Fasenra® (benralizumab) Subcutaneous Injection 30 mg | AstraZeneca Access 360™

Buy-and-Bill Process

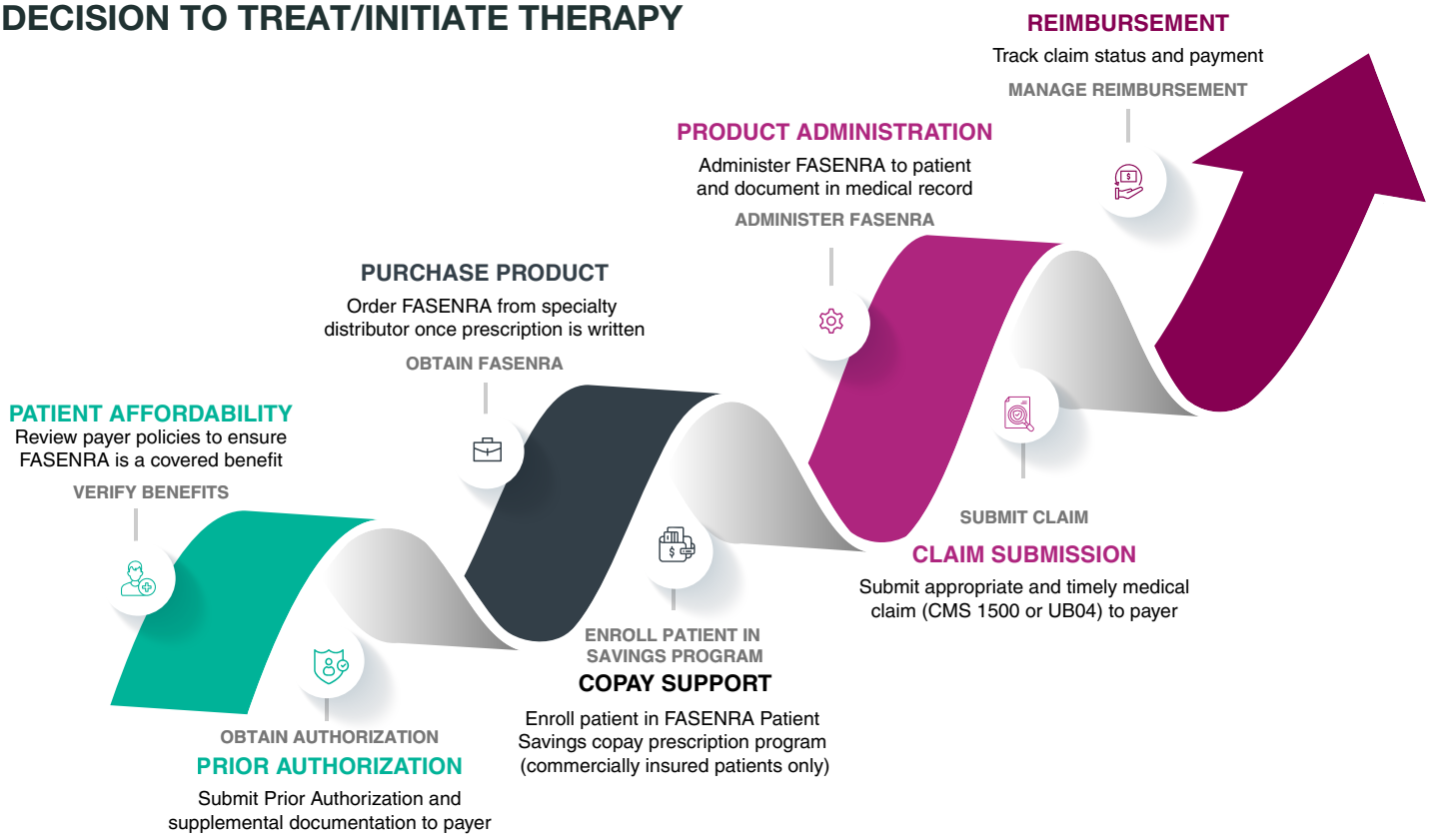
Quick Reference Guide

AstraZeneca Access 360™ program provides personal support to connect patients to affordability programs and streamline access and reimbursement processes for providers. The following details are intended to support HCP offices through acquisition of buy-and-billing.

What is buy-and-bill?

Buy-and-bill is defined as a process for acquiring a product, including FASENRA® (benralizumab) injection, for subcutaneous use. Through this process, a provider purchases FASENRA from an approved AstraZeneca specialty distributor. Following administration, providers submit a claim to payers for reimbursement of both the medication and the medication administration.

