



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Fasenra Page: 1 of 3

Effective Date: 7/15/2024 Last Review Date: 5/2024

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Fasenra under the patient’s prescription drug benefit.

Description:

Fasenra is indicated for the add-on maintenance treatment of patients with severe asthma aged 6 years and older, and with an eosinophilic phenotype.

Limitations of Use:

- Not for treatment of other eosinophilic conditions
- Not for relief of acute bronchospasm or status asthmaticus

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Fasenra

Policy/Guideline:

Documentation:

Submission of the following information is necessary to initiate the prior authorization review:

- A. For initial requests:
 1. Chart notes or medical record documentation showing baseline blood eosinophil count, or dependence on systemic corticosteroids, if applicable.
 2. Chart notes, medical record documentation, or claims history supporting previous medications tried including drug, dose, frequency, and duration.
 3. The member is unable to take Dupixent and Xolair for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication.
- B. For continuation requests: Chart notes or medical record documentation supporting improvement in asthma control.

Prescriber Specialty:

This medication must be prescribed by or in consultation with an allergist/immunologist or pulmonologist.

Criteria for Initial Approval:

- A. Authorization of 6 months may be granted for members 6 years of age or older who have previously received a biologic drug indicated for asthma.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Fasenra Page: 2 of 3

Effective Date: 7/15/2024 Last Review Date: 5/2024

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Kentucky PRMD

1. Note: Requests will require that the patient is unable to take Dupixent and Xolair due to a trial and inadequate treatment response or intolerance, or a contraindication.

B. Authorization of 6 months may be granted for treatment of severe asthma when all of the following criteria are met:

1. Member is 6 years of age or older.
2. Member meets either of the following criteria:
 - i. Member has a baseline blood eosinophil count of at least 150 cells per microliter.
 - ii. Member is dependent on systemic corticosteroids.
3. Member has uncontrolled asthma as demonstrated by experiencing at least one of the following within the past year:
 - i. Two or more asthma exacerbations requiring oral or injectable corticosteroid treatment
 - ii. One or more asthma exacerbation resulting in hospitalization or emergency medical care visit
 - iii. Poor symptom control (frequent symptoms or reliever use, activity limited by asthma, night waking due to asthma)
4. Member has inadequate asthma control despite current treatment with both of the following medications at optimized doses:
 - i. High dose inhaled corticosteroid
 - ii. Additional controller (i.e., long-acting beta₂-agonist, long-acting muscarinic antagonist, leukotriene modifier, or sustained-release theophylline)
5. Member will continue to use maintenance asthma treatments (e.g., inhaled corticosteroid, additional controller) in combination with the requested medication.

Criteria for Continuation of Therapy:

Authorization of 12 months may be granted for treatment of severe asthma when all of the following criteria are met:

- A. Member is 6 years of age or older.
- B. Asthma control has improved on the requested medication as demonstrated by at least one of the following:
 1. A reduction in the frequency and/or severity of symptoms and exacerbations



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Fasenra	Page:	3 of 3
Effective Date:	7/15/2024	Last Review Date:	5/2024
Applies to:	<input type="checkbox"/> Illinois <input type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Florida <input checked="" type="checkbox"/> Maryland <input type="checkbox"/> Virginia	<input type="checkbox"/> Michigan <input checked="" type="checkbox"/> Florida Kids <input checked="" type="checkbox"/> Kentucky PRMD

2. A reduction in the daily maintenance oral corticosteroid dose

C. Member will continue to use maintenance asthma treatments (e.g., inhaled corticosteroid, additional controller) in combination with the requested medication.

Other:

Member cannot use the requested medication concomitantly with any other biologic drug or targeted synthetic drug for the same indication.

Note: If the member is a current smoker or vaper, they should be counseled on the harmful effects of smoking and vaping on pulmonary conditions and available smoking and vaping cessation options.

Approval Duration and Quantity Restrictions:

Initial: 6 months

Renewal: 12 months

Initial Quantity Level Limit: 3 x 10 mg syringes or autoinjectors for the first 84 days

Renewal Quantity Level Limit: 1 syringe/autoinjector per 56 days

References:

1. Fasenra [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; April 2024.
2. Nair P, Wenzel S, Rabe K, et al. Oral glucocorticoid-sparing effect of benralizumab in severe asthma. *N Engl J Med*. 2017;376:2448-2458.
3. Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention. 2023 update. Available at: https://ginasthma.org/wp-content/uploads/2023/07/GINA-Full-Report-23_07_06-WMS.pdf. Accessed March 8, 2024.
4. American Academy of Allergy, Asthma & Immunology (AAAAI) 2020 Virtual Annual Meeting. Available at: <https://annualmeeting.aaaai.org/>. Accessed March 8, 2024.
5. Cloutier MM, Dixon AE, Krishnan JA, et al. Managing asthma in adolescents and adults: 2020 asthma guideline update from the National Asthma Education and Prevention Program. *JAMA*. 2020;324(22): 2301-2317.