Fasenra Pre-filled syringe (benralizumab)
Fasenra Auto-injector (benralizumab)
Effective 06/01/20

<table>
<thead>
<tr>
<th>Plan</th>
<th>Benefit</th>
<th>Program Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ MassHealth</td>
<td>☑ Pharmacy Benefit</td>
<td>☑ Prior Authorization</td>
</tr>
<tr>
<td>□ Commercial/Exchange</td>
<td>☑ Medical Benefit (NLX)</td>
<td>□ Quantity Limit</td>
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<td></td>
<td></td>
<td>□ Step Therapy</td>
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**Specialty Limitations**
This medication has been designated specialty and must be filled at a contracted specialty pharmacy when obtained through the pharmacy benefit.

**Specialty Medications**

<table>
<thead>
<tr>
<th></th>
<th>All Plans</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
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**Non-Specialty Medications**

<table>
<thead>
<tr>
<th></th>
<th>MassHealth</th>
<th>Phone: 877-433-7643</th>
<th>Fax: 866-255-7569</th>
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<tr>
<th></th>
<th>Commercial</th>
<th>Phone: 800-294-5979</th>
<th>Fax: 888-836-0730</th>
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<tr>
<th></th>
<th>Exchange</th>
<th>Phone: 855-582-2022</th>
<th>Fax: 855-245-2134</th>
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**Medical Specialty Medications (NLX)**

<table>
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<tr>
<th></th>
<th>All Plans</th>
<th>Phone: 844-345-2803</th>
<th>Fax: 844-851-0882</th>
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**Contact Information**

**Exceptions**
Fasenra Pre-filled syringe is available on Medical Benefit ONLY
Fasenra Auto-injector is available on Medical Benefit and Pharmacy Benefit*

*Pharmacy claims must be filled at Specialty Pharmacy

**Overview**
Benralizumab, a humanized monoclonal antibody (IgG1, kappa), is an interleukin-5 antagonist. IL-5 is the major cytokine responsible for the growth and differentiation, recruitment, activation, and survival of eosinophils (a cell type associated with inflammation and an important component in the pathogenesis of asthma). Benralizumab inhibits the IL-5 signaling which reduces the production and survival of eosinophils.

**Coverage Guidelines**
Authorization may be granted for members who are currently receiving treatment with Fasenra, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR

Authorization may be granted if the member meets all following criteria and documentation has been submitted:

1. The member has a documented diagnosis of moderate-to-severe eosinophilic asthma
2. The member is 12 years of age or older
3. The member is not an active smoker
4. The prescriber is an asthma specialist (e.g., allergist, immunologist, pulmonologist)
5. The member has an eosinophilic phenotype as evidenced by peripheral blood eosinophil count of ≥ 150 cells/µL or elevated eosinophils
6. The member continues to be symptomatic despite adherence with a controller medication containing an inhaled corticosteroid and a long-acting beta agonist (LABA) OR an inhaled corticosteroid and a LABA used as separate agents
OR

7. The member is using chronic oral steroids.

**Continuation of Therapy**

Reauthorization may be granted for members who have met the initial criteria and the physician has submitted clinical documentation of clinical response as evidenced by a decrease in at least one of the following:

1. The dose of inhaled corticosteroids
2. Asthma exacerbations (e.g., decrease in frequency of asthma-related ED visits or hospitalizations)
3. The use of oral corticosteroids to treat exacerbations

**Limitations**

1. The member will not receive Fasenra in combination with another IL-5 inhibitor indicated for asthma (e.g., Cinqua, Nucala)
2. Other causes of eosinophilia (e.g., hypereosinophilic syndromes, neoplastic disease, parasitic disease) must be ruled out
3. Initial approvals will be granted for 6 months
4. Reauthorization may be granted for 12 months

**References**

1. Fasenra (benralizumab) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; November 2017

**Review History**

06/25/2018 – Reviewed
09/18/2019 – Reviewed
03/18/2020 – Updated P&T Mtg; Addition of Fasenra Auto-injector (effective 6/1/20)

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