Fasenra (benralizumab)

Severe Asthma

Coverage Criteria:

1. Prescribed by an asthma specialist, allergist or pulmonologist; and,
2. Patient is ≥ 6 years of age and has a pre-treatment serum eosinophil count of 150 cells/mcL or greater at screening (within the previous 6 weeks); and,
3. Patient has inadequate asthma control (see criteria #4) despite the following standard therapies:
    a. Regular use of inhaled steroids (such as Flovent); and,
    b. Regular use of a long-acting beta-agonist (such as Serevent); and,
    c. Regular or periodic use of oral steroids; and,
4. Inadequate asthma control despite standard therapies is defined as one of the following:
    a. At least 2 exacerbations requiring oral systemic corticosteroids in the last 12 months; or,
    b. At least 1 exacerbation treated in a hospital or requiring mechanical ventilation in the last 12 months; and,
5. Patient is not currently using another biologic therapy for the treatment of asthma such as Cinqair, Dupixent, Nucala or Xolair; and,
6. Patient has tried and failed treatment with Nucala or Dupixent; and,
7. Prescribed within the FDA approved dosing regimen.

Renewal Criteria:

1. Patient has been seen by provider in the past 12 months; and,
2. Patient has been adherent to therapy; and,
3. Patient has not experienced unacceptable toxicity; and,
4. Patient has a clinically meaningful response to the medication as defined:
    a. Decreased frequency of exacerbations defined as:
        i. Improvement of asthma control, demonstrated by decreased use of oral or systemic corticosteroids; or,
        ii. Less frequent hospitalizations; or,
        iii. Reduced frequency of emergency department visits; or,
    b. Improvement in lung function measured in FEV1; and,
5. Patient is not currently using another biologic therapy for the treatment of asthma such as Cinqair, Dupixent, Fasenra or Xolair; and,
6. Patient has tried and failed treatment with Nucala or Dupixent (members currently treated with Fasenra will be provided 60 days to transition); and,
7. Prescribed within FDA approved dosing regimen.

P&T Date: 10/7/2019; 11/4/2024
Effective Date: 10/1/2020; Revised 5/1/2024, 10/1/2024, 12/1/2024

Coverage Duration:
Initial authorizations and reauthorizations will be provided for 12 months.

Eosinophilic Granulomatosis with Polyangiitis

Coverage Criteria:

1. Prescribed by an asthma specialist, allergist, pulmonologist or rheumatologist; and,
2. Patient is ≥ 18 years of age; and,
3. Patient is diagnosed with eosinophilic granulomatosis with polyangiitis (EGPA) with a history or presence of asthma with eosinophilia (>10% eosinophils on the differential white blood cell count) and at least two of the following additional features of EGPA:
    a. A biopsy showing histopathological evidence of eosinophilic vasculitis defined as:
        i. Perivascular eosinophilic infiltration, or eosinophil-rich granulomatous; or,
        ii. Inflammation; or,
    b. Neuropathy, mono or poly (motor deficit or nerve conduction abnormality); or,
    c. Pulmonary infiltrates, non-fixed; or,
    d. Sino-nasal abnormality; or,
    e. Cardiomyopathy (established by echocardiography or MRI); or,
    f. Glomerulonephritis (hematuria, red cell casts or proteinuria); or,
    g. Alveolar hemorrhage (by bronchoalveolar lavage); or,
    h. Palpable purpura; or,
    i. Positive test for ANCA (MPO or PR3); and,
4. Patient has tried and failed azathioprine or cyclophosphamide or methotrexate. Treatment failure is defined as one of the following:
    a. EGPA flare requiring oral corticosteroid (OCS) dose increase or hospitalization; or,
    b. EGPA symptom recurrence while tapering OCS dose; or,
    c. Patient has contraindications or it is clinically inappropriate to use all immunosuppressant options listed above; and
5. Patient is not currently using another biologic therapy for the treatment of EGPA (e.g., Nucala); and,
6. Prescribed within FDA approved dosing regimen.

Renewal Criteria:

1. Patient has been seen by provider within the past 12 months; and,
2. Patient has been adherent to therapy; and,
3. Patient has a clinically meaningful response to the medication as defined:
    a. Prednisolone or prednisone dose less than or equal to 4 mg/day; or
    b. Remission: Prednisolone dose ≤7.5 mg/day (or equivalent OCS) and BVAS = 0 4.
4. Prescribed within the FDA-approved dosing regimen.

Coverage Duration:

Initial authorizations will be provided for 6 months.
Reauthorizations will be provided for 12 months.