

<b>POLICY NAME</b>	Fasenra (benralizumab)	<b>POLICY #</b>	<b>2639P</b>
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## 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 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)

- ☐ **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\_