MEDICATION POLICY:

Fasenra®

Generic Name: Benralizumab

Therapeutic Class or Brand Name: Fasenra®

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 4460402000

Preferred: N/A

Non-preferred: N/A

Date of Origin: 3/6/2020

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I and II are met)

I. Documented diagnosis of severe asthma and must meet all criteria:
   A. Severe asthma with eosinophilic phenotype AND criteria 1 through 4 are met:
      1. Documented blood eosinophilia count of at least 150 cells/mcL in the previous 6 weeks.
      2. Documentation that patient has been on a minimum of a six-month trial of a high-dose inhaled corticosteroid (ICS) used in combination with a long-acting inhaled beta-2 agonist (LABA) AND both criteria a and b are met:
         a) Documentation that patient is adherent to therapy as evidenced by pharmacy claims review (patient must have MPR greater than or equal to 80% over the previous 180 days).
         b) Documentation that patient's asthma symptoms are poorly controlled despite therapy.
      3. Documentation that environmental factors and comorbid conditions that worsen patient's asthma symptoms are being identified and resolved.
      4. Minimum age requirement: 12 years old.

II. Prescriber must be an allergist, immunologist, or pulmonologist.

EXCLUSION CRITERIA

- Concurrent use with other anti-asthma monoclonal antibodies (i.e. Cinqair® (reslizumab), Nucala® (mepolizumab), Xolair® (omalizumab), Dupixent® (dupilumab).
- Treatment of other eosinophilic conditions.
- Treatment of acute bronchospasm or status asthmaticus.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Severe eosinophilic asthma 12 years and older: 30 mg every 28 days, either by single-dose prefilled syringe or autoinjector.

APPROVAL LENGTH

- **Authorization:** 6 months
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

N/A

REFERENCES

1. Benralizumab (Fasenra) for Severe Eosinophilic Asthma. *JAMA*. 2018;319(14):1501-1502.
2. Benralizumab (Fasenra®) [package insert]. Wilmington, DE; AstraZeneca Pharmaceuticals.
3. Ferguson GT, Mansur AH, Jacobs JS, et al. Assessment of an accessorized pre-filled syringe for home-administered benralizumab in severe asthma. *Journal of Asthma and Allergy*. 2018;Volume 11:63-72.
4. Medi-Span.

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
3/6/2020	1. New policy.