IOWA Health and Human Services

Fasenra (benralizumab)
PAM – 032

Iowa Medicaid Program	Prior Authorization	**Effective Date**	07/01/2021
Revision Number	6	**Last Reviewed**	07/17/2026
Reviewed By	Medicaid Medical Director	**Next Review**	07/16/2027
Approved By	Medicaid Clinical Advisory Committee	**Approved Date**	04/16/2021

Overview

Medication: [1]	benralizumab
Brand Name:	Fasenra®
Pharmacologic Category:	Respiratory Tract/Pulmonary Agents; Immunomodulators; Interleukin-5 receptor alpha-directed cytolytic monoclonal antibody (IgG1, kappa)
FDA-Approved Indication(s):	1. Add-on maintenance treatment of adult and pediatric patients aged 6 years and older with severe asthma, and with an eosinophilic phenotype • Limitations of Use: Not indicated for relief of acute bronchospasm or status asthmaticus 2. Treatment of adult patients with eosinophilic granulomatosis with polyangiitis (EGPA) 3. Treatment of adult and pediatric patients aged 12 years and older with hypereosinophilic syndrome (HES) without an identifiable non-hematologic secondary cause ▶ **NEW** indication (FDA-approved 5/13/2026)
How Supplied:	Single-dose prefilled syringe: 10 mg/0.5 mL or 30 mg/mL Single-dose autoinjector: 30 mg/mL

Dosage

Indication	Patient Age	Dosage	Frequency
1. Asthma	12+ years	30 mg	Every 4 weeks for first 3 doses, then every 8 weeks thereafter
	6 – 11 years, ≥ 35 kg	30 mg	
	6 – 11 years, < 35 kg	10 mg	
2. EGPA	18+ years	30 mg	Once every 4 weeks
3. HES	12+ years	30 mg	Once every 4 weeks

Administration

- All doses are to be administered subcutaneously as one injection
- Prefilled syringe is intended for administration by a healthcare provider
- Autoinjector (Fasenra Pen™) is intended for administration by patients/caregivers (patients/caregivers may inject after proper training in subcutaneous injection technique, and after the healthcare provider determines it is appropriate)
  - In patients 6 to 11 years of age weighing 35 kg or more, Fasenra Pen™ should only be administered by a caregiver or healthcare provider

Benefit Category:	Medical

Descriptive Narrative

Asthma

The following definition for asthma was reached by consensus of the Global Initiative for Asthma (GINA), based on consideration of the characteristics that are typical of asthma before inhaled corticosteroid (ICS)-containing treatment is started, and that distinguish it from other respiratory conditions. However, airflow limitation may become persistent later in the course of the disease.

- Asthma is a heterogeneous disease, usually characterized by chronic airway inflammation. It is defined by the history of respiratory symptoms, such as wheeze, shortness of breath, chest tightness, and cough, that vary over time and in intensity, together with variable expiratory flow.[2]

Asthma is usually associated with airway hyperresponsiveness and airway inflammation, but these are not necessary or sufficient to make the diagnosis. The diagnosis of asthma is based on the history of characteristic symptom patterns and evidence of variable expiratory flow.

Severe asthma affects 5 to 10 percent of the asthma population but drives the majority of the morbidity and costs of the disease. It is defined by international societies as asthma that is uncontrolled despite prolonged treatment using moderate- to high-dose inhaled glucocorticoids with additional controller agents, or that worsens whenever these treatments are decreased. Patients receiving systemic glucocorticoids for more than 50 percent of the year to achieve asthma control also qualify.

Notably, severe asthma is **not** determined based on the severity of untreated symptoms or exacerbations. Even patients with highly symptomatic or life-threatening asthma when untreated can usually achieve good asthma control with standard controller therapies.[3]

Eosinophilic Granulomatosis with Polyangiitis (EGPA)

Several conditions share a symptom complex and can be confused with severe asthma. In addition, some conditions may accompany asthma and cause it to appear more severe or less responsive to therapy. One of these conditions is eosinophilic granulomatosis with polyangiitis (EGPA).

EGPA is a multisystem disorder characterized most commonly by asthma/obstructive lung disease, rhinitis, nasal polyps, and prominent peripheral blood and tissue eosinophilia. It is classified as a vasculitis of the small- and medium-sized arteries, although the vasculitis, when present, may be difficult to diagnose depending on the ability to obtain biopsies off treatment or in locations where affected vessels can be obtained.

