Pharmacy Drug Policy Checklist

POLICY NAME	Fasenra (benralizumab)	POLICY #	

Criteria

Coverage Criteria for Asthma

- ☐ **1.1** Documented diagnosis of eosinophilic phenotype severe asthma with one of the following:
  - Peripheral blood eosinophil count of 150 cells per microliter within the previous 6 weeks
  - Patient is dependent on systemic corticosteroids

- ☐ **1.2** Prescribed by an allergist (allergy doctor), immunologist (immune system doctor), or pulmonologist (lung doctor)

- ☐ **1.3** Age 6 years or older

- ☐ **1.4** Documented concurrent use with one of the following:
  - An inhaled corticosteroid (ICS) such as Asmanex, Pulmicort or Qvar and one additional asthma controller medication such as monteluckast with lack of asthma control
  - A maximally tolerated ICS/LABA combination inhaler such as Symbicort or Dulera with lack of asthma control

Coverage Criteria for Eosinophilic Granulamatosis for Polyangiitis (EGPA)

- ☐ **2.1** Documented diagnosis of eosinophilic granulamatosis with polyangiitis (EGPA)

- ☐ **2.2** Prescribed by or in consultation with an allergist (allergy doctor), immunologist (immune system doctor), pulmonologist (lung doctor), or rheumatologist (doctor of autoimmune conditions)

- ☐ **2.3** Age 18 years or older

- ☐ **2.4** Documented concurrent daily glucocorticoid therapy_