



MONTANA HEALTHCARE PROGRAMS

January 16, 2019

Physician Administered Drug Prior Authorization Criteria for CINQAIR®

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CINQAIR® (reslizumab) is an interleukin-5 antagonist monoclonal antibody

Indications: CINQAIR® is used for:

- Add-on maintenance treatment of patients with severe asthma aged 18 years and older with an eosinophilic phenotype.

Length of Authorization-1 year

Criteria for Approval:

- Must be prescribed by an appropriate specialist or have an annual consult on file. (Allergist, pulmonologist or immunologist).
- Member is 18 years of age or older
- Member must have severe uncontrolled asthma with an eosinophilic phenotype (confirmed)
- Member must be appropriately using ICS and LABA inhalers

Renewal Criteria:

- For yearly PA updates, member must have been adherent to treatment regimen during the previous year (including ICS and LABA).

References:

1. CINQAIR® [package insert]. Frazer, PA: Teva Respiratory, LLC; 03/2016, Accessed December 26, 2018.