

POLICY NAME	Cinqair (Reslizumab)	POLICY #	2540P
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Criteria

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