Coding Resource

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	Dosage	Code
Physician-Administered	FASENRA® (benralizumab) 30 mg/mL single-dose prefilled syringe	0310-1730-30
Self-Administered	FASENRA Pen® (benralizumab) 30 mg /mL single-dose autoinjector	0310-1830-30

11-digit NDC

Administration Method	Dosage	Code
Physician-Administered	FASENRA® (benralizumab) 30 mg/mL single-dose prefilled syringe	00310-1730-30
Self-Administered	FASENRA Pen® (benralizumab) 30 mg/mL single-dose autoinjector	00310-1830-30

Current Procedural Terminology® (CPT)[1]

	Code	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 health care professional

Healthcare Common Procedure Coding System (HCPCS)[2]

Code	Description	Package Size	Billing Units
J0517	Injection, benralizumab, 1 mg	30 mg/mL single-dose prefilled syringe/autoinjector	30

HCPCS modifier used to report zero drug wastage[3,4]

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

Please read Important Safety Information on page 2 and full Prescribing Information, including Patient Information and Instructions for Use.

Diagnosis Codes[5]

ICD-10-CM	Description
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J82.83	Eosinophilic Asthma

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.

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%) 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.

USE IN SPECIFIC POPULATIONS

A pregnancy exposure registry monitors pregnancy outcomes in women exposed to FASENRA during pregnancy. To enroll call 1-877-311-8972 or visit www.mothertobaby.org/fasenra.

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.

Please read full Prescribing Information, including Patient Information and Instructions for Use.

You may report side effects related to AstraZeneca products.

References: 1. American Medical Association. *CPT® 2019 Professional Edition.* Chicago, IL: American Medical Association; 2019. **2.** Centers for Medicare & Medicaid Services. HCPCS Release & Code Sets. Alpha-Numeric HCPCS File. July 31, 2019. **3.** Centers for Medicare & Medicaid Services. HCPCS Quarterly Update. Accessed May 19, 2023. https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update **4.** Centers for Medicare & Medicaid Services. JW modifier: drug/biological amount discarded/not administered to any patient frequently asked questions. Accessed May 19, 2023. https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf. **5.** American Medical Association. *ICD-10-CM 2019: The Complete Official Codebook.* Chicago, IL: American Medical Association; 2019.

AstraZeneca