



Drug Name: Cinqair (reslizumab)

Date: 9-2017

Drug Name:	Cinqair (reslizumab)
Prescriber Restrictions:	
Age Restrictions:	18 years or older
Exclusion Criteria:	
Required Medical Information:	<p>Initial (6 month approval):</p> <ul style="list-style-type: none"> • Patient is under the care of an Allergist/Pulmonologist AND • Aged 18 years and older AND • Diagnosis of severe persistent asthma and has had at least 1 hospitalization or ER visit in the previous 12 months AND • Diagnosis of eosinophilic asthma with blood eosinophil count of ≥ 400 cells/μL OR Member is unable to be taken off oral steroids long enough to allow for an accurate eosinophil count. Prior pre-steroid CBCs suggested peripheral eosinophilia AND • Demonstration of poorly controlled asthma despite being adherent** to maximal therapy (high-dose ICS + LABA \pm oral corticosteroid) for ≥ 3 months <p><i>** Pharmacy claims will be reviewed for adherence.</i></p> <p>Renewal (12 month approval):</p> <ul style="list-style-type: none"> • Provided clinical documentation from the previous 6 months showing response to therapy (i.e., decreased oral corticosteroid use, decreased ER/urgent care visits, reduction in symptoms, reduction in blood eosinophil counts) • Patient continues to be adherent to other maintenance medications** • <i>** Pharmacy claims will be reviewed for adherence.</i>
Coverage duration:	Initial: 6 months Renewals: 12 months