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

$0 for medication & administration

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
- Offer is invalid for claims and transactions more than 365 days from the date of service

*Up to $13,000 per year for both drug and injection administration or injection training.
†Patients are responsible for any cost associated with the injection administration or injection training above the $100 per injection administration and injection training assistance provided by the program.
‡Patients who are residents of Massachusetts or Rhode Island are not eligible for injection administration assistance.
§Patients who are residents of Massachusetts, Michigan, Minnesota, or Rhode Island are not eligible for injection training assistance.

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.‖

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

‖Patients who enroll receive support for up to 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. 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
For help with out-of-pocket costs for FASENRA, patients can sign up for the FASENRA Savings Program by signing the support program section of the AstraZeneca Access 360™ Enrollment Form.	Patients are responsible for requesting reimbursement for out-of-pocket costs for injection administration. Reimbursement forms are available by contacting Access 360 at **1-833-360-HELP (1-833-360-4357)**.

For most patients, your healthcare provider will enroll you in the co-pay support program after confirming your eligibility.

If you are instructed to self-enroll, you may do so by visiting azpatientsupport.com or call 1-833-360-HELP (1-833-360-4357) for assistance.

Important reminders for the above co-pay support options:

- The FASENRA Patient Savings Programs cover the cost of the drug and its administration,¶,# but do not cover costs for office visits
- There are no income requirements to participate in the programs
- Offers are invalid for claims and transactions more than 365 days from the date of service

¶Patients are responsible for any cost associated with the injection administration above the $100 per injection administration provided by the program.
#Patients who are residents of Massachusetts and Rhode Island are not eligible for injection administration assistance.

1-833-360-HELP (1-833-360-4357) **1-833-FAX-A360** (1-833-329-2360) **www.FasenraResources.com**
Access360@AstraZeneca.com **One MedImmune Way,** Gaithersburg, MD 20878

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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 the Denied Patient Savings Program.

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

- Call Access 360 or go to myaccess360.com to obtain a Denied Patient Cover Sheet
- Complete and sign the Cover Sheet. Fax it with the Access 360 Enrollment Form, copies of the PA denial, and PA appeal denial to AstraZeneca Access 360 at 1-833-329-2360
  – Patients in this program must get FASENRA from Optum 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:

Patients may be eligible for this offer with the following criteria:

- Insured by Commercial insurance with a valid prescription for FASENRA® (benralizumab) subcutaneous injection, AND
- Are a resident of the United States or US Territories AND
- Are not enrolled in a government-funded program

Patients who are enrolled in a state- or federally funded prescription insurance program are not eligible for this offer. This includes patients who are 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. Patients who are enrolled in a state or federally funded prescription program may not use this program even if they elect to be processed as uninsured (cash-paying). This offer is not insurance.

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.

Fasenra Savings Program – If FASENRA is covered by the health plan:

- Up to $13,000 per calendar year in assistance for out-of-pocket expenses
- The out-of-pocket costs covered by the program can include the cost of the product itself, the cost of injection administration, and injection training of the product (program maximum of $100 per injection administration or injection training)*,†,§
- 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 365 days from the date of service.

Other restrictions apply. Patient is responsible for applicable taxes, if any. Non-transferable, limited to one per 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. Program covers the cost of the drug, injection administration, and injection training,*,†,§ and does not cover the costs for office visits or any other associated costs.

If you meet the Copay Savings program eligibility criteria but FASENRA is not covered by your health plan, you may qualify for the Denied Patient Savings Program.

Denied Patient Savings Program Eligibility: Patient must meet all savings program eligibility criteria in addition to the following criteria:

- A Prior Authorization denial and Prior Authorization appeal denial by your health plan are required
- FASENRA must be prescribed for on-label use

Terms of Use:

Denied Patient Savings Program – If FASENRA is NOT covered by the health plan:

- Prescription fills for up to 24 months from the date of the initial prescription
- This program is only administered by approved specialty pharmacies
- Program support includes periodic Benefits Investigation to identify potential changes in patient coverage. If a change in coverage is identified, the prescriber will be contacted to initiate a new Prior Authorization for the patient. If the Prior Authorization is approved, the patient will transition to coverage via their insurance benefits

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

*Patients are responsible for any cost associated with the injection administration or injection training above the $100 per injection administration and injection training assistance provided by the program.
†Patients who are residents of Massachusetts or Rhode Island are not eligible for injection administration assistance.
§Patients who are residents of Massachusetts, Michigan, Minnesota, or Rhode Island are not eligible for injection training assistance.

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