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.

• FASENRA is not indicated for treatment of other eosinophilic conditions
• FASENRA is not indicated for the relief of acute bronchospasm or status asthmaticus

IMPORTANT SAFETY INFORMATION
CONTRAINDICATIONS
Known hypersensitivity to benralizumab or excipients.

WARNINGS AND PRECAUTIONS
Hypersensitivity Reactions
Hypersensitivity reactions (eg, anaphylaxis, angioedema, urticaria, rash) have occurred after administration of FASENRA. These reactions generally occur within hours of administration, but in some instances have a delayed onset (ie, days). Discontinue in the event of a hypersensitivity reaction.

Please see additional Safety Information throughout this guide and accompanying full Prescribing Information including Patient Information.
Prior Authorization and Appeal Checklists

These checklists are intended to simplify the prior authorization (PA) and denial/appeal process for FASENRA™ (benralizumab).*

PA CHECKLIST

The items below may be necessary to obtain a PA decision from a health plan. Please ensure you have all this information prior to submitting the PA.

1. Completed PA request form (some health plans require specific forms) Include the following:
   - Patient name, insurance policy number, and date of birth
   - Physician name and tax ID number
   - Facility name and tax ID number
   - Date of service
   - Patient diagnosis (ICD-10 code[s])
   - Relevant procedure and HCPCS codes for services/products to be performed/provided
   - Product NDC
   - Setting of care
   - Include the Provider ID number in the letter
   - 2. Letter of medical necessity and relevant clinical support
   - 3. Documentation that supports the treatment decision, such as:
     - Previously given treatments/therapies
     - Patient clinical notes detailing the relevant diagnosis
     - Relevant laboratory results
     - Product Prescribing Information

Prior authorization requirements vary by health plan and may require that medicines be preapproved. Please contact the patient’s health plan for specific PA requirements to ensure efficient and timely review. Failure to obtain preauthorization can result in non-payment by the plan.

Prior to submission, keep track of dates and methods of correspondence (phone, email, and written); names of insurance contacts and reviewers with whom you speak; and summarize conversations and written documents issued by the insurer.

DENIAL AND APPEAL CHECKLIST

If the health plan denied a PA for an AstraZeneca medicine:

☐ Review the denial notification to understand the reason and circumstances that need to be addressed and explained in the appeal letter.

☐ Understand the plan’s most recent explanation of benefits or contact a representative at the insurer to verify where the appeal should be sent and any deadlines.

☐ Write an appeal letter. If you need additional information regarding this process, contact your AstraZeneca counselor for examples.

If your or your patient have not received a decision within 30 days:

☐ Follow up with the health plan. Confirm that the appeal letter was received and ask about its status. If the coverage denial was upheld, you could resubmit another appeal with new information or ask for a Supervisor or Manager for assistance.

If the denial is upheld again:

☐ Ask for a one-time exception or consider filing a complaint with the State’s Insurance Commissioner. Health plans who have to hear from the Commissioner will respond promptly to resolve the matter.

☐ If the insurer continues to deny the claim: Your patient may request an external appeal (the process varies by state law), in which an independent third-party will review the claim and make a final, binding decision.

Coding

It is important to note that the codes identified below are examples only. Each provider is responsible for ensuring all coding is accurate and documented in the medical record based on the condition of the patient. The use of the following codes does not guarantee reimbursement.

National Drug Code (NDC)

<table>
<thead>
<tr>
<th>Dosage</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 mg single-dose prefilled syringe</td>
<td>0310-1730-30</td>
<td>Chemotherapy administration, subcutaneous or intramuscular</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>96372</td>
<td>Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular</td>
</tr>
<tr>
<td>96421</td>
<td>Chemotherapy administration, subcutaneous or intramuscular; nonhomologous antineoplastic</td>
</tr>
</tbody>
</table>

Healthcare Common Procedure Coding System (HCPCS)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0490</td>
<td>Unclassified drugs</td>
</tr>
<tr>
<td>J0590</td>
<td>Unclassified biologics</td>
</tr>
</tbody>
</table>

Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J45.50</td>
<td>Severe persistent asthma, uncomplicated</td>
</tr>
<tr>
<td>J45.51</td>
<td>Severe persistent asthma with (acute) exacerbation</td>
</tr>
</tbody>
</table>

IMPORTANT SAFETY INFORMATION (CONTINUED)

Acute Asthma Symptoms or Deteriorating Disease
FASENRA should not be used to treat acute asthma symptoms, acute exacerbations, or acute bronchospasm.

Please see additional Safety Information throughout this guide and accompanying full Prescribing Information including Patient Information.

*Providers and patients are encouraged to contact the patient’s insurer for detailed instructions on completing a PA or how to appeal or overturn a denial. If you have any questions, or need guidance, please contact AstraZeneca Access 360 or your Field Reimbursement Manager at 1-833-360-HELP (1-833-360-4357).

IMPORTANT SAFETY INFORMATION (CONTINUED)

Reduction of Corticosteroid Dosage
Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with FASENRA. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

Parasitic (Helminth) Infection
It is unknown if FASENRA will influence a patient’s response against helminth infections. Treat patients with pre-existing helminth infections before initiating therapy with FASENRA. If patients become infected while receiving FASENRA and do not respond to anti-helminth treatment, discontinue FASENRA until infection resolves.
**IMPORTANT SAFETY INFORMATION (CONTINUED)**

**USE IN SPECIFIC POPULATIONS**

The data on pregnancy exposure from the clinical trials are insufficient to inform on drug-associated risk. Monoclonal antibodies such as benralizumab are transported across the placenta during the third trimester of pregnancy; therefore, potential effects on a fetus are likely to be greater during the third trimester of pregnancy.

**ADVERSE REACTIONS**

The most common adverse reactions (incidence ≥ 5%) include headache and pharyngitis. Injection site reactions (eg, pain, erythema, pruritus, papule) occurred at a rate of 2.2% in patients treated with FASENRA compared with 1.9% in patients treated with placebo.

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Understanding Medicare

How prescription coverage works under Medicare

Medicare is a federal health insurance program that mainly provides coverage for people who are over the age of 65, blind, or disabled. This program pays for medical services and procedures that have been determined as “reasonable and necessary.” It is important to note that there are various parts of Medicare, and benefits vary based on the type of coverage you select.

Medicare Part A
Hospital Insurance:
Covers inpatient hospital services and certain follow-up care.

Medicare Part B
Medical Insurance:
Covers medically necessary services and supplies. Also covers drugs prescribed and administered by a healthcare provider.

Medicare Part C
Medicare Advantage:
Also known as Medicare Advantage, covers Part A and Part B benefits and could also include prescription coverage.

Medicare Part D
Medicare Prescription Drug Coverage:
These are private insurance plans specifically for prescription drug coverage.

Which prescription drugs are covered under Medicare Part B?

In general, Medicare Part B covers drugs that are not self-administered. This includes drugs given by healthcare providers in their offices and drugs infused in outpatient settings. The yearly Part B deductible usually covers these drugs.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

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AstraZeneca Access 360™ provides patient access, reimbursement support, and information about affordability programs for AstraZeneca’s medicines.

For more information, call AstraZeneca Access 360™ at **1-833-360-4357**, Monday through Friday, 8 AM to 8 PM ET.

**1-833-360-HELP** (1-833-360-4357)  
**1-833-FAX-A360** (1-833-329-2360)

www.MyAccess360.com  
Access360@AstraZeneca.com