

## PHARMACY POLICY STATEMENT

### Arkansas PASSE

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 <b>NOT</b> MEDICALLY NECESSARY	<a href="#">Click Here</a>

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/ $\mu$ L or at least 150 cells/ $\mu$ 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: 01/01/2022

Revised date: 11/25/2020