BENRALIZUMAB (Fasenra®) PROTOCOL FOR THE TREATMENT OF SEVERE REFRACTORY EOSINOPHILIC ASTHMA

BENRALIZUMAB PROTOCOL FOR THE TREATMENT OF SEVERE REFRACTORY EOSINOPHILIC ASTHMA

INDICATION FOR USE: [1]

TREATMENT	INDICATION	ICD10	Protocol Code
Benralizumab (Fasenra®)	Benralizumab (Fasenra®) is indicated as an add-on maintenance treatment in adult patients with severe eosinophilic asthma inadequately controlled despite high-dose inhaled corticosteroids plus long-acting β-agonists.	J82.83	**RESP002**

TREATMENT: [1]

DRUG	DOSE	ROUTE	CYCLE	DURATION OF THERAPY
Benralizumab	30 mg	Subcutaneous Injection	Every 4 weeks for the first 3 doses, and then once every 8 weeks thereafter.	Long-term treatment.
The need for continued therapy should be considered at least on an annual basis as determined by physician assessment of the patient's disease severity and level of control of exacerbations. Treatment is initiated within hospital, however patients should be transferred to self-administration when their supervising consultant deems it appropriate.				

ELIGIBILITY: [2]

- Confirmed diagnosis of Severe Refractory Eosinophilic Asthma by a respiratory physician, specialising in severe asthma.
- Patient has been fully adherent to maintenance therapy assessed using the following criteria:
    - Adherence to maintenance therapy
    - Inhaler technique assessed AND the patient has been educated on inhaler use.
    - Compliance assessed by 3 consecutive monthly visits to clinical specialist nurse with adherence advice, PEFR diary and reported asthma outcomes.
      OR if performed
    - Patient is adherent with prescribed therapy confirmed by INCA device over 3 months
- Blood eosinophil count:
    - Greater or equal to 300cells/microlitre (0.3 x 10^9 per Litre) in the previous 12 months
      OR
    - In patients on longterm maintenance oral corticosteroids (OCS) with an eosinophil count less than 300cells/microlitre (0.3 x 10^9 per Litre); a pre-OCS eosinophil level should be used to confirm eosinophilic phenotype. (Concensus recommendation of Severe Asthma Advisory Group)
- Exacerbation rate or maintenance oral corticosteroids:
    - 2 or more exacerbations requiring systemic corticosteroids in the previous 12months
      OR
    - Continuous OCS (greater or equal to 5mg prednisolone daily, or equivalent) over the previous 6 months
- The company provides benralizumab at the commercial in confidence price agreed with the HSE.

NOTE: *In clinical studies for anti-IL5 therapies the extent to which exacerbation rates were reduced increased in patients with higher blood eosinophil levels and with greater exacerbation history.*[3]

BENRALIZUMAB PROTOCOL FOR THE TREATMENT OF SEVERE REFRACTORY EOSINOPHILIC ASTHMA

CONTRAINDICATIONS: [1]

- Hypersensitivity to benralizumab or to any of the excipients in the formulation.

EXCLUSIONS FOR FUNDING:

- Patients less than 18 years of age
- Patients treated with omalizumab (Xolair®) within the past year
- Patients who do not meet the eligibility criteria above

STOPPING CRITERIA: [2]

Response to therapy should be reviewed by the treating physician at 3 monthly intervals. A definitive decision to continue therapy should be made at 12 months of treatment based on disease severity and level of exacerbation control:

- Stop anti-IL5 therapy if asthma has not responded adequately to treatment.
- An adequate response is defined as:
    - A clinically meaningful reduction in the number of asthma exacerbations requiring systemic corticosteroids or hospitalisation.
      OR
    - A clinically significant reduction in continuous OCS use while maintaining improved asthma control.

USE WITH CAUTION:

Refer to SmPC for up to date information

TESTS:

Baseline measurements / tests:

- Inhaler technique and compliance
- Blood eosinophil count
- Number of exacerbations in previous 12 months
- Continuous OCS use in previous 6 months
- Smoking status
- IgE

Regular measurements / tests:

- Inhaler technique and compliance
- Smoking status
- Number of GP visits
- Number of exacerbations requiring hospitalisation
- Number of exacerbations requiring hospital visit but not admission

Disease monitoring:

Disease monitoring should be in line with the patient's treatment plan and any other test/s as directed by the supervising Consultant.

