SPECIALTY GUIDELINE MANAGEMENT

CINQAIR (reslizumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

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.

Limitations of Use:

- Not for treatment of other eosinophilic conditions
- Not for the relief of acute bronchospasm or status asthmaticus

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Authorization of 12 months may be granted for treatment of asthma when all of the following criteria are met:

- A. Member is 18 years of age or older.
- B. Member has baseline blood eosinophil count of at least 400 cells per microliter.
- C. Member has inadequate asthma control (e.g., hospitalization or emergency medical care visit within the past year) despite current treatment with both of the following medications at optimized doses:
 - 1. Inhaled corticosteroid
 - 2. Additional controller (long acting beta₂-agonist, leukotriene modifier, or sustained-release theophylline)

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for treatment of asthma when all of the following criteria are met:

- A. Member is 18 years of age or older.
- B. Asthma control has improved on Cinqair treatment as demonstrated by a reduction in the frequency and/or severity of symptoms and exacerbations.

IV. REFERENCES

- 1. Cinqair [package insert]. Frazer, PA: Teva Pharmaceuticals, Inc.; May 2016.
- 2. Castro M, Zangrilli J, Wechsler ME, et al. Reslizumab for inadequately controlled asthma with elevated blood eosinophil counts: results from two multicentre, parallel, double-blind, randomised, placebo-controlled, phase 3 trials. *Lancet Respir Med.* 2015;3(5):355-366.

Cinqair 1654-A SGM P2018a

© 2018 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.



Reference number(s) 1654-A

3. Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention. 2018 update. http://ginasthma.org/2018-gina-report-global-strategy-for-asthma-management-and-prevention/. Accessed March 23, 2018.

Cinqair 1654-A SGM P2018a

pharmaceutical manufacturers that are not affiliated with CVS Caremark.

© 2018 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of