

benralizumab (FASENRA)

DIAGNOSES CONSIDERED FOR COVERAGE:

- Severe eosinophilic asthma

COVERAGE CRITERIA:

For diagnosis of severe eosinophilic asthma, approve if:

INITIAL REQUEST

- Patient is at least 12 years old, and
- Prescribed by or in consultation with an immunologist, pulmonologist, or allergist, and
- One of the following:
 - Eosinophil blood count at least 300 cells/microliter OR
 - Eosinophil blood count of ≥ 150 cells/ μ L and currently on maximally tolerated oral corticosteroid, and
- Asthma symptoms remain uncontrolled despite 3 months of treatment with a high-dose inhaled corticosteroid (ICS) in combination with long-acting beta agonist (LABA) or leukotriene receptor antagonists (e.g. montelukast, zafirlukast, zileuton), and
- Patient is not receiving this medication in combination with another biologic medication indicated for asthma treatment (e.g. Cinqair, Dupixent, Nucala, Xolair, Tezspire), and
- Dose does not exceed FDA label maximum, and
- Meets ONE of the following within the past year:
 - One or more acute asthma attacks requiring emergency care, or
 - One or more acute inpatient visits where asthma was the principal diagnosis, or
 - Use of chronic systemic steroids due to severe asthma OR two or more acute asthma exacerbations requiring oral systemic steroids

Coverage Duration: 6 months

REAUTHORIZATION

- Patient is not receiving this medication in combination with another biologic medication indicated for asthma treatment (e.g. Cinqair, Dupixent, Nucala, Xolair, Tezspire), and
- Dose does not exceed FDA label maximum, and
- Provider attestation that asthma symptoms have improved or controlled while on Fasenra.

Coverage Duration: one year

Coverage Duration: *see coverage criteria*

Effective Date: 3/29/2023