TX CLINICAL CRITERIA & PROCEDURE

CRITERIA NAME: Benralizumab (Fasenra®)	CRITERIA ID: TX.CC.PHAR.17	
BUSINESS UNIT: Superior HealthPlan	FUNCTIONAL AREA: Pharmacy, Medical Directors,	
	Claims	
EFFECTIVE DATE: 10/18/2021	PRODUCT(S): STAR, STAR PLUS, STAR HEALTH,	
	STAR KIDS, CHIP, CHIP Perinate	
REVIEWED/REVISED DATE: 11/30/2021, 8/10/2022, 11/14/2022, 8/1/2023, 03/15/2024		
REGULATOR MOST RECENT APPROVAL DATE(S): N/A		

CRITERIA STATEMENT:

The purpose of this clinical criteria is to provide a guide to medical necessity reviews for benralizumab (Fasenra®).

PURPOSE:

Consistent with the regulation at 42 CFR Section 438.210 and 42 CFR Section 457.1230(d), services covered under managed care contracts, including clinician-administered drugs, must be furnished in an amount, duration, and scope that is no less than the amount, duration, and scope for the same services specified in the state plan. While MCOs may place appropriate limits on drugs, MCOs may not use a standard for determining medical necessity that is more restrictive than what is used in the state plan, i.e., developed by the Vendor Drug Program. For example, if a member is denied a clinician administered drug in managed care because of the MCO's prior authorization criteria but would have received the drug under the criteria specified in the state plan, then the MCO's prior authorization criteria would violate the amount, duration, and scope requirements cited above. HHSC intends to amend the Managed Care Contracts at the next opportunity to include this requirement. This same standard applies to CHIP formulary and CAD coverage.

Refer to the Outpatient Drug Services Handbook of the Texas Medicaid Provider Procedure Manual for more details on the clinical criteria and prior authorization requirements.

SCOPE:

This criteria applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS:

N/A

POLICY:

It is the policy of Superior HealthPlan and Centene Pharmacy Services to follow state guidance for medical necessity review benralizumab (Fasenra®); procedure code: J0517.

Description/Mechanism of Action:

Benralizumab (Fasenra®) is an interleukin-5 receptor alpha-directed cytolytic monoclonal antibody (IgG1 kappa).

FDA Approved Indications:

Benralizumab (Fasenra®) is indicated for the add-on maintenance treatment of clients with severe asthma aged 12 years and older, and with an eosinophilic phenotype.

PROCEDURE:

Provider <u>must</u> submit documentation (which may include office chart notes and lab results) supporting that member has met all approval criteria.

I. Initial Approval Criteria A. Severe Asthma (must meet all):

1. The client has a diagnosis of severe asthma with eosinophilic phenotype (as defined by the National Heart, Lung

- and Blood Institute's Guidelines for the Diagnosis and management of Asthma) (diagnosis codes J45.50, J45.51 and J45.52).
- 2. The client is 12 years of age or older.
 - **Note:** Exceptions may be considered for clients younger than the FDA approved age on a case-by-case basis by the Medical Director.
- 3. Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral

corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents.

Note: Exceptions to the criteria above will be considered on a case-by-case basis, which will require a letter from the prescribing provider stating the medical necessity for Fasenra, the client's asthma severity level, and the duration of current and past therapies and lack of asthma control. Consideration for these exceptions will be reviewed by the Medical Director.

- 4. Fasenra is not prescribed concurrently with Xolair or any other interleukin-5 antagonist.
- 5. Any client with a preexisting helminth infection should be treated prior to receiving Fasenra therapy. If there is an active helminth infection, the client should be treated with anti-helminth treatment. If there is no response, treatment with Fasenra should be discontinued until parasitic infection resolves.

Approval duration: 6 months

II. Continued Therapy

A. Severe Asthma (must meet all):

- 1. The client has a satisfactory clinical response to therapy (documentation of clinical improvement must include one or more of the following (a, b, or c):
 - a. Decreased utilization of rescue medications
 - b. Increase in predicted FEV1 (forced expiratory volume) from pretreatment baseline
 - c. Reduction in reported asthma-related symptoms, as evidenced by decreases in frequency or magnitude of one or more of the following symptoms:
 - Asthma attacks
 - Chest tightness or heaviness
 - Coughing or clearing throat
 - Difficulty taking deep breath or difficulty breathing out
 - Shortness of breath
 - Sleep disturbance, night wakening, or symptoms upon awakening
 - Tiredness
 - Wheezing/heavy breathing/fighting for air
- 2. Documentation stating client has not exhibited symptoms of hypersensitivity or anaphylaxis (bronchospasm, hypotension, syncope, urticaria, and/or angioedema) after administration of Fasenra
- 3. Fasenra is not prescribed concurrently with Xolair or any other interleukin-5 antagonist.
- 4. The client must be compliant with their Fasenra regimen in order to qualify for additional prior authorizations. The provider must submit a statement documenting compliance with the requests for each renewal.
- 5. Any client with a preexisting helminth infection should be treated prior to receiving Fasenra therapy. If there is an active helminth infection, the client should be treated with anti-helminth treatment. If there is no response, treatment with Fasenra should be discontinued until parasitic infection resolves.

