Clinical Policy Title:	benralizumab
Policy Number:	RxA.637
Drug(s) Applied:	Fasenra®
Original Policy Date:	07/30/2020
Last Review Date:	06/10/2021
Line of Business Policy Applies to:	All lines of business

Background

Fasenra® is an interleukin (IL)-5 receptor alpha-directed cytolytic monoclonal antibody. It 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.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
benralizumab (Fasenra®)	Severe asthma	30 mg SC every 4 weeks for the first 3 doses, followed by once every 8 weeks thereafter.	30 mg/dose

Dosage Forms

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

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

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 ≥ 1 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
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. Severe Asthma (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
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
Commercial: 6 months
Medicaid: 6 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
ICS: Inhaled Corticosteroid
FDA: Food and Drug Administration
LABA: Long-Acting Beta2 Agonist
LTRA: Leokotriene Modifier

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
ICS (medium – high dose)		
QVAR® (beclomethasone)	> 200 mcg/day 40 mcg, 80 mcg per actuation	4 actuations BID (640 mcg/day)

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
	1-4 actuations BID	
budesonide (Pulmicort™)	> 400 mcg/day 90 mcg, 180 mcg per actuation 2-4 actuations BID	4 actuations BID (1440 mcg/day)
Alvesco® (ciclesonide)	> 160 mcg/day 80 mcg, 160 mcg per actuation 1-2 actuations BID	2 actuations BID (640 mcg/day)
fluticasone propionate (Flovent®)	> 250 mcg/day 44-220 mcg per actuation 2-4 actuations BID	4 actuations BID (1760 mcg/day)
Arnuity Ellipta® (fluticasone furoate)	200 mcg/day 100 mcg, 200 mcg per actuation 1 actuation once daily	1 actuation once daily (200 mcg/day)
Asmanex® (mometasone)	> 220 mcg/day HFA: 100 mcg, 200 mcg per actuation Twisthaler: 110 mcg, 220 mcg per actuation 1-2 actuations once daily to BID	2 actuations BID (800 mcg/day) 1 actuations BID (440 mcg/day)
Serevent®(salmeterol)	50 mcg per dose 1 inhalation BID	1 inhalation BID (100 mcg/day)
Dulera® (mometasone/ formoterol)	100/5 mcg, 200/5 mcg per actuation 2 actuations BID	2 actuations BID (800/20 mcg/day)
Breo Ellipta® (fluticasone/vilanterol)	100/25 mcg, 200/25 mcg per actuation 1 actuation OD	1 actuation once daily (200/25 mcg once daily)
fluticasone/ salmeterol (Advair®)	Diskus: 100/50 mcg, 250/50 mcg, 500/50 mcg per actuation 1 actuation BID HFA: 45/21 mcg, 115/21 mcg, 230/21 mcg per actuation 2 actuation BID	1 actuation BID (500/50 mcg BID) 2 actuation BID (460/42 mcg BID)
fluticasone/salmeterol (Airduo RespiClick®)	55/14 mcg, 113/14 mcg, 232/14 mcg per actuation 1 actuation BID	1 actuation BID (232/14 mcg BID)
budesonide/ formoterol (Symbicort®)	80 mcg/4.5 mcg, 160 mcg/4.5 mcg per actuation 2 actuation BID	2 actuations BID (640/18 mcg/day)

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
LTRA		
montelukast (Singulair®)	4 to 10 mg PO once daily	10 mg per day
zafirlukast (Accolate®)	10 to 20 mg PO BID	40 mg per day
zileuton ER	1200 mg PO BID	2,400 mg per day
Zyflo® (zileuton)	600 mg PO QID	2,400 mg per day
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	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):
  - Known hypersensitivity to Fasenra® or any of its excipients.

- 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.
- Patients could potentially meet asthma criteria for both Xolair® and Fasenra®. 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/resources.html.

References

1. Fasenra® Prescribing Information. Wilmington, DE: AstraZeneca Pharmaceuticals LP; February 2021. Available at: www.fasenra.com. Accessed March 4, 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. 07-4051). Available at https://www.ncbi.nlm.nih.gov/books/NBK7232/. Accessed March 4, 2021.
3. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2019. Available at: http://www.clinicalpharmacology.com. Accessed March 4, 2021.
4. Global Initiative for Asthma. Global strategy for asthma management and prevention, 2020. Available at: www.ginasthma.org. Published April 3, 2020. Accessed March 4, 2021.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	07/28/2020	7/30/2020
Policy was reviewed: 1. Last Review Date was updated. 2. Dosing information was updated for maximum dose as 30 mg/dose. 3. Clinical policy verbiage was updated to “The provision of provider samples does not guarantee….”. 4. APPENDIX B: Therapeutic Alternatives verbiage was updated to "Below are suggested therapeutic alternatives based on clinical guidance...." 5. Dosing regimen and maximum dose were updated for therapeutic alternatives (inhaled corticosteroids). 6. Aerospan®, Zyflo® CR, Deltasone® were removed from therapeutic alternatives table because of discontinuation.	03/04/2021	06/10/2021

7. References were updated.		