

Commercial/Healthcare Exchange PA Criteria Effective: 01/01/2022

Prior Authorization: Fasenra®

Products Affected: Fasenra[®] (benralizumab injection for subcutaneous use)

<u>Medication Description</u>: Fasenra, an interleukin-5 receptor alpha (IL-5R α)-directed cytolytic monoclonal antibody, is indicated for severe asthma as add-on maintenance treatment of patients ≥ 12 years of age who have an eosinophilic phenotype.

Covered Uses: Asthma, severe: Add-on maintenance treatment of severe asthma in adults and children with an eosinophilic phenotype

<u>Note:</u> Not indicated for treatment of other eosinophilic conditions or for the relief of acute bronchospasm or status asthmaticus

Exclusion Criteria: N/A

Required Medical Information: Diagnosis

<u>Prescriber Restriction</u>: The medication is prescribed by or in consultation with an allergist, immunologist, or pulmonologist.

<u>Age Restriction:</u> \geq 12 years of age

Coverage Duration: 6 Months, Initial; 1 Year, Continuation.

<u>Other Criteria:</u> I. Initial Criteria

1. Asthma. Approve Fasenra for 6 Months, if the patient meets one of the following conditions (A, B, AND C):

A. Patient has a blood eosinophil count ≥ 150 cells per microliter within the previous 6 weeks or within 6 weeks prior to treatment with any anti-interleukin-5 therapy; AND
<u>Note</u>: Examples of anti-interleukin-5 therapies include Fasenra, Cinqair[®] (reslizumab injection for

- intravenous use), and Nucala[®] (mepolizumab injection for subcutaneous use).
- **B.** Patient has received at least 3 consecutive months of combination therapy with BOTH of the following (**i AND ii**):
 - i. An inhaled corticosteroid; AND
 - At least one additional asthma controller or asthma maintenance medication; AND <u>Note</u>: Examples of additional asthma controller or asthma maintenance medications are inhaled longacting beta₂-agonists, inhaled long-acting muscarinic antagonists, leukotriene receptor antagonists, antiinterleukin-5 therapies (e.g., Cinqair, Fasenra, Nucala), and theophylline. Use of a combination inhaler containing both an inhaled corticosteroid and a long-acting beta₂-agonist would fulfil the requirement for both criteria i and ii.

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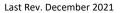
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- C. Patient has asthma that is uncontrolled or was uncontrolled at baseline as defined by **ONE** of the following (**i**, **ii**, **iii**, **iiv**, **or v**):
 - i. Patient experienced two or more asthma exacerbations requiring treatment with systemic corticosteroids in the previous year; **OR**
 - ii. Patient experienced one or more asthma exacerbation(s) requiring hospitalization or an Emergency Department visit in the previous year; **OR**
 - iii. Patient has a forced expiratory volume in 1 second (FEV₁) < 80% predicted; **OR**
 - iv. Patient has an FEV₁/forced vital capacity (FVC) < 0.80; OR
 - v. The patient has asthma that worsens upon tapering of oral corticosteroid therapy; <u>Note</u>: "Baseline" is defined as prior to receiving any Fasenra or other anti-interleukin- 5 therapies (i.e., Cinqair or Nucala).

II. Continuation Criteria

2.Asthma. Approve for 1 year if the patient meets the following criteria (A, B, <u>AND</u> C):

- A. Patient has already received at least 6 months of therapy with Fasenra; AND <u>Note:</u> A patient who has received < 6 months of therapy or who is restarting therapy with Fasenra should be considered under criterion 1A (Asthma, Initial Therapy).
- **B.** Patient continues to receive therapy with one inhaled corticosteroid or one inhaled corticosteroidcontaining combination inhaler; **AND**
- C. Patient has responded to therapy as determined by the prescriber. <u>Note:</u> Examples of a response to Fasenra therapy are decreased asthma exacerbations; decreased asthma symptoms; decreased hospitalizations, emergency department/urgent care, or medical clinic visits due to asthma; and decreased requirement for oral corticosteroid therapy.





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<u>References:</u> 1. Fasenra[™] subcutaneous injection [prescribing information]. Wilmington, DE:AstraZeneca Pharmaceuticals LP; October 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	12/09/2021

Last Rev. December 2021

