SmartHealth

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.**

Developed by: Medical Specialty Prior Authorization Team, April 2022
Approved by: Ambulatory Care Expert Review Panel, April 2022; Therapeutic Affinity Group, May 2022

**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 SmartHealth: 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 SmartHealth 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 or email your questions to smarthealthspecialty@ascension.org.