Cinqair (reslizumab)
Effective 01/01/2020

Plan	☒ MassHealth ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Reslizumab is a humanized interleukin-5 (IL-5) antagonist monoclonal antibody indicated for adults as an add-on maintenance treatment with severe asthma, and with an eosinophilic phenotype.

Cinqair is NOT indicated for treatment of other eosinophilic conditions or for the relief of acute bronchospasm or status asthmaticus

Coverage Guidelines

Authorization may be granted for members who are currently receiving treatment with Cinqair excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted for members with a documented diagnosis of severe asthma with an eosinophilic phenotype and all the following criteria have been met:

1. The member is ≥ 18 years of age
2. The member is not an active smoker
3. The prescriber is an asthma specialist (i.e., allergist, immunologist, pulmonologist)
4. Documentation of an eosinophilic phenotype (i.e., peripheral blood eosinophil count ≥ 300 cells/µL, elevated sputum eosinophils)
5. The member is symptomatic despite receiving one of the following:
    - combination inhaler containing an inhaled corticosteroid and a long-acting β-agonist
    - combination of an inhaled corticosteroid and a long-acting β-agonist inhaler as separate agents
    - chronic oral steroids
6. The prescriber must confirm that Cinqair will be administered only in a healthcare setting

7. The member has at least 1 claim of Nucala (mepolizumab) and supporting documentation indicating that they have had an inadequate response or reaction to Nucala.
8. Dose does not exceed 3mg/kg intravenously every four weeks
9. Cinqair will be used an add-on maintenance treatment

Continuation of Therapy

Reauthorization may be granted when clinical documentation is submitted showing member has been seen and evaluated within the past 12 months and the member has continued to experience a positive clinical response as evidenced by at least two of the following:

1. Reduction in asthma exacerbations (e.g., decreased frequency of emergency department/urgent care visits)
2. Reduction in the use of oral corticosteroids to treat/prevent exacerbations
3. Reduction in asthma symptoms such as chest tightness, coughing, shortness of breath, or nighttime awakenings

Limitations

1. Initial approvals will be granted for 4 months
2. Reauthorizations will be granted for 12 months

References

1. Cinqair (reslizumab) [prescribing information]. Frazer, PA: Teva; January 2019
2. Teva announces FDA approval of Cinqair® (reslizumab) [press release on the Internet]. Frazer, PA: Teva Pharmaceutical Industry: 2016, March 23. Available from: http://www.tevapharm.com/news/teva_announces_fda_approval_of_cinqair_reslizumab_injection 03_16.aspx
3. FDA approves Cinqair® to treat severe asthma [press release on the Internet]. Frazer, PA: Teva Pharmaceutical Industry: 2016 March 23. Available from: http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm491980.htm

Review History

11/28/16 – Updated
09/18/17 – Reviewed
09/24/18 – Reviewed
09/18/19 – Removed the required trial of leukotriene modifier and documentation of spirometry

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