Blue Cross Blue Shield Blue Care Network of Michigan

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Effective Date: 10/03/2024

Cinqair® (reslizumab)

HCPCS: J2786

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
   a. FDA approved age
   b. FDA approved indication
   c. Patient is currently receiving, and will continue to receive standard of care regimen
   d. Severe eosinophilic asthma identified by:
      i. Blood eosinophils greater than or equal to 150 cells/microliter at initiation of treatment
   e. Chronic administration of systemic corticosteroids or high dose inhaled corticosteroids (listed in table 1) in combination with
      i. Long acting inhaled β2 agonist modifier for at least 3 months fails to maintain adequate control
      OR
      ii. leukotriene modifier for at least 3 months fails to maintain adequate control
      OR
      iii. LAMA (long acting muscarininc antagonists) in adults and children ≥ 12 years old for at least 3 months fails to maintain adequate control
   f. History of treatment failure, intolerance or contraindication to at least a 4 month trial of Fasenra® or Nucala®
   g. History of treatment failure, intolerance or contraindication to at least a 4 month trial of Dupixent®
   h. Not to be used in combination with other biologics or targeted DMARDs immunosuppressants for the same indication
   i. Trial and failure, contraindication, OR intolerance to the preferred products as listed in BCBSM/BCN's utilization management medical drug list

B. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limits: Align with FDA recommended dosing
   b. Authorization Period: One year at a time.
   c. Renewal Criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Cinqair is an interleukin-5 (IL5) antagonist monoclonal antibody (IgG4, kappa) indicated for add-on maintenance treatment of patients with severe asthma aged 12 years and older, and with an eosinophilic phenotype.

- Eosinophilic asthma is a sub phenotype of severe asthma characterized by elevated sputum and blood eosinophil levels as well as increased asthma severity, atopy, late-onset disease, and steroid refractoriness.

- Severe asthma requires treatment with high dose inhaled corticosteroids (ICS) plus a second controller (and/or systemic corticosteroids) to prevent it from becoming uncontrolled or which remains uncontrolled despite therapy. Add-on treatment for severe asthma includes LAMA, leukotriene receptor antagonist (LTRA), low dose azithromycin (adults) and biologic agents for severe allergic or severe type 2 asthma. Type 2 inflammation is found in majority of the of people with severe asthma and characterized by production of cytokines such as interleukin. Anti-IL5 monoclonal antibodies (Cinqair, Nucala, and Fasenra) specifically target the formation of eosinophils and deplete blood eosinophil levels.

- Add-on treatments for severe asthma include LAMAs, LTRA, low dose azithromycin (adults), and biologic agents for severe allergic or severe type 2 asthma. Type 2 inflammation is found in a majority of people with severe asthma and is characterized by the production of cytokines such as interleukin (IL). The Global Institute for Asthma (GINA) 2022 guidelines have the following recommendations for add-on biologic therapy for severe asthma:

    - Add-on anti-immunoglobulin E (anti-IgE) (omalizumab) treatment: for patients aged ≥6 years with moderate or severe allergic asthma that is uncontrolled on Step 4–5 treatment (Evidence A).

    - Add-on anti-interleukin-5/5R treatment (subcutaneous mepolizumab for patients aged ≥6 years; intravenous reslizumab for ages ≥18 years or subcutaneous benralizumab for ages ≥12 years), with severe eosinophilic asthma that is uncontrolled on Step 4–5 treatment. Efficacy data for mepolizumab in children 6–11 years are limited to one very small open label uncontrolled study.

    - Add-on anti-interleukin-4Rα treatment (subcutaneous dupilumab) for patients aged ≥6 years with severe eosinophilic/Type 2 asthma, or for adults or adolescents requiring treatment with maintenance oral corticosteroids.

    - Add-on anti-thymic stromal lymphopoietin (anti-TSLP) (subcutaneous tezepelumab): for patients aged ≥12 years with severe asthma (Evidence A).

- Per the GINA 2023 guidelines, a trial of at least 4 months of an add-on biologic therapy is recommended before assessing response.

- A peripheral blood eosinophil count is an indirect way to estimate airway inflammation. A blood eosinophil count ≥ 300 cells/microliter may help to predict asthmatics who are at increased risk for exacerbations in the next year. Furthermore, a count-response relation exists between blood eosinophil counts and asthma-related outcomes. The European Respiratory Society/American Thoracic Society guidelines from 2020 suggest that treatment of severe asthma be guided by clinical criteria and biomarkers such as blood eosinophil levels or fractional exhaled nitric oxide (FeNO), rather than by clinical criteria alone. In addition, it also suggests that a blood eosinophil count cut-off point of

≥ 150 cells/microliter can be used to guide anti-IL5 initiation in adult patients with severe asthma and a history of prior asthma exacerbations.

