

Cinqair® (reslizumab)

When requesting Cinqair® (reslizumab), the individual requiring treatment must be diagnosed with an FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-Approved Indication

Cinqair is indicated for the add-on maintenance treatment of patients with severe asthma aged 18 years and older with an eosinophilic phenotype.

Coverage Guidelines

Severe Asthma with an Eosinophilic Phenotype

Initial authorization:

The individual must meet **all** of the following criteria for approval:

- Has a blood eosinophil count of greater than or equal to 400 cells per microliter within the previous 4 weeks *or* within 4 weeks prior to treatment with any anti-interleukin-5 therapy (e.g., Fasenra, Nucala)
- Has received at least 3 consecutive months of following combination therapy:
 - o An inhaled corticosteroid (ICS) [e.g., Flovent Diskus/HFA, Arnuity, Ellipta, Qvar/Qvar RediHaler]; AND an anti-interleukin-5 therapy (e.g., Fasenra, Nucala)

OR

- o An inhaled corticosteroid (ICS) [e.g., Flovent Diskus/HFA, Arnuity, Ellipta, Qvar/Qvar RediHaler]; AND at least one additional asthma controller/maintenance medication (e.g., inhaled long-acting beta₂ agonist (LABA) [e.g., Serevent Diskus]; inhaled long-acting muscarinic antagonist (LAMA) [e.g., Spiriva]; leukotriene receptor antagonist (LTRA) [e.g., montelukast, zafirlukast]; theophylline)

OR

- o A combination inhaler containing both an inhaled corticosteroid and a long-acting beta₂ agonist (e.g., Symbicort, Advair, Dulera)
- Patient's asthma is uncontrolled defined by ONE of the following:
 - o Has experienced two or more asthma exacerbations requiring treatment with systemic corticosteroids in the previous year; OR

- o Has experienced one or more asthma exacerbations requiring hospitalization or an Emergency Department (ED) visit in the previous year; OR
- o Has a forced expiratory volume in 1 second (FEV₁) less than 80% predicted; OR
- o Has an FEV₁/forced vital capacity (FVC) less than 0.80; OR
- o Asthma worsens upon tapering of oral corticosteroids therapy
- Is 18 years of age or older
- Cinqair is prescribed by or in consultation with an allergist, immunologist, or pulmonologist

Reauthorization:

The individual must meet **all** of the following criteria for approval:

- Has already received at least 6 months of Cinqair therapy (*NOTE: Patients who have received less than 6 months of therapy or those who are restarting therapy with Cinqair should be considered under initial criteria*)
- Continues to receive therapy with one inhaled corticosteroid (ICS) or on ICS-containing combination inhaler (e.g., Flovent Diskus/HFA, ArmonAir, RespiClick, Arnuity)
- Has responded to Cinqair therapy (e.g., decreased asthma exacerbations; decreased asthma symptoms; decreased hospitalizations, emergency room visits, or physician visits due to asthma; decreased requirement for oral corticosteroids therapy)

Approval duration (initial): 6 months

Approval duration (renewal): 12 months

Dosing Guidelines

The recommended dose of Cinqair is 3 mg/kg once every 4 weeks by intravenous infusion.

References

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17. Markowitz JE, Jobe L, Miller M, et al. Safety and efficacy of reslizumab for children and adolescents with eosinophilic esophagitis treated over nine years. *J Pediatr Gastroenterol Nutr*. 2018;66(6):893-897..
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19. Murphy K, Jacobs J, Bjermer L, et al. Long-term safety and efficacy of reslizumab in patients with eosinophilic asthma. *J Allergy Clin Immunol Pract*. 2017;5(6):1572-1581.
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