



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:

- 18 years of age or older
- 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)
- 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 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:

- Has been adherent to Cinqair® and ICS/LABA therapy
- 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