulmonary biologic (e.g. Dupixent, Fasenra, Cinqair)
Required Medical Information	See "Other Criteria"
Age Restrictions	Patients must be 18 years age or older
Prescriber Restrictions	Prescriber must be an allergist or otolaryngologist
Coverage Duration	If all of the criteria are met, the initial request will be approved for 6 months. For continuation of therapy the request will be approved for 6 months.
Other Criteria	****Xolair: For asthma and urticaria, please refer to the "Xolair for Asthma and Urticaria" policy**** ****Nucala: For asthma or other eosinophilic conditions, please refer to the "Pulmonary Biologics for Asthma and Eosinophilic Conditions" policy**** **<u>Initial Authorization:</u>** • Diagnosis of chronic rhinosinusitis with nasal polyposis (CRSwNP) • Medication is being prescribed at an FDA approved dosage • Documentation of ONE of the following: o Trial and failure, or medical reason for not using, all of the following therapies: ▪ Intranasal saline irrigation/spray ▪ an intranasal corticosteroid ▪ a systemic corticosteroid ▪ montelukast o Prior surgery for nasal polyps • Patient is currently using an intranasal corticosteroid, will be prescribed at an intranasal corticosteroid, or has a documented medical reason for not using an intranasal corticosteroid **<u>Re-authorization:</u>** • Medication is prescribed at an FDA-approved dosage • Member will continue to use an intranasal corticosteroid, or has a medical reason for not using an intranasal corticosteroid

Revision/Review Date 10/2023	• Documentation has been provided that demonstrates a clinical benefit (e.g. improvements in symptom severity, nasal polyp score [NPS], sino-nasal outcome test-22 [SNOT-22], nasal congestion score [NCS], nasal obstruction symptom visual analogue scale [VAS]) **Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**