



MONTANA HEALTHCARE PROGRAMS

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Physician Administered Drug Prior Authorization Criteria for Fasenra®

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Fasenra® (benralizumab) is an interleukin-5 receptor alpha-directed cytolytic monoclonal antibody

Indications: Fasenra® is used for:

- Add-on maintenance treatment of patients with severe asthma aged 12 years and older with an eosinophilic phenotype.

Length of Authorization-1 year

Criteria for Approval:

- Must be prescribed by an appropriate specialist or have an annual consult on file. (Allergist, pulmonologist or immunologist).
- Member is 12 years of age or older
- Member must have severe uncontrolled asthma with an eosinophilic phenotype (confirmed)
- Member must be appropriately using ICS and LABA inhalers

Renewal Criteria:

- For yearly PA updates, member must have been adherent to treatment regimen during the previous year (including ICS and LABA).

References:

1. Fasenra® [package insert]. Sodertalje, Sweden: AstraZeneca AB; 11/2017, Accessed December 26, 2018.