DECISION TO TREAT/INITIATE THERAPY



The information provided is for educational purposes only and is not intended to serve as guidance for specific coding, billing, and claims submissions. The decision on which codes best describe the services provided must be made by the individual providers based on specific payer guidance and requirements. The use of this information does not guarantee payment or that any payment received will cover your costs.

Process

Fasenra® (benralizumab) Subcutaneous Injection 30 mg

The below table includes common steps organizations may consider to assist with acquisition through buy-and-bill.

Step	Action	Considerations & Available Resources
1. Verify Benefits	Review payer policies to ensure FASENRA is a covered benefit	• Policy Acumen Portal: provides up-to-date resources for billing, coding, and coverage policies specific to FASENRA for preselected payers: https://fasenra.policyacumen.health/

2. Obtain Authorization	Submit Prior Authorization and supplemental documentation to payer	• When Prior Authorization or predetermination is noted as optional on the verification of benefits:
		  • Pursuing approval prior to administration can improve the payer's timeliness with payment
		  • If not pursued, the payer may not reimburse or may require documentation post injection, thus delaying payment for the service
		• You may refer to FASENRA Sample Appeal Letter for assistance in managing denials: https://www.myaccess360.com/fasenra-benralizumab/forms-and-resources.html

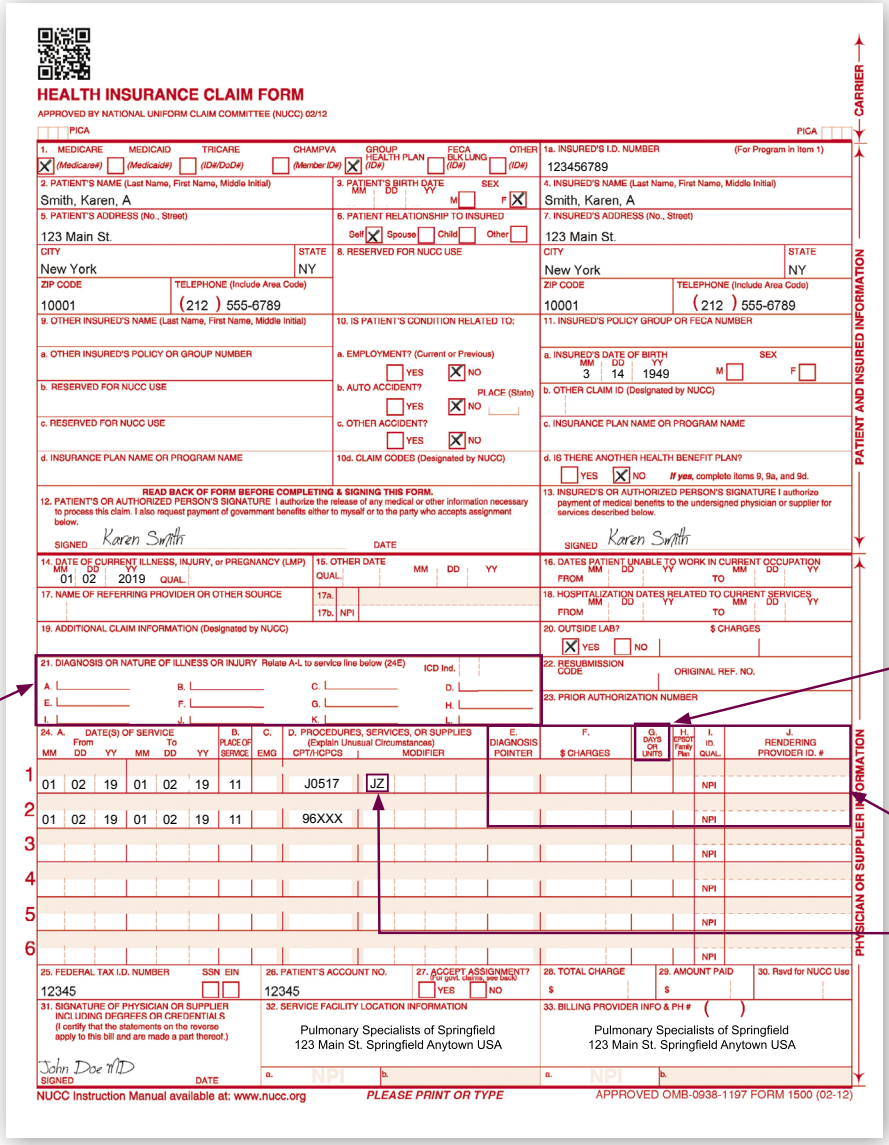
3. Obtain FASENRA	Order FASENRA from specialty distributor once prescription is written	• FASENRA Acquisition Distribution Sheet: https://www.myaccess360.com/content/dam/website-services/us/552-access360/hcp-pdf/FASENRA_Acquisition_Distribution_Card.pdf
		• Ensure product is added to EMR/Practice Management and Inventory Systems
		  • If needed, HCPs may utilize a Specialty Pharmacy Provider (SPP) Locator Tool to identify a community specialty pharmacy (Specialty Pharmacy)
		  • A Specialty Pharmacy Provider (SPP) Locator Tool is available at fasenrahcp.com