Asthma is the cardinal clinical feature of EGPA, present in more than 90 percent of patients. Asthma usually precedes frank vasculitis by approximately 8 to 10 years. EGPA is typically suspected in patients whose respiratory symptoms become increasingly difficult to control despite use of high-dose combination inhaled glucocorticoids (ICS) and long-acting beta-agonists (LABA) therapy. Other pulmonary findings, including pulmonary opacities with eosinophilia, pleural effusion (often eosinophilic), and noncavitary nodules, are reported in 50 to 70 percent of patients. Alveolar hemorrhage is rare and is usually associated with ANCA positivity.

Other common symptoms of EGPA include nasal and sinus symptoms, and peripheral neuropathy. Other than the allergic manifestations, the most commonly involved organs are the lungs, the skin, and the peripheral nervous system. However, EGPA can affect almost any organ system, including the cardiovascular, gastrointestinal, kidney, and central nervous systems. Vasculitis of extrapulmonary organs can result in significant morbidity and mortality.

Treatment approach to patients with EGPA depends in part on whether the patient has developed organ- or life-threatening manifestations (severe EGPA) or has less severe disease. Patients with non-severe disease have no organ-threatening or life-threatening manifestations. They most frequently present with a combination of rhinosinusitis, asthma, mild systemic symptoms, rash, and/or inflammatory arthritis. Patients with non-severe disease are frequently still very symptomatic, however, particularly with respect to asthma and sinus symptoms.[4]

Hypereosinophilic Syndromes (HES)

Hypereosinophilia (HE) is defined by the level of eosinophils in the peripheral blood and/or tissue. Hypereosinophilic syndromes (HES) refers to HE accompanied by organ damage or dysfunction attributable to eosinophil infiltration, after excluding other disorders or conditions as the major reason for organ damage. HES can occur in association with blood and/or tissue HE. However, eosinophils are primarily tissue-dwelling cells, so the level of the AEC does not accurately predict organ damage. Assessment for organ damage/ dysfunction is an essential aspect of the evaluation of suspected HES.

HE of uncertain significance (HE-US) refers to individuals with HE who are asymptomatic and have no evidence of end-organ involvement, yet no cause for eosinophilia can be defined. Patients with HE-US have an uncertain prognosis and must be followed closely and re-evaluated periodically for organ effects.

Although HES is relatively rare, the actual prevalence is not well defined. The United States Surveillance, Epidemiology, and End Results (SEER) database estimated the prevalence of HES to be 0.36 to 6.3 per 100,000 persons. HES

can develop in children and adults at any age, but most patients are diagnosed between the ages of 20 and 50 years. A survey of the general population in one United States county reported that the prevalence of hypereosinophilia (HE without organ effects) was 31.4 per 100,000 persons, with a corresponding incidence rate of 3.5 per 100,000 persons/year.[5]

Eosinophilia-related definitions [6]	
Term	**Definition and Criteria**
Eosinophilia	AEC ≥ 0.5 x 10^9 eosinophils/L (≥ 500 eosinophils/microL) in peripheral blood
Blood hyper-eosinophilia (HE)	AEC ≥ 1.5 x 10^9 eosinophils/L in peripheral blood on 2 examinations ≥ 2 weeks apart*
Tissue hyper-eosinophilia	One or more of the following: a. Bone marrow with eosinophils > 20% of all nucleated cells; **and/or** b. Pathologist considers tissue infiltration by eosinophils extensive; **and/or** c. Marked deposition of eosinophil granule proteins is found (in the absence or presence of tissue infiltration by eosinophils)
Hyper-eosinophilic syndrome (HES)	a. Criteria for blood HE fulfilled **plus** b. Organ damage and/or dysfunction attributable to tissue HE¶, **and** c. Exclusion of other disorders or conditions as the major reason for organ damage
Tissue- or organ-restricted HES	a. Tissue HE but criteria for blood HE not fulfilled, **and** b. Organ damage and/or dysfunction attributable to tissue HE¶, **and** c. Exclusion of other disorders/conditions as major reason for organ damage

AEC: absolute eosinophil count **eMBP1:** eosinophil major basic protein 1
EPX: eosinophil peroxidase **HE:** hypereosinophilia

***** In patients with chronic myeloid leukemia or acute myeloid leukemia, HE is defined by AEC ≥ 1.5 x 10^9/L and ≥ 10% eosinophils in peripheral blood (both for ≥ 2 weeks).

