Cinqair (reslizumab)

Effective Date: January 1, 2021             Number: MG.MM.PH.228

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Definition

Cinqair is a human interleukin (IL)-5 antagonist monoclonal antibody. IL-5 is the main cytokine involved in the growth, differentiation, recruitment, activation, and survival of eosinophils, a type of cell involved in asthmatic inflammation.

Length of Authorization

- Coverage will be provided for 6 months and may be renewed.
- Renewal Coverage will be provided for 12 months.

Dosage/Administration

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
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<tbody>
<tr>
<td>Asthma</td>
<td>3 mg/kg administered intravenously (IV) once every 4 weeks.</td>
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</table>

Guideline

Asthma

- Patient is ≥ 18 years of age; AND
- Cinqair is prescribed by or in consultation with an allergist, immunologist, or pulmonologist; AND
- Patient has a blood eosinophil count of ≥ 400 cells per microliter within the previous 4 weeks or within 4 weeks prior to treatment with any anti-interleukin-5 therapy; AND
  
  Note: Examples of anti-interleukin-5 therapies include Cinqair, Fasenra, and Nucala.
- Patient has received at least 3 consecutive months of combination therapy with BOTH of the following:
- An inhaled corticosteroid; **AND**
- At least one additional asthma controller/maintenance medication; **AND**

**Note:** An exception to the requirement for a trial of one additional asthma controller/maintenance medication (criterion b) can be made if the patient has already received anti-interleukin-5 therapy (e.g., Cinqair, Fasenra, Nucala) used concomitantly with an inhaled corticosteroid for at least 3 consecutive months. Use of a combination inhaler containing both an inhaled corticosteroid and a long-acting beta2-agonist would fulfill the requirement for both criteria a and b. Examples of inhaled corticosteroids include Aerospan, Alvesco, ArmonAir RespiClick, Arnuity Ellipta, Asmanex Twisthaler/HFA, Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar/Qvar RediHaler, and budesonide suspension for inhalation (Pulmicort Respules, generics). Examples of additional asthma controller/maintenance medications include long-acting beta2-agonists (e.g., Serevent Diskus); inhaled long-acting muscarinic antagonists (e.g., Spiriva Respimat); leukotriene receptor antagonists (e.g., montelukast tablets/granules [Singulair, generics], zafirlukast tablets [Accolate, generics]); theophylline (e.g., Theo 24, TheoChron ER, generics). Examples of combination inhaled corticosteroid/long-acting beta2-agonist inhalers include Advair Diskus (generic Wixela Inhub; authorized generics), Advair HFA, AirDuo RespiClick (authorized generics), Breo Ellipta, Dulera, Symbicort.

- Patient’s asthma is uncontrolled or was uncontrolled prior to starting any anti-interleukin therapy as defined by **ONE** of the following:
  - The patient experienced two or more asthma exacerbations requiring treatment with systemic corticosteroids in the previous year; **OR**
  - The patient experienced one or more asthma exacerbation requiring hospitalization or an Emergency Department (ED) visit in the previous year; **OR**
  - Patient has a forced expiratory volume in 1 second (FEV1) < 80% predicted; **OR**
  - Patient has an FEV1/forced vital capacity (FVC) < 0.80; **OR**
  - The patient’s asthma worsens upon tapering of oral corticosteroid therapy.

**Note:** Examples of anti-interleukin therapies include Cinqair, Fasenra, and Nucala.

**Coverage for Cinqair may be renewed when the following criteria are met:**
- The patient has already received at least 6 months of therapy with Cinqair; **AND**

**Note:** Patients who have received < 6 months of therapy or those who are restarting therapy with Cinqair should be considered new to therapy – see above criteria.

- Patient continues to receive therapy with one inhaled corticosteroid or one inhaled corticosteroid-containing combination; **AND**

**Note:** Examples of an inhaled corticosteroid or an inhaled corticosteroid-containing combination inhaler include Flovent Diskus/HFA, ArmonAir RespiClick, Arnuity Ellipta, Asmanex Twisthaler/HFA, Aerospan, Alvesco, Pulmicort Flexhaler, budesonide suspension for inhalation (Pulmicort Respules, generics), Qvar/Qvar RediHaler, Advair Diskus (generic Wixela Inhub; authorized generics), Advair HFA, AirDuo RespiClick (authorized generics), Breo Ellipta, Dulera, and Symbicort.

- The patient has responded to Cinqair therapy as determined by the prescriber.

**Note:** Examples of a response to Cinqair therapy are decreased asthma exacerbations; decreased asthma symptoms; decreased hospitalizations, emergency department (ED)/urgent care, or medical clinic visits due to asthma; and decreased requirement for oral corticosteroid therapy.
Limitations/Exclusions

1. Concurrent use of Cinqair with Another Anti-Interleukin (IL) Monoclonal Antibody
2. Concurrent use of Cinqair with Xolair® (omalizumab injection for subcutaneous use)
3. Eosinophilic Esophagitis (EoE) or Eosinophilic Gastroenteritis
4. Hypereosinophilic Syndrome (HES)
5. Nasal Polyps
6. Coverage is not recommended for circumstances not listed in the Guideline. Criteria will be updated as new published data are available.

Applicable Procedure Codes

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>J2786</td>
<td>Injection, reslizumab, 1 mg, 1 billable unit = 1 mg</td>
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Applicable NDCs

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<td>59310-0610-xx</td>
<td>Cinqair 100 mg/10 ml single-use vial</td>
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Applicable Diagnosis Codes

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

<table>
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<th>Date</th>
<th>Description</th>
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<tr>
<td>1/1/2021</td>
<td>Criteria apply to Commercial, Medicare, and Medicaid members.</td>
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<tr>
<td>07/20/2020</td>
<td>New Policy</td>
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References