

Cinqair (reslizumab) injection, for intravenous use

Policy Number: MC/PC 007
Effective Date: June 1, 2025

[Instructions for Use](#)

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Related Policies

- N/A

Coverage Rationale

This policy is applicable to Cinqair (reslizumab) injection for intravenous infusion only.

Severe Eosinophilic Asthma

For initial coverage of Cinqair (reslizumab) injection for severe eosinophilic asthma, the following will be required:

- Diagnosis of severe asthma **and**
- Asthma is an eosinophilic phenotype as defined by a baseline (pre-treatment) peripheral blood eosinophil level greater than or equal to 150 cells per microliter **and**
- One of the following:
 - Patient has had at least two or more asthma exacerbations requiring systemic corticosteroids (e.g., prednisone) within the past 12 months **or**
 - Prior asthma-related hospitalization within the past 12 months **and**
- Patient is currently being treated with one of the following unless there is a contraindication or intolerance to these medications:
 - Both of the following:
 - High-dose inhaled corticosteroid (ICS) [e.g., greater than 500 mcg fluticasone propionate equivalent/day]
 - Additional asthma controller medication (e.g., leukotriene receptor antagonist [LTRA] [e.g., montelukast], long-acting beta-2 agonist [LABA] [e.g., salmeterol], long-acting muscarinic antagonist [LAMA] [e.g., tiotropium]) **or**
 - One maximally-dosed combination ICS/LABA product (e.g., Advair [fluticasone propionate 500mcg/salmeterol 50mcg], Symbicort [budesonide 160mcg/formoterol 4.5mcg], Breo Ellipta [fluticasone 200mcg/vilanterol 25mcg]) **and**
- Age greater than or equal to 18 years **and**
- Prescribed by or in consultation with one of the following:
 - Pulmonologist
 - Allergist/immunologist

For reauthorization coverage of Cinqair (reslizumab) injection for severe will be required:

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- Patient demonstrates positive clinical response to therapy (e.g., reduction in exacerbations, improvement in forced expiratory volume in 1 second [FEV1], decreased use of rescue medications) **and**
- Patient continues to be treated with an inhaled corticosteroid (ICS) (e.g., fluticasone, budesonide) with or without additional asthma controller medication (e.g., leukotriene receptor antagonist [LTRA] [e.g., montelukast], long-acting beta-2 agonist [LABA] [e.g., salmeterol], long-acting muscarinic antagonist [LAMA] [e.g., tiotropium]) unless there is a contraindication or intolerance to these medications **and**
- Prescribed by or in consultation with one of the following:
 - Pulmonologist
 - Allergist/Immunologist

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPSC Code	Description
J2786	Injection, reslizumab, 1mg

ICD-10 Code	Description
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J82.81	Eosinophilic pneumonia, NOS
J82.82	Acute eosinophilic pneumonia
J82.83	Eosinophilic asthma
J82.89	Other pulmonary eosinophilia, not elsewhere classified

Background

Respiratory and allergy biologics are a mainstay of treatment for severe asthma. Asthma is a chronic lung disease that inflames and narrows the airways, making it difficult to breathe. Asthma causes recurring periods of wheezing, chest tightness, shortness of breath, and coughing. In 2021, asthma affected an estimated 20.3million adults and 4.6 million children in the United States (U.S.) (*Centers for Disease Control and Prevention Web site 2024*). Current pharmacologic options for asthma management are categorized as: (1) controller medications to achieve and maintain control of persistent asthma or prevent exacerbations, and (2) reliever medications for symptom relief and before exercise to prevent exercise-induced asthma symptoms (*Cloutier et al 2020, NHLBI 2007, Global Initiative for Asthma [GINA] 2024*). Severe asthma is defined as asthma that is uncontrolled despite adherence to maximal optimized high-dose ICS/LABA treatment and management of contributory factors, or that worsens when high-dose treatment is decreased (*GINA 2024*).

Cinqair (reslizumab) is an interleukin-5 antagonist monoclonal antibody (IgG4) for the treatment of patients with severe asthma aged 18 years and older, and with airway hyperresponsiveness, a cytokine responsible for the growth and differentiation, recruitment, activation, and survival of eosinophils. Reslizumab binds to IL-5 with a dissociation constant of 81 pM, inhibiting the bioactivity of IL-5 by blocking its binding to the alpha chain of the IL-5 receptor complex expressed on the eosinophil surface. Inflammation is an important component in the pathogenesis of asthma. Multiple cell types (e.g., mast cells, eosinophils, neutrophils, macrophages, lymphocytes) and mediators (e.g., histamine, eicosanoids, leukotrienes, cytokines) are involved in inflammation. Reslizumab, by inhibiting IL-5 signaling, reduces the production and survival of eosinophils; however, the mechanism of reslizumab action in asthma has not been definitively established.

Clinical Evidence

The safety and efficacy of reslizumab were evaluated in 4 double-blind, placebo-controlled, multicenter, RCTs. In all 4 studies, patients were required to be on at least a medium-dose ICS with or without additional controller medications (Bjermer *et al* 2016, Castro *et al* 2015, Corren *et al* 2016). Studies 3082 and 3083 were 52-week studies (N = 953) in patients with asthma who were required to have a blood eosinophil count ≥ 400 cells/ μ L, and ≥ 1 asthma exacerbation requiring systemic corticosteroid use over the past 12 months. These studies compared the asthma exacerbation rate and improvements in clinical symptoms between patients receiving reslizumab 3 mg/kg IV administered once every 4 weeks and placebo. Reslizumab also had a significant reduction in the frequency of asthma exacerbations with those receiving placebo (Castro *et al* 2015).

