

## Monoclonal Antibodies: Fasenra

### Member Information

1. Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_  
3. Trillium ID #: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_ 5. Gender: \_\_\_\_\_

### Prescriber Information

1. Prescriber Name: \_\_\_\_\_ 2. NPI #: \_\_\_\_\_  
3. Requestor Name (Nurse/Office Staff): \_\_\_\_\_  
4. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
5. Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax #: \_\_\_\_\_

### Drug Information

1. Drug Name: **Fasenra** 2. Strength: \_\_\_\_\_ 3. Quantity Per 30 Days: \_\_\_\_\_  
4. Length of Therapy (in Days): Initial Request:  up to 30 Days  60 Days  90 Days  120 Days  180 Days  
Reauthorization Request:  up to 30 Days  60 Days  90 Days  120 Days  180 Days  365 Days

### Clinical Information

#### Initial Therapy for Asthma:

1. Is the member age 12 or greater?  Yes  No
2. Does the member have a diagnosis of severe eosinophilic asthma?  Yes  No
3. Does the member have a pre-treatment serum eosinophil count of 150 cells/mcL or greater at screening (within the past six weeks prior to the request for Fasenra) or 300 cells/mcL or greater within 12 months prior to use, or sputum eosinophilic count greater than 3%?  Yes  No **Please list eosinophil count** \_\_\_\_\_
4. Does the member have inadequate control of asthmatic symptoms after a minimum of 3 months of high dose corticosteroid inhaler in combination with a long acting beta-agonist?  Yes  No
5. Does the member have inadequately controlled severe asthma with two or more asthma exacerbations requiring oral/systemic corticosteroids treatment or with hospitalization in the past 12 months?  Yes  No  
Please List: \_\_\_\_\_
6. Does the member have prebronchodilator FEV1 below 80% in adults and 90% in adolescents?  Yes  No  
Please List FEV1 value \_\_\_\_\_
7. Is Fasenra being used as add on maintenance treatment?  Yes  No
8. Is Fasenra being used for the treatment of other eosinophilic conditions?  Yes  No
9. Is Fasenra being used for the relief of acute bronchospasm or status asthmaticus?  Yes  No
10. Is Fasenra being used as dual therapy with other monoclonal antibody treatments?  Yes  No

#### Continuation Therapy for Asthma (please answer questions 1-11):

11. Has the member experienced continued clinical benefit as evidenced by reductions in asthma exacerbations from baseline supported by medical records documenting the member's current asthma status and response to Fasenra treatment?  Yes  No **\*\*Please attach medical records to this continuation request.\*\***

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

**(Prescriber Signature Mandatory)**

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.