Prior Authorization Review Panel

CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	**Submission Date**: **2/1/2019**
Policy Number: PA.CP.PHAR.223	**Effective Date: 01/2018** **Revision Date: 01/16/2019**
Policy Name: Reslizumab (Cinqair)	**HC Approval Date:**

Type of Submission – Check all that apply:

- ☐ **New Policy**
- ✓ **Revised Policy***
- ☐ **Annual Review – No Revisions**
- ☐ **Attestation of HC PARP Policy –** *This option should only be used during Readiness Review for Community HealthChoices. The policy must be identical to the PARP approved policy for the HealthChoices Program, with the exception of revisions/clarifications adding the term "Community HealthChoices" to the policy.*

***All revisions to the policy must be highlighted using track changes throughout the document.**

Please provide any changes or clarifying information for the policy below:

1Q 2019 annual review: added option for immunologist prescribing; removed smoking cessation program requirements as this cannot be enforced; added "Acute bronchospasm or status astmaticus" to section III as indications for which coverage is not authorized per PI; removed non-objective examples of positive response for continuation of therapy; references reviewed and updated.

Name of Authorized Individual (Please type or print): **Francis G. Grillo, MD**	**Signature of Authorized Individual:**

Clinical Policy: Reslizumab (Cinqair)

Reference Number: PA.CP.PHAR.223
Effective Date: 01/18
Last Review Date: 01/19

Coding Implications
Revision Log

Description
Reslizumab (Cinqair®) is a humanized interleukin-5 antagonist monoclonal antibody (IgG1 kappa).

FDA Approved Indication(s)
Cinqair is indicated for add-on maintenance treatment of patients with severe asthma aged 18 years and older, and with an eosinophilic phenotype.

Limitation(s) of use: Cinqair is not indicated for treatment of other eosinophilic conditions. Cinqair is not indicated for the relief of acute bronchospasm or status asthmaticus.

Policy/Criteria
It is the policy of Pennsylvania Health and Wellness® that Cinqair is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria:

A. Severe Asthma (must meet all):

1. Diagnosis of asthma;
2. Prescribed by or in consultation with an allergist, immunologist, or pulmonologist;
3. Age ≥ 18 years;
4. Member has an absolute blood eosinophil count ≥ 400 cells/mcL within the past 3 months;
5. Member has experienced any of the following within the last 12 months
    a. Symptoms: >2 days/week
    b. Nighttime awakening:1−3x/week
    c. Interference with normal activity: some limitation
    d. Short-acting beta2-agonist use for symptom control: >2 days/week
    e. FEV1or peak flow: 60−80% predicted/personal best
    f. Validated Questionnaires
        i. ATAQ: 1-2
        ii. ACQ: ≥1.5
        iii. ACT: 16-19,

despite adherent use of controller therapy (i.e., high dose inhaled corticosteroid [ICS] plus either a long acting beta-2 agonist [LABA] or leukotriene modifier [LTRA] if LABA contraindication/intolerance);

6. Cinqair is prescribed concomitantly with an ICS plus either an LABA or LTRA;
7. Dose does not exceed 3 mg/kg once every 4 weeks.

Approval duration: 6 months

B. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Approval

A. Severe Asthma (must meet all)**:**
1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Demonstrated adherence to asthma controller therapy that includes an ICS plus either an LABA or LTRA;
3. Member is responding positively to therapy;
4. If request is for a dose increase, new dose does not exceed 3mg/kg once every 4 weeks.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies; or
2. Refer to PA.CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – CP.PMN.53 or evidence of coverage documents;
B. Acute bronchospasm or status asthmaticus.

Background

Description/Mechanism of Action:
Reslizumab is a humanized interleukin-5 (IL-5) antagonist monoclonal antibody (IgG4k) produced by recombinant DNA technology in murine myeloma non-secreting 0 (NS0) cells. IL-5 is the major cytokine responsible for the growth and differentiation, recruitment, activation, and survival of eosinophils. Reslizumab binds to and inhibits the bioactivity of IL-5 by blocking its binding to the alpha chain of the IL-5 receptor complex expressed on the eosinophil surface. Inflammation is an important component in the pathogenesis of asthma. Multiple cell types (e.g., mast cells, eosinophils, neutrophils, macrophages, lymphocytes) and mediators (e.g., histamine, eicosanoids, leukotrienes, and cytokines) are involved in inflammation. Reslizumab, by inhibiting IL-5 signaling, reduces the production and survival of eosinophils; however, the mechanism of reslizumab action in asthma has not been definitively established.

Formulations:
Cinqair (reslizumab) injection is supplied in a 100 mg/10 mL (10 mg/mL) single-use vial.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

GINA: Global Initiative for Asthma
ICS: inhaled corticosteroid
FDA: Food and Drug Administration
LABA: long-acting beta-agonist
LTRA: leukotriene modifier

