Cinqair® (reslizumab) (Intravenous)

I. Length of Authorization

Coverage is provided for 6 months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC unit]:
   - Cinqair 100 mg single-use vial: 4 vials every 28 days

B. Max Units (per dose and over time) [HCPCS Unit]:
   - 345 billable units every 4 weeks

III. Initial Approval Criteria

Coverage is provided in the following conditions:

• Patient is at least 18 years of age; AND

Universal Criteria

• Will not be used in combination with other anti-IgE, anti-IL4, or anti-IL5 monoclonal antibody (e.g., omalizumab, mepolizumab, benralizumab, dupilumab, etc.); AND

• Must NOT be used for either of the following:
  o Treatment of other eosinophilic conditions (e.g., allergic bronchopulmonary aspergillosis/mycosis, Churg-Strauss syndrome, hypereosinophilic syndrome, etc.)
  o Relief of acute bronchospasm or status asthmaticus; AND

Severe Asthma

• Patient must have severe* disease; AND

• Patient must have asthma with an eosinophilic phenotype indicated by blood eosinophils ≥ 400 cells/μL within 4 weeks of dosing; AND

• Must be used for add-on maintenance treatment in patients regularly receiving BOTH of the following:
- Medium to high-dose inhaled corticosteroids; **AND**
- An additional controller medication (e.g., long acting beta agonist, leukotriene modifiers, etc.); **AND**

- Patient must have two or more exacerbations in the previous year requiring daily oral corticosteroids for at least 3 days (in addition to the regular maintenance therapy defined above); **AND**

- Baseline measurement of at least one of the following for assessment of clinical status:
  - Use of systemic corticosteroids
  - Use of inhaled corticosteroids
  - Number of hospitalizations, ER visits, or unscheduled visits to healthcare provider due to condition
  - Forced expiratory volume in 1 second (FEV₁)

*Components of severity for classifying asthma as severe may include any of the following (not all inclusive):*²,⁷

- Symptoms throughout the day
- Nighttime awakenings, often 7x/week
- SABA use for symptom control occurs several times per day
- Extremely limited normal activities
- Lung function (percent predicted FEV₁) <60%
- Exacerbations requiring oral systemic corticosteroids are generally more frequent and intense relative to moderate asthma

† FDA approved Indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

### IV. Renewal Criteria ¹,⁵,⁶

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III: **AND**

- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: malignancy, parasitic (helminth) infection, and anaphylaxis (e.g., dyspnea, decreased oxygen saturation, wheezing, vomiting, skin and mucosal involvement, urticaria), etc.: **AND**
  - Improvement in asthma symptoms or asthma exacerbations as evidenced by a decrease in one or more of the following:
    - Use of systemic corticosteroids
    - Two-fold or greater decrease in inhaled corticosteroid use for at least 3 days
    - Hospitalizations
    - ER visits
    - Unscheduled visits to healthcare provider: **OR**
  - Improvement from baseline in forced expiratory volume in 1 second (FEV₁)

### V. Dosage/Administration ¹

<table>
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<tr>
<th>Indication</th>
<th>Dose</th>
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Moda Health Plan, Inc. Medical Necessity Criteria
Severe Asthma with an eosinophilic phenotype: 
Administer 3 mg/kg via intravenous infusion every 4 weeks

VI. Billing Code/Availability Information

HCPCS code:
- J2786 - Injection, reslizumab, 1 mg: 1 billable unit = 1 mg

NDC:
- Cinqair 100 mg/10 mL single-use vial: 59310-0610-xx

VII. References

Appendix 1 – Covered Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>ICD-10 Description</th>
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<tr>
<td>J45.50</td>
<td>Severe persistent asthma, uncomplicated</td>
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<tr>
<td>J82.81</td>
<td>Eosinophilic pneumonia, NOS</td>
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<tr>
<td>J82.82</td>
<td>Acute eosinophilic pneumonia</td>
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<tr>
<td>J82.83</td>
<td>Eosinophilic asthma</td>
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<tr>
<td>J82.89</td>
<td>Other pulmonary eosinophilia, not elsewhere classified</td>
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Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologics. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

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