I. **Medication Description**

Fasenra® is an interleukin-5 alpha-directed cytolytic monoclonal antibody (IgG1, kappa) indicated for:
- Add-on maintenance treatment of patients with severe asthma aged 12 years and older and with an eosinophilic phenotype

II. **Position Statement**

Coverage is determined through a prior authorization process that must include supporting clinical documentation for each request.

III. **Initial Coverage Criteria**

Member must meet all of the following criteria:
- Member must be 12 years of age or older.
- Prescriber must be specialist or have an annual consult on file (Pulmonology/Allergy/Immunology).
- Diagnosis of severe uncontrolled asthma with an eosinophilic phenotype
- Must provide baseline peripheral blood eosinophil count (attach lab report with eosinophil count)
  - Criteria: ≥300 cells/microliter (past 3-4 weeks)
- Member has a history of severe asthma attacks despite treatment with inhaled corticosteroid (ICS) in combination with long-acting beta2-agonist (LABA) inhaler at optimized doses for three consecutive months.
- Provider attests that member will not use Fasenra® concomitantly with other biologics (e.g., Cinqair®, Dupixent®, Nucala®, Xolair®).

IV. **Renewal Coverage Criteria**

Member must meet all the following criteria:
- Member has been adherent to Fasenra® and ICS/LABA therapy.
- Member has experienced a positive clinical response (reduction in frequency and/or severity of symptoms and exacerbations or medication dose reduction).
- Annual specialist consult provided if prescriber not a specialist.

V. **Quantity Limitations**

Max 30mg SQ every four weeks for first three doses, followed by once every eight weeks thereafter

VI. **Coverage Duration**

Initial approval duration: 6 months
Renewal approval duration: 1 year