

Cinqair® (reslizumab)

When requesting Cinqair® (reslizumab), the individual requiring treatment must be diagnosed with the following 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

The individual must meet all of the following criteria for initial authorization:

- Has a blood eosinophil count of greater than or equal to 400 cells per microliter within the previous 4 weeks or prior to treatment with Cinqair or another monoclonal antibody therapy that may lower blood eosinophil levels (e.g., Dupixent, Adbry, Ebglyss, Fasenra, Nemluvio, 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, 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 exacerbation(s) 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 corticosteroid therapy;
- Is 18 years of age or older;
- Cinqair is prescribed by or in consultation with an allergist, immunologist, or pulmonologist.

The individual must meet all of the following criteria for re-authorization:

- 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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