



Drug Name: Fasenra

Totally Revised Date: 12-2018

Drug Name:	Fasenra
Required Medical Information:	<p data-bbox="443 453 781 485"><i>Initial Criteria Coverage:</i></p> <ul data-bbox="492 506 1443 1241" style="list-style-type: none"> <li data-bbox="492 506 1443 611">• Clinically documented severe asthma with an eosinophilic phenotype: Peak expiratory flow and/or FEV1 less than 60% of normal predicted values; <li data-bbox="492 621 1443 653">• Must be prescribed by a Pulmonologist or Allergist/Immunologist; <li data-bbox="492 663 1443 695">• Must be 12 years of age or older; <li data-bbox="492 705 1443 947">• 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; <li data-bbox="492 957 1443 1167">• 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; <li data-bbox="492 1178 1443 1241">• Patient is not using in combination with omalizumab (Xolair) or reslizumab (Cinqair) or Mepolizumab (Nucala). <p data-bbox="443 1293 773 1325"><i>Continuation of therapy:</i></p> <ul data-bbox="492 1356 1443 1682" style="list-style-type: none"> <li data-bbox="492 1356 1443 1388">• Patient is tolerating treatment; <li data-bbox="492 1398 1443 1608">• 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); <li data-bbox="492 1619 1443 1682">• Patient is not using in combination with omalizumab (Xolair) or reslizumab (Cinqair) or Mepolizumab (Nucala).
Coverage duration:	<ul data-bbox="492 1692 1008 1766" style="list-style-type: none"> <li data-bbox="492 1692 1008 1724">• Initial coverage criteria = 6 months <li data-bbox="492 1734 1008 1766">• Continuation of therapy = 12 months