Overview
Reslizumab is a humanized interleukin-5 (IL-5) antagonist monoclonal antibody indicated for adults as an add-on maintenance treatment with severe asthma, and with an eosinophilic phenotype.

Cinqair is NOT indicated for treatment of other eosinophilic conditions or for the relief of acute bronchospasm or status asthmaticus

Coverage Guidelines
Authorization may be granted for members who are currently receiving treatment with Cinqair excluding when the product is obtained as samples or via manufacturer’s patient assistance programs OR Authorization may be granted for members with a documented diagnosis of severe asthma with an eosinophilic phenotype and all the following criteria have been met:
1. The member is ≥ 18 years of age
2. The member is not an active smoker
3. The prescriber is an asthma specialist (i.e., allergist, immunologist, pulmonologist)
4. Documentation of an eosinophilic phenotype (i.e., peripheral blood eosinophil count ≥ 300 cells/μL, elevated sputum eosinophils)
5. The member is symptomatic despite receiving one of the following:
   • combination inhaler containing an inhaled corticosteroid and a long-acting β-agonist
   • combination of an inhaled corticosteroid and a long-acting β-agonist inhaler as separate agents
   • chronic oral steroids
6. The prescriber must confirm that Cinqair will be administered only in a healthcare setting
7. The member has at least 1 claim of Nucala (mepolizumab) and supporting documentation indicating that they have had an inadequate response or reaction to Nucala.
8. Dose does not exceed 3mg/kg intravenously every four weeks
9. Cinqair will be used as an add-on maintenance treatment

**Continuation of Therapy**
Reauthorization may be granted when clinical documentation is submitted showing member has been seen and evaluated within the past 12 months and the member has continued to experience a positive clinical response as evidenced by at least two of the following:
1. Reduction in asthma exacerbations (e.g., decreased frequency of emergency department/urgent care visits)
2. Reduction in the use of oral corticosteroids to treat/prevent exacerbations
3. Reduction in asthma symptoms such as chest tightness, coughing, shortness of breath, or nighttime awakenings

**Limitations**
1. Initial approvals will be granted for 4 months
2. Reauthorizations will be granted for 12 months

**References**
1. Cinqair (reslizumab) [prescribing information]. Frazer, PA: Teva; January 2019

**Review History**
11/28/16 – Updated
09/18/17 – Reviewed
09/24/18 – Reviewed
09/18/19 – Removed the required trial of leukotriene modifier and documentation of spirometry

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