

Prior Authorization Guideline

Guideline Name	Fasenra (benralizumab)
Formulary	• Medicaid - CareOregon (CORMCAID)

Guideline Note:

Effective Date:	7/1/2026

1 . Criteria

Product Name: Fasenra	
Diagnosis	Eosinophilic granulomatosis with polyangiitis
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Product Name	Generic Name	GPI	Brand/Generic
FASENRA PEN	BENRALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 30 MG/ML	4460402000D520	Brand
FASENRA	BENRALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 10 MG/0.5ML	4460402000E515	Brand
FASENRA	BENRALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 30 MG/ML	4460402000E520	Brand

Approval Criteria

1 - Diagnosis of Eosinophilic granulomatosis with polyangiitis

AND

2 - Prescribed by or in consultation with one of the following:

- Pulmonologist
- Rheumatologist
- Vasculitis specialist

AND

3 - Submission of medical records (e.g., chart notes) confirming systemic involvement beyond asthma, ear, nose, and throat manifestations

AND

4 - Submission of medical records (e.g., chart notes) confirming failure to induce remission with oral or pulse corticosteroids or unable to taper oral corticosteroids after 3 months

AND

5 - Submission of medical records (e.g., chart notes) confirmingfailure of an immunosuppressant (e.g., methotrexate, azathioprine, cyclophosphamide)

AND

6 - One of the following:

6.1 Submission of medical records (e.g., chart notes) confirming linical failure of Nucala after 6 months (defined as no objective improvement, Birmingham Vasculitis Activity Score > 0, inability to taper oral corticosteroids to < 4mg/day, or related hospitalization/ED visit/urgent care utilization while on Nucala therapy)

OR

6.2 Contraindication or intolerance to Nucala

Product Name: Fasenra	
Diagnosis	Eosinophilic granulomatosis with polyangiitis
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Product Name	Generic Name	GPI	Brand/Generic
FASENRA PEN	BENRALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 30 MG/ML	4460402000D520	Brand
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Approval Criteria

1 - Submission of medical records (e.g., chart notes) confirming one of the following:

- Disease remission (Birmingham Vasculitis Activity Score of 0)
- Improvement in Birmingham Vasculitis Activity Score and reduction in related hospitalizations/ED visits/Urgent care utilization since starting therapy

AND

2 - Oral corticosteroid dose less than or equal to 4mg/day

Product Name: Fasenra	
Diagnosis	Hypereosinophilic syndrome, without an identifiable non-hematologic secondary cause
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Product Name	Generic Name	GPI	Brand/Generic

FASENRA PEN	BENRALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 30 MG/ML	4460402000D520	Brand
FASENRA	BENRALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 10 MG/0.5ML	4460402000E515	Brand
FASENRA	BENRALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 30 MG/ML	4460402000E520	Brand

Approval Criteria

1 - Submission of medical records (e.g., chart notes) confirming diagnosis of PDGFRA-negative Hypereosinophilic Syndrome (HES)

AND

2 - Member has had diagnosis of HES for at least 6 months

AND

3 - Prescribed by or in consultation with a hematologist

AND

4 - Member has at least two HES flares in the past 12 months while on therapy with hydroxyurea or corticosteroids

AND

5 - Submission of medical records (e.g., chart notes) confirming baseline eosinophil count of at least 1,000 cells/uL

AND

6 - Positive response to corticosteroid therapy

AND

7 - Submission of medical records (e.g., chart notes) confirming one of the following:

- Disease flare while on hydroxyurea
- Contraindication or intolerance to hydroxyurea

Product Name: Fasenra	
Diagnosis	Hypereosinophilic syndrome, without an identifiable non-hematologic secondary cause
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Product Name	Generic Name	GPI	Brand/Generic
FASENRA PEN	BENRALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 30 MG/ML	4460402000D520	Brand
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Approval Criteria

1 - Submission of medical records (e.g., chart notes) confirming no HES flares or other clinical response since starting therapy

Product Name: Fasenra	
Diagnosis	Severe asthma, eosinophilic phenotype
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Product Name	Generic Name	GPI	Brand/Generic
FASENRA PEN	BENRALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 30 MG/ML	4460402000D520	Brand
FASENRA	BENRALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 10 MG/0.5ML	4460402000E515	Brand

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Approval Criteria

1 - Submission of medical records (e.g., chart notes) confirming diagnosis of moderate-severe asthma

AND

2 - Baseline eosinophil count of at least 150 cells/uL

AND

3 - Submission of medical records (e.g. chart notes) confirming trial and failure, intolerance or contradiction to all of the following:

- High-dose inhaled corticosteroid with long-acting beta-agonist
- Long-acting muscarinic antagonist (e.g., tiotropium)
- Leukotriene inhibitor (e.g., montelukast)

AND

4 - Adherence to maintenance inhaler(s) and leukotriene therapy (such as consistent fill history)

AND

5 - Urgent care, ED visit, hospitalization, or frequent exacerbations within the last 12 months

Product Name: Fasenra	
Diagnosis	Severe asthma, eosinophilic phenotype
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

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Approval Criteria

1 - Submission of medical records (e.g., chart notes) confirming reduction in asthma exacerbations, ED/urgent care visits, hospitalizations, oral steroid requirements, or sustained clinical improvement from baseline

2 . Revision History

Date	Notes
	New program