Drug Coverage Policy

Effective Date……09/01/2026
Coverage Policy Number…… DQM031
Policy Title…… Fasenra Drug Quantity Management Policy – Per Days

Immunologicals – Fasenra Drug Quantity Management Policy – Per Days

- Fasenra ® (benralizumab subcutaneous injection – AstraZeneca)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

Fasenra, an interleukin-5 receptor alpha (IL-5Rα)-directed cytolytic monoclonal antibody, is indicated for the following uses:[1]

- **Asthma** as add-on maintenance treatment of patients ≥ 6 years of age with severe disease and an eosinophilic phenotype. Limitations of Use: Fasenra is not indicated for the treatment of other eosinophilic conditions or for the relief of acute bronchospasm/status asthmaticus.
- **Eosinophilic granulomatosis with polyangiitis** (EGPA) in adults.
- **Hypereosinophilic Syndrome** in adult and pediatric patients aged 12 years and older with hypereosinophilic syndrome (HES) without an identifiable non-hematologic secondary cause.

Dosing

Asthma Dosing

- Adults and adolescents ≥ 12 years of age: 30 mg administered as a subcutaneous (SC) injection once every 4 weeks (Q4W) for the first 3 doses, then once every 8 weeks (Q8W) thereafter.[1]
- Patients 6 to 11 years of age:
  - Weight < 35 kg: 10 mg SC Q4W for the first 3 doses, then Q8W thereafter.
  - Weight ≥ 35 kg: 30 mg SC Q4W for the first 3 doses, then Q8W thereafter.

Eosinophilic Granulomatosis with Polyangiitis Dosing

The recommended dose of Fasenra in patients with EGPA is 30 mg Q4W.[1]

Hypereosinophilic Syndrome

The recommended dose of Fasenra in patients with HES is 30 mg Q4W.[1]

Availability

Fasenra is available as 10 mg/0.5 mL and 30 mg/mL single-dose, prefilled syringes and a 30 mg/mL single-dose pen.[1] Each carton contains one pen or syringe.

Coverage Policy

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Fasenra. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. Approvals are provided for 1 year in duration, unless otherwise noted below. "One-time" approvals are provided for the duration noted below. Meeting Drug Quantity Management Program Criteria does not satisfy any other prior authorization or medical necessity criteria requirements.

Drug Quantity Limits

Product	Strength and Form	Retail and Home Delivery Maximum Quantity per 56 days
Fasenra® (benralizumab subcutaneous injection)	10 mg/0.5 mL prefilled syringes	1 syringe (0.5 mL)
	30 mg/mL prefilled syringes	1 mL (1 syringe)
	30 mg/ mL prefilled pens	1 mL (1 pen)

Exceptions to the quantity limits listed above are covered as medically necessary when ONE of the following criteria are met. Any other exception is considered not medically necessary.

CRITERIA

Fasenra 10 mg/0.5 mL prefilled syringes

1. If the patient is initiating therapy at induction dosing for asthma, as verified by the absence of claims for Fasenra in the past 130 days, approve a one-time override for 84 days for 3 syringes (1.5 mL) at retail and home delivery.

Fasenra 30 mg/mL pens and prefilled syringes

1. If the patient is initiating therapy at induction dosing for asthma, as verified by the absence of claims for Fasenra in the past 130 days, approve a one-time override for 84 days for 3 mL (3 pens or 3 prefilled syringes) at retail and at home delivery.
2. If the patient has eosinophilic granulomatosis with polyangiitis, approve 1 mL (1 pen or 1 syringe) per 28 days at retail and 3 mL (3 pens or 3 syringes) per 84 days at home delivery.
3. If the patient has hypereosinophilic syndrome, approve 1 mL (1 pen or 1 syringe) per 28 days at retail and 3 mL (3 pens or 3 syringes) per 84 days at home delivery.

References

1. Fasenra® subcutaneous injection [prescribing information]. Wilmington, DE: AstraZeneca; May 2026.

Revision Details

Summary of Changes	Review Date	Effective Date
New policy.	07/30/2026	09/01/2026

The policy effective date is in force until updated or retired.