



TEXAS MEDICAID Clinical Edit Prior Authorization benralizumab (FASENRA)

STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING

Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:

STEP 2: CLINICAL PRIOR AUTHORIZATION CRITERIA

Indicate Primary Diagnosis: _____ ICD 10 Code: _____

1. Is the client greater than or equal to (\geq) 12 years of age?

Yes (Go to #2)

No (Deny)

2. Does the client have a diagnosis of severe asthma in the last 730 days?

Yes (Go to #3)

No (Deny)

3. Does the client have a claim for an asthma controller medication in the last 90 days?

Asthma controller medications include ALVESCO, ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, BREO ELLIPTA, budesonide (PULMICORT), DULERA, FLOVENT DISKUS, FLOVENT HFA, fluticasone-salmeterol (ADVAIR DISKUS/ADVAIR HFA, WIXELA), hydrocortisone, methylprednisolone (MEDROL), prednisolone (MILLIPRED), prednisolone ODT, prednisone, QVAR REDIHALER, or SYMBICORT.

Yes (Go to #4)

No (Deny)

4. Does the client have a diagnosis of helminth infection in the last 180 days?

Yes (Go to #5)

No (Go to #6)



5. Does the client have a claim for an anthelmintic agent in the last 180 days?
Examples of anthelmintic agents include albendazole (ALBENZA), EMVERM, ivermectin (STROMEKTOL), and praziquantel (BILTRICIDE).

Yes (Go to #6)

No (Deny)

6. Does the client have three (3) claims for benralizumab (FANSERA) in the last 180 days?

Yes (Go to #7)

No (Go to #8)

7. Is the requested quantity greater than (>) 1 syringe or pen per 56 days (equivalent to 0.018 units/day)?

Yes (Deny)

No (Approve – 365 days)

8. Is the requested quantity greater than (>) 1 syringe or pen per 28 days (equivalent to 0.036 units/day)?

Yes (Deny)

No (Approve – 12 weeks)

STEP 3: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553

Prescriber Signature: _____ **Date:** _____

If criteria not met, submit chart documentation with form citing complex medical circumstances.
For questions, please call Navitus Customer Care at 1-877-908-6023.