¶ HE-related organ damage is organ dysfunction with marked tissue eosinophil infiltrates and/or extensive deposition of eosinophil-derived proteins, such as eMBP1 or EPX (in the presence or absence of marked tissue eosinophils), and typical clinical, histopathologic, and laboratory-based signs of HE-induced organ damage.

Guidelines

The Global Initiative for Asthma Global Strategy for Asthma Management and Prevention (2026) proposes a step-wise approach to **asthma** treatment. Fasenra® is listed as an option for biological add-on therapy in patients 12 years of age and older with severe eosinophilic asthma.[7]

The goal of therapy in patients with **eosinophilic granulomatosis with polyangiitis (EGPA)** is to achieve long-term quiescence of active disease (remission) in all organ systems. The American College of Rheumatology/ Vasculitis Foundation Guideline for the Management of Antineutrophil Cytoplasmic Antibody-Associated (ANCA) Vasculitis (2021) includes recommendations regarding the management of EGPA. Of note, these recommendations do not specifically mention Fasenra™ (as article was published in 2021) but they do make note of another anti-IL-5 agent (mepolizumab) as an agent that can be used in non-severe disease as part of the remission induction therapy. [8]

The overall goals of therapy in the treatment of **hypereosinophilic syndromes** are reduction of the absolute eosinophil count (AEC), amelioration of signs and symptoms, and prevention of disease progression.[9]

Abbreviations

AEC: Absolute eosinophil count, a measure of the number of eosinophils present in the peripheral blood. AEC is calculated as follows (WBC: white blood cell count):

(WBC/microL) x (percentage of eosinophils) = AEC (expressed as eosinophils/microL)

FEV_1: Forced expiratory volume in one second. A measure of the maximal volume of air exhaled in the first second of a forced exhalation that follows a full inspiration, expressed in liters. In patients with asthma, FEV_1 declines with clinical worsening of airway obstruction. The measured FEV_1 is usually expressed as a percent of the predicted value for determination of normality.

ICS: Inhaled corticosteroid. These are the foundation of long-term controller therapy in patients with severe asthma. Corticosteroids have anti-inflammatory activity (inflammation is an important component in the pathogenesis of asthma).

IgE: immunoglobulin E, which plays a central role in the pathogenesis of allergic diseases, including asthma. Anti-IgE therapy may be considered in patients whose asthma is inadequately controlled on high-dose glucocorticoids and LABAs, if there is objective evidence of sensitivity to a perennial allergen.

IL-4, IL-5: Interleukin 4 (IL-4) and 5 (IL-5) are potent chemoattractants for eosinophils. Monoclonal antibodies against these interleukins are available for treatment of severe eosinophilic asthma that is poorly-controlled with conventional therapy.

LABA: Long-acting $beta_2$ agonist, these agents relax bronchial smooth muscle and inhibit the release of mediators of immediate hypersensitivity from cells, especially mast cells (e.g., histamine, leukotrienes, and prostaglandin D2). LABAs are contraindicated for use as monotherapy and must be used in combination with ICS in the treatment of asthma.

LTMA: Leukotriene modifying agent, reduces asthmatic responses to bronchoprovocation challenge. May provide modest additive benefit when used as adjunctive therapy with ICS, but guidelines only recommend use in severe asthma if member does not tolerate LABA therapy, or if a contraindication to LABA therapy exists.

SABA: Short-acting $beta_2$-agonist. Potent bronchodilator approved for clinical use in asthma and obstructive lung disease. Inhaled, short-acting, selective $beta_2$ adrenergic agonists are the mainstay of acute asthma therapy, while inhaled, long-acting, selective $beta_2$ adrenergic agonists (in combination with inhaled glucocorticoids) play a role in long-term control of moderate to severe asthma.

Criteria

Prior authorization is required.

