

POLICY NAME	Fasenra (benralizumab)	POLICY #	2639P
--------------------	------------------------	-----------------	-------

Criteria

Coverage Criteria for Asthma

- ☐ 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
- ☐ Prescribed by an allergist (allergy doctor), immunologist (immune system doctor), or pulmonologist (lung doctor)
- ☐ Age 6 years or older
- ☐ 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

Coverage Criteria for Eosinophilic Granulomatosis for Polyangiitis (EGPA)

- ☐ Documented diagnosis of eosinophilic granulomatosis with polyangiitis (EGPA)
- ☐ Prescribed by or in consultation with an allergist (allergy doctor), immunologist (immune system doctor), pulmonologist (lung doctor), or rheumatologist (doctor of autoimmune conditions)
- ☐ Age 18 years or older
- ☐ Documented concurrent daily glucocorticoid therapy__