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DRUG POLICY

Fasenra (benralizumab)

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Fasenra (benralizumab) drug policy is to ensure appropriate selection of patients for therapy based on product labeling, clinical guidelines, and clinical studies. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Fasenra is indicated for the add-on maintenance treatment of patients with severe asthma aged 12 years and older, and with an eosinophilic phenotype.

Limitations of Use:

- Not for treatment of other eosinophilic conditions
- Not for relief of acute bronchospasm or status asthmaticus

POLICY

Documentation

Submission of the following information is necessary to initiate the prior authorization review: Member's chart or medical record showing baseline eosinophil level (initial request only), if applicable

Criteria for Initial Approval

Authorization of 6 months may be granted for treatment of severe asthma with an eosinophilic phenotype when all of the following criteria are/is met:

1. Member is 12 years of age or older
2. Member meets either of the following criteria:
 - a.) Member has a baseline blood eosinophil count of at least 150 cells per microliter; or
 - b.) Member is dependent on systemic corticosteroids

3. Member has inadequate asthma control (e.g., hospitalization or emergency medical care visit within the past year) despite current treatment with both of the following medications at optimized doses:
 - a.) Inhaled corticosteroid
 - b.) Additional controller (long acting beta2-agonist, leukotriene modifier, or sustained-release theophylline)
4. Member will not use Fasentra as monotherapy
5. Member will not use Fasentra concomitantly with other biologics (e.g., Cinqair, Dupixent, Nucala, Xolair)

Continuation of Therapy

Authorization of 12 months may be granted for treatment of severe asthma with an eosinophilic phenotype when ALL of the following criteria are met:

1. Member is 12 years of age or older
2. Asthma control has improved on Fasentra treatment as demonstrated by at least one of the following:
 - a.) A reduction in the frequency and/or severity of symptoms and exacerbations
 - b.) A reduction in the daily maintenance oral corticosteroid dose
3. Member will not use Fasentra as monotherapy
4. Member will not use Fasentra concomitantly with other biologics indicated for asthma (e.g., Cinqair, Dupixent, Nucala, Xolair)

Other

Note: If the member is a current smoker, they should be counseled on the harmful effects of smoking on pulmonary conditions and available smoking cessation options.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- J0517 Fasentra, Injection, benralizumab, 1mg

REFERENCES

- Fasentra [package insert]. Wilmington, DE: AstraZeneca; October 2019.
- Nair P, Wenzel S, Rabe K, et al. Oral glucocorticoid-sparing effect of benralizumab in severe asthma. N Engl J Med. 2017;376:2448-2458
- Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention, 2019. <http://ginasthma.org/gina-reports/>. Accessed March 24, 2020.
- American Academy of Allergy, Asthma & Immunology (AAAAI) 2020 Virtual Annual Meeting. Available at: <https://annualmeeting.aaaai.org/>. Accessed September 1, 2020.

POLICY HISTORY

Policy #: 05.02.32

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Revised: December 2020

Current Effective Date: January 1, 2021