RESLIZUMAB (Cinqaero®) PROTOCOL FOR THE TREATMENT OF SEVERE REFRACTORY EOSINOPHILIC ASTHMA

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INDICATION FOR USE: [1]

TREATMENT	INDICATION	ICD10	Protocol Code
Reslizumab (Cinqaero®)	Reslizumab (Cinqaero®) is indicated as add-on therapy in adult patients with severe eosinophilic asthma inadequately controlled despite high-dose inhaled corticosteroids plus another medicinal product for maintenance treatment.	J82.83	**RESP003**

TREATMENT: [1]

DRUG	DOSE	ROUTE	CYCLE	DURATION OF THERAPY
Reslizumab	*Patients **between** 35 kg and 199 kg:* dose is achieved using the vial based dosing system, see SmPC for further details. *Patients **below** 35 kg or **above** 199 kg*: 3 mg / kg	Intravenous infusion	Every 4 weeks	Long-term treatment
The need for continued therapy should be considered at least on an annual basis as determined by physician assessment of the patient's disease severity and level of control of exacerbations				

ELIGIBILITY: [2]

- Confirmed diagnosis of Severe Refractory Eosinophilic Asthma by a respiratory physician, specialising in severe asthma.
- Patient has been fully adherent to maintenance therapy assessed using the following criteria:
  - Adherence to maintenance therapy
  - Inhaler technique assessed AND has the patient been educated on inhaler use.
  - Compliance assessed by 3 consecutive monthly visits to clinical specialist nurse with adherence advice, PEFR diary and reported asthma outcomes.
    OR if performed
  - Patient is adherent with prescribed therapy confirmed by INCA device over 3 months.
- Blood eosinophil count:
  - Greater than or equal to 400 cells/microlitre (0.4×10^9 per Litre) in previous 12months
    OR
  - In patients on longterm maintenance oral corticosteroids (OCS) with an eosinophil count less than 400 cells/microlitre (0.4×10^9 per Litre); a pre-OCS eosinophil level should be used to confirm eosinophilic phenotype. (*Concensus recommendation of Severe Asthma Advisory Group)*
- Exacerbation rate:
  - 1 or more exacerbations requiring systemic corticosteroids in the previous 12months.
- The company provides reslizumab at the commercial in confidence price agreed with the HSE.

***NOTE:** In clinical studies for anti-IL5 therapies the extent to which exacerbation rates were reduced increased in patients with higher blood eosinophil levels and with greater exacerbation history.*

CONTRAINDICATIONS: [1]

- Hypersensitivity to reslizumab or to any of the excipients in the formulation.

EXCLUSIONS FOR FUNDING:

- Patients less than 18 years of age
- Patients treated with omalizumab (Xolair®) within the past year
- Patients who do not meet the eligibility criteria above

STOPPING CRITERIA: [2]

Response to therapy should be reviewed by the treating physician at 3 monthly intervals. A definitive decision to continue therapy should be made at 12months of treatment based on disease severity and level of exacerbation control:

- Stop anti-IL5 therapy if asthma has not responded adequately to treatment.
- An adequate response is defined as:
    - A clinically meaningful reduction in the number of asthma exacerbations requiring systemic corticosteroids or hospitalisation.
      OR
    - A clinically significant reduction in continuous OCS use while maintaining improved asthma control.

USE WITH CAUTION:

Refer to SmPC for up to date information

TESTS:

Baseline measurements / tests:

- Inhaler technique and compliance
- Blood eosinophil count
- Number of exacerbations in previous 12 months
- Continuous OCS use in previous 6 months
- Smoking status
- IgE

Regular measurements / tests:

- Inhaler technique and compliance
- Smoking status
- Number of GP visits for asthma related incidents
- Number of exacerbations requiring hospitalisation
- Number of exacerbations requiring hospital visit but not admission

Disease monitoring:

Disease monitoring should be in line with the patient's treatment plan and any other test/s as directed by the supervising Consultant

DOSE MODIFICATIONS: [1]

Dose adjustments are not recommended

Renal and Hepatic Impairment:

No dose adjustment is required for patients with renal or hepatic impairment

SUPPORTIVE CARE: [1]

Pre-medications: None

Take home medications: None

ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS: [1]

The adverse effects listed are not exhaustive. Please refer to the Summary of Product Characteristics for full details.

Increased blood creatine phosphokinase (approximately 2 % of patients) were transient and asymptomatic, and did not lead to treatment discontinuation.

Anaphylactic reaction (less than 1% of patients)

Myalgia was reported in 0.97% of patients

Malignancies In placebo-controlled clinical studies, 6 out of 1,028 patients (0.6%) receiving 3 mg/kg reslizumab had at least one malignant neoplasm reported compared to 2 out of 730 patients (0.3%) in the placebo group. The malignancies observed in reslizumab-treated patients were diverse in nature and without clustering of any particular tissue type.

OTHER INFORMATION:

- Reslizumab should not be used to treat acute asthma exacerbations.

Outcome Monitoring and Reporting:

- The clinical trials demonstrated a reduction in clinically significant exacerbations of asthma. In order to measure this in the real world setting the collection of these outcomes is required.
- A data collection form has been provided for assessment of these outcomes at baseline and at each infusion visit. HSE funding is dependent on return of these outcomes.

DRUG INTERACTIONS:

Current drug interaction databases should be consulted for more information.

ATC CODE:

Reslizumab R03DX08

REIMBURSEMENT CATEGORY:

Hospital Reimbursement via Rosetta

PRESCRIPTIVE AUTHORITY:

The treatment plan must be initiated by a Consultant Respiratory physician, within an asthma centre who specialises in severe asthma as outlined by the *Briefing Paper: National Severe Asthma Network 2015 (Sub-group of National Clinical Programme for Respiratory Medicine).*[2]

REFERENCES:

1. European Medicines Agency. (2022). CINQAERO 10 mg/mL concentrate for solution for infusion Available online at: https://www.ema.europa.eu/en/documents/product-information/cinqaero-epar-product-information_en.pdf. Accessed 24.02.2022
2. *Briefing Paper: National Severe Asthma Network 2015 (Sub-group of National Clinical Programme for Respiratory Medicine).*
3. 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.