

# A Payor's Guide to Positioning XHANCE Before Biologics in the Treatment of Nasal Polyps

The treatment landscape for nasal polyps (NP) offers patients a variety of pharmacologic options, ranging from oral and inhaled intranasal steroids (INS) to monoclonal antibodies (biologics). Progression directly from conventional INS to surgery and biologics represents the costly lengths that patients will go in search of symptom relief.<sup>1-3</sup>

XHANCE nasal spray is an exhaled nasal steroid offering a different way to approach NP treatment. By leveraging an exhalation delivery system, XHANCE deposits fluticasone high and deep in the nasal passages where polyps originate.<sup>4,5</sup> The annual cost is substantially less than biologics<sup>6</sup> or endoscopic sinus surgery.<sup>7</sup> With the approvals of dupilumab and omalizumab and the anticipated approval of other biologics for NP, payors understand these options are likely to drive costs through acquisition, utilization driven by multiple indications, and clinical follow-ups.<sup>8,9</sup>

Several health plans, including three Blue Cross Blue Shield plans in the Northeast and South regions, a university hospital in the West, and a state Medicaid plan in the Southeast, have recently implemented policy changes to their utilization management (UM) criteria. The objective is to curb incremental costs due to the use of biologics.

Given the high cost of biologics, XHANCE may be a great option following INS for the treatment of nasal polyps due to its safety, limited systemic drug exposure, and deposition of medication high and deep in the nasal cavity.<sup>10</sup>

# Considerations for Implementing Policy Changes to Limit the Rising Costs of Biologics

Calculate the number of patients treated by a specialist for NP who are likely candidates for biologics

2 Model the impact of shifting share from biologics to XHANCE

3 Consider changing policy language to position XHANCE before biologics Example UM criteria for implementing step edits to restrict the use of biologics:

#### TARGET AGENT Dupixent<sup>®</sup> (dupilumab) PRIOR AUTHORIZATION CRITERIA FOR APPROVAL

- 1. The patient has a diagnosis of chronic rhinosinusitis with nasal polyposis **AND** the following:
  - A. The patient has had an inadequate response to sinonasal surgery **OR**
  - B. The patient is NOT a candidate for sinonasal surgery

#### OR

- C. The patient has had an inadequate response to oral systemic corticosteroids in the past 90 days
- OR D. The patient has a documented intolerance to oral systemic corticosteroids ND
- AND
- 2. The patient will continue standard maintenance therapy (e.g., nasal saline irrigation, intranasal corticosteroids) in combination with the requested agent **AND**
- 3. The patient has had an inadequate response to XHANCE for minimum of 3 months **OR**
- 4. The patient has a documented intolerance to XHANCE

## INDICATION AND USAGE

XHANCE is a corticosteroid indicated for the treatment of nasal polyps in patients 18 years of age or older.

## **IMPORTANT SAFETY INFORMATION**

### **CONTRAINDICATIONS:**

Hypersensitivity to any ingredient in XHANCE.

Please see additional Important Safety Information continued on the next page.





**Consider Implementing Policy to Step Through Exhaled XHANCE for Your Adult Patients With Nasal Polyps** 

## IMPORTANT SAFETY INFORMATION (continued)

#### WARNINGS AND PRECAUTIONS:

- Local Nasal Effects: epistaxis, erosion, ulceration, septal perforation, *Candida albicans* infection, and impaired wound healing. Monitor patients periodically for signs of possible changes on the nasal mucosa. Avoid use in patients with recent nasal ulcerations, nasal surgery, or nasal trauma.
- Close monitoring for glaucoma and cataracts is warranted.
- Hypersensitivity reactions (e.g., anaphylaxis, angioedema, urticaria, contact dermatitis, rash, hypotension, and bronchospasm) have been reported after administration of fluticasone propionate. Discontinue XHANCE if such reactions occur.
- Immunosuppression: potential increased susceptibility to or worsening of infections (e.g., existing tuberculosis; fungal, bacterial, viral, or parasitic infection; ocular herpes simplex). Use with caution in patients with these infections. More serious or even fatal course of chickenpox or measles can occur in susceptible patients.

- Hypercorticism and adrenal suppression may occur with very high dosages or at the regular dosage in susceptible individuals. If such changes occur, discontinue XHANCE slowly.
- Assess for decrease in bone mineral density initially and periodically thereafter.

### **ADVERSE REACTIONS:**

The most common adverse reactions (incidence ≥ 3%) are epistaxis, nasal septal ulceration, nasopharyngitis, nasal mucosal erythema, nasal mucosal ulcerations, nasal congestion, acute sinusitis, nasal septal erythema, headache, and pharyngitis.

### **DRUG INTERACTIONS:**

Strong cytochrome P450 3A4 inhibitors (e.g., ritonavir, ketoconazole): Use not recommended. May increase risk of systemic corticosteroid effects.

### **USE IN SPECIFIC POPULATIONS:**

Hepatic impairment. Monitor patients for signs of increased drug exposure.

## For more information on XHANCE, visit **www.xhancepayor.com**.

References: 1. Adapted from Velez F, et al. Poster presented at: AMCP Managed Care & Specialty Pharmacy Annual Meeting; April 23-26, 2018; Boston, MA. 2. DeConde AS, et al. *Laryngoscope*. 2017;127(3):550-555. 3. Palmer JN, et al. *Allergy Asthma Proc*. 2019;40(1):48-56. 4. Djupesland PG. *Drug Deliv Transl Res*. 2013:3(1):42-62. 5. XHANCE [Prescribing Information]; 2017. 6. First Data Bank; January 2020. 7. Velez F, et al. Poster presented at: ACAAI 2019 Annual Scientific Meeting; November 7-11, 2019; Boston, MA. 8. Gu T, et al. *Drugs Real World Outcomes*. 2016;3(4):369-381. 9. Wong, BJ et al. *J Manag Care Pharm*. 2011;17(4):313-320. 10. Senior BA, et al. Int Forum Allergy Rhinol. [Published online ahead of print September 24, 2020]. doi:10.1002/alr.22693.

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