A 2017 meta-analysis of 5 RCTs comparing reslizumab to placebo (N = 1366) revealed improvements in exacerbations, FEV1, and ACQ score with reslizumab. Asthma exacerbations occurred less frequently in reslizumab-treated patients vs placebo (OR, 0.46; 95% CI, 0.35 to 0.59; $p < 0.00001$). FEV1 also improved with reslizumab compared to placebo (mean difference, 0.16; 95% CI, 0.10 to 0.23; $p < 0.00001$). Finally, Asthma Control Questionnaire (ACQ) score improved with reslizumab compared to placebo (mean difference, -0.26; 95% CI, -0.36 to -0.16; $p < 0.00001$). All studies included in the meta-analysis were of limited duration of 15 or 16 weeks (Li *et al* 2017). A 2019 meta-analysis of 6 RCTs (5 placebo-controlled trials and 1 open-label extension) evaluated the safety of reslizumab (n = 1028) with placebo (n = 730) in adults with uncontrolled asthma. Compared with placebo, reslizumab was associated with lower proportions of patients with ≥ 1 adverse event (67% vs 81%; RR, 0.83; 95% CI, 0.79 to 0.89) and with ≥ 1 serious adverse event (7% vs 10%; RR, 0.65; 95% CI, 0.48 to 0.89) (Virchow *et al* 2020).

Clinical Guidelines

The National Asthma Education and Prevention Program (NAEPP) guideline from the NHLBI states that the initial treatment of asthma should correspond to the appropriate asthma severity category, and it provides a stepwise approach to asthma management. Long-term control medications such as ICSs, long-acting bronchodilators, leukotriene modifiers, cromolyn, and immunomodulators should be taken daily on a long-term basis to achieve and maintain control of persistent asthma. ICSs are the most potent and consistently effective long-term asthma control medication. Quick-relief medications such as SABAs and anticholinergics are used to provide prompt relief of bronchoconstriction and accompanying acute symptoms such as cough, chest tightness, and wheezing. Systemic corticosteroids are important in the treatment of moderate or severe exacerbations because these medications prevent progression of the exacerbation, speed recovery, and prevent relapses (NHLBI 2007).

The 2024 GINA report also provides a stepwise approach to asthma management (GINA 2024). Treatment recommendations are based on patient age, and stepping down should be considered when asthma symptoms have been well-controlled and lung function have been stable for ≥ 3 months. ICS/beta2-agonist combination products are recommended for both controller (i.e., maintenance treatment) and reliever use in patients ≥ 6 years of age, while the preferred controller option in patients ≤ 5 years of age consists of low-dose ICS plus as-needed SABA as a reliever. In patients ≥ 6 years of age diagnosed with severe asthma and uncontrolled on Step 4 treatment phenotyping for Type 2 inflammation into categories such as severe allergic, aspirin-exacerbated, allergic bronchopulmonary aspergillosis,

chronic rhinosinusitis, nasal polyposis, atopic dermatitis, or eosinophilic asthma with a biologic agent should be considered as follows:

- Severe allergic asthma: Anti-IgE treatment with omalizumab is recommended for patients ≥ 6 years of age.
- Severe eosinophilic asthma: Add-on anti-IL-5 therapy is recommended for patients ≥ 6 years of age (mepolizumab and benralizumab), or ≥ 18 years of age (reslizumab).
- Severe eosinophilic/Type 2 asthma: Anti-IL4 therapy (dupilumab) is recommended for patients ≥ 6 years of age.
- Adults or adolescents requiring oral corticosteroids for maintenance therapy: Anti-IL4 therapy (dupilumab) is recommended.
- Severe asthma: Anti-TSLP therapy (tezepelumab-ekko) is recommended for patients ≥ 12 years of age.
- Prior to initiation of a biologic agent, several factors should be considered including cost, insurance eligibility criteria, evaluation of predictors of response, delivery route, dosing frequency, and patient preference.

The European Respiratory Society/American Thoracic Society guideline on the management of severe asthma suggests the use of anti-IL-5 therapy as an add-on in adults with severe uncontrolled eosinophilic asthma or severe corticosteroid-dependent asthma. A blood eosinophil count of ≥ 150 cells/ μ L is suggested as a cut-point to guide initiation of anti-IL-5 therapy in adults with severe asthma and prior exacerbations. A blood eosinophil count of ≥ 260 cells/ μ L or an exhaled nitric oxide level of 19.5 parts per billion or greater may be used to identify adolescents and adults with severe allergic asthma who are likely to benefit from anti-IgE treatment (*Holguin et al 2020*).

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

[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.

References

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Policy History/Revision Information

Date	Summary of Changes
11/16/2023	Approved by OptumRx P&T Committee
05/16/2024	Annual Review. Updated criteria language in coverage rationale section in line with other drugs in same class. Updated references.
05/15/2025	Annual Review. Updated Background and Clinical Guidelines sections. Updated references.

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. The insurance reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

OptumRx may also use tools developed by third parties to assist us in administering health benefits. OptumRx Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Archived Policy Versions (Internal Only)

Effective Date	Policy Number	Policy Title
mm/dd/yyyy – mm/dd/yyyy	#####	Title of Policy Hyperlinked to KL or Other Internal Location

Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a *grievance* with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deutsch (Pennsylvania German / Dutch) schwetzscht, kannst du mitaue Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).