CareSource

PHARMACY POLICY STATEMENT **Indiana Medicaid**	
DRUG NAME	Cinqair (reslizumab)
BILLING CODE	J2786 (1 unit = 1 mg)
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient Hospital
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT— 400 units or 400 mg
LIST OF DIAGNOSES CONSIDERED **NOT** MEDICALLY NECESSARY	Click Here

Cinqair (reslizumab) is a **non-preferred** product and will only be considered for coverage under the **medical** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

SEVERE ASTHMA

For **initial** authorization:

1. Member must be 18 years of age or older; AND
2. Medication must be prescribed by or under the recommendation of a pulmonologist, immunologist or allergist; AND
3. Member has a blood eosinophil count of at least 400 cells/microliter within 4 weeks of dosing; AND
4. Member's asthma has been inadequately controlled after 3 month of conventional treatment of medium to high doses of inhaled corticosteroids (ICS) and long acting beta 2-agonists (LABA); AND
5. Member has at least one documented severe asthma exacerbation within last year; AND
6. Medication is being used as the add-on maintenance treatment to conventional therapies for asthma (i.e. ICS, LABA, etc.); AND
7. Medication is not used in combination with Nucala (mepolizumab).

1. **Dosage allowed:** 3 mg/kg once every 4 weeks.

If member meets all the requirements listed above, the medication will be approved for 16 weeks.

For **reauthorization**:

1. Medication not being used as monotherapy for asthma; AND
2. Member must be in compliance with all other initial criteria; AND
3. Chart notes have been provided that show the member has demonstrated improvement during 16 weeks of medication therapy:
    a) Decreased frequency of emergency department visits; OR
    b) Decreased frequency of hospitalizations due to asthma symptoms; OR
    c) Increase in percent predicted FEV1 from pretreatment baseline; OR
    d) Improved functional ability (i.e. decreased effect of asthma on ability to exercise, function in school or at work, or quality of sleep); OR
    e) Decreased utilization of rescue medications.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource considers Cinqair (reslizumab) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Acute bronchospasm
- Atopic dermatitis
- Atopic eczema
- Chronic obstructive pulmonary disease
- Chronic rhinosinusitis
- Churg-Strauss syndrome
- Eosinophil gastroenteritis
- Eosinophilic esophagitis
- Eosinophilic granulomatosis with polyangiitis
- Hyper-eosinophilic syndrome
- Nasal polyposis
- Status asthmaticus

DATE	ACTION/DESCRIPTION
05/18/2017	New policy for Cinqair created. Lab for blood eosinophil count required within 4 weeks of dosing. Leukotriene receptor antagonists and corticosteroids on exacerbations taken out from criteria.

References:

1. Cinqair [package insert]. Frazer, PA: Teva Respiratory LLC; 2016.
2. Castro M, Zangrilli J, Wechsler ME, et al. Reslizumab for inadequately controlled asthma with elevated blood eosinophil counts: Results from two multicentre, parallel, double-blind, randomised, placebo-controlled, phase 3 trials. Lancet Respir Med. 2015;3(5):355-366.
3. Walford HH, Doherty TA. Diagnosis and management of eosinophilic asthma: a US perspective. J Asthma Allergy. 2014;7:53–65.

Effective date: 05/18/2017
Revised date: 05/18/2017