BENRALIZUMAB PROTOCOL FOR THE TREATMENT OF SEVERE REFRACTORY EOSINOPHILIC ASTHMA

DOSE MODIFICATIONS: [1]

Dose adjustments are not recommended

Renal and Hepatic Impairment:

No dose adjustment is required for patients with renal or hepatic impairment

SUPPORTIVE CARE: [1]

Pre-medications: None

Take home medications: None

ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS: [1]

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details. **This medicinal product is subject to additional monitoring. Healthcare professionals are asked to report any suspected adverse reactions.**

Headache: is the most commonly reported adverse reactions (8 %).
Pharyngitis: is reported in 3 % of patients' treatment with benralizumab.
Anaphylaxis: has also been reported.

OTHER INFORMATION:

- Benralizumab should not be used to treat acute asthma exacerbations.

Outcome Monitoring &Reporting:

- The clinical trials demonstrated a reduction in clinically significant exacerbations of asthma. In order to measure this in the real world setting the collection of these outcomes is required.
- A data collection form has been provided for assessment of these outcomes at baseline and at each injection visit. HSE funding is dependent on return of these outcomes.
- For doses accessed via the High Tech Hub (HTH), there is no requirement to submit a claim form or outcome data to AHDMP.

Self-administration & Reimbursement

- The initial doses of benralizumab should be administered under the supervision of a trained health care professional in a hospital setting. The patient should be instructed in the subcutaneous injection technique and on how to self-administer during this time.
- After proper training in the subcutaneous injection technique and education about signs and symptoms of hypersensitivity reactions, patients with no known history of anaphylaxis, or their caregivers, should administer benralizumab if their physician determines that it is appropriate, with medical follow-up as necessary. Self-administration should only be considered in patients already experienced with benralizumab treatment.
- Where self-administration is deemed appropriate, all prescriptions for community dispensing must be issued through the High Tech Hub (HTH).

- Where self-administration is deemed inappropriate, the patient details and reason to justify continued hospital administration of benralizumab should be e-mailed to AHDMP@hse.ie to ensure that hospital reimbursement is continued.

REIMBURSEMENT CATEGORY:

- Hospital Reimbursement via Rosetta / Community supply reimbursed by the PCRS

DRUG INTERACTIONS:

Current drug interaction databases should be consulted for more information.

ATC CODE:

Benralizumab R03DX10

PRESCRIPTIVE AUTHORITY:

The treatment plan must be initiated by a Consultant Respiratory physician, within an asthma centre who specialises in severe asthma as outlined by the *Briefing Paper: National Severe Asthma Network 2015 (Sub-group of National Clinical Programme for Respiratory Medicine).*[2]

REFERENCES:

1. Fasenra 30mg solution for injection pre-filled syringe. Summary of Product Characteristics. Available online at: https://www.medicines.ie/medicines/fasenra-30-mg-solution-for-injection-in-pre-filled-pen-34948/spc. [Accessed 11 Jan. 22].
2. *Briefing Paper: National Severe Asthma Network 2015 (Sub-group of National Clinical Programme for Respiratory Medicine).*
3. FitzGerald JM, Bleecker ER, Menzies-Gow A, et al. Predictors of enhanced response with benralizumab for patients with severe asthma: pooled analysis of the SIROCCO and CALIMA studies. The Lancet Respiratory Medicine 2018; Volume 6, Issue 1, 2018; 51-64.
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. The Lancet 2016. 388: 2128-2141.
5. Bleecker ER, FitzGerald JM, Chanez P, Papi A, et al. Efficacy and safety of benralizumab for patients with severe asthma uncontrolled with high-dosage inhaled corticosteroids and long-acting β2-agonists (SIROCCO): a randomised, multicentre, placebo-controlled phase 3 trial. The Lancet 2016; 388: 2115-2127.
6. Nair P, Wenzel S, Rabe F, et al. Oral Glucocorticoid–Sparing Effect of Benralizumab in Severe Asthma. N Engl J Med 2017; 376(25):2448-2458.