Montana Healthcare Programs

Drug Prior Authorization (PA) or Physicians Administered Drugs (PAD)

Fasenra® (benralizumab)

I. Medication Description

Fasenra® is an interleukin-5 receptor alpha-directed cytolytic monoclonal antibody (IgG1, kappa) indicated for the add-on maintenance treatment of patients with severe asthma aged 12 years and older and with an eosinophilic phenotype.

II. Position Statement

Coverage is determined through a prior authorization process **that must include** supporting clinical documentation for each request.

III. Initial Coverage Criteria

Member must meet all of the following criteria:

- Be 12 years old or older.
- Have a diagnosis of severe uncontrolled asthma with an eosinophilic phenotype.
  - Have baseline peripheral blood eosinophil count of ≥150 cells/µL.
  - Have a history of severe asthma attacks despite treatment with and adherence to an optimized dose of inhaled corticosteroid in combination with a long-acting beta$_2$-agonist (ICS/LABA) for three consecutive months.

Prescriber requirements

- Must be prescribed by or in consult with a pulmonology/allergy/immunology specialist.
- If not prescribed by an appropriate specialist, a copy of the specialty consult is required. Annual consult required for yearly reauthorization.
- Attests member **will not** use Fasenra® concomitantly with other biologics.

Limitations:

- Fasenra® is not indicated for treatment of **other** eosinophilic conditions or for the relief of acute bronchospasm or status asthmaticus.
- Dosed per package labeling.

IV. Renewal Coverage Criteria

Member must meet all of the following criteria:

- Have documentation of positive clinical response to therapy such as a reduction in frequency and/or severity of symptoms and exacerbations or medication dose reduction.
- Be compliant with Fasenra® and ICS/LABA therapy.

Prescriber must meet all the following criteria:

- Annual specialist consult provided if prescriber not a specialist.
- Attests member **will not** use Fasenra® concomitantly with other biologics.
- Drug Prior Authorization Unit will notify provider if patient has not been adherent to Fasenra® or ICS/LABA therapy.

V. Quantity Limitations

Maximum dose: 30mg SQ every 4 weeks for 3 doses, then 30mg SQ every 8 weeks.

VI. Coverage Duration

Initial approval: 6 months

Renewal approval duration: 1 year

References:

https://www.fasenrahcp.com/identifying-eosinophilic-asthma

https://www.fasenrahcp.com/real-world-evidence

https://ginasthma.org/wp-content/uploads/2023/07/GINA-2023-Full-report-23_07_06-WMS.pdf

https://ginasthma.org/wp-content/uploads/2019/04/GINA-Severe-asthma-Pocket-Guide-v2.0-wms-1.pdf

https://pubmed.ncbi.nlm.nih.gov/28919200/ Predictors of enhanced response with benralizumab for patients with severe asthma