

**EFFECTIVE DATE:** 10|01|2016

**POLICY LAST UPDATED:** 09|06|2016

## OVERVIEW

This policy documents coverage guidelines required for the use of Reslizumab (Cinqair). Reslizumab is a treatment for severe asthma in appropriate patients.

## MEDICAL CRITERIA

### BlueCHiP for Medicare and Commercial Products

Reslizumab may be considered medically necessary when the following criteria are met:

1. Diagnosis of severe asthma **AND**
2. Asthma is an eosinophilic phenotype as defined by:
  - Baseline peripheral blood eosinophil levels are greater than or equal to 400 cells/microliter within the previous 12 months (provide documentation)

#### **AND**

3. One of the following:
  - Patient has had at least two or more asthma exacerbations requiring systemic corticosteroids within the past 12 months **OR**
  - Patient has had a prior asthma-related hospitalization within the past 12 months

#### **AND**

4. One of the following:
  - Patient's symptoms are inadequately controlled with high-dose inhaled corticosteroid (ICS) plus one or more other controller medications (e.g., LABA, leukotriene antagonist, anticholinergic) for at least 6 months and patient has been adherent to drug therapies **OR**
  - Patient is receiving a maximally-dosed combination ICS/LABA product [e.g., Advair (fluticasone propionate/salmeterol), Dulera (mometasone/formoterol), Symbicort (budesonide/formoterol)] for the past 6 months and patient has been adherent to drug therapies **AND**

5. Age greater than or equal to 12 years

#### **AND**

6. Prescribed by or in consultation with a pulmonologist or an allergy/immunology specialist

#### **AND**

7. The patient will not receive the requested agent in combination with Xolair or with another interleukin 5 inhibitor (e.g., Nucala)

Authorization for continued use shall be reviewed at 6 months and then every 12 months to confirm the following:

1. Patient has experienced an objective response to therapy, defined as one or more of the following for allergic asthma:
  - Reduction in number of asthma exacerbations from baseline (i.e. asthma exacerbation requiring treatment with systemic corticosteroids or doubling of ICS dose from baseline)
  - Improvement in forced expiratory volume in 1 second (FEV1) from baseline
  - Decreased use of rescue medications from baseline

## PRIOR AUTHORIZATION

### BlueCHiP for Medicare and Commercial Products

Prior authorization review is required for BlueCHiP for Medicare and recommended for Commercial products.

## **POLICY STATEMENT**

### **BlueCHiP for Medicare and Commercial Products**

Reslizumab therapy is medically necessary for BlueCHiP for Medicare and Commercial products when all of the above medical criteria are met.

## **COVERAGE**

Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable Specialty Pharmacy guidelines.

### **Specialty Drug Coverage:**

For contracts with specialty drug coverage, please refer to the member agreement for benefits and preauthorization guidelines.

## **BACKGROUND**

Reslizumab (Cinqair) is used with other asthma medicines for the maintenance treatment of severe asthma. Cinqair is approved for patients who have a history of severe asthma attacks (exacerbations) despite receiving their current asthma medicines. Cinqair reduces severe asthma attacks by reducing the levels of blood eosinophils, a type of white blood cell that contributes to the development of asthma.

Cinqair is an interleukin-5 antagonist monoclonal antibody (IgG4 kappa) indicated for add-on maintenance treatment of patients with severe asthma aged 18 years and older, 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.

Cinqair has a boxed warning for anaphylaxis. Patients should be observed for an appropriate period of time after Cinqair administration by a healthcare professional prepared to manage anaphylaxis. Discontinue Cinqair immediately if the patient experiences signs or symptoms of anaphylaxis.

Cinqair has been shown to decrease the incidence of asthma exacerbations in adult and adolescent patients 18 years of age and older severe asthma whose symptoms are inadequately controlled with inhaled corticosteroids. Cinqair is approved for patients who have a history of severe asthma attacks (exacerbations) despite receiving their current asthma medicines

## **CODING**

### **BlueCHiP for Medicare and Commercial Products**

Claims should be filed with the appropriate NDC and an Unlisted HCPCS code.

## **RELATED POLICIES**

Omalizumab (Xolair)  
Mepolizumab (Nucala)

## **PUBLISHED**

Provider Update, October 2016

## **REFERENCES**

1. Cinqair [package insert]. Frazer, PA: Teva Respiratory LLC.; March 2016.

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