- Efficacy of Cinqair was evaluated versus placebo in four randomized, double-blind placebo-controlled trials of up to 52 weeks in a total of 981 patients.
    - In Studies I and II, the primary endpoint was the frequency of clinically significant exacerbations of asthma. Patients receiving Cinqair 3 mg/kg once every 4 weeks experienced significantly fewer exacerbations in comparison to patients receiving placebo.
    - Exacerbations requiring the use of a systemic corticosteroid as well as exacerbations resulting in hospitalization or an emergency room visit were each reduced with Cinqair 3 mg/kg.
    - In Studies III and IV, the primary endpoint was forced expiratory volume in one second (FEV1). Patients receiving Cinqair showed a significant improvement in lung function through changes in FEV1.
- Review response to biologic therapy after 3-4 months of treatment. If the patient had a good response, the need for each medication should re-evaluated, but do not completely stop inhaled therapy. Consider gradually decreasing or stopping oral steroids first.

References:

1. Cinqair® [package insert]. Frazer, PA: Teva Pharmaceutical Industries Ltd; February 2020.
2. Bleecker ER, Fitzgerald JM, Chanez P, et al. Efficacy and safety of Fasenra for patients with severe asthma uncontrolled with high-dosage inhaled corticosteroids and long-acting β2-agonists (SIROCCO): a randomized, multicenter, placebo-controlled phase 3 trial. Lancet. 2016;388:2115-2127.
3. FitzGerald JM, Bleecker ER, Nair P, et al. Benralizumab, an anti-interleukin-5 receptor α monoclonal antibody, as add-on treatment for patients with severe, uncontrolled, eosinophilic asthma (CALIMA): a randomized, double-blind, placebo-controlled phase 3 trial. Lancet. 2016;388:2128-2141.
4. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2023. Available from: www.ginasthma.org.
5. Holguin F, Cardet JC, Chung KF, et al. Management of severe asthma: a European Respiratory Society/American Thoracic Society guideline. Eur Respir J 2020; 55.

Table 1: Comparative cumulative daily dosing of inhaled corticosteroids (mcg/day)

Inhaled Corticosteroid	Ages 12 and Up			Ages 6-11		
	Low Dose	Medium Dose	High Dose	Low Dose	Medium Dose	High Dose
Beclometasone dipropionate HFA	100 – 200	>200 – 400	>400	50 – 100	>100 – 200	>200
Budesonide DPI	200 – 400	>400 – 800	>800	100 – 200	>200 – 400	>400
Budesonide nebules	NA	NA	NA	250 – 500	>500 – 1,000	>1,000
Ciclesonide HFA	80 – 160	>160 – 320	>320	80	>80 – 160	>160
Fluticasone furoate DPI	100	NA	200	NA	NA	NA
Fluticasone propionate DPI	100 – 250	>250 – 500	>500	100 – 200	>200 – 400	>400
Fluticasone propionate HFA	100 – 250	>250 – 500	>500	100 – 200	>200 – 500	>500
Mometasone furoate	110 – 220	>220 – 440	>440	110	≥220 - <440	≥440
Triamcinolone acetonide	400 – 1,000	>1,000 – 2,000	>2,000	400 – 800	>800 – 1,200	>1,200

Policy History		
#	Date	Change Description
2.8	Effective Date: 10/03/2024	Changed the "Cannot be used in combination with other biologics for asthma" criteria to "Not to be used in combination with other biologics or targeted DMARDs for the same indication"
2.7	Effective Date: 04/11/2024	Annual review of criteria was performed, no changes were made
2.6	Effective Date: 04/06/2023	Updated to require a 4 month trial of guidline supported pharmacy benefit alterniatives
2.5	Effective Date: 10/06/2022	Annual review of criteria was performed, no changes were made
2.4	Effective Date: 10/07/2021	Updated LABA and LAMA requirement to LABA or LAMA
2.3	Effective Date: 06/10/2021	Criteria document created and criteria aligned between all biologic asthma agents. The criteria for asthma was previously part of the Biologics for Asthma Policy which will be retired after this P&T.
2.2	Effective Date: 08/13/2020	Criteria updated for Fasenra
2.1	Effective Date: 4/16/2020	Critieria update for step therapy to reference dosing chart for inhaled corticosteroids.
2.0	Effective Date: 12/05/2019	Updated policy criteria to include Fasenra self-administered product
1.9	Effective Date: 11/7/2019	Criteria update to authorization period and include FDA approved age
1.8	Effective Date: 08/15/2019	Updated criteria to account for new self-injectable Nucala formulation
1.7	Effective Date: 02/14/2019	Criteria update

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<tr><td>1.6</td><td>Effective Date: 11/01/2018</td><td>Update Criteria</td></tr>
<tr><td>1.5</td><td>Effective Date: 02/12/2018</td><td>UM medical management system update for MAPPO and BCNA
<table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>Yes</td></tr><tr><td>BCNA</td><td>Yes</td></tr></table></td></tr>
<tr><td>1.4</td><td>Effective Date: 02/08/2018</td><td>Annual Review of Medical Policy</td></tr>
<tr><td>1.3</td><td>Effective Date: 02/09/2017</td><td>Update Criteria</td></tr>
<tr><td>1.2</td><td>Effective Date: 08/11/2016</td><td>New Criteria</td></tr>
<tr><td>1.1</td><td>Effective Date: 06/01/2016</td><td>UM medical management system update for BCBSM and BCN
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<tr><td>1.0</td><td>Effective Date: 02/11/2016</td><td>Preliminary Criteria</td></tr>
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** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm*