Cinqair® (reslizumab)

Last Review Date: July 15, 2019

Number: MG.MM.PH.137

Medical Guideline Disclaimer

C Each right reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member’s benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, (“EmblemHealth”) has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated and GHI HMO Select, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definition

Cinqair is an interleukin-5 antagonist (IgG4, kappa) monoclonal antibody indicated for add-on maintenance treatment of patients with severe asthma with an eosinophilic phenotype.

Length of Authorization

Coverage will be provided for 3 months and may be renewed.

Dosing Limits

Max Units (per dose and over time) [Medical Benefit]:

- 345 billable units every 4 weeks

I. INITIAL APPROVAL CRITERIA

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

- Patient is 18 years of age or older; AND
- Medication is being prescribed by a pulmonary specialist or allergist/immunologist. AND
- Patient has not smoked in the past 6 months; AND
- Symptoms are inadequately controlled with use of either combination therapy; AND
  - 12 months of high-dose inhaled corticosteroid (ICS) given in combination with a minimum of 3 months of controller medication (either a long-acting beta2-agonist [LABA], or leukotriene receptor antagonist [LTRA], or theophylline), unless the individual is intolerant of, or has a medical contraindication to these agents; OR
  - 6 months of ICS with daily oral glucocorticoids given in combination with a minimum of 3 months of controller medication (either a LABA, or LTRA, or theophylline), unless the individual is intolerant of, or has a medical contraindication to these agents
II. Applicable Diagnosis Codes

- Severe Asthma
- Severe persistent asthma, uncomplicated
- Severe persistent asthma with (acute) exacerbation
- Severe persistent asthma with status asthmaticus
- Pulmonary eosinophilia, not elsewhere classified

II. RENEWAL CRITERIA

Authorization renewal is considered medically necessary for the treatment of an individual with documented severe eosinophilic asthma when any of the following criteria are met:

1. Decreased utilization of rescue medications.
2. Decreased frequency of exacerbations (defined as worsening of asthma that requires an increase in ICS dose or treatment with systemic corticosteroids).
3. Reduction in reported asthma-related symptoms, such as, asthmatic symptoms upon awakening, coughing, fatigue, shortness of breath, sleep disturbance, or wheezing.

II. Dosage/Administration

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe Asthma</td>
<td>– 3 mg/kg via intravenous infusion every 4 weeks</td>
</tr>
</tbody>
</table>

Applicable Procedure Codes

- J2786 Injection, reslizumab, 1 mg, 1 billable unit = 1 mg

Applicable NDCs

- 59310-0610-xx Cinqair 100 mg/10 ml single-use vial

Applicable Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>ICD-10 Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J45.50</td>
<td>Severe persistent asthma, uncomplicated</td>
</tr>
<tr>
<td>J45.51</td>
<td>Severe persistent asthma with (acute) exacerbation</td>
</tr>
<tr>
<td>J45.52</td>
<td>Severe persistent asthma with status asthmaticus</td>
</tr>
<tr>
<td>J82</td>
<td>Pulmonary eosinophilia, not elsewhere classified</td>
</tr>
</tbody>
</table>

References

1) Cinqair [package insert]; Frazer, PA, Teva Respiratory LLC