# SPECIALTY GUIDELINE MANAGEMENT

# FASENRA (benralizumab)

#### **POLICY**

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

## FDA-Approved Indication

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

#### Limitations of Use:

- · Not for treatment of other eosinophilic conditions
- Not for relief of acute bronchospasm or status asthmaticus

All other indications are considered experimental/investigational and not medically necessary.

#### II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

- A. For initial requests:
  - 1. Member's chart or medical record showing pretreatment blood eosinophil count, dependance on systemic corticosteroids if applicable.
  - 2. Chart notes, medical record documentation, or claims history supporting previous medications tried including drug, dose, frequency, and duration.
- B. For continuation requests: Chart notes or medical record documentation supporting improvement in asthma control.

## III. CRITERIA FOR INITIAL APPROVAL

Authorization of 6 months may be granted for treatment of asthma when all of the following criteria are met:

- A. Member is 12 years of age or older.
- B. Member meets either of the following criteria:
  - 1. Member has a baseline blood eosinophil count of at least 150 cells per microliter; or
  - 2. Member is dependent on systemic corticosteroids
- C. Member has inadequate asthma control (e.g., hospitalization or emergency medical care visit within the past year) despite current treatment with both of the following medications at optimized doses:
  - 1. Inhaled corticosteroid
  - 2. Additional controller (long-acting beta<sub>2</sub>-agonist, leukotriene modifier, or sustained-release theophylline)
- D. Member will not use Fasenra as monotherapy.
- E. Member will not use Fasenra concomitantly with other biologics indicated for asthma (e.g., Cinqair, Dupixent, Nucala, Xolair).

Fasenra 2413-A SGM P2021.docx

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#### IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for treatment of asthma when all of the following criteria are met:

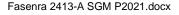
- A. Member is 12 years of age or older.
- B. Asthma control has improved on Fasenra treatment as demonstrated by at least one of the following:
  - 1. A reduction in the frequency and/or severity of symptoms and exacerbations
  - 2. A reduction in the daily maintenance oral corticosteroid dose
- C. Member will not use Fasenra as monotherapy.
- D. Member will not use Fasenra concomitantly with other biologics indicated for asthma (e.g., Cingair, Dupixent, Nucala, Xolair).

### V. OTHER

Note: If the member is a current smoker or vaper, they should be counseled on the harmful effects of smoking and vaping on pulmonary conditions and available smoking and vaping cessation options.

### VI. REFERENCES

- 1. Fasenra [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; February 2021.
- 2. Nair P, Wenzel S, Rabe K, et al. Oral glucocorticoid-sparing effect of benralizumab in severe asthma. N Engl J Med. 2017;376:2448-2458.
- 3. Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention. 2019 update. Available at: https://ginasthma.org/reports/. Accessed March 5, 2021.
- 4. American Academy of Allergy, Asthma & Immunology (AAAAI) 2020 Virtual Annual Meeting. Available at: https://annualmeeting.aaaai.org/. Accessed March 5, 2021.



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