



Drug Name: Cinqair (reslizumab)

Revised Date: 12/2018

Drug Name:	Cinqair (reslizumab)
Prescriber Restrictions:	Patient is under the care of an Allergist/Pulmonologist.
Age Restrictions:	Patient is at least 18 years of age or older.
Exclusion Criteria:	n/a
Required Medical Information:	<ul style="list-style-type: none"> • Patient has eosinophilic asthma with documentation of a blood eosinophil ≥ 400 cells/ μL within 4 weeks of starting therapy; • Evidence of severe asthma in accordance with national asthma guidelines (such as, symptoms throughout the day, nighttime awakenings (often 7 times a week), SABA use for symptom control occurs several times daily, extremely limited in normal activities, lung function (percent predicted FEV1) less than 60% or exacerbations requiring oral systemic corticosteroids are generally more frequent and intense relative to moderate asthma); • Must be used as add-on maintenance treatment in patients regularly receiving BOTH of the following: High-dose inhaled corticosteroids plus a long-acting beta agonist (LABA) OR high-dose inhaled corticosteroids plus a leukotriene receptor antagonists (LTRA); • Patients must have ONE of the following: <ul style="list-style-type: none"> ▪ The Patient's symptoms are not well controlled or poorly controlled despite an adherent ≥ 2 month trial of high-dose inhaled corticosteroids (ICS) in combination with a long-acting inhaled beta-2 agonist (LABA) or leukotriene modifier or the member is intolerant or has a contraindication to all of these medications; OR ▪ The Patient has experienced ≥ 2 exacerbations in the previous 12 months requiring additional medical treatment (e.g., oral corticosteroids, emergency department or urgent care visits, or hospitalization) despite an adherent ≥ 2 month trial of high-dose inhaled corticosteroids (ICS) in combination with a long-acting inhaled beta-2 agonist (LABA) or leukotriene modifier prior to the exacerbation or the member is intolerant or has a contraindication to all of these medications • Patient is not using in combination with omalizumab (Xolair) or Fasenra (benralizumab) or Mepolizumab (Nucala).
Renewal Criteria	<ul style="list-style-type: none"> • Patient is tolerating treatment; • Patient has clinical documentation of disease stabilization or improvement in asthma symptoms or asthma exacerbations as evidenced by decrease in one or more of the following:: Use of systemic corticosteroids, decrease in inhaled corticosteroid use, hospitalizations,



	ER visits, unscheduled visits to healthcare provider OR Improvement from baseline in forced expiratory volume in 1 second (FEV1); <ul style="list-style-type: none">• Patient is not using in combination with omalizumab (Xolair) or Fasenra (benralizumab) or Mepolizumab (Nucala).•
Note(s)	
Coverage duration:	Initial: 6 months Continuation of therapy: 12 months