PRIOR AUTHORIZATION POLICY

POLICY: Immunologicals – Fasenra Prior Authorization Policy
- Fasenra® (benralizumab subcutaneous injection – AstraZeneca)

REVIEW DATE: 03/22/2023

INSTRUCTIONS FOR USE

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Fasenra, an interleukin-5 receptor alpha (IL-5Rα)-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.[1] Limitations of Use: Fasenra is not indicated for the treatment of other eosinophilic conditions or for the relief of acute bronchospasm/status asthmaticus.

Clinical Efficacy

In two pivotal asthma studies, the addition of Fasenra to existing therapy significantly reduced annualized asthma exacerbation rates in patients with baseline blood eosinophil levels ≥ 300 cells/microliter.[2-4] The magnitude of the improvements observed with Fasenra in this patient population were larger than those observed in patients with lower baseline eosinophil levels (e.g., < 150 cells/microliter). Another pivotal study involved adults with severe asthma receiving high-dose inhaled corticosteroid (ICS)/long-acting beta2-agonist (LABA) and chronic oral corticosteroid therapy who had a baseline blood eosinophil level ≥ 150 cells/microliter.[4]

Guidelines

The Global Initiative for Asthma Global Strategy for Asthma Management and Prevention (2022) proposes a step-wise approach to asthma treatment.[5] Fasenra is listed as an option for add-on therapy in patients ≥ 12 years of age with difficult-to-

treat, severe eosinophilic asthma (i.e., asthma that cannot be managed by therapy with medium- to high-dose ICS/formoterol [as both maintenance and reliever therapy] or medium- to high-dose ICS/LABA combination therapy with an as needed short-acting beta$_2$-agonist reliever, with or without an additional controller). Higher blood eosinophil levels, more exacerbations in the previous year, adult-onset asthma, nasal polyposis, maintenance corticosteroid requirements, and low lung function may predict a good asthma response to Fasenra.

According to the European Respiratory Society/American Thoracic Society guidelines (2014; updated in 2020), severe asthma is defined as asthma which requires treatment with a high-dose ICS in addition to a second controller medication (and/or systemic corticosteroids) to prevent it from becoming uncontrolled, or asthma which remains uncontrolled despite this therapy.[6,7] Uncontrolled asthma is defined as asthma that worsens upon tapering of high-dose ICS or systemic corticosteroids or asthma that meets one of the following four criteria:

1) Poor symptom control: Asthma Control Questionnaire consistently ≥ 1.5 or Asthma Control Test < 20;
2) Frequent severe exacerbations: two or more bursts of systemic corticosteroids in the previous year;
3) Serious exacerbations: at least one hospitalization, intensive care unit stay, or mechanical ventilation in the previous year;
4) Airflow limitation: forced expiratory volume in 1 second (FEV_1) < 80% predicted after appropriate bronchodilator withholding.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Fasenra. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Fasenra as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Fasenra to be prescribed by or in consultation with a physician who specializes in the condition being treated.

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is(are) covered as medically necessary when the following criteria is(are) met for fda-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. **Asthma.** Approve Fasenra for the duration noted if the patient meets one of the following conditions (A or B):
   A) Initial Therapy. Approve for 6 months if the patient meets the following criteria (i, ii, iii, iv, and v):
      i. Patient is ≥ 12 years of age; AND

ii. Patient has a blood eosinophil level ≥ 150 cells per microliter within the previous 6 weeks or within 6 weeks prior to treatment with Fasenra or another monoclonal antibody therapy that may lower blood eosinophil levels; AND

Note: Examples of monoclonal antibody therapies that may lower blood eosinophil levels include Fasenra, Adbry (tralokinumab-ldrm subcutaneous injection), Cinqair (reslizumab intravenous infusion), Dupixent (dupilumab subcutaneous injection), Nucala (mepolizumab subcutaneous injection), Tezspire (tezepelumab-ekko subcutaneous injection), and Xolair (omalizumab subcutaneous injection).

iii. Patient has received at least 3 consecutive months of combination therapy with BOTH of the following (a and b):

a) An inhaled corticosteroid; AND

b) At least one additional asthma controller or asthma maintenance medication; AND

Note: Examples of additional asthma controller or asthma maintenance medications are inhaled long-acting beta$_2$-agonists, inhaled long-acting muscarinic antagonists, leukotriene receptor antagonists, and monoclonal antibody therapies for asthma (e.g., Cinqair, Dupixent, Fasenra, Nucala, Tezspire, Xolair). Use of a combination inhaler containing both an inhaled corticosteroid and additional asthma controller/maintenance medication(s) would fulfil the requirement for both criteria a and b.

iv. Patient has asthma that is uncontrolled or was uncontrolled at baseline as defined by ONE of the following (a, b, c, d, or e):

Note: "Baseline" is defined as prior to receiving Fasenra or another monoclonal antibody therapy for asthma. Examples of monoclonal antibody therapies for asthma include Fasenra, Cinqair, Dupixent, Nucala, Tezspire, and Xolair.

a) Patient experienced two or more asthma exacerbations requiring treatment with systemic corticosteroids in the previous year; OR

b) Patient experienced one or more asthma exacerbation(s) requiring a hospitalization, an emergency department visit, or an urgent care visit in the previous year; OR

c) Patient has a forced expiratory volume in 1 second (FEV_1) < 80% predicted; OR

d) Patient has an FEV_1/forced vital capacity (FVC) < 0.80; OR

e) Patient has asthma that worsens upon tapering of oral (systemic) corticosteroid therapy; AND

v. The medication is prescribed by or in consultation with an allergist, immunologist, or pulmonologist.