Eosinophilic Asthma

Fasenra® is considered medically necessary when **ALL** of the following are met:

1. Diagnosis of severe eosinophilic asthma, including an absolute eosinophil count (AEC) of **AT LEAST ONE** of the following (a and/or b):
   a. 150 cells/mcL or higher within the past 6 weeks; and/or
   b. 300 cells/mcL or higher within the past 12 months; **AND**
2. Member has an inadequate response after, or a documented intolerance to, a minimum of 3 months of adherent treatment with appropriate controller therapy, i.e., medium-to-high dose inhaled corticosteroid (ICS) in combination with either a long-acting beta$_2$ agonist (LABA) or a leukotriene modifying agent (LTMA) (if LABA is contraindicated or patient is intolerant to LABA therapy); **AND**
3. Documentation that member's asthma is not well-controlled, as indicated by **AT LEAST ONE** of the following:
   a. Asthma symptoms experienced more than 2 days per week despite adherent use of controller therapy (i.e., ICS-LABA or ICS-LTMA); **AND/OR**
   b. Spirometry measurement of FEV_1 (forced expiratory volume in one second) less than or equal to 80 percent predicted; **AND/OR**
   c. In the past 12 months, member has had two or more asthma exacerbations requiring oral or systemic corticosteroid treatment (or an increase in patient's current maintenance dose of oral corticosteroids), and/or an emergency office visit with specialist, an urgent care visit, or a hospital admission; **AND**
4. Member is 6 years of age or older; **AND**
5. Member does **NOT** have acute bronchospasm or status asthmaticus; **AND**
6. Fasenra® will not be used as monotherapy (i.e., member will continue treatment with ICS-LABA or ICS-LTMA); **AND**
7. Fasenra® will not be used in combination with Cinqair®, Dupixent®, Nucala®, Tezspire®, or Xolair®; **AND**
8. Prescribed by, or in consultation with, a pulmonologist, allergist, or immunologist; **AND**
9. Request meets one of the following (a, b, c, or d):
   a. Member is 6 to 11 years of age and weighs less than 35 kg: dose does not exceed 10 mg every 4 weeks for the first 3 doses, then 10 mg every 8 weeks thereafter; or
   b. Member is 6 to 11 years of age and weighs 35 kg or more: dose does not exceed 30 mg every 4 weeks for the first 3 doses, then 30 mg every 8 weeks thereafter; or
   c. Member is 12 years of age or older: dose does not exceed 30 mg every 4 weeks for the first 3 doses, then 30 mg every 8 weeks thereafter; or
   d. Regimen is supported by clinical practice guidelines. Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

Fasenra® is considered medically necessary for continuation of therapy [for asthma] when **ALL** of the following are met:

1. Member is currently receiving medication through the Iowa Medicaid benefit or has previously met initial approval criteria; **AND**
2. Documentation of a positive clinical response to therapy [e.g., increase in FEV_1 (forced expiratory volume in one second) from baseline, decrease in the frequency of exacerbations, reduction in oral corticosteroid dosage if applicable, reduction in the use of rescue therapy]; **AND**
3. Fasenra® will not be used as monotherapy (i.e., member will continue treatment with medium-to-high dose inhaled corticosteroid and long-acting $beta_2$ agonist (ICS-LABA) or medium-to-high dose inhaled corticosteroid and a leukotriene modifying agent (ICS-LTMA); **AND**
4. Fasenra® will not be used in combination with Cinqair®, Dupixent®, Nucala®, Tezspire®, or Xolair®; **AND**
5. Prescribed by, or in consultation with, a pulmonologist, allergist, or immunologist; **AND**
6. Request meets one of the following (a, b, c, or d):
    a. Member is 6 to 11 years of age and weighs less than 35 kg: dose does not exceed 10 mg every 8 weeks; or
    b. Member is 6 to 11 years of age and weighs 35 kg or more: dose does not exceed 30 mg every 8 weeks; or
    c. Member is 12 years of age or older: dose does not exceed 30 mg every 8 weeks; or
    d. Regimen is supported by clinical practice guidelines. Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

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Eosinophilic Granulomatosis with Polyangiitis (EGPA)

Fasenra® is considered medically necessary when **ALL** of the following are met:

1. Diagnosis of eosinophilic granulomatosis with polyangiitis (EGPA) and **ONE** of the following is met (a or b):
    a. Member has active, non-severe disease; **OR**
    b. Member has severe disease and Fasenra® is not used as monotherapy; **AND**
2. Member is 18 years of age or older; **AND**
3. If member has non-severe disease, is currently receiving a systemic corticosteroid (e.g., prednisone) and has been on therapy for a minimum of 4 weeks; **AND**
4. Member has an absolute eosinophil count (AEC) that meets at least one of the following (a and/or b):
    a. 150 cells/mcL or higher within the past 6 weeks; and/or
    b. 150 cells/mcL prior to treatment with another monoclonal antibody therapy that may alter blood eosinophil levels (e.g., Cinqair, Dupixent, Nucala, Tezspire, etc.); **AND**
5. Prescribed by, or in consultation with, an allergist, immunologist, pulmonologist, or rheumatologist; **AND**
6. Request meets one of the following (a or b):
    a. Regimen prescribed does not exceed 30 mg once every 4 weeks; or
    b. Regimen is supported by clinical practice guidelines. Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