Note: Requests for clients who do not meet the above criteria will be reviewed for medical necessity by the Medical Director. After lapses in treatment of 3 months or greater, prior authorization requests submitted with documentation will be reviewed by a Medical Director.

Approval duration: 12 months

REFERENCES:

Texas Medicaid Provider Procedures Manual: Outpatient Drug Services Handbook

ATTACHMENTS:

REVISION LOG			
REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED	
Ad Hoc	Added diagnosis codes	11/30/2021	
	Removed age exception note		
Ad Hoc	Formatted to new template	8/10/2022	

Added compliance statement requirement for continued approval for astmma Added that treatment must not be used with any other IL-5 antagonist Edited ICD-10 codes, typos from J4450, J4451 to J4550 and J551 Ad Hoc Extended Approval Duration for continuation of therapy to 12 months Ad Hoc Added additional PA requirement for all indications for initial and continuation of therapy to 12 months Ad Hoc Added additional PA requirement for all indications for initial and continuation of therapy to 12 months Image: the state of the state of the state of the state of the state treated prior to receiving mepolizumab therapy 8/1/2023 Image: the state of the minimum of 3 months to controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral contraindication to these agents. Update criteria verbiage to "the client" for consistency fructuloud state update age requirements throughout by removing 2 symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts Changed Superior HealtPlan/CPS to	I	Added examples as statement	
Added that treatment must not be used with any other IL-5 antagonist Edited ICD-10 codes, typos from J4450, J4451 to J4550 and J551 Ad Hoc Extended Approval Duration for continuation of therapy to 12 months 8/1/2023 Ad Hoc Added additional PA requirement for all indications for initial and continuation criteria: a client with a preexisting helminth infection should be treated prior to receiving mepolizumab therapy If there is an active helminth infection, the client should be treated with anti-helminth treated with anti-adequately controlled with use of a minimum of 3 months of controller medication of moderate to severe astima to: Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acritg bet2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents.			
Added that treatment must not be used with any other IL-5 antagonist Edited ICD-10 codes, typos from J4450, J4451 to J4550 and J551 Ad Hoc Extended Approval Duration for continuation of therapy to 12 months 11/14/2022 Ad Hoc Added additional PA requirement for all indications for initial and continuation or riteria: a client with a preexisting helminth infection should be treated prior to receiving mepolizumab therapy If there is an active helminth infection, the client should be treated with anti-helminth treatment. If there is no response, treatment should be discontinued until parasitic infection of moderate to severe asthma to: Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotinien receptor antagonist [LTRA], or theophylline, unless the individual is includentart of, or has a medical contrindual is includentart of, or has a medical contrindual is includentart of, or has a medical contrient on these agents. Update criteria verbiage to "the client" for consistency throughout document Updated agree previments throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
used with any other IL-5 antagonist Edited (CD-10 codes, typos from J4450, J4451 to J4550 and J551 Ad Hoc Extended Approval Duration for continuation of therapy to 12 months Ad Hoc Added additional PA requirement for all indications for initial and continuation criteria: a client with a preexisting helimith infection should be treated prior to receiving mepolizumab therapy If there is an active helminth infection, the client should be treated with anti-helminth treatment. If there is no response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated are requirements throughout by termoving ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts Removed criteria points under asthma Editation referencing: smoking, pulmonary function tests and eosinophil counts 			
Edited (CD-10 codes, typos from J4450, J4451 to J4550 and J551 Ad Hoc Extended Approval Duration for continuation of therapy to 12 months Added additional PA requirement for all indications for initial and continuation criteria: a client with a preexisting helminth infection should be treated prior to receiving mepolizumab therapy If there is an active helminth infection, the client should be treated with anti-helminth treated with anti-helminth Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: Documentation showing symptoms are inadeguately controlled with use of a minimum of 3 months of controlled as a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts <td></td><td></td><td></td>			
Ad Hoc Extended Approval Duration for continuation of therapy to 12 months Ad Hoc Added additional PA requirement for all indications for initial and continuation criteria: a client with a preexisting helminth infection should be treated prior to receiving mepolizumab therapy If there is an active helminth infection, the client should be treated with anti-helminth treatment. If there is no response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: Documentation showing symptoms are inadequately controller medication, (which includes but is not limited to a long-acting beta2-agoinst [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraidication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated criteria verbiage to "the client" for consistency throughout document updated age requirements throughout by termoving ≥ symbol.			
Ad Hoc Extended Approval Duration for continuation of therapy to 12 months 11/14/2022 Ad Hoc Added additional PA requirement for all indications for initial and continuation criteria: a client with a preexisting helminth infection should be treated prior to receiving mepolizumab therapy If there is an active helminth infection, the client should be treated with anti-helminth infection of moderate to severe astimat to: Documentation of moderate to severe astimat to: Documentation of moderate to severe astimat to: Documentation should be to a minimum of 3 months of controlled with use of a minimum of 3 months of controlled with so thinheld to a long-acting beta2-agonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout by removing ≥ symbol. Removed criteria serbiage to "the client" for consistency throughout by removing ≥ symbol. 			
Addec addec additional PA requirement for all indications for initial and continuation criteria: a client with a preexisting helminth infection should be treated prior to receiving mepolizumab therapy If there is an active helminth infection, the client should be treated with anti-helminth treatment. If there is no response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controlled with use of a minimum of 3 months of controlled but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated criteria probits under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
Ad Hoc Added additional PA requirement for all indications for initial and continuation criteria: 8/1/2023 • a client with a preexisting helminth infection should be treated piror to receiving mepolizumab therapy • If there is an active helminth infection, the client should be treated with anti-helminth treatment. If there is no response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: • Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral contraolist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Updated criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing 2 symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts	Ad Hoc	Extended Approval Duration for	11/14/2022
