

Priority Health Medicare Prior Authorization Criteria (Part D)

Fasenra™

Products affected

- Fasenra™

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	Initial approval for 12 months, continuation for 12 months
Other criteria	For initial approval, Fasenra must be used as an add-on to current maintenance treatment with an ICS/LABA inhaler or, if contraindicated or not tolerated, another maintenance medication for the condition. Must not be used in combination with other monoclonal antibodies (e.g., Xolair, Nucala). For continuation, all initial requirements must be met and patient must have documented clinical benefit from therapy (e.g., decrease in exacerbation frequency, improvement in asthma symptoms, or decrease in oral corticosteroid use). First year is limited to 1 syringe every 4 weeks for 3 months, then 1 syringe every 8 weeks thereafter. Subsequent years are limited to 1 syringe every 8 weeks.