# Clinical Policy: Benralizumab (Fasenra)

Reference Number: ERX.SPA.233
Effective Date: 06.01.18
Last Review Date: 02.22
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 beta$_2$ 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 (an ICS plus either a LABA or LTRA) as evidenced by proportion of days covered (PDC) of 0.8 in the last 6 months (i.e., member has received asthma controller therapy for at least 5 of the last 6 months);
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 beta$_2$ agonist
LTRA: leukotriene modifier
PDC: proportion of days covered

*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<br>40 mcg, 80 mcg per actuation<br>1-4 actuations BID | 4 actuations BID |
| budesonide (Pulmicort®) | > 400 mcg/day<br>90 mcg, 180 mcg per actuation<br>2-4 actuations BID | 2 actuations BID |
| Alvesco® (ciclesonide) | > 160 mcg/day<br>80 mcg, 160 mcg per actuation<br>1-2 actuations BID | 2 actuations BID |
| Aerospan® (flunisolide) | > 320 mcg/day<br>80 mcg per actuation<br>2-4 actuations BID | 2 actuations BID |
| Flovent® (fluticasone propionate) | > 250 mcg/day<br>44-250 mcg per actuation<br>2-4 actuations BID | 2 actuations BID |

| Drug Name | Dosing Regimen | Dose Limit/ Maximum Dose |
|---|---|---|
| Arnuity Ellipta® (fluticasone furoate) | 200 mcg/day<br>100 mcg, 200 mcg per actuation<br>1 actuation QD | 1 actuation QD |
| Asmanex® (mometasone) | >220 mcg/day<br>HFA: 100 mcg, 200 mcg per actuation<br>Twisthaler: 110 mcg, 220 mcg per actuation<br>1-2 actuations QD to BID | 2 inhalations BID |
| **LABA** | | |
| Serevent® (salmeterol) | 50 mcg per dose<br>1 inhalation BID | 1 inhalation BID |
| **Combination products (ICS + LABA)** | | |
| Dulera® (mometasone/ formoterol) | 100/5 mcg, 200/5 mcg per actuation<br>2 actuations BID | 4 actuations per day |
| Breo Ellipta® (fluticasone/vilanterol) | 100/25 mcg, 200/25 mcg per actuation<br>1 actuation QD | 1 actuation QD |
| Advair® (fluticasone/ salmeterol) | Diskus: 100/50 mcg, 250/50 mcg, 500/50 mcg per actuation<br>HFA: 45/21 mcg, 115/21 mcg, 230/21 mcg per actuation<br>1 actuation BID | 1 actuation BID |
| fluticasone/salmeterol (Airduo RespiClick®) | 55/13 mcg, 113/14 mcg, 232/14 mcg per actuation<br>1 actuation BID | 1 actuation BID |
| Symbicort® (budesonide/ formoterol) | 80 mcg/4.5 mcg, 160 mcg/4.5 mcg per actuation<br>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, Fasenra 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 ≥ 300 cells/µL, a pooled analysis which stratified patients by baseline BEC (≥ 0 cells/µL, ≥ 150 cells/µL, ≥ 300 cells/µL, and ≥ 450 cells/µL) found Fasenra to have a statistically significant positive treatment effect on those with baseline BEC ≥ 150 cells/µL. In addition, the ZONDA trial found Fasenra to significantly reduce oral corticosteroid dose in patients with baseline BEC ≥ 150 cells/µL.
- The Global Initiative for Asthma (GINA) guidelines 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 eosinophilic biomarkers or need maintenance oral corticosteroids. 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.
- PDC is a measure of adherence. PDC is calculated as the sum of days covered in a time frame divided by the number of days in the time frame. To achieve a PDC of 0.8, a member must have received their asthma controller therapy for 144 days out of the last 180 days, or approximately 5 months of the last 6 months.

## 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; February 2021. Available at: www.fasenra.com. Accessed September 23, 2021.
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 September 21, 2021.
3. Cloutler MM, Dixon AE, Krishnan JA, et al. Managing asthma in adolescents and adults 2020: asthma guideline update from the National Asthma Education and Prevention Program. JAMA. 2020; 324: 2301-2317.
4. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2021. Available at: http://www.clinicalpharmacology.com. Accessed September 24, 2021.
5. Global Initiative for Asthma. Global strategy for asthma management and prevention (2021 report). Available from: www.ginasthma.org. Accessed September 21, 2021.
6. Global Initiative for Asthma. Difficult-to-treat and severe asthma in adolescent and adult patients – diagnosis and management, v3.0 April 2021. Available at: www.ginasthma.org. Accessed September 22, 2021.

| 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 |
| 1Q 2020 annual review: added requirement that Fasenra 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 |
| 1Q 2022 annual review: for continuation criteria, defined adherence as PDC of 0.8; references reviewed and updated. | 09.22.21 | 02.22 |

**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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