all indications for initial and continuation criteria: • a client with a preexisting helminth infection should be treated prior to receiving mepolizumab therapy • If there is an active helminth infection, the client should be treated with anti-helminth treatment. If there is no response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: • Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controlled with use of a minimum of 3 months of controlled with use of a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update differia verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts		continuation of therapy to 12 months	
continuation criteria: • a client with a preexisting helminth infection should be treated prior to receiving mepolizumab therapy • If there is an active helminth infection, the client should be treated with anti-helminth treatment. If there is no response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: • Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Updated criteria verbiage to "the client" for consistency throughout document Update dage requirements throughout by removing 2 symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts	Ad Hoc	Added additional PA requirement for	8/1/2023
 a client with a preexisting helminith infection should be treated prior to receiving mepolizumab therapy If there is an active helminth infection, the client should be treated with anti-helminth treatment. If there is no response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controlled with suc of a minimum of 3 months of controlled this is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Update age requirements throughout by removing 2 symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts 		all indications for initial and	
 helminth infection should be treated prior to receiving mepolizumab therapy If there is an active helminth infection, the client should be treated with anti-helminth treatment. If there is no response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LTRA], or theophyline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Update dage requirements throughout by removing ≥ sympol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosing, pulmonary function tests and 		continuation criteria:	
 helminth infection should be treated prior to receiving mepolizumab therapy If there is an active helminth infection, the client should be treated with anti-helminth treatment. If there is no response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LTRA], or theophyline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Update dage requirements throughout by removing ≥ sympol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosing, pulmonary function tests and 		 a client with a preexisting 	
treated prior to receiving mepolizumab therapy • If there is an active helminth infection, the client should be treated with anti-helminth treatment. If there is no response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: • Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophilic counts			
 mepolizumab therapy If there is an active helminth infection, the client should be treated with anti-helminth treatment. If there is no response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: Documentation showing symptoms are inadequately controller with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these aggents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Reemoved criteria points under asthma indication referencing; smoking, pulmonary function tests and eosinophil counts 			
 If there is an active helminth infection, the client should be treated with anti-helminth treatment. If there is no response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these aggents. Update criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinphil counts 			
infection, the client should be treated with anti-helminth treatment. If there is no response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: • Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
treated with anti-helminth treatment. If there is no response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: • Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing 2 symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
treatment. If there is no response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: • Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
response, treatment should be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: • Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing; smoking, pulmonary function tests and eosinophil counts			
be discontinued until parasitic infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: • Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leuktoriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing; smoking, pulmonary function tests and eosinophil counts			
infection resolves Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: • Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leuktoriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
Updated criteria step 3 for initial therapy for indication of moderate to severe asthma to: • Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
therapy for indication of moderate to severe asthma to: • Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
 severe asthma to: Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts 			
 Documentation showing symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts 			
symptoms are inadequately controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
controlled with use of a minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
 minimum of 3 months of controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts 		symptoms are inadequately	
controller medication (which includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts		controlled with use of a	
includes but is not limited to a long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts		minimum of 3 months of	
long-acting beta2-agonist [LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts		controller medication (which	
[LABA], an inhaled or oral corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts		includes but is not limited to a	
corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents.Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol.Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts		long-acting beta2-agonist	
corticosteroid, leukotriene receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents.Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol.Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts		[LABA], an inhaled or oral	
receptor antagonist [LTRA], or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
or theophylline, unless the individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
individual is intolerant of, or has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
has a medical contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
contraindication to these agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
agents. Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
Update criteria verbiage to "the client" for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
for consistency throughout document Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
Updated age requirements throughout by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
by removing ≥ symbol. Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
Removed criteria points under asthma indication referencing: smoking, pulmonary function tests and eosinophil counts			
indication referencing: smoking, pulmonary function tests and eosinophil counts			
pulmonary function tests and eosinophil counts			
eosinophil counts			
Π. Οδησια Χυτρατική μαριτική τη τη τ			
Centene Pharmacy Services/CPS			
throughout policy			
Added names/titles under Policy and			
Procedure Approval Section			
Added CHIP Perinate to Products			
Ad Hoc Review Updated to TX.CC.PHAR format 03/15/2024	Ad Hoc Review		03/15/2024
template			
Added Centene copyright statement		Added Centene copyright statement	

©2024 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or P&P_Template_10272020

otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.