



Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following **AND** submission of medical records (e.g., chart notes, laboratory values) documenting the following:

Severe Asthma with an eosinophilic phenotype

AND ALL of the following:

1. Eosinophil count greater than or equal 150 cells/mcL in the past 90 days **OR** greater than or equal to 300 cells/mcL in the past 12 months
2. Inadequate control of asthma symptoms after a minimum of 3 months of compliant use with greater than or equal to 50% adherence with **ONE** of the following within the past 6 months:
 - a. Inhaled corticosteroids & long acting beta₂ agonist
 - b. Inhaled corticosteroids & long acting muscarinic antagonist
3. Only administered by a healthcare professional with appropriate medical support to manage anaphylaxis and monitored for an appropriate period of time after infusion
4. **NOT** used for the relief of acute bronchospasm or status asthmaticus
5. **NO** dual therapy with another monoclonal antibody for the treatment of asthma or COPD (see Appendix 1)

All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements



**CINQAIR
(reslizumab)**

Age 18 years of age or older

Diagnosis

Patient must have the following **AND** submission of medical records (e.g., chart notes, laboratory values) documenting the following:

Asthma with an eosinophilic phenotype

AND ALL of the following:

1. Decreased exacerbations **OR** improvement in symptoms
2. Decreased utilization of rescue medications
3. Patient has been compliant on Cinqair therapy
4. **NOT** used for the relief of acute bronchospasm or status asthmaticus
5. **NO** dual therapy with another monoclonal antibody for the treatment of asthma or COPD (see Appendix 1)

All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

Prior - Approval *Renewal* Limits

Duration 12 months

Appendix 1 - List of Monoclonal Antibodies for Asthma or COPD

Generic Name	Brand Name
benralizumab	Fasenra
dupilumab	Dupixent
mepolizumab	Nucala
omalizumab	Xolair
reslizumab	Cinqair
tezepelumab-ekko	Tezspire