

# PHARMACY POLICY STATEMENT

## Ohio Medicaid

<b>DRUG NAME</b>	<b>Cinqair (reslizumab)</b>
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Cinqair, approved by the FDA in 2016, is an interleukin-5 (IL-5) antagonist monoclonal antibody indicated for add-on maintenance treatment of severe asthma with an eosinophilic phenotype.

Cinqair (reslizumab) will be considered for coverage when the following criteria are met:

### Severe Asthma

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an allergist, immunologist, or pulmonologist; AND
3. Member has a blood eosinophil count of at least 150 cells/  $\mu$ L; AND
4. Member has at least two documented severe asthma exacerbations requiring oral corticosteroids (OCS), or at least one requiring hospitalization, within the last 12 months; AND
5. Member's asthma has been uncontrolled after at least 3 months of conventional treatment with medium to high doses of inhaled corticosteroids (ICS) plus 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/Quantity limit:** 3 mg/kg once every 4 weeks by IV infusion.

***If all the above requirements are met, the medication will be approved for 16 weeks.***

For **reauthorization**:

1. Medication is not being used as monotherapy for asthma; AND
2. Chart notes have been provided showing improvement of signs and symptoms such as decreased frequency of emergency department visits or hospitalizations due to asthma exacerbations, increase in percent predicted FEV1 from pretreatment baseline, improved functional ability (e.g., exercise tolerance), and/or decreased utilization of rescue medications or oral corticosteroids.

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

**CareSource considers Cinqair (reslizumab) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

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.
02/24/2022	Transferred to new template. Annual review; no changes
11/27/2023	Changed eosinophil cutoff to 150. Rephrased renewal criteria. Updated references.
1/25/2024	Approved by ODM

References:

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3. 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
4. Farne HA, Wilson A, Milan S, Banchoff E, Yang F, Powell CV. Anti-IL-5 therapies for asthma. *Cochrane Database Syst Rev*. 2022;7(7):CD010834. Published 2022 Jul 12. doi:10.1002/14651858.CD010834.pub4
5. Holguin F, Cardet JC, Chung KF, et al. Management of severe asthma: a European Respiratory Society/American Thoracic Society guideline. *Eur Respir J*. 2020;55(1):1900588. Published 2020 Jan 2. doi:10.1183/13993003.00588-2019
6. Global Initiative for Asthma (GINA). *Difficult-To-Treat & Severe Asthma in Adolescent and Adult Patients*, 2023. Available from [www.ginasthma.org](http://www.ginasthma.org)
7. Institute for Clinical and Economic Review (ICER). *Biologic Therapies for Treatment of Asthma Associated with Type 2 Inflammation: Effectiveness, Value, and Value-Based Price Benchmarks*. Final Evidence Report: December 20, 2018.
8. Ohio Administrative Code. (2022, February 23). 5160-1-01 (C) Medicaid medical necessity: definitions and principles. Retrieved February 22 2023 from [codes.ohio.gov](http://codes.ohio.gov).
9. Ohio Administrative Code. (2022, July 18). 5160-26-03 Managed care: covered services. Retrieved February 22, 2023 from [codes.ohio.gov](http://codes.ohio.gov).
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Effective date: 04/01/2024

Revised date: 11/27/2023