

Cinqair® (reslizumab)

When requesting Cinqair® (reslizumab), the individual requiring treatment must be diagnosed with an FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-Approved Indication

Cinqair is indicated for the add-on maintenance treatment of patients with severe asthma aged 18 years and older with an eosinophilic phenotype.

Coverage Guidelines

Severe Asthma

Initial authorization:

The individual must meet **all** of the following criteria for approval:

- Has a blood eosinophil count of greater than or equal to 400 cells per microliter within the previous 4 weeks or within 4 weeks prior to treatment with Cinqair or another monoclonal antibody therapy that may lower blood eosinophil levels (e.g., Dupixent, Fasenra, Nucala, Tezspire, Xolair);
- Has received at least 3 consecutive months of combination therapy with an inhaled corticosteroid and one additional asthma controller/maintenance medication (e.g., monoclonal antibody therapies, inhaled long-acting beta₂-agonists, inhaled long-acting muscarinic antagonists, leukotriene receptor antagonists, a combination inhaler containing both an inhaled corticosteroid and a long acting beta₂ agonist);
- Asthma is/was uncontrolled prior to starting Cinqair or another monoclonal antibody therapy (e.g., Fasenra, Dupixent, Nucala, Tezspire, Xolair) defined by ONE of the following:
 - o Has experienced two or more asthma exacerbations requiring treatment with systemic corticosteroids in the previous year; OR
 - o Has experienced one or more asthma exacerbations requiring hospitalization, emergency room visits, or urgent care visits in the previous year; OR
 - o Has a forced expiratory volume in 1 second (FEV₁) less than 80% predicted; OR
 - o Has an FEV₁/forced vital capacity (FVC) less than 0.80; OR
 - o Asthma worsens upon tapering of oral corticosteroids therapy;
- Is 18 years of age or older;
- Cinqair is prescribed by or in consultation with an allergist, immunologist, or pulmonologist.

Reauthorization:

The individual must meet **all** of the following criteria for approval:

- Has already received at least 6 months of Cinqair therapy (*NOTE: Patients who have received less than 6 months of therapy or those who are restarting therapy with Cinqair should be considered under initial criteria*);

- Continues to receive therapy with one inhaled corticosteroid (ICS) or one ICS-containing combination inhaler (e.g., Flovent Diskus/HFA, ArmonAir RespiClick, Arnuity);
- Has responded to Cinqair therapy (e.g., decreased asthma exacerbations; decreased asthma symptoms; decreased hospitalizations, emergency room visits, urgent care visits, or medical clinic visits due to asthma; decreased requirement for oral corticosteroids therapy).

Approval duration (initial): 6 months

Approval duration (renewal): 12 months

Dosing Recommendation

The recommended dose is 3 mg/kg once every 4 weeks administered by intravenous infusion over 20-50 minutes.

References

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