



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Breztri Aerosphere

Page: 1 of 2

Effective Date: 10/31/2025

Last Review Date: 10/14/2025

Applies to: New Jersey Maryland Florida Kids Pennsylvania Kids

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Breztri Aerosphere, a long-acting beta 2 adrenergic agonis/anticholinergic/corticosteroid, under the patient's prescription drug benefit.

Description:

FDA-approved Indications

Breztri Aerosphere is indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD).

Initial Step Therapy

If the patient has filled a prescription for at least a 30-day supply of a dual therapy (long-acting muscarinic antagonist [LAMA] and long-acting beta agonist [LABA] or LABA and inhaled corticosteroid [ICS]) within the past 130 days under this prescription benefit, then Breztri Aerosphere will be paid. If the patient does not meet the initial screen out logic criteria, then the claim will reject indicating that a prior authorization (PA) is required. This PA criteria would then be applied to requests submitted for evaluation to the PA unit.

Coverage Criteria

Authorization may be granted when prescribed for the maintenance treatment of chronic obstructive pulmonary disease (COPD) in an adult patient when the following criteria are met:

- The requested drug is NOT being used for the relief of acute symptoms (i.e., as rescue therapy for the treatment of acute episodes of bronchospasm).

AND

- The patient is currently receiving treatment with dual therapy (LAMA and LABA or LABA and ICS) and is experiencing an inadequate treatment response to this dual therapy.

OR

- The patient has had at least 2 moderate COPD exacerbations or at least 1 leading to hospitalization in the past year

AND

- Blood eosinophil count is at least 300 cells/microliter

Continuation of Therapy

Authorization may be granted if the patient has achieved or maintained a positive clinical response since beginning treatment.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Breztri Aerosphere

Page: 2 of 2

Effective Date: 10/31/2025

Last Review Date: 10/14/2025

Applies to: New Jersey Maryland Florida Kids Pennsylvania Kids

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

References:

1. Breztri Aerosphere [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; January 2022.
2. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease (2025 Report). Available at: <https://goldcopd.org/2025-gold-report/>. Accessed May 2025.