Fasenra® (benralizumab) Subcutaneous Injection 30 mg

AstraZeneca Access 360™

Access and Reimbursement Guide

The AstraZeneca Access 360™ program provides personal support to connect patients to affordability programs and streamline access and reimbursement for FASENRA.

For more information, call Access 360 at **1-833-360-4357**, Monday through Friday, 8 AM to 6 PM ET.

1-833-360-HELP
(1-833-360-4357)

1-833-FAX-A360
(1-833-329-2360)

www.MyAccess360.com

Access360@AstraZeneca.com

INDICATIONS

FASENRA is indicated for:

- the add-on maintenance treatment of patients with severe asthma aged 6 years and older and with an eosinophilic phenotype. FASENRA is not indicated for the relief of acute bronchospasm or status asthmaticus
- the treatment of adult patients with eosinophilic granulomatosis with polyangiitis (EGPA)
- the treatment of adult and adolescent patients aged 12 years and older with hypereosinophilic syndrome (HES) without an identifiable non-hematologic secondary cause

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 read 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) subcutaneous injection.*

PRIOR AUTHORIZATION (PA) CHECKLIST

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

☐ **Completed PA request form (some health plans require specific forms)** including the following:
- ☐ Patient name, insurance policy number, and date of birth
- ☐ Physician name and NPI number
- ☐ Facility name and NPI 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

☐ **Letter of medical necessity and relevant clinical support**
- ☐ Include the Provider ID number in the letter

☐ **Documentation that supports the treatment decision, such as:**
- ☐ Previous given treatments/therapies
- ☐ Patient-specific clinical notes detailing the relevant diagnosis
- ☐ Relevant laboratory results
- ☐ Product Prescribing Information

Prior authorization requirements vary by health plan and may require pre-approval. Please contact the patient's health plan for specific PA requirements to ensure efficient and timely review. Failure to obtain prior authorization can result in non-payment by the plan.

Prior to submission, please keep track of dates and methods of correspondence (phone, email, and written); record the 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, please contact Access 360 for examples.

If you 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 to assist.

If the denial is upheld again:

☐ **Ask for a one-time exception or consider filing a complaint** with the state's insurance commissioner.

☐ **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.

☐ Please contact your Field Reimbursement Manager (FRM) or Access 360 if you need additional support.

***Providers and patients are encouraged to contact the patient's insurer for detailed instructions on completing a PA or how to appeal/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 (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

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

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.

Please read full Prescribing Information, including Patient Information.

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)

10-digit NDC

Administration Method	Description	NDC
Physician Administered	FASENRA® (benralizumab) subcutaneous injection 30 mg/mL single-dose prefilled syringe	0310-1730-30
	10 mg/0.5 mL single-dose prefilled syringe	0310-1745-01
Patient/Caregiver Administered	FASENRA Pen 30 mg/mL single-dose autoinjector	0310-1830-30

11-digit NDC

Administration Method	Description	NDC
Physician Administered	FASENRA 30 mg/mL single-dose prefilled syringe	0310-1730-30
	10 mg/0.5 mL single-dose prefilled syringe	00310-1745-01
Patient/Caregiver Administered	FASENRA Pen 30 mg/mL single-dose autoinjector	00310-1830-30

Current Procedural Terminology® (CPT)[1]

	NDC	Description
Injection Administration	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
	96401	Chemotherapy administration, subcutaneous or intramuscular; nonhormonal antineoplastic
Injection Education	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified healthcare professional

Healthcare Common Procedure Coding System (HCPCS)[2]

NDC	Description	Package Size	Billing Units
J0517	Injection, benralizumab, 1 mg	30 mg/mL single-dose prefilled syringe	30
J0517	Injection, benralizumab, 1 mg	10 mg/0.5 mL single-dose prefilled syringe	10

Diagnosis Codes[3]

ICD-10-CM	Description
D72.110	Idiopathic hypereosinophilic syndrome [IHES]
D72.111	Lymphocytic Variant Hypereosinophilic Syndrome [LHES]
D72.118	Other hypereosinophilic syndrome
D72.119	Hypereosinophilic syndrome [HES], unspecified
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J82.83	Eosinophilic Asthma
M30.1	Polyarteritis with lung involvement [EGPA/Churg-Strauss]