Fasenra® is considered medically necessary for continuation of therapy [for eosinophilic granulomatosis with polyangiitis (EGPA)] when **ALL** of the following are met:

1. Member is currently receiving medication through the Iowa Medicaid benefit or has previously met initial approval criteria; **AND**
2. Documentation of positive clinical response to therapy, as determined by prescribing provider (e.g., reduced rate of relapse, corticosteroid dose reduction, reduced eosinophil levels); **AND**
3. Prescribed by, or in consultation with, an allergist, immunologist, pulmonologist, or rheumatologist; **AND**
4. Request meets one of the following (a or b):
    a. Regimen prescribed does not exceed 30 mg once every 4 weeks; or
    b. Regimen is supported by clinical practice guidelines. Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

Hypereosinophilic Syndrome (HES)

Fasenra® is considered medically necessary when **ALL** of the following are met:

1. Diagnosis of hypereosinophilic syndrome (HES), without an identifiable non-hematologic secondary cause; **AND**
2. Member meets ALL of the following (a, b, and c):
    a. Is 12 years of age or older; and,
    b. Has been diagnosed with HES for at least six months; and,
    c. Has a blood eosinophil count ≥ 1,000 cells/mcL; **AND**
3. Documentation of trial and inadequate response to oral corticosteroids, unless clinically contraindicated (supporting documentation required); **AND**
4. Prescribed by, or in consultation with, a pulmonologist, allergist, or immunologist; **AND**
5. Request meets one of the following (a or b):
    a. Regimen prescribed does not exceed 30 mg once every 4 weeks; or
    b. Regimen is supported by clinical practice guidelines. Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

Fasenra® is considered medically necessary for continuation of therapy [for hypereosinophilic syndrome (HES)] when **ALL** of the following are met:

1. Member is currently receiving medication through the Iowa Medicaid benefit or has previously met initial approval criteria; **AND**
2. Documentation of positive clinical response to therapy or stabilization of symptoms, as determined by prescribing provider (e.g., decrease or absence of HES flares, reduced eosinophil levels, improvement in fatigue, etc.); **AND**
3. Prescribed by, or in consultation with, a pulmonologist, allergist, or immunologist; **AND**
4. Request meets one of the following (a or b):
    a. Regimen prescribed does not exceed 30 mg once every 4 weeks; or
    b. Regimen is supported by clinical practice guidelines. Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

Approval Duration and Quantity Limits

	Quantity Limits		Approval Duration	
Asthma	Initial Authorization	Subsequent	Initial	Subsequent
6 to 11 years of age, weight < 35 kg	10 mg every 4 weeks for 3 doses, then 10 mg every 8 weeks	10 mg every 8 weeks	6 months	12 months
6 to 11 years of age, weight 35 kg or more	30 mg every 4 weeks for 3 doses, then 30 mg every 8 weeks	30 mg every 8 weeks		
12 years of age or older	30 mg every 4 weeks for 3 doses, then 30 mg every 8 weeks	30 mg every 8 weeks		
EGPA	Initial and Subsequent Authorization		Initial	Subsequent
Adult (18 years of age or older)	30 mg every 4 weeks		6 months	12 months
HES				
Adult and pediatric patients (12 years of age and older)	30 mg every 4 weeks		6 months	12 months

EGPA: eosinophilic granulomatosis with polyangiitis **HES:** hypereosinophilic syndrome

Coding and Product Information

The following list(s) of codes and product information are provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

HCPCS	Description
J0517	Injection, benralizumab, 1 mg

ICD-10	Description
D72.11	Hypereosinophilic syndrome [HES]
J45.5	Severe persistent asthma
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J82.83	Eosinophilic asthma
M30.1	Eosinophilic granulomatosis with polyangiitis [EGPA]

NDC	Strength	Labeler	Dosage	Pkg Size	Pkg Qty	Units /Pkg
00310-1730-30	Single-dose prefilled syringe, 30 mg/mL [Fasenra®]	AstraZeneca Pharmaceuticals LP	1 mg	1	EA	30
00310-1745-01	Single-dose prefilled syringe, 10 mg/0.5 mL [Fasenra®]	AstraZeneca Pharmaceuticals LP	1 mg	1	EA	10
00310-1830-30	Single-dose auto-injector, 30 mg/mL [Fasenra Pen®]	AstraZeneca Pharmaceuticals LP	1 mg	1	EA	30

Compliance

1. Should conflict exist between the policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual or as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. Medical necessity guidelines are developed for selected physician-administered medications found to be safe and proven to be effective in a limited, defined population or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

[1] Fasenra® prescribing information (05/2026). AstraZeneca Pharmaceuticals LP: Wilmington, DE. Available online: www.fasenrahcp.com. Accessed May 19, 2026.

