



Drug Name: Fasenra

Totally Revised Date: 12-2018 **Reviewed:** 7/2019

Drug Name:	Fasenra
Required Medical Information:	<i>Initial Criteria Coverage:</i> • Clinically documented severe asthma with an eosinophilic phenotype: Peak expiratory flow and/or FEV1 less than 60% of normal predicted values; • Must be prescribed by a Pulmonologist or Allergist/Immunologist; • Must be 12 years of age or older; • Evidence of severe asthma in accordance with national asthma guidelines (such as, symptoms throughout the day, nighttime awakenings (often 7 times a week), SABA use for symptom control occurs several times daily, extremely limited in normal activities, lung function (percent predicted FEV1) less than 60% or exacerbations requiring oral systemic corticosteroids are generally more frequent and intense relative to moderate asthma; • Must be used as add-on maintenance treatment in patients regularly receiving ONE of the following combinations of therapy: High-dose inhaled corticosteroids plus a long-acting beta agonist (LABA) plus Spiriva OR high-dose inhaled corticosteroids plus a long acting beta agonist (LABA) plus a leukotriene receptor antagonists (LTRA) OR the member is intolerant/contraindication to one of these; • Patient is not using in combination with omalizumab (Xolair) or reslizumab (Cinqair) or Mepolizumab (Nucala). <i>Continuation of therapy:</i> • Patient is tolerating treatment; • Patient has clinical documentation of disease stabilization or improvement in asthma symptoms or asthma exacerbations as evidenced by decrease in at least one of the following: Use of systemic corticosteroids, decrease in inhaled corticosteroid use, hospitalizations, ER visits, unscheduled visits to healthcare provider OR Improvement from baseline in forced expiratory volume in 1 second (FEV1); • Patient is not using in combination with omalizumab (Xolair) or reslizumab (Cinqair) or Mepolizumab (Nucala).
Coverage duration:	• Initial coverage criteria = 6 months • Continuation of therapy = 12 months