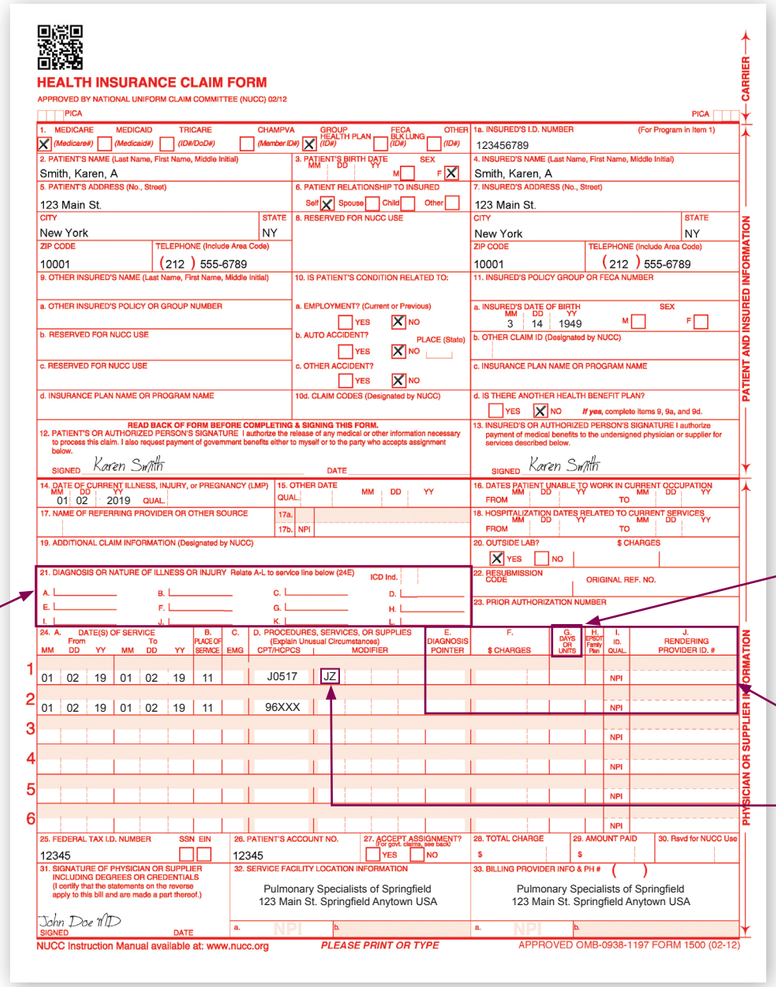
HCPCS modifier used to report zero drug wastage.[4,5]

Modifiers provide a means to report or indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. The modifier below may be applicable in physician offices and hospital outpatient departments.

Modifier	Description	Indication and placement
JZ	Zero drug amount discarded/not administered to any patient	Modifier used to report no wastage from single-use vials • CMS claims should include the JZ modifier when no wastage has occurred; other payer requirements may vary • Typically, the modifier is appended to the drug HCPCS code on the same line

CMS–1500 Example Claim Form

Prescribers use this form when billing insurers for medication administered in the physician's office and for their professional services.



Input Diagnosis Code(s) here

Please Note:

- **Commercial Payers** may use different units of measure (mg, ml, etc.).
- Please contact the patient's insurance to confirm unit of measure. Please be sure to verify J Code billing units based on the dose of FASENRA administered.

Complete Sections E-J

Input JZ modifier to report no wastage.

