Ascension
Personalized Care

Ascension

Reslizumab

(Cinqair®) J2786

Covered with prior authorization

Reslizumab (Cinqair®) may be authorized when the following criteria are met:

- Individual is ≥ 18 years of age; **AND**
- Adult individual with severe asthma that is not controlled on at least medium-dose inhaled corticosteroid (ICS) + at least one controller drug ± oral corticosteroids with evidence of eosinophilic inflammation; **AND**
- Adult asthma individuals with peripheral blood eosinophils ≥150 cells/mcL (however typically reserved for individuals with peripheral blood eosinophils ≥400 cells/mcL); **AND**
- Dosing is 3 mg/kg once every 4 weeks administered by intravenous infusion over 20-50 minutes. A minimum of 4 months of treatment is suggested to determine efficacy.

Exclusion criteria:

- Pediatric individuals (<age 18);
- Adult asthma individuals with peripheral blood eosinophils <150 cells/mcL;
- Allergic reactions/anaphylaxis to reslizumab (hypersensitivity to reslizumab or any component of the formulation);
- Will not be used in combination with another antiasthmatic monoclonal antibody (for example, Fasenra, Nucala, Xolair);
- Individuals with other eosinophilic conditions (non asthma) or for the relief of acute bronchospasm or status asthmaticus;
- Doses, durations, or dosing intervals that exceed FDA maximum limits for any FDA-approved indication or are not supported by industry-accepted practice guidelines or peer-reviewed literature for the relevant off-label use;
- Individuals with significant known risk factors unless the record provides an assessment of clinical benefit that outweighs the risk.

Initial authorization is up to 12 months.

Continuation requests may be approved if there is confirmation of clinically significant improvement or stabilization in clinical signs and symptoms of the disease. Clinical documentation provided must be from within the most recent 12 months.

Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

U.S. Food and Drug Administration:
This section is to be used for informational purposes. FDA approval alone is not a basis for coverage.

Cinqair® is an interleukin-5 antagonist monoclonal antibody (IgG4 kappa) indicated for

- add-on maintenance treatment of individuals with severe asthma aged 18 years and older, and with an eosinophilic phenotype.

References:

Ascension. (2022, January). *Medical Specialty Respiratory Drug Review for Ascension Personalized Care: SBAR*. Ascension TAG
INITIATIVES - PSWP.
Ascension. (2022, January 21). *Reslizumab (Cinquir®)Criteria for Use*. Ascension TAG INITIATIVES - PSWP.
Cinqair® (reslizumab) Label. (2016, March). Accessdata.fda.gov. Retrieved April 23, 2022, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/761033lbl.pdf
Cinqair® (reslizumab) [prescribing information] West Chester, PA: Teva Respiratory LLC; 02/2020
Hom S, Pisano M. Reslizumab (Cinqair®): an interleukin-5 antagonist for severe asthma of the eosinophilic phenotype. P T. 2017;42(9):564-568.

Criteria History/ Revision Information:

Date	Summary of Changes
January 2022	Medical Specialty Respiratory Drug Review for Ascension Personalized Care SBAR developed by Ambulatory Care Expert Review Panel
January 2022	Approved by Ambulatory Care Steering Committee
February 2022	Approved by Therapeutic Affinity Group
April 2022	Criteria for use summary developed by Ascension Medical Specialty Prior Authorization Team
May 2022	Criteria for use summary approved by Ascension Therapeutic Affinity Group

If you have questions, call 833-980-2352 to speak to a member of the Ascension Rx prior authorization team.

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