

Respiratory Interleukins (Cinqair®, Fasenra®, & Nucala®) (for Ohio Only)

Policy Number: CSOH2025D0055.B

Effective Date: March 1, 2025

[Instructions for Use](#)

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Related Policies

None

Application

This Medical Benefit Drug Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Coverage Rationale

This policy provides information about the use of certain specialty pharmacy medications administered by either the subcutaneous (SC) or intravenous (IV) route.

This policy refers to the following drug products:

- Cinqair® (reslizumab)
- Fasenra® (benralizumab)
- Nucala® (mepolizumab)

Fasenra and Nucala for self-administration are obtained under the pharmacy benefit.

Cinqair, Fasenra, and Nucala are considered medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the [Ohio Department of Medicaid Unified Preferred Drug List Criteria](#).

Policy History/Revision Information

| Date | Summary of Changes |
|------------|--|
| 04/01/2025 | <ul style="list-style-type: none"> Updated reference link to the <i>Ohio Department of Medicaid Unified Preferred Drug List Criteria</i> (no change to policy guidelines) |
| 03/01/2025 | <p>Coverage Rationale</p> <ul style="list-style-type: none"> Added language to indicate Cinqair®, Fasenra®, and Nucala® are considered medically necessary in certain circumstances; for medical necessity clinical coverage criteria for non-oncology indications, refer to the <i>Ohio Department of Medicaid Unified Preferred Drug List Criteria</i> Removed language indicating Cinqair®, Fasenra®, and Nucala® are proven and medically necessary for the treatment of certain conditions outlined within the InterQual® criteria; for medical necessity clinical coverage criteria for non-oncology indications, refer to the current release of the InterQual® CP: Specialty Rx Non-Oncology: <ul style="list-style-type: none"> ○ Benralizumab (Fasenra) ○ Mepolizumab (Nucala) |

| Date | Summary of Changes |
|------|---|
| | <ul style="list-style-type: none">○ Reslizumab (Cinqair) <p>Applicable Codes</p> <ul style="list-style-type: none">● Removed list of applicable HCPCS codes: J0517, J2182, and J2786 <p>Supporting Information</p> <ul style="list-style-type: none">● Archived previous policy version CSOH2024D0055.A |

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]), or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC), or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC), or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state (OAC), or contractual requirements for benefit plan coverage. UnitedHealthcare 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.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare 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.