

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— see dosage allowed
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 in consultation with a pulmonologist, immunologist or allergist; AND
3. Member has a blood eosinophil count of at least 300 cells/ μ L or at least 150 cells/ μ L if taking maintenance oral corticosteroids (OCS); AND
4. Member has at least two documented severe asthma exacerbations requiring oral corticosteroids (OCS), or at least one requiring hospitalization, within last year; AND
5. Member's asthma has been inadequately controlled after 3 months of conventional treatment on medium to high doses of inhaled corticosteroids (ICS) and long acting beta 2-agonists (LABA); AND
6. Medication is being used as add-on maintenance treatment to conventional therapies for asthma (i.e. ICS, LABA, etc.); AND
7. Medication is not used in conjunction with any other biologic therapy for asthma.
8. **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 hospitalizations due to asthma exacerbations; OR
 - b) Increase in percent predicted FEV1 from pretreatment baseline; OR
 - c) Improved functional ability (i.e. decreased effect of asthma on ability to exercise, function in school or at work, or quality of sleep); OR
 - d) Decreased utilization of rescue medications or oral corticosteroids.

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 diseases that are not listed in this document.

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.
11/25/2020	Eosinophil count was updated to be consistent with guidelines; exacerbation number was updated to be consistent with guidelines (2 requiring OCS or 1 requiring hospitalization in the last year); changed from not to be used with Nucala to not to be used with any other asthma biologic.

References:

1. Cinqair [package insert]. Frazer, PA: Teva Respiratory LLC; 2020.
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.
4. Difficult-To-Treat & Severe Asthma in Adolescent and Adult Patients: Diagnosis and Management. Global Initiative For Asthma (GINA); Apr. 2019. Available at: <https://ginasthma.org/wp-content/uploads/2018/11/GINA-SA-FINAL-wms.pdf>.
5. Kostikas K, Brindicci C, Patalano F. Blood Eosinophils as Biomarkers to Drive Treatment Choices in Asthma and COPD. *Curr Drug Targets.* 2018;19(16):1882-1896. doi:10.2174/1389450119666180212120012
6. 2020 Focused Updates To The Asthma Management Guidelines. National Institute of Health; Dec 2020. Available at: <https://www.nhlbi.nih.gov/health-topics/asthma-management-guidelines-2020-updates>.

Effective date: 07/01/2021

Revised date: 11/25/2020