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
ICS (medium – high dose)		
Qvar® (beclomethasone)	> 200 mcg/day 40 mcg, 80 mcg per actuation 1-4 actuations BID	4 actuations BID
budesonide (Pulmicort®)	> 400 mcg/day 90 mcg, 180 mcg per actuation 2-4 actuations BID	2 actuations BID
Alvesco® (ciclesonide)	> 160 mcg/day 80 mcg, 160 mcg per actuation 1-2 actuations BID	2 actuations BID
Aerospan® (flunisolide)	> 320 mcg/day 80 mcg per actuation 2-4 actuations BID	2 actuations BID
Flovent® (fluticasone propionate)	> 250 mcg/day 44-250 mcg per actuation 2-4 actuations BID	2 actuations BID
Arnuity Ellipta® (fluticasone furoate)	200 mcg/day 100 mcg, 200 mcg per actuation 1 actuation QD	1 actuation QD
Asmanex® (mometasone)	>220 mcg/day HFA: 100 mcg, 200 mcg per actuation Twisthaler: 110 mcg, 220 mcg per actuation 1-2 actuations QD to BID	2 inhalations BID
LABA		
Serevent® (salmeterol)	50 mcg per dose 1 inhalation BID	1 inhalation BID
Combination products (ICS + LABA)		
Dulera® (mometasone/ formoterol)	100/5 mcg, 200/5 mcg per actuation 2 actuations BID	4 actuations per day
Breo Ellipta® (fluticasone/vilanterol)	100/25 mcg, 200/25 mcg per actuation 1 actuation QD	1 actuation QD
Advair® (fluticasone/ salmeterol)	Diskus: 100/50 mcg, 250/50 mcg, 500/50 mcg per actuation HFA: 45/21 mcg, 115/21 mcg, 230/21 mcg per actuation 1 actuation BID	1 actuation BID
fluticasone/salmeterol (Airduo RespiClick®)	55/13 mcg, 113/14 mcg, 232/14 mcg per actuation	1 actuation BID

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
	1 actuation BID	
Symbicort® (budesonide/ formoterol)	80 mcg/4.5 mcg, 160 mcg/4.5 mcg per actuation 2 actuations BID	2 actuations BID
LTRA		
montelukast (Singulair®)	4 to 10 mg PO QD	10 mg per day
zafirlukast (Accolate®)	10 to 20 mg PO BID	40 mg per day
zileuton ER (Zyflo® CR)	1200 mg PO BID	2400 mg per day
Zyflo® (zileuton)	600 mg PO QID	2400 mg per day
Oral corticosteroids		
dexamethasone (Decadron®)	0.75 to 9 mg/day PO in 2 to 4 divided doses	Varies
methylprednisolone (Medrol®)	40 to 80 mg PO in 1 to 2 divided doses	Varies
prednisolone (Millipred®, Orapred ODT®)	40 to 80 mg PO in 1 to 2 divided doses	Varies
prednisone (Deltasone[c])	40 to 80 mg PO in 1 to 2 divided doses	Varies

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): hypersensitivity
- Boxed warning(s): none reported

Appendix D: General Information

- Cinqair is not indicated for treatment of other eosinophilic conditions or relief of acute bronchospasm or status asthmaticus.
- Asthma exacerbations (primary endpoint) was defined as 1) use of systemic steroid, or ≥ 2-fold increase in the use of ICS for 3 or more days; 2) asthma related emergency treatment by nebulizer, a visit to the emergency department (ED) or asthma related hospitalization.
- Controller medications are: inhaled glucocorticoids (Flovent, Pulmicort, Qvar, Asmanex), long-acting beta-agonists (LABAs) such as salmeterol, formoterol, or vilanterol, and antileukotriene agents (montelukast [Singulair], zafirlukast [Accolate] or Zyflo [zileuton]). Theophylline is also a controller agent; however, it is not as efficacious as LABAs.
- Patients could potentially meet criteria for both Xolair® and Cinqair. The combination has not been studied. Approximately 30% of patients in the Nucala® study also were candidates for therapy with Xolair.
- Positive response to therapy for asthma may include reduction in exacerbations or corticosteroid dose, improvement in forced expiratory volume over one second since baseline, or reduction in the use of rescue therapy.

IV. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Severe asthma	3 mg/kg IV every 4 weeks Cinqair should be administered in a healthcare setting by a healthcare professional prepared to manage anaphylaxis.	3 mg/kg every 4 weeks

V. Product Availability

Single-use vial: 100 mg/10 mL solution

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J2786	Injection, reslizumab, 1 mg

Reviews, Revisions, and Approvals	Date	Approval Date
References reviewed and updated.	02/18	
1Q 2019 annual review: added option for immunologist prescribing; removed smoking cessation program requirements as this cannot be enforced; added "Acute bronchospasm or status astmaticus" to section III as indications for which coverage is not authorized per PI; removed non-objective examples of positive response for continuation of therapy; references reviewed and updated.	01/19	

References

1. Cinqair prescribing information. Frazer, PA: Teva Pharmaceutical Industries Ltd.; May 2016. Available at http://www.cinqair.com/pdf/PrescribingInformation.pdf. Accessed October 23, 2018.
2. National Asthma Education and Prevention Program: Expert panel report III: Guidelines for the diagnosis and management of asthma. Bethesda, MD: National Heart, Lung, and Blood Institute, 2007. (NIH publication no. 08-4051). Available at http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines. Accessed November 2017.
3. Corren J, Weinstein S, Janka L, Zangrilli J, Garin M. Phase 3 study of reslizumab in patients with poorly controlled asthma: effects across a broad range of eosinophil counts. *Chest.* 2016; 150(4): 799-810.

4. Maselli DJ, Velez MI, Rogers L. Reslizumab in the management of poorly controlled asthma: The data so far. *Journal of Asthma and Allergy.* August 31, 2016; 9: 155-162.
5. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2017. Available at: http://www.clinicalpharmacology.com. Accessed October 23, 2018.
6. Global Initiative for Asthma: Global strategy for asthma management and prevention (2018 update). Available at: https://ginasthma.org/2018-gina-report-global-strategy-for-asthma-management-and-prevention/. Accessed November 13, 2018.