

Montana Healthcare Programs
Physician Administered Drug Coverage Criteria
CINQAIR® (reslizumab)

I. Medication Description

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

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

II. Position Statement

Coverage is determined through a prior authorization process **that must include** supporting clinical documentation for each request.

III. Initial Coverage Criteria

Member must meet all the following criteria:

- Member is 18 years of age or older.
- Member has diagnosis of severe uncontrolled asthma with an eosinophilic phenotype.
- Prescriber practices in one of the following specialty clinics, or has an annual consult on file (Allergy/Pulmonology /Immunology).
- Must provide baseline peripheral blood eosinophil count (attach lab report with eosinophil count).
 - Criteria: ≥ 400 cells/microliter (past 3-4 weeks)
- Member has a history of *severe* asthma attacks despite treatment with inhaled corticosteroid (ICS) in combination with long-acting beta₂-agonist (LABA) inhaler at optimized doses for 3 consecutive months.
- Provider attests that patient will not use Cinqair® concomitantly with other biologics (e.g. Fasenra®, Dupixent®, Nucala®, Xolair®).

IV. Renewal Coverage Criteria

Member must meet all the following criteria:

- Member has been adherent to Cinqair® and ICS/LABA therapy.
- Member has experienced a positive clinical response (reduction in frequency and/or severity of symptoms and exacerbations or medication dose reduction).
- Annual specialist consult provided if prescriber not a specialist.

V. Quantity Limitations

Max 3mg/kg IV every 4 weeks.

VI. Coverage Duration

Initial approval duration: 6 months

Renewal approval duration: 1 year