B) Patient is Currently Receiving Fasenra. Approve for 1 year if the patient meets the following criteria (i, ii, and iii):

i. Patient has already received at least 6 months of therapy with Fasenra; AND

Note: 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).

ii. Patient continues to receive therapy with one inhaled corticosteroid or one inhaled corticosteroid-containing combination inhaler; AND

iii. Patient has responded to therapy as determined by the prescriber.
Note: 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.

CONDITIONS NOT COVERED

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is(are) considered experimental, investigational or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Chronic Obstructive Pulmonary Disease (COPD).** Fasenra is not indicated for the treatment of COPD.[1] One double-blind, placebo-controlled, Phase IIa study (n = 101) evaluated the efficacy and safety of Fasenra in patients 40 to 80 years of age with eosinophilia and moderate to severe COPD.[8] The annualized rate of acute COPD exacerbations was not reduced with Fasenra compared with placebo. Lung function was also not significantly improved with Fasenra vs. placebo. Numerically greater (although non-significant) improvements in exacerbations and lung function were observed with Fasenra vs. placebo in patients with baseline blood eosinophil levels of 200 cells/microliter or more. Two double-blind, placebo-controlled, Phase III studies (GALATHEA and TERRANOVA) also evaluated Fasenra in patients with moderate to very severe COPD (n = 1,120 and n = 1,545 patients, respectively, with eosinophils ≥ 220 cells/mm^3).[9] Following, 56 weeks of therapy, the annualized COPD exacerbation rates were not statistically significantly reduced with Fasenra vs. placebo in either study. Current COPD guidelines from the Global Initiative for Chronic Lung Disease (2022) note the negative data with Fasenra and state that further studies are needed.[10]

2. **Concurrent use of Fasenra with another Monoclonal Antibody Therapy (i.e., Cinqair, Nucala, Dupixent, Tezspire, Xolair, or Adbry).** The efficacy and safety of Fasenra used in combination with other monoclonal antibody therapies have not been established.

3. **Hypereosinophilic Syndrome.** Fasenra is not indicated for the treatment of eosinophilic conditions other than asthma.[1] A small, randomized, double-blind, placebo-controlled, Phase II trial (n = 20) evaluated the efficacy of Fasenra in patients who had platelet-derived growth factor receptor alpha (PDGFRA)-negative hypereosinophilic syndrome with an absolute eosinophil count of 1,000 cells/mm^3.[11] At Week 12, 90% of patients receiving Fasenra (n = 9/10) vs. 30% of patients receiving placebo (n = 3/10) achieved a 50% or greater reduction in the absolute eosinophil count (P = 0.02). Following the randomized phase, all

patients received open-label Fasenra 30 mg every 4 weeks. During this time, 74% of patients (n = 14/19) had sustained clinical and hematologic responses for 48 weeks. The World Health Organization-defined eosinophilic disorders update on diagnosis, risk stratification, and management (2022) notes that corticosteroids remain first-line therapy for the treatment of hypereosinophilic syndrome.[12] Available data with Fasenra is discussed, but this therapy continues to be considered investigational.

REFERENCES

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HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	03/16/2022
Selected Revision	**Asthma:** Criteria for a blood eosinophil level ≥ 150 cells per microliter within the previous 6 weeks or within 6 weeks prior to any anti-interleukin-5 therapy was changed to prior to any treatment with Fasenra or another monoclonal antibody therapy that may lower blood eosinophil levels. Throughout criteria, updated notes to include examples of monoclonal antibody therapies to include Dupixent (dupilumab subcutaneous injection), Tezspire (tezepelumab-ekko subcutaneous injection), Adbry (tralokinumab-ldrm subcutaneous injection), and Xolair (omalizumab subcutaneous injection). Criteria requiring the patient to have experienced one or more asthma exacerbation(s) requiring a hospitalization or an emergency department visit in the previous year, were updated to include an urgent care visit as well. **Conditions Not Covered** **:** Criteria were updated to recommend against use of Fasenra with another monoclonal antibody therapy. Previously, criteria listed anti-interleukin monoclonal antibody therapies and Xolair separately.	07/20/2022
Annual Revision	**Conditions Not Covered** **:** Criteria were updated to clarify that use of Fasenra with another monoclonal antibody therapy is specific to Cinqair, Nucala, Dupixent, Tezspire, Xolair, and Adbry.	03/22/2023