4. Enroll Patient in Savings Program	Enroll patient in FASENRA Supports copay prescription program (Commercially insured patients only. Subject to eligibility rules and restrictions may apply). Full Terms and Conditions are available at: https://www.myaccess360.com/content/dam/website-services/us/552-access360/hcp-pdf/HCP_FASENRA_Saving_Program_Affordability_Information_(Core-Access-Message).pdf	• FASENRA Savings Program: HCPs can enroll patients at www.fasenrasavings.com Patients can complete direct enrollment at azpatientsupport.com • FASENRA Savings Program offers up to [$13,000] per calendar year in assistance for out-of-pocket expenses, including the cost of the product itself and the cost of injection administration (program maximum of [$100] per injection administration assistance) • Refer to Full Prescribing Information: FasenraPI.com
5. Administration of Product	Administer FASENRA to patient and document in medical record. Schedule next appointment for the patient for the next dose.	• Patient injection record, a log for you to keep track of injections administered to your FASENRA patients
6. Submit Claim	Submit appropriate and timely medical claim (CMS 1500 or UB04) to payer	• Each provider is responsible for ensuring all coding is accurate and documented in the medical record based on the condition of the patient • You may refer to FASENRA *Access & Reimbursement Guide* for hospital and physician coding resources available on AstraZeneca's Access 360 website: *Coding Resource* • Claim submission deadline for Copay Savings Program is 365 days post date of service (if applicable) • Optional: Electronic Data Interchange (EDI), for submitting co-pay claims electronically
7. Manage Reimbursement	Track claim status and payment	• Review Explanation of Benefits to ensure appropriate payment • Submit Explanation of Benefits to FASENRA Savings Program: fasenrasupport.com (if applicable) • You may contact Access 360 and Field Reimbursement Managers for access, claims, and appeal support • Optional: Automated Clearing House (ACH), reduces co-pay fund retrieval processing time and potentially reduces or eliminates payment processing vendor fees

CMS–1500 Example Claim Form

Fasenra® (benralizumab) Subcutaneous Injection 30 mg

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



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE [X] (Medicare#) MEDICAID [ ] (Medicaid#) TRICARE [ ] (ID#/DoD#) CHAMPVA [ ] (Member ID#) GROUP HEALTH PLAN [X] (ID#) FECA BLK LUNG [ ] (ID#) OTHER [ ] (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 123456789

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Smith, Karen, A

3. PATIENT'S BIRTH DATE MM DD YY: SEX M [ ] F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Smith, Karen, A

5. PATIENT'S ADDRESS (No., Street): 123 Main St.

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street): 123 Main St.

CITY: New York STATE: NY

8. RESERVED FOR NUCC USE

CITY: New York STATE: NY

ZIP CODE: 10001 TELEPHONE (Include Area Code): (212) 555-6789

ZIP CODE: 10001 TELEPHONE (Include Area Code): (212) 555-6789

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]

a. INSURED'S DATE OF BIRTH MM DD YY: 3 14 1949 SEX M [ ] F [ ]

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES [ ] NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [X] If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED Karen Smith DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED Karen Smith

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY: 01 02 2019 QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES [X] NO [ ] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 01 02 19	01 02 19	11		J0517	JZ					NPI	
2 01 02 19	01 02 19	11		96XXX						NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN: 12345

26. PATIENT'S ACCOUNT NO.: 12345

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [ ] NO [ ]

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

John Doe MD SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

Pulmonary Specialists of Springfield
123 Main St. Springfield Anytown USA

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

Pulmonary Specialists of Springfield
123 Main St. Springfield Anytown USA

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

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.

For more information, please contact Access 360 at **1-844-ASK-A360**, Monday through Friday, 8 AM - 6 PM ET, excluding holidays.

1-833-360-HELP

1-844-FAX-A360 (1-844-329-2360)

www.FasenraResources.com

Access360@AstraZeneca.com

One MedImmune Way, Gaithersburg, MD 20878

IMPORTANT SAFETY INFORMATION

Fasenra® (benralizumab) Subcutaneous Injection 30 mg

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.

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.

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.

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.

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

Please read full Prescribing Information, including Patient Information.

You may report side effects related to AstraZeneca products.

AstraZeneca