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 in consultation with a pulmonologist, immunologist or allergist; AND
3. Member has a blood eosinophil count of at least 300 cells/µL or at least 150 cells/ µL if taking maintenance oral corticosteroids (OCS); AND
4. Member has at least two documented severe asthma exacerbations requiring oral corticosteroids (OCS), or at least one requiring hospitalization, within last year; AND
5. 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
6. Medication is being used as add-on maintenance treatment to conventional therapies for asthma (i.e., ICS, LABA, etc.); AND
7. Medication is not used in conjunction with any other biologic therapy for asthma.
8. Dosage allowed: 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 hospitalizations due to asthma exacerbations; OR
   b) Increase in percent predicted FEV1 from pretreatment baseline; OR
   c) Improved functional ability (i.e. decreased effect of asthma on ability to exercise, function in school or at work, or quality of sleep); OR
   d) Decreased utilization of rescue medications or oral corticosteroids.

*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 diseases that are not listed in this document.

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td>11/25/2020</td>
<td>Eosinophil count was updated to be consistent with guidelines; exacerbation number was updated to be consistent with guidelines (2 requiring OCS or 1 requiring hospitalization in the last year); changed from not to be used with Nucala or Cinqair to not to be used with any other asthma biologic.</td>
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</tbody>
</table>

References:

Effective date: 07/01/2021
Revised date: 11/25/2020