CINQAIR® (reslizumab) Injection 100 mg/10 mL | TEVA SUPPORT SOLUTIONS®

At-a-glance Guide to Codes for CINQAIR® (reslizumab) Injection

The following codes are commonly used to communicate services rendered when filing claims for CINQAIR. Codes for CINQAIR may vary by payer or site of care.*

ICD-10 CODES	You should select the appropriate diagnosis code based on your clinical diagnosis. If you have questions about coverage for certain diagnosis codes, please contact Teva Support Solutions® at 1-844-838-2211.
NDC CODES	NATIONAL DRUG CODE **59310-610-31 (FDA 5-3-2 Format)** When filing a claim, you may need to add a zero (**0**) on the claim form as follows: 59310-**0**610-31. NOTE: Do not include hyphens (-) on the claim form.
HCPCS CODES	MEDICATION LEVEL II **J2786** Injection, reslizumab, 1 mg
CPT® CODES	INFUSION ADMINISTRATION **96365** Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour **96413** Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug HOME INFUSION **99601** Home infusion/specialty drug administration, per visit (up to 2 hours)

***Providers are responsible for the accuracy of any claims, invoices, or related documentation submitted to payers. Contact your payer for specific guidance.**

Indications and Usage

CINQAIR (reslizumab) Injection 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.

Limitations of Use: CINQAIR is **not** indicated for:

- treatment of other eosinophilic conditions
- relief of acute bronchospasm or status asthmaticus

Important Safety Information

WARNING: ANAPHYLAXIS

- **Anaphylaxis has been observed with CINQAIR infusion in 0.3% of patients in placebo-controlled clinical studies. Anaphylaxis was reported as early as the second dose of CINQAIR.**
- **Anaphylaxis can be life-threatening. Patients should be observed for an appropriate period of time after CINQAIR administration by a healthcare professional prepared to manage anaphylaxis. Discontinue CINQAIR immediately if the patient experiences signs or symptoms of anaphylaxis.**

TEVA SUPPORT SOLUTIONS® | 1-844-838-2211
Monday–Friday, 9AM–7PM ET
www.TevaSupportSolutions.com

Please see additional Important Safety Information on next page and accompanying full Prescribing Information, including Boxed WARNING for CINQAIR®.

CINQAIR®
(reslizumab) Injection
100 mg/10 mL

Important Safety Information (continued)

CONTRAINDICATIONS

- CINQAIR (reslizumab) Injection is contraindicated in patients who have known hypersensitivity to reslizumab or any of its excipients.

WARNINGS AND PRECAUTIONS

- **Acute Asthma Symptoms or Deteriorating Disease:** CINQAIR should not be used to treat acute asthma symptoms or acute exacerbations. Do not use CINQAIR to treat acute bronchospasm or status asthmaticus. Patients should seek medical advice if their asthma remains uncontrolled or worsens after initiation of treatment with CINQAIR.
- **Malignancy:** In placebo-controlled clinical studies, 6/1028 (0.6%) patients receiving 3 mg/kg CINQAIR had at least 1 malignant neoplasm reported compared to 2/730 (0.3%) patients in the placebo group. The observed malignancies in CINQAIR-treated patients were diverse in nature and without clustering of any particular tissue type. The majority of malignancies were diagnosed within less than six months of exposure to CINQAIR.
- **Reduction of Corticosteroid Dosage:** No clinical studies have been conducted to assess reduction of maintenance corticosteroid dosages following administration of CINQAIR. Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with CINQAIR. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.
- **Parasitic (Helminth) Infection:** Eosinophils may be involved in the immunological response to some helminth infections. Treat patients with pre-existing helminth infections before initiating CINQAIR. If patients become infected while receiving treatment with CINQAIR and do not respond to anti-helminth treatment, discontinue treatment with CINQAIR until infection resolves.

ADVERSE REACTIONS

- Adverse reactions that occurred at ≥2% incidence and more commonly than in the placebo group included 1 event: oropharyngeal pain (2.6% vs. 2.2%).
- Elevated baseline creatine phosphokinase (CPK) was more frequent in patients randomized to CINQAIR (14%) versus placebo (9%). Transient CPK elevations in patients with normal baseline CPK values were observed more frequently with CINQAIR (20%) versus placebo (18%) during routine laboratory assessments.
- Myalgia was reported in 1% (10/1028) of patients in the CINQAIR 3 mg/kg group compared to 0.5% (4/730) of patients in the placebo group.
- Immunogenicity: In placebo-controlled studies, a treatment-emergent anti-reslizumab antibody response developed in 53/983 (5.4%) of CINQAIR-treated patients (3 mg/kg). The antibody responses were of low titer and often transient. There was no detectable impact of the antibodies on the clinical pharmacokinetics, pharmacodynamics, clinical efficacy, and safety of CINQAIR.

Please see accompanying full Prescribing Information, including Boxed WARNING for CINQAIR®.

Questions? Call us.

TEVA SUPPORT SOLUTIONS®

1-844-838-2211
Monday–Friday, 9AM–7PM ET
www.TevaSupportSolutions.com