



# Start, Stay, and Save with FASENRA

With the FASENRA Savings Program, your eligible commercially insured patients can start and stay on FASENRA regardless of coverage. Patients may pay as little as \$0 for FASENRA and its injection administration.

## If FASENRA is approved

**If FASENRA is approved by insurance, eligible patients may pay as little as \$0\* for FASENRA and its injection administration.**

**To be eligible, patients must:**

- Have commercial insurance
- Have FASENRA approved by their insurance plan

\*Up to \$13,000 per year for both drug and injection administration or injection training.

## If FASENRA is denied

**If FASENRA is denied by insurance, submit an appeal. If the appeal is denied, patient pays \$0 for FASENRA and its injection administration for up to 2 years.<sup>†</sup>**

**To be eligible, patients must:**

- Have commercial insurance
- Have had their prior authorization (PA) and PA appeal denied by their insurance company
- Have FASENRA prescribed for on-label use

<sup>†</sup>Enrollment is open through June 30, 2020. Patients who enroll receive support for 24 months from the date of initial prescription.

## How the FASENRA Savings Program Works

The FASENRA Savings Program helps eligible commercially insured patients receive FASENRA for as little as \$0 out-of-pocket for the medication and its injection administration through a Virtual Debit Card. Your role in the program will vary, depending on how your practice acquires FASENRA.

## Specialty Pharmacy

If acquiring FASENRA through a Specialty Pharmacy:

Out-of-pocket costs for FASENRA	Out-of-pocket costs for injection administration
Patients can sign up for the FASENRA Savings Program by signing the Support Program section of the AstraZeneca Access 360 <sup>™</sup> Enrollment Form. If you're not using Access 360, make sure the patient asks their Specialty Pharmacy about the FASENRA Savings Program.	Patients are responsible for requesting reimbursement for out-of-pocket costs for injection administration. Reimbursement forms are available by contacting Access 360 at <b>1-833-360-HELP (1-833-360-4357)</b> .

## Buy & Bill

If buying FASENRA from a Specialty Distributor to administer to your patients:

1. Create an account online at [www.FasenraSavings.com](http://www.FasenraSavings.com). This is a one-time registration step and will only take a few minutes.
2. Register your debit card/point-of-sale terminal. Call Access 360 at **1-833-360-4357** and a representative will walk you through this simple process.
3. Enroll eligible patients at [www.FasenraSavings.com](http://www.FasenraSavings.com)

★ **It is highly recommended that you enroll your patients AFTER the PA is approved**

- After enrollment, you will receive a letter that contains patient-specific information and instructions on how to submit claims for reimbursement of FASENRA and its injection administration. Please retain this letter for future use
- After administering FASENRA, submit a claim to your patient's insurance. You will receive an Explanation of Benefits (EOB) that you can use to determine the exact amount your patient owes for FASENRA, including the injection administration
- Submit request for reimbursement of your patient's out-of-pocket cost of FASENRA and its injection administration or injection training at [www.FasenraSavings.com](http://www.FasenraSavings.com) and include a copy of the EOB. While the out-of-pocket costs for patients will vary, most eligible patients may pay as little as \$0 per injection of FASENRA
- After the FASENRA Savings Program claim has been reviewed and approved, you will be notified that the Virtual Debit Card associated with that patient has been loaded with the approved amount. Process a debit card transaction on the registered debit card terminal to retrieve the funds from the card

## FASENRA Savings Program for Denied Patients

If a patient with commercial insurance has a FASENRA prescription for on-label use and their PA appeal has been denied by their insurance plan, FASENRA may be available at no cost through Diplomat Specialty Pharmacy.

### To enroll a patient in the FASENRA Savings Program for Denied Patients:

- Call Access 360 at **1-833-360-4357** to obtain a Denied Patient Cover Sheet
- Complete and sign the Cover Sheet. Fax it with the original prescription, copies of the PA denial, and PA appeal denial to Diplomat Specialty Pharmacy at 1-866-376-1448
  - Patients in this program must get FASENRA from Diplomat Specialty Pharmacy
- You will be notified that the information has been received within 2 business days
- While the out-of-pocket costs for patients will vary, most eligible patients may pay as little as \$0 per injection of FASENRA

### Eligibility

Your patient may be eligible for this offer if they are insured by commercial insurance.

Patients who are enrolled in a state or federally funded prescription insurance program are not eligible for this offer. This includes patients enrolled in Medicare Part B, Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DoD) programs or TriCare, and patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees.

If patients are enrolled in a state or federally funded prescription insurance program, they may not use this program even if they elect to be processed as an uninsured (cash-paying) patient.

This offer is not insurance and is restricted to residents of the United States and Puerto Rico.

### Terms of Use

Eligible commercially insured patients with a valid prescription for FASENRA who enroll in this program may pay as little as \$0 per administration of FASENRA dependent upon patient's prescription coverage of FASENRA.

#### If FASENRA is covered by your health plan:

- Up to \$13,000 per calendar year in assistance for out-of-pocket expenses

#### If FASENRA is not covered by your health plan:

- Prescription fills for 24 months from the date of the initial prescription
- A PA denial and PA appeal denial by your health plan are required to be eligible for this program
- FASENRA must be prescribed for on-label use to be eligible for this program
- This program is only administered by approved specialty pharmacies
- A change in a patient's insurance coverage or the insurance company's PA requirements may provide the opportunity for the patient to transition from the Denied Patient Savings Program to insurance coverage benefits. The prescriber will need to submit a new PA for the patient to access their insurance benefits

The out-of-pocket costs covered by the program can include the cost of the product itself and the cost of injection administration or injection training of the product (program maximum of \$100 per injection administration).<sup>4,5</sup> Other restrictions may apply. Patient must be enrolled in the program before use. If you have any questions regarding the offer, please call **1-833-360-HELP** (1-833-360-4357).

Offer is invalid for claims or transactions more than 180 days from the date of service.

If you are experiencing delays that may impact your ability to submit claims within 180 days from the date of service, please call Access 360 at 1-833-360-4357 for Support.

Non-transferable, limited to one person, cannot be combined with any other offer. Void where prohibited by law, taxed, or restricted. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer. AstraZeneca reserves the right to rescind, revoke, or amend this offer, eligibility, and terms of use at any time without notice. This offer is not conditioned on any past, present, or future purchase, including refills. Offer must be presented along with a valid prescription for FASENRA at the time of purchase.

Patients must have commercial health insurance.

**Program covers the cost of the drug and administration, and does not cover the costs for office visits or any other associated costs.**

**BY USING THIS PROGRAM, YOU AND YOUR PHARMACIST AND/OR PHYSICIAN UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.**

<sup>4</sup>Patients are responsible for any cost associated with the administration above the \$100 per injection administration assistance provided by the program.

<sup>5</sup>Patients who are residents of Massachusetts, Michigan, Minnesota, or Rhode Island are not eligible for injection administration assistance.