

Policy Name:	Cinqair (Reslizumab)	Policy #:	2540P
---------------------	-----------------------------	------------------	--------------

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Cinqair.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Cinqair under the specialty medical benefit when the following criteria have been met.

Criteria

1. Coverage Criteria

- 1.1 Documented diagnosis of eosinophilic phenotype severe asthma with one of the following:
 - Peripheral blood eosinophil count of 150 cells per microliter within the previous 6 weeks
 - Patient is dependent on systemic corticosteroids (such as prednisone)
- 1.2 Prescribed by an allergist (allergy specialist), immunologist (immune system doctor), or pulmonologist (lung doctor)
- 1.3 Age 18 years or older
- 1.4 Documented concurrent use with one of the following:
 - An inhaled corticosteroid (ICS; Asmanex, Pulmicort, QVAR) and one additional asthma controller medication (e.g. montelukast) with lack of asthma control
 - A maximally tolerated corticosteroid/long-acting beta agonist (ICS/LABA; Symbicort or Dulera) with lack of asthma control

2. Approval Period

- 2.1 Initial Approval: 12 months
- 2.2 Reapproval: 12 months with documented evidence of improvement, as indicated by reduction in frequency of exacerbations, reduced used of controller medications, reduction in asthma symptoms, or increase in FEV1 (forced expiratory volume in one second) from pretreatment baseline

CPT Codes

HCPCS Codes

J2786	Injection, reslizumab, 1mg
-------	----------------------------

References

1. Cinqair (reslizumab) [prescribing information]. West Chester, PA: Teva Respiratory, LLC; June 2022.
2. Global Initiative for Asthma (GINA), Global Strategy for Asthma Management and Prevention, 2023.
3. Holguin F, Cardet JC, Chung KF, et al. Management of Severe Asthma: a European Respiratory Society/American Thoracic Society Guideline. Eur Respir J 2019.

Created Date: 10/05/16
Effective Date: 10/05/16
Posted to Website: 01/01/22
Revision Date: 06/05/24

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.