Fasenra (benralizumab)

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Fasenra is indicated for the add-on maintenance treatment of patients with severe asthma aged 12 years and older, and with an eosinophilic phenotype.

Limitations of Use:
• Not for treatment of other eosinophilic conditions
• Not for relief of acute bronchospasm or status asthmaticus

All other indications are considered experimental/investigational and are not a covered benefit.

POLICY

Criteria for Initial Approval
A. Severe eosinophilic asthma
Authorization of 12 months may be granted for treatment of severe asthma with an eosinophilic phenotype when all of the following criteria are met:
1. Member is 12 years of age or older
2. Member has a baseline blood eosinophil count of at least 300 cells per microliter
3. Member has a history of severe asthma despite current treatment with both of the following medications at optimized doses:
   a.) Inhaled corticosteroid
   b.) Additional controller (long acting beta2-agonist, leukotriene modifier, or sustained-release theophylline)

Continuation of Therapy
Authorization of 12 months may be granted for treatment of severe asthma with an eosinophilic phenotype when ALL of the following criteria are met:
1. Member is 12 years of age or older
2. Asthma control has improved on Fasenra treatment, demonstrated by either:
   a.) A reduction in the frequency and/or severity of symptoms and exacerbations
   b.) A reduction in the daily maintenance oral corticosteroid dose
PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

• C9466 Injection, benralizumab, 1 mg

REFERENCES


POLICY HISTORY

Policy #: 05.02.32
Reviewed: January 2018
Revised:
Current Effective Date: March 15, 2018