Fasenra (benralizumab) is a **non-preferred** product and will only be considered for coverage under the **medical** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

### SEVERE ASTHMA

For **initial** authorization:

1. Member must be 12 years of age or older; AND
2. Medication must be prescribed by or under the recommendation of a pulmonologist, immunologist or allergist; AND
3. Member has eosinophilic phenotype as defined by a baseline (pre-benralizumab treatment) peripheral blood eosinophil level ≥ 150 cells/µL within the past 6 weeks; AND
4. Member’s asthma has been inadequately controlled after 3 month of conventional treatment of medium to high doses of inhaled corticosteroids (ICS) and long acting beta 2-agonists (LABA); AND
5. Member has at least two documented severe asthma exacerbation within last year; AND
6. Medication is being used as the add-on maintenance treatment to conventional therapies for asthma (i.e., ICS, LABA, etc.); AND
7. Medication is not used in combination with Nucala (mepolizumab) or Cinqair (reslizumab).
8. **Dosage allowed:** Recommended dose is 30 mg every 4 weeks for the first 3 doses, followed by once every 8 weeks thereafter.

*If member meets all the requirements listed above, the medication will be approved for 16 weeks.*

For **reauthorization**:

1. Medication not being used as monotherapy for asthma; AND
2. Member must be in compliance with all other initial criteria; AND
3. Chart notes have been provided that show the member has demonstrated improvement during 16 weeks of medication therapy:
   a) Decreased frequency of emergency department visits; OR
   b) Decreased frequency of hospitalizations due to asthma symptoms; OR
   c) Increase in percent predicted FEV1 from pretreatment baseline; OR
   d) Improved functional ability (i.e. decreased effect of asthma on ability to exercise, function in school or at work, or quality of sleep); OR
   e) Decreased utilization of rescue medications.

*If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.*
CareSource considers Fasenra (benralizumab) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Active lung infection
- Acute bronchospasm
- Allergic bronchopulmonary aspergillosis/mycosis
- Alpha 1 anti-trypsin deficiency
- Atopic dermatitis
- Atopic eczema
- Bronchiectasis
- Chronic obstructive pulmonary disease
- Chronic rhinosinusitis
- Churg-Strauss syndrome
- Cystic fibrosis
- Eosinophil gastroenteritis
- Eosinophilic esophagitis
- Eosinophilic granulomatosis with polyangiitis
- Hyper-eosinophilic syndrome
- Hypoventilation syndrome associated with obesity
- Lung cancer
- Nasal polyposis
- Primary ciliary dyskinesia
- Pulmonary fibrosis
- Status asthmaticus

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
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<tbody>
<tr>
<td>12/01/2017</td>
<td>New policy for Fasenra created.</td>
</tr>
<tr>
<td>05/12/2018</td>
<td>Baseline (pre-benralizumab treatment) peripheral blood eosinophil level was changed from 300 to ≥ 150 cells/µL within the past 6 weeks.</td>
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</table>

References:

Effective date: 09/07/2018
Revised date: 05/12/2018