



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Fasenra® (benralizumab)
Effective 11/21/2019

[Prior Authorization Request Form](#)

FASENRA is an interleukin-5 receptor alpha-directed cytolytic monoclonal antibody (IgG1, kappa) indicated for the add-on maintenance treatment of patients with severe asthma aged 12 years and older, and with an eosinophilic phenotype.

Prior authorization requests for Fasenra may be approved if the following criteria are met:

TREATMENT OF EOSINOPHILIC ASTHMA:

1. Must be prescribed by or in consultation with an allergist, immunologist or pulmonologist; **AND**
2. The patient must be within the age range as recommended by the FDA label and indication; **AND**
3. Patient must have documented adherence to a therapeutic regimen consisting of a LABA + high dose ICS therapy in the last 90 days; **AND**
4. Documentation must be supplied indicating **one** of the following:
 - a. A positive sputum test for eosinophilic phenotype asthma with sputum eosinophil level $\geq 3\%$
OR
 - b. Asthma with eosinophilic phenotype with blood eosinophil count greater than or equal to 300 cells/mcL in the past 12 months
 - c. **OR** claims data that reflect a continual reliance on oral corticosteroid therapy in the last 90 days.

Initial approval of Fasenra for asthma will be for 90 days. Additional therapy shall be approvable with documentation of satisfactory patient response and compliance on inhaled therapy.

References

- 1.) Fasenra Package Insert (10/2019)
- 2.) LexiComp monograph review (11/18/2019)
- 3.) UpToDate literature review on the treatment of severe asthma in adolescents and adults (11/07/2018)