



**Cinqair® (reslizumab)  
Prior Authorization Criteria  
Drug Protocol Management  
MassHealth/Commercial/Exchange**

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**POLICY**

Cinqair® (reslizumab) is an interleukin-5 antagonist. IL-5 is the major cytokine responsible for the growth and differentiation, recruitment, activation, and survival of eosinophils which can play a role in asthma.

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

AllWays Health Partners may approval coverage of Cinqair when all the following criteria are met and documentation has been submitted

**Approval Criteria**

1. Member has documented diagnosis of severe asthma with an eosinophilic phenotype and Cinqair will be an add-on maintenance treatment
2. Member is not an active smoker
3. Member has a pre-treatment serum eosinophil count of  $\geq 150$  cells/mcL (within the past 6 weeks prior to initiation of Cinqair) OR historical level of  $\geq 300$  cells/mcL in the last 12 months if it is documented that the member is currently on oral steroids.
4. Member must be maintained on and adherent to (taking at least 80% of daily doses) of controller medications (*high dose* inhaled steroids listed in **Appendix A**, in combination with a long-acting inhaled beta-2 agonist and a leukotriene modifier) for at least 4 months† **OR**
5. Member is intolerant or has a contraindication to all controller medications.
6. Despite adherence to controller medications, member has experienced at least 2 of the following in the past 12 months:
  - Two or more exacerbations requiring oral steroid therapy for at least four days
  - Two or more exacerbations requiring hospitalization or emergency Department visit
  - Airflow limitation (FEV1 less than 60% predicted)
  - Daily symptoms such as cough, wheezing, chest tightness or difficulty breathing
7. Prescriber is an allergist, immunologist or pulmonologist
8. Prescriber must confirm that Cinqair will be administered only in a healthcare setting
9. Patient has at least 1 claim of Nucala (mepolizumab) and supporting documentation indicating that they have had an inadequate response or reaction to Nucala.

**APPENDIX A: Comparative Daily Dosages for Inhaled Corticosteroids in Adults**

<b>Medication</b>	<b>Adult Daily High Doses</b>
Beclomethasone MDI	>480 mcg
Budesonide DPI	>1,080 mcg
Ciclesonide MDI	>640 mcg
Flunisolide MDI	>640 mcg
Fluticasone MDI	>440 mcg
Fluticasone DPI	>500 mcg
Mometasone DPI	>440 mcg



†Adherence is defined as prescription fills of at least 70% during the previous 120 days

### **Initial approvals will be granted for 4 months**

#### **Reauthorization criteria:**

Continued treatment with Cinqair may be approved for 12 months 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:

- Increase in percent predicted (FEV1) from baseline (pretreatment)
- Reduction in the dose of inhaled corticosteroids required to control the member's asthma
- Reduction in asthma exacerbations (e.g., decreased frequency of emergency department/urgent care visits),
- Reduction in the use of oral corticosteroids to treat/prevent exacerbations
- Reduction in asthma symptoms such as chest tightness, coughing, shortness of breath, or nighttime awakenings.

#### **1. Cautions**

- **Parasitic (Helminth) Infection:** Treat patients with pre-existing helminth infections before therapy with Cinqair. If patients become infected while receiving treatment with Cinqair and do not respond to anti-helminth treatment, discontinue Cinqair until parasitic infection resolves.

#### **2. Administration**

- Administration is for intravenous infusion only. Do not administer as an intravenous push or bolus.
- Recommended dosage regimen is 3 mg/kg once every 4 weeks by intravenous infusion over 20-50 minutes.

#### **References:**

1. Cinqair® [package insert]. Frazer, PA: Teva Pharmaceutical Industry; 2016 May.
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](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:**

Implemented: 1/1/17

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