CareFirst Family of health care plans

CVS caremark™

SPECIALTY GUIDELINE MANAGEMENT

FASENRA (benralizumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
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

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Severe eosinophilic asthma
Authorization of 12 months may be granted for treatment of severe asthma with an eosinophilic phenotype when all of the following criteria are/is met:
A. Member is 12 years of age or older
B. Member has a baseline blood eosinophil count of at least 300 cells per microliter
C. Member has a history of severe asthma despite current treatment with both of the following medications at optimized doses:
    1. Inhaled corticosteroid
    2. Additional controller (long acting beta$_2$-agonist, leukotriene modifier, or sustained-release theophylline)

III. 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:
A. Member is 12 years of age or older
B. Asthma control has improved on Fasenra treatment, demonstrated by either:
    1. A reduction in the frequency and/or severity of symptoms and exacerbations
    2. A reduction in the daily maintenance oral corticosteroid dose

IV. REFERENCES
1. Fasenra [package insert]. Wilmington, DE: AstraZeneca; November 2017.

2. 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*