Fasenra (benralizumab)
Effective 12/1/2019

Plan	☒ MassHealth ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Benralizumab, a humanized monoclonal antibody (IgG1, kappa), is an interleukin-5 antagonist. IL-5 is the major cytokine responsible for the growth and differentiation, recruitment, activation, and survival of eosinophils (a cell type associated with inflammation and an important component in the pathogenesis of asthma). Benralizumab inhibits the IL-5 signaling which reduces the production and survival of eosinophils.

Coverage Guidelines

Authorization may be granted for members who are currently receiving treatment with Fasenra, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted if the member meets all following criteria and documentation has been submitted:

1. The member has a documented diagnosis of moderate-to-severe eosinophilic asthma
2. The member is 12 years of age or older
3. The member is not an active smoker
4. The prescriber is an asthma specialist (e.g., allergist, immunologist, pulmonologist)
5. The member has an eosinophilic phenotype as evidenced by peripheral blood eosinophil count of ≥ 300 cells/uL or elevated eosinophils
6. The member continues to be symptomatic despite adherence with a controller medication containing an inhaled corticosteroid and a long-acting beta agonist (LABA) OR an inhaled corticosteroid and a LABA used as separate agents

   OR
7. The member is using chronic oral steroids.

Continuation of Therapy

Reauthorization may be granted for members who have met the initial criteria and the physician has submitted clinical documentation of clinical response as evidenced by a decrease in at least one of the following:

1. The dose of inhaled corticosteroids
2. Asthma exacerbations (e.g., decrease in frequency of asthma-related ED visits or hospitalizations)
3. The use of oral corticosteroids to treat exacerbations

Limitations

1. The member will not receive Fasenra in combination with another IL-5 inhibitor indicated for asthma (e.g., Cinqair, Nucala)
2. Other causes of eosinophilia (e.g., hypereosinophilic syndromes, neoplastic disease, parasitic disease) must be ruled out
3. Initial approvals will be granted for 6 months
4. Reauthorization may be granted for 12 months

References

1. Fasenra (benralizumab) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; November 2017
2. Nair P, Wenzel S, Rabe KF, et al; ZONDA Trial Investigators. Oral Glucocorticoid-Sparing Effect of Benralizumab in Severe Asthma. *N Engl J Med*. 2017;376(25):2448-2458. doi: 10.1056/NEJMoa1703501
3. Pham TH, Damera G, Newbold P, Ranade K. Reductions in eosinophil biomarkers by benralizumab in patients with asthma. Respir Med 2016; 111:21
4. FitzGerald JM, Bleecker ER, Nair P, et al. Benralizumab, an anti-interleukin-5 receptor α monoclonal antibody, as add-on treatment for patients with severe, uncontrolled, eosinophilic asthma (CALIMA): a randomised, double-blind, placebo-controlled phase 3 trial. Lancet 2016; 388:2128.

Review History

06/25/18 – Reviewed
09/18/19 – Reviewed

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