The suggestions contained on this form are for example only and AstraZeneca makes no representation that the information is accurate or that it will comply with the requirements of any particular payer/insurer. Providers are solely responsible for determining the billing and coding requirements applicable to any payer/insurer. The information provided here is not intended to be conclusive or exhaustive, and is not intended to replace the guidance of a qualified professional advisor. AstraZeneca makes no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness of this information for your particular use. The use of this information does not guarantee payment or that any payment received will cover your costs.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

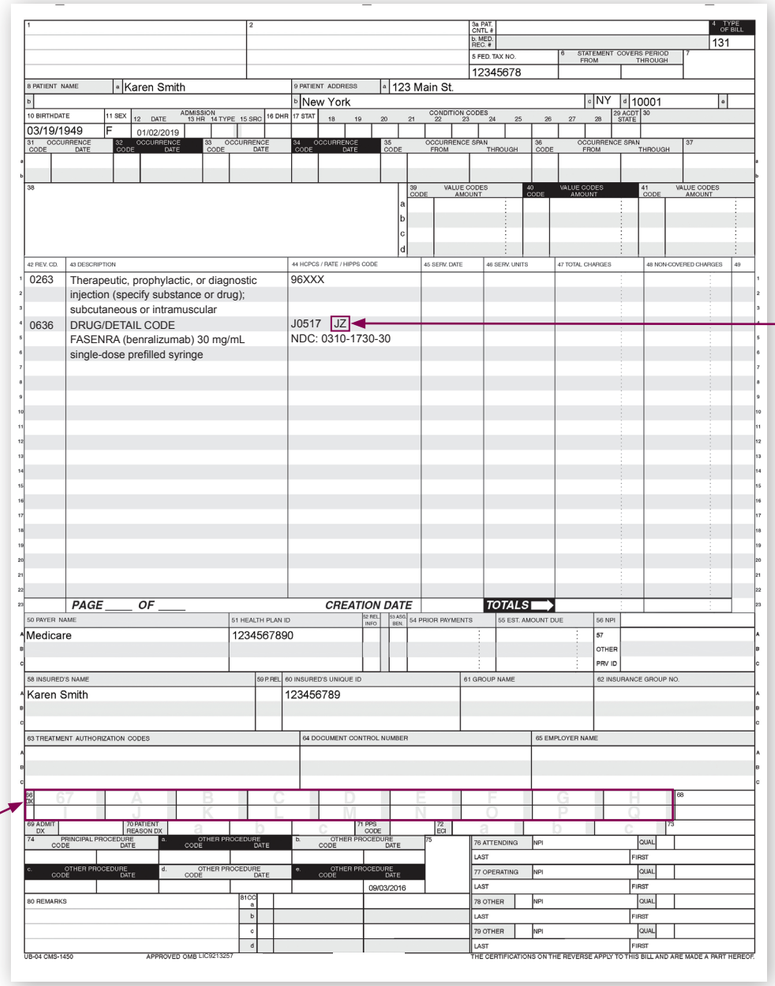
Parasitic (Helminth) Infection

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.

Please read full Prescribing Information, including Patient Information.

UB–04 Example Claim Form

Hospitals use this form when billing insurers for medication administered in the inpatient or outpatient setting. Outpatient hospitals should bill with the appropriate revenue code.



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ADVERSE REACTIONS

The most common adverse reactions (incidence ≥ 5%):

- Asthma: headache, pharyngitis
- EGPA: headache
- HES: headache, hypersensitivity reactions, influenza-like illness

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 in asthma exacerbation studies.

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.

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:

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.

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You may report side effects related to AstraZeneca products.

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References: 1. American Medical Association. *CPT® 2026 Professional Edition*. Chicago, IL: American Medical Association; 2025. https://www.ama-assn.org/practice-management/cpt. Accessed April 9, 2026. **2.** Centers for Medicare & Medicaid Services. HCPCS Release & Code Sets. Alpha-Numeric HCPCS File. https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/alpha-numeric. Accessed April 22, 2026. **3.** Centers for Medicare & Medicaid Services. Billing and Coding: Complex Drug Administration Coding; 2026. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=58527&ver=37&=. Accessed April 22, 2026. **4.** Centers for Medicare & Medicaid Services. HCPCS Quarterly Update. https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update. Accessed April 22, 2026. **5.** Centers for Medicare & Medicaid Services. JW modifier: drug/biological amount discarded/not administered to any patient frequently asked questions. https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf. Accessed April 22, 2026.

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