

Clinical Policy: Benralizumab (Fasenra)

Reference Number: ERX.SPA.233

Effective Date: 06.01.18

Last Review Date: 02.21

Line of Business: Commercial, Medicaid

[Revision Log](#)

See **Important Reminder** at the end of this policy for important regulatory and legal information.

Description

Benralizumab (Fasenra™) is an interleukin-5 receptor alpha-directed cytolytic monoclonal antibody (IgG4 kappa).

FDA Approved Indication(s)

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

Limitation(s) of use:

- Fasenra is not indicated for treatment of other eosinophilic conditions.
- Fasenra is not indicated for the relief of acute bronchospasm or status asthmaticus.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Fasenra is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Severe Asthma (must meet all):

1. Diagnosis of asthma;
2. Member has an absolute blood eosinophil count ≥ 150 cells/mcL within the past 3 months;
3. Prescribed by or in consultation with a pulmonologist, immunologist, or allergist;
4. Age ≥ 12 years;
5. Member has experienced ≥ 2 exacerbations within the last 12 months, requiring any of the following despite adherent use of controller therapy (i.e., medium- to high-dose inhaled corticosteroid [ICS] plus either a long-acting beta₂ agonist [LABA] or leukotriene modifier [LTRA] if LABA contraindication/intolerance):
 - a. Oral/systemic corticosteroid treatment (or increase in dose if already on oral corticosteroid);
 - b. Urgent care visit or hospital admission;
 - c. Intubation;
6. Fasenra is prescribed concurrently with an ICS plus either a LABA or LTRA;
7. Fasenra is not prescribed concurrently with Cinqair®, Nucala®, Dupixent®, or Xolair®;
8. Dose does not exceed 30 mg every 4 weeks for the first 3 doses, then 30 mg every 8 weeks thereafter.

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Severe Asthma (must meet all):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Demonstrated adherence to asthma controller therapy that includes an ICS plus either a LABA or LTRA;
3. Member is responding positively to therapy (examples may include but are not limited to: reduction in exacerbations or corticosteroid dose, improvement in forced expiratory volume over one second since baseline, reduction in the use of rescue therapy);
4. Fasenra is not prescribed concurrently with Cinqair, Nucala, Dupixent, or Xolair;
5. If request is for a dose increase, new dose does not exceed 30 mg every 8 weeks.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.

Approval duration: Duration of request or 6 months (whichever is less); or

2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

- A.** Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents;

- B.** Acute bronchospasm or status asthmaticus.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

BEC: blood eosinophil count

GINA: Global Initiative for Asthma

ICS: inhaled corticosteroid

LABA: long-acting beta₂ agonist

LTRA: leukotriene modifier

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria.

The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
ICS (medium – high dose)		
Qvar® (beclomethasone)	> 200 mcg/day 40 mcg, 80 mcg per actuation 1-4 actuations BID	4 actuations BID
budesonide (Pulmicort®)	> 400 mcg/day 90 mcg, 180 mcg per actuation 2-4 actuations BID	2 actuations BID
Alvesco® (ciclesonide)	> 160 mcg/day 80 mcg, 160 mcg per actuation 1-2 actuations BID	2 actuations BID
Aerospan® (flunisolide)	> 320 mcg/day 80 mcg per actuation 2-4 actuations BID	2 actuations BID
Flovent® (fluticasone propionate)	> 250 mcg/day 44-250 mcg per actuation 2-4 actuations BID	2 actuations BID
Arnuity Ellipta® (fluticasone furoate)	200 mcg/day 100 mcg, 200 mcg per actuation	1 actuation QD

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
	1 actuation QD	
Asmanex® (mometasone)	>220 mcg/day HFA: 100 mcg, 200 mcg per actuation Twisthaler: 110 mcg, 220 mcg per actuation 1-2 actuations QD to BID	2 inhalations BID
LABA		
Serevent® (salmeterol)	50 mcg per dose 1 inhalation BID	1 inhalation BID
Combination products (ICS + LABA)		
Dulera® (mometasone/ formoterol)	100/5 mcg, 200/5 mcg per actuation 2 actuations BID	4 actuations per day
Breo Ellipta® (fluticasone/vilanterol)	100/25 mcg, 200/25 mcg per actuation 1 actuation QD	1 actuation QD
Advair® (fluticasone/ salmeterol)	Diskus: 100/50 mcg, 250/50 mcg, 500/50 mcg per actuation HFA: 45/21 mcg, 115/21 mcg, 230/21 mcg per actuation 1 actuation BID	1 actuation BID
fluticasone/salmeterol (Airduo RespiClick®)	55/13 mcg, 113/14 mcg, 232/14 mcg per actuation 1 actuation BID	1 actuation BID
Symbicort® (budesonide/ formoterol)	80 mcg/4.5 mcg, 160 mcg/4.5 mcg per actuation 2 actuations BID	2 actuations BID
LTRA		
montelukast (Singulair®)	4 to 10 mg PO QD	10 mg per day
zafirlukast (Accolate®)	10 to 20 mg PO BID	40 mg per day
zileuton ER (Zyflo® CR)	1,200 mg PO BID	2,400 mg per day
Zyflo® (zileuton)	600 mg PO QID	2,400 mg per day
Oral corticosteroids		
dexamethasone (Decadron®)	0.75 to 9 mg/day PO in 2 to 4 divided doses	Varies
methylprednisolone (Medrol®)	40 to 80 mg PO in 1 to 2 divided doses	Varies
prednisolone (Millipred®, Orapred ODT®)	40 to 80 mg PO in 1 to 2 divided doses	Varies
prednisone (Deltasone®)	40 to 80 mg PO in 1 to 2 divided doses	Varies

