Pharmacy Drug Policy & Procedure

Policy Name:	Fasenra (benralizumab)	Policy #:	2639P

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Fasenra and Fasenra Pen.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Fasenra under the specialty medical benefit or Fasenra Pen under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. Coverage Criteria

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 (such as prednisone)

1.2 Prescribed by an immunologist (immune system doctor), allergist (allergy doctor), or pulmonologist (lung doctor)

1.3 Age 6 years or older

1.4 Documented use with one of the following:
- An inhaled corticosteroid (ICS) therapy such as Asmanex, Pulmicort or QVAR and one additional therapy such as montelukast with lack of asthma control
- A maximally tolerated combination inhaled corticosteroid/long acting beta2 agonist (ICS/LABA) inhaler such as Symbicort or Dulera with lack of asthma control

2. Approval Period

2.1 Initial Approval: 12 months

2.2 Reapproval: 12 months with documented evidence of improvement, as indicated by reduction in frequency of exacerbations, reduced used of controller medications, reduction in asthma symptoms, or increase in lung function from pretreatment baseline

CPT Codes

HCPCS Codes

J0517	Injection, benralizumab, 1mg

References

1. Fasenra (benralizumab) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; April 2024.
2. Global Initiative for Asthma (GINA), Global Strategy for Asthma Management and Prevention, 2023. https://ginasthma.org/2023-gina-main-report/.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.