

CODING AND BILLING GUIDE FOR THE USE OF ULTOMIRIS

In Paroxysmal Nocturnal Hemoglobinuria (PNH)

INDICATION

ULTOMIRIS is indicated for the treatment of adult and pediatric patients one month of age and older with paroxysmal nocturnal hemoglobinuria (PNH).

SELECT IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS MENINGOCOCCAL INFECTIONS

Life-threatening meningococcal infections/sepsis have occurred in patients treated with ULTOMIRIS. Meningococcal infection may become rapidly life-threatening or fatal if not recognized and treated early.

- Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for meningococcal vaccination in patients with complement deficiencies.
- Immunize patients with meningococcal vaccines at least 2 weeks prior to administering the first dose of ULTOMIRIS, unless the risks of delaying ULTOMIRIS therapy outweigh the risk of developing a meningococcal infection. See Warnings and Precautions for additional guidance on the management of the risk of meningococcal infection.
- Vaccination reduces, but does not eliminate, the risk of meningococcal infections. Monitor patients for early signs of meningococcal infections and evaluate immediately if infection is suspected.

ULTOMIRIS is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). Under the ULTOMIRIS REMS, prescribers must enroll in the program. Enrollment in the ULTOMIRIS REMS program and additional information are available by telephone: 1-888-765-4747 or at www.ultomirisrems.com.

Please see additional Important Safety Information on pages <u>1</u> and <u>10-11</u> and the full <u>Prescribing Information</u> for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

Product Overview¹

ULTOMIRIS® (ravulizumab-cwvz) is administered as an intravenous (IV) infusion based on weight-based dosing regimen.

ULTOMIRIS is supplied in 2 vial sizes:

- 1100 mg/11 mL single-dose vial
- 300 mg/3 mL single-dose vial

Infusions for PNH usually occur in a physician office, infusion center, hospital outpatient clinic, or patient home.

Purpose of This Guide

Alexion Pharmaceuticals, Inc. has developed the ULTOMIRIS Coding and Billing Guide to provide objective and publicly available coding and billing information.

This document is provided for informational purposes only and is not legal advice or official guidance from payers. It is not intended to increase or maximize reimbursement by any payer. Alexion does not warrant, promise, guarantee, or make any statement that the use of this information will result in coverage or payment for ULTOMIRIS or that any payment received will cover providers' costs. Alexion is not responsible for any action providers take in billing for, or appealing, ULTOMIRIS claims.

Hospitals and physicians are responsible for compliance with Medicare and other payer rules and requirements and for the information submitted with all claims and appeals. Before any claims or appeals are submitted, hospitals and physicians should review official payer instructions and requirements, should confirm the accuracy of their coding or billing practices with these payers, and should use independent judgment when selecting codes that most appropriately describe the services or supplies provided to a patient.

Please visit <u>www.ULTOMIRIS.com</u> for additional information, or call 1-888-765-4747 to speak with the Alexion OneSource™ Team.

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Coding for ULTOMIRIS® (ravulizumab-cwvz) in PNH

Diagnosis Coding

The following International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis code may be appropriate to describe patients diagnosed with PNH:

| ICD-10-CM Diagnosis Code ² | Code Descriptor |
|--|---|
| D59.5 | Paroxysmal nocturnal hemoglobinuria [Marchiafava-Micheli] |

Drug Coding

The following drug-specific Healthcare Common Procedure Coding System (HCPCS) billing code can be reported on medical claims forms to payers, effective October 1, 2019:

| HCPCS Code ^{3*} | Code Descriptor |
|--------------------------|------------------------------------|
| J1303 | Injection, ravulizumab-cwvz, 10 mg |

^{*}Applies to all available ULTOMIRIS vials/National Drug Codes (NDCs).

Payers may also require the use of modifier –RE to indicate ULTOMIRIS was administered in full compliance with the REMS program.

Some payers, including Medicaid, require drugs like ULTOMIRIS to be billed on medical claims with the product's NDC in addition to the HCPCS code. Payers typically require healthcare professionals to use the Health Insurance Portability and Accountability Act (HIPAA)-compliant, 11-digit NDC format⁴:

| 11-Digit NDC1 | Code Descriptor | Strength |
|------------------------|---|---------------|
| 25682- <u>0</u> 025-01 | ULTOMIRIS (ravulizumab-cwvz, single-use vial) | 300 mg/3 mL |
| 25682- <u>0</u> 028-01 | ULTOMIRIS (ravulizumab-cwvz, single-use vial) | 1100 mg/11 mL |

Please note that payers have different guidance for placement of the NDC on medical claims. Typically, the 11-digit NDC is reported without any dashes or other punctuation.

