

Benralizumab (FASENRA) in Asthma

Criteria for Use

October 2025

VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the [PBM INTRAnet](#) site for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive benralizumab.

- Acute exacerbation of asthma or status asthmaticus
- Concurrent use with other biologics for asthma
- Currently undergoing bronchial thermoplasty
- Untreated parasitic (helminth) infection (treat before starting benralizumab)

Inclusion Criteria

All of the following criteria must be met.

- Provider is a VA or VA Community Care asthma specialist (pulmonologist, allergist, immunologist) or designated expert
- Diagnosis of asthma with an **eosinophilic phenotype**
- Blood eosinophil count ≥ 150 cells/microliter obtained prior to treatment (does not apply if switching from another interleukin modifying drug for asthma)
- Receiving high-dose inhaled corticosteroid (or maximally tolerated dose) AND at least 3 months of a long-acting beta agonist and/or other controller medication such as tiotropium if appropriate, with or without an oral corticosteroid
- Adherent to asthma medications as evidenced by a review of prescription refill history
- Patient has demonstrated correct inhaler technique (documented in chart) ^{^1}

^{^1} Proper use of the inhaled device should be confirmed. If the patient is unable to use their inhaled device properly, consider a change to an alternative device (DPI, SMI, MDI). If a switch is made, reassess, and confirm ability to use new device properly.

Additional Inclusion Criteria

At least one of the following criteria must be met.

- Two or more asthma exacerbations requiring systemic corticosteroids OR one or more hospitalizations in the prior year
- Requires maintenance with oral corticosteroids ^{^2}
- Inadequate symptom control (e.g., short-acting beta-agonist use > 2 days/week, nighttime awakening due to asthma > 1 once/week, limitation of normal activity, Asthma Control Test < 19)

^{^2} Although systemic corticosteroids suppress eosinophils, patients in the corticosteroid reducing trial (ZONDA) were required to have eosinophils of ≥ 150 cells/microliter at enrollment (85% had an eosinophil count ≥ 300 cells/microliter).

Other Justification

- Patient with non-severe active eosinophilic granulomatosis with polyangiitis (EGPA) to induce remission, prevent relapse and to minimize exposure to glucocorticoids and prescribed by a specialty provider experienced in managing EGPA
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