

PA Criteria	Criteria Details						
<b>Covered Uses (FDA approved indication)</b>	Cinqair is an interleukin-5 (IL-5) antagonist indicated for severe eosinophilic asthma add-on therapy. IL-5 is responsible for the growth and survival of eosinophils which contribute to inflammation in the lungs.						
<b>Exclusion Criteria</b>	Must not be used in combination with other biologic drugs.						
<b>Required Medical Information</b>	<ol style="list-style-type: none"> <li>1. Medical records supporting the request, including documentation of prior therapies and responses to treatment must be provided -</li> <li>2. Patient's current weight must be provided -</li> <li>3. For initial coverage of severe eosinophilic asthma, must have an elevated eosinophil level greater than or equal to 150 cells/mcL at therapy start - <b>OR</b> - greater than or equal to 300 cells/mcL in the previous 12 months.</li> </ol>						
<b>Age Restriction</b>	None.						
<b>Prescriber Restrictions</b>	Prescriber is a specialist or has consulted with a specialist for the condition being treated.						
<b>Coverage Duration</b>	Initial: two years; reauthorization: two years. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.						
<b>Other Criteria/Information</b>	<p>Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.</p> <table border="1"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J2786</td> <td>Cinqair (reslizumab)</td> <td><b>Billing unit: 1 mg</b>  100 mg/10 mL SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J2786	Cinqair (reslizumab)	<b>Billing unit: 1 mg</b>  100 mg/10 mL SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025