Drug Administration Services

Payers may offer separate coverage and reimbursement for drug administration services. The following Current Procedural Terminology (CPT®) codes may be appropriate to report administration of ULTOMIRIS in physician office and hospital outpatient facilities:

| CPT Code⁵ | Code Descriptor |
|-----------|---|
| 96365 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to one hour |
| + 96366 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (list separately in addition to primary procedure) |
| 96413 | Chemotherapy administration, intravenous infusion technique, up to one hour, single or initial substance/drug |
| + 96415 | Chemotherapy administration, intravenous infusion technique; each additional hour (list separately in addition to primary procedure) |

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Coding for Meningococcal Vaccination

Diagnosis Coding

For an encounter strictly for the vaccination, the diagnosis code for prophylactic vaccination is assigned along with the diagnosis code for PNH and any other conditions the patient may have.

| ICD-10-CM Diagnosis Code ² | Code Descriptor |
|--|----------------------------|
| Z 23 | Encounter for immunization |

Vaccine Coding

| CPT Code ⁵ | Code Descriptor |
|-----------------------|---|
| 90619 | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use |
| 90620 | Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use |
| 90621 | Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use |
| 90644 | Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks–18 months of age, for intramuscular use |
| 90733 | Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use |
| 90734 | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use |

Vaccine Administration Coding

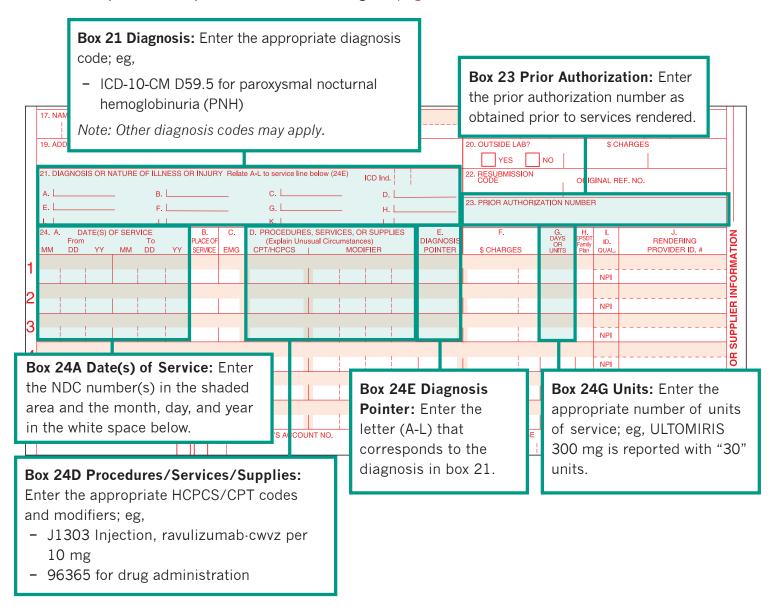
| CPT Code ⁵ | Code Descriptor |
|-----------------------|---|
| 90460 | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered |
| + 90461 | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure) |
| 90471 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) |
| + 90472 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) |

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Claim Forms

Sample CMS-1500: Physician Office

For an example of a completed CMS-1500 form, go to page 6.



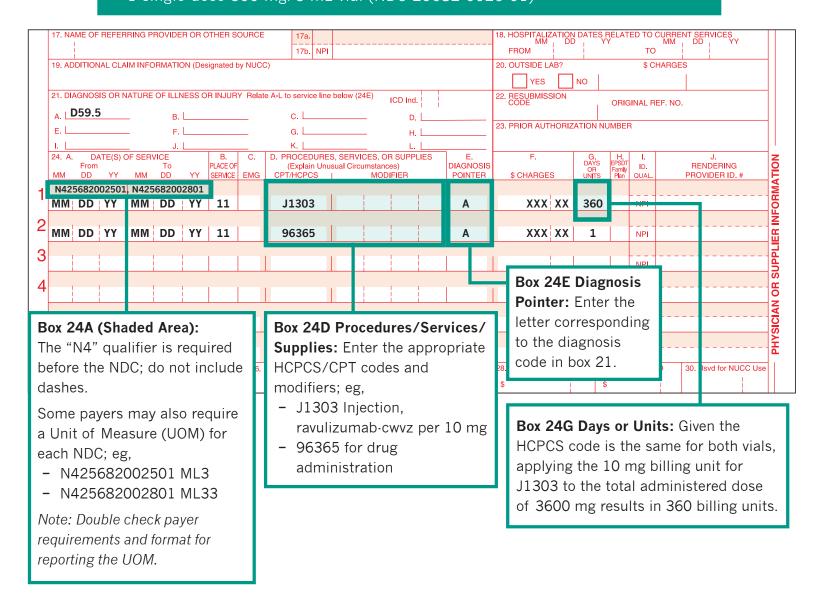
Please see additional Important Safety Information on pages <u>1</u> and <u>10-11</u> and the full <u>Prescribing Information</u> for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

