

Generic Name: reslizumab

Therapeutic Class or Brand Name: Cinqair®

Applicable Drugs: N/A

Preferred: N/A

Non-preferred: N/A

Date of Origin: 8/26/2024

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VI are met)

- I. Documented diagnosis of severe asthma and must meet criteria A and B:
 - A. Documentation of eosinophilic phenotype as defined by a baseline peripheral blood eosinophil level of ≥ 150 cells/ μ L.
 - B. Documentation that the patient has been adherent to a minimum of a six-month trial of a high-dose inhaled corticosteroid (ICS) used in combination with a long-acting inhaled beta-2 agonist (LABA), and documentation that reslizumab will be used in conjunction with maintenance ICS/LABA therapy.
- II. Documentation that the patient's asthma symptoms are poorly controlled despite therapy AND meets at least one of the following criteria 1 through 4:
 - A. Poor symptom control (e.g., Asthma Control Questionnaire [ACQ] score consistently greater than 1.5 or Asthma Control Test [ACT] score consistently less than 20)
 - B. Two or more asthma exacerbations requiring systemic corticosteroids within the past 12 months.
 - C. One or more asthma exacerbations requiring emergency treatment (i.e., hospitalization, mechanical ventilation, emergency room visit) within the past 12 months.
 - D. Worsening asthma when oral corticosteroids are tapered.
 - E. Baseline forced expiratory volume in one second (FEV1) < 80% predicted.
- III. Minimum age requirement: 18 years old.
- IV. Treatment must be prescribed by or in consultation with an allergist, immunologist, or pulmonologist.
- V. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- VI. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Treatment of other eosinophilic conditions.
- Treatment of acute bronchospasm or status asthmaticus.
- Concurrent use with other monoclonal antibodies (i.e., Xolair (omalizumab), Dupixent (dupilumab), Fasenra (benralizumab), Nucala (mepolizumab), Tezspire (tezepelumab)).
- Emergency treatment of allergic reactions, including anaphylaxis.

OTHER CRITERIA

- Reslizumab is available in 100 mg per 10 mL vials.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 3 mg/kg once every 4 weeks by intravenous infusion.

APPROVAL LENGTH

- **Authorization:** 6 months.
- **Re-Authorization:** 12 months, with updated letter of medical necessity or progress notes showing that current medical necessity criteria are met and that the medication is effective.

APPENDIX

N/A

REFERENCES

1. Cinqair®. Prescribing information. Teva; February 2024. Accessed July 28, 2024. <https://www.cinqair.com/globalassets/cinqair/prescribinginformation.pdf>.
2. Expert Panel Working Group of the National Heart, Lung, and Blood Institute (NHLBI) administered and coordinated National Asthma Education and Prevention Program Coordinating Committee (NAEPCC), Cloutier MM, Baptist AP, et al. 2020 Focused updates to the asthma management guidelines: A report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group [published correction appears in *J Allergy Clin Immunol*. 2021 Apr;147(4):1528-1530]. *J Allergy Clin Immunol*. 2020;146(6):1217-1270. doi:10.1016/j.jaci.2020.10.003
3. Global Initiative for Asthma. Difficult-to-treat & severe asthma in adolescent and adult patients: diagnosis and management V4.0. August 2023. Accessed October 15, 2023. <https://ginasthma.org/severeasthma/>

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.