

Policy Name:	Fasenra (benralizumab)	Policy#:	2639P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Fasenra and Fasenra Pen.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Fasenra under the specialty medical benefit or Fasenra Pen under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. 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 montelukast with lack of asthma control
 - A maximally tolerated ICS/LABA combination inhaler such as Symbicort or Dulera with lack of asthma control

2. Coverage Criteria for Eosinophilic Granulomatosis with Polyangiitis (EGPA)

- 2.1 Documented diagnosis of eosinophilic granulomatosis 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

3. Approval Period

- 3.1 Initial Approval: 12 months
- 3.2 Asthma Reapproval: 12 months with documented evidence of improvement, as indicated by reduction in frequency of exacerbations, reduced use of controller medications, reduction in asthma symptoms, or increase in FEV1 from pretreatment baseline
- 3.3 EGPA Reapproval: 12 months with documented improvement in symptoms.

References

1. Fasenra (benralizumab) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; September 2024.
2. Global Initiative for Asthma (GINA), Global Strategy for Asthma Management and Prevention, 2024. https://ginasthma.org/wp-content/uploads/2024/05/GINA-2024-Strategy-Report-24_05_22_WMS.pdf.
3. Grayson PC, Ponte C, Suppiah R, et al. 2022 American College of Rheumatology/European Alliance of Associations for Rheumatology Classification Criteria for Eosinophilic Granulomatosis With Polyangiitis. *Arthritis Rheumatol*. 2022 Mar;74(3):386-392.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.