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): hypersensitivity
- Boxed warning(s): none reported

Appendix D: General Information

- The pivotal trials defined severe asthma as 2 or more exacerbations of asthma despite regular use of high-dose ICS plus an additional controller (e.g., LABA or LTRA) with or without oral corticosteroids. Although the CALIMA trial included patients receiving medium-dose ICS, Fasenera was not shown to have an effect on annual exacerbation rate, pre-bronchodilator forced expiratory volume in 1 second, or total asthma symptom score in those patients.
- Clinically significant exacerbation was defined as a worsening of asthma (any new or increased symptoms or signs that were concerning) that led to one of the following: (1) use of systemic

corticosteroids, (2) emergency department or visit to urgent care center, or (3) inpatient hospital stay.

- Baseline blood eosinophil count (BEC) is a predictor of response to therapy. Although the SIROCCO and CALIMA trials were powered for efficacy analysis in patients with baseline BEC \geq 300 cells/ μ L, a pooled analysis which stratified patients by baseline BEC (\geq 0 cells/ μ L, \geq 150 cells/ μ L, \geq 300 cells/ μ L, and \geq 450 cells/ μ L) found Fasenra to have a statistically significant positive treatment effect on those with baseline BEC \geq 150 cells/ μ L. In addition, the ZONDA trial found Fasenra to significantly reduce oral corticosteroid dose in patients with baseline BEC \geq 150 cells/ μ L.
- The 2019 Global Initiative for Asthma (GINA) guidelines for difficult-to-treat and severe asthma recommend Fasenra be considered as adjunct therapy for patients 12 years of age and older with exacerbations or poor symptom control despite taking at least high dose ICS/LABA and who have allergic or eosinophilic biomarkers or need maintenance oral corticosteroids. Per 2020 GINA guidelines, Fasenra may also be considered if the patient is uncontrolled on Step 4 treatment (medium dose ICS/LABA).
- Patients could potentially meet asthma criteria for both Xolair and Fasenra, though there is insufficient data to support the combination use of multiple asthma biologics. The combination has not been studied. Approximately 30% of patients in the Nucala MENSA study also were candidates for therapy with Xolair.
- Lab results for blood eosinophil counts can be converted into cells/mcL using the following unit conversion calculator: <https://www.fasenrahcp.com/m/fasenra-eosinophil-calculator.html>.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Severe asthma	30 mg SC every 4 weeks for the first 3 doses, followed by once every 8 weeks thereafter	See regimen

VI. Product Availability

- Single-dose prefilled syringe with solution for injection: 30 mg/mL
- Single-dose autoinjector Fasenra Pen with solution for injection: 30 mg/mL

VII. References

1. Fasenra Prescribing Information. Wilmington, DE: AstraZeneca Pharmaceuticals LP; October 2019. Available at: www.fasenra.com. Accessed October 26, 2020.
2. National Asthma Education and Prevention Program: Expert panel report III: Guidelines for the diagnosis and management of asthma. Bethesda, MD: National Heart, Lung, and Blood Institute, 2007. (NIH publication no. 08-4051). Available at <http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines>. Accessed October 23, 2020.
3. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2019. Available at: <http://www.clinicalpharmacology.com>. Accessed November 7, 2019.
4. Global Initiative for Asthma. Global strategy for asthma management and prevention, 2020. Available at: www.ginasthma.org. Published 2020. Accessed October 23, 2020.
5. Global Initiative for Asthma. Difficult-to-treat and severe asthma in adolescent and adult patients – diagnosis and management, v2.0 April 2019. Available at: www.ginasthma.org. Published April 2019. Accessed October 23, 2020.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	01.16.18	05.18
1Q 2019 annual review: modified ICS requirement to include medium dose ICS per GINA 2018 recommendations; added option for immunologist prescribing; link to blood eosinophil unit conversion calculator added to Appendix D; references reviewed and updated.	10.11.18	02.19

Reviews, Revisions, and Approvals	Date	P&T Approval Date
1Q 2020 annual review: added requirement that Fasentra is not prescribed concurrently with other biologic therapies for asthma; added new autoinjector formulation; references reviewed and updated.	11.07.19	02.20
1Q 2021 annual review: no significant changes; references reviewed and updated.	10.26.20	02.21

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

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