| PHARMACY POLICY STATEMENT<br>**Kentucky 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)<br>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 |
|---|---|
| **05/23/2017** | 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.


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