[2] Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention, 2026. Updated May 2026. Available from: www.ginasthma.org.

[3] Sharma S, Carr TF. Evaluation of severe asthma in adolescents and adults. Dieffenbach P, ed. UpToDate. Waltham, MA: UpToDate Inc. www.uptodate.com. Accessed May 19, 2026.

[4] Khoury P. Clinical features and diagnosis of eosinophilic granulomatosis with polyangiitis (EGPA). Dieffenbach P, ed. UpToDate. Waltham, MA: UpToDate Inc. www.uptodate.com. Accessed May 19, 2026.

[5] Roufosse F, Klion AD, Weller PF. Hypereosinophilic syndromes: Clinical manifestations, diagnosis, and classification. Rosmarin AG, Feldweg AM, ed. UpToDate. Waltham, MA: UpToDate Inc. www.uptodate.com. Accessed May 19, 2026.

[6] Valent P, et al. Proposed refined diagnostic criteria and classification of eosinophil disorders and related syndromes. Allergy. 2023 Jan;78(1):47-59. Epub 2022 Oct 19. PMID: 36207764

[7] Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2026. Updated May 2026. Available from: www.ginasthma.org.

[8] Chung SA, Langford CA, Maz M, et al. 2021 American College of Rheumatology/Vasculitis Foundation Guideline for the Management of Antineutrophil Cytoplasmic Antibody-Associated Vasculitis. Arthritis Rheumatol. 2021 Aug;73(8):1366-1383. Epub 2021 Jul 8. PMID: 34235894.

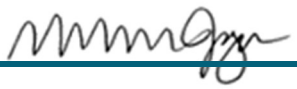
[9] Taurisano G, et al. Hypereosinophilia: clinical and therapeutic approach in 2025. Curr Opin Allergy Clin Immunol. 2025 Aug 1;25(4):258-268. Epub 2025 May 21. PMID: 40396537.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

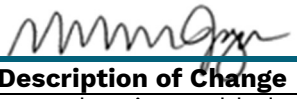
Criteria Change History

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]	CAC		
Signature			

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]	CAC		
Signature			

Change Date	Changed By	Description of Change	Version
07/17/2026	CAC	Annual review. New indication for treatment of hypereosinophilic syndrome (HES), FDA-approved 5/13/26. Updated policy to include information (e.g., dosing, approved indication, coding) and criteria for this diagnosis. Updated references.	6
Signature William (Bill) Jagiello, DO			

Criteria Change History *(continued)*

Change Date	Changed By	Description of Change	Version
07/18/2025	CAC	Annual review. Updated Overview, Descriptive Narrative, and Criteria to include new indication for coverage of eosinophilic granulomatosis with polyangiitis (EGPA) in adults (FDA-approved 9/17/2024). Added a "Guidelines" section and included current recommendations for treatment of asthma and EGPA. Updated Approval Duration and Quantity Limits, Coding and Product Information, and References.	5
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
07/19/2024	CAC	Annual review. Updated Overview table with revised indication, including dosing information (approved 4/5/2024 for use in patients 6 years and older). Adjusted age requirements and added dosing information in criteria. Updated Guidelines section with "2020 Focused Updates to the Asthma Management Guidelines." Updated Approval Duration and Quantity Limits, Coding and Product Information, and references.	4
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
07/21/2023	CAC	Annual review. Added Tezspire to list of medications which are not to be used concurrently. Merged "Not medically necessary" section into initial criteria. Added to Overview section: "Limitations of Use: Not for treatment of other eosinophilic conditions. Not for relief of acute bronchospasm or status asthmaticus."	3
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
07/15/2022	CAC	Annual review. Formatting changes only.	2
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
04/16/2021	CAC	Criteria implementation.	1
Signature William (Bill) Jagiello, DO			

CAC = Medicaid Clinical Advisory Committee