

Applicable Drugs: Fasenra (benralizumab)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 3/6/2020

Date Last Reviewed / Revised: 5/11/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I and IV are met)

- I. Documented diagnosis of one of the following conditions A through B AND must meet all criteria under applicable diagnosis:
 - A. Severe asthma with an eosinophilic phenotype
 1. Documented blood eosinophilia count of at least 150 cells/mcL at baseline.
 2. Documentation that the patient has been on a minimum of a six-month trial of a high-dose inhaled corticosteroid (ICS) used in combination with a long-acting inhaled beta-2 agonist (LABA).
 3. Documentation that the patient's asthma symptoms are poorly controlled despite therapy AND meets at least one of the following criteria:
 - a) Poor symptom control (eg, Asthma Control Questionnaire [ACQ] score consistently greater than 1.5 or Asthma Control Test [ACT] score consistently less than 20)
 - b) Two or more asthma exacerbations requiring systemic corticosteroids within the past 12 months.
 - c) One or more asthma exacerbations requiring emergency treatment (ie, hospitalization, mechanical ventilation, or emergency room visit) within the past 12 months.
 - d) Worsening asthma when oral corticosteroids are tapered.
 - e) Baseline forced expiratory volume in one second (FEV1) less than 80% predicted.
 4. Documentation that Fasenra will be used in conjunction with ICS + LABA therapy as an add-on maintenance treatment.
 5. Minimum age requirement: 6 years old
 - B. Eosinophilic granulomatosis with polyangiitis (EGPA, formerly Churg-Strauss Syndrome)
 1. Documentation of active, non-severe disease as defined as vasculitis without life- or organ-threatening manifestations (eg, rhinosinusitis, asthma, mild systemic symptoms, uncomplicated cutaneous disease, mild inflammatory arthritis).
 2. Documentation of one of the following criteria (a or b):

- a) Blood eosinophil count of at least 1000 cells/mcL.
 - b) Blood eosinophil level of at least 10%.
 3. Documented history or presence of asthma.
 4. Documentation of at least two of the following disease characteristics:
 - a) Histopathological evidence of eosinophilic vasculitis, perivascular eosinophilic infiltration, or eosinophil-rich granulomatous inflammation
 - b) Neuropathy
 - c) Non-fixed pulmonary infiltrates
 - d) Sinonasal abnormality
 - e) Cardiomyopathy (established by echocardiography or magnetic resonance imaging)
 - f) Glomerulonephritis (hematuria, red cell casts, and proteinuria)
 - g) Alveolar hemorrhage
 - h) Palpable purpura
 - i) Anti-neutrophil cytoplasmic antibody (ANCA) positivity
 5. Documentation that the patient is stable on an oral corticosteroid at dose 7.5 mg to 50 mg of prednisone or prednisolone per day or equivalent for at least 4 weeks has a contraindication to corticosteroid therapy.
 6. Documented treatment failure to one or contraindication to all systemic immunosuppressant(s) (eg, azathioprine, cyclophosphamide, methotrexate, or mycophenolate mofetil) for at least 4 weeks.
 7. Documentation that Fasenra will be used in conjunction with an oral corticosteroid as an add-on maintenance treatment.
 8. Minimum age requirement: 18 years old.
- II. Treatment must be prescribed by or in consultation with an allergist, immunologist, or pulmonologist.
 - III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
 - IV. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Treatment of acute bronchospasm or status asthmaticus.

- Concurrent use with other anti-asthma monoclonal antibodies (ie, Cinqair [reslizumab], Dupixent [dupilumab], Exdusur [depemokimab], Nucala [mepolizumab], Tezspire [tezepelumab], and Xolair [omalizumab]).

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Asthma:
 - Age 12 to 18 years old: One 30 mg pen or syringe every 28 days for the first 3 doses, then one 30 mg pen or syringe every 8 weeks.
 - Age 6 to 11 years old:
 - < 35 kg: One 10 mg syringe every 28 days for the first 3 doses, then one 10 mg syringe every 8 weeks.
 - ≥ 35 kg: One 30 mg pen or syringe every 28 days for the first 3 doses, then one 30 mg pen or syringe every 8 weeks.
- EGPA: one 30 mg pen or syringe every 4 weeks.

APPROVAL LENGTH

- **Authorization:** 6 months
- **Re-Authorization:** 12 months, with an updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

- N/A

REFERENCES

1. Fasenra. Prescribing Information. AstraZeneca Pharmaceuticals; 2024. Accessed May 7, 2026. https://drd9vrh9yh09.cloudfront.net/50fd68b9-106b-4550-b5d0-12b045f8b184/3647bed4-ce91-4fe7-9bc5-32dbee73f80a/3647bed4-ce91-4fe7-9bc5-32dbee73f80a_viewable_rendition_v.pdf
2. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention. 2026. Accessed May 6, 2026. <https://ginasthma.org/2026-gina-strategy-report/>
3. Wechsler ME, Nair P, Terrier B, et al. Benralizumab versus mepolizumab for eosinophilic granulomatosis with polyangiitis. *N Engl J Med*. 2024;390(10):911-921. doi:10.1056/NEJMoa2311155

4. Chung SA, Langford CA, Maz M, et al. 2021 American College of Rheumatology/Vasculitis Foundation guideline for the management of antineutrophil cytoplasmic antibody-associated vasculitis. *Arthritis Care Res (Hoboken)*. 2021;73(8):1088-1105. doi:10.1002/acr.24634
5. Hellmich B, Sanchez-Alamo B, Schirmer JH, et al. EULAR recommendations for the management of ANCA-associated vasculitis: 2022 update. *Annals of the Rheumatic Diseases*. 2023;83(1). doi:10.1136/ard-2022-223764

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.