Sample CMS-1500: Physician Office

Example claim form for an ULTOMIRIS® (ravulizumab-cwvz) IV infusion:

To achieve an ULTOMIRIS maintenance dose of 3600 mg for a patient ≥100 kg, the following vial combination was used:

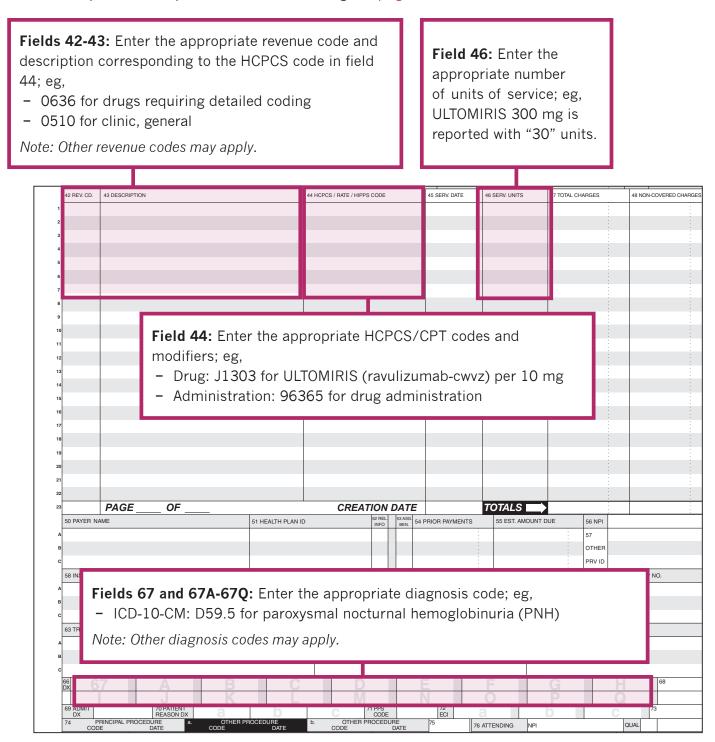
- 3 single-dose 1100 mg/11 mL vials (NDC 25682-0028-01)
- 1 single-dose 300 mg/3 mL vial (NDC 25682-0025-01)



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Sample CMS-1450: Hospital Clinic or Facility

For an example of a completed CMS-1450 form, go to page 8.



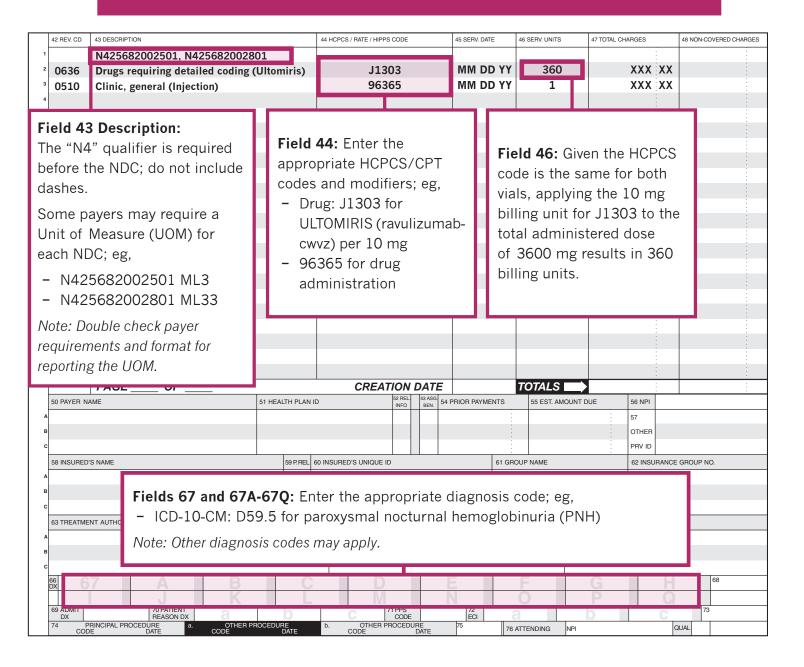
Please see additional Important Safety Information on pages <u>1</u> and <u>10-11</u> and the full <u>Prescribing Information</u> for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

Sample CMS-1450: Hospital Clinic or Facility

Example claim form for an ULTOMIRIS® (ravulizumab-cwvz) IV infusion:

To achieve an ULTOMIRIS maintenance dose of 3600 mg for a patient ≥100 kg, the following vial combination was used:

- 3 single-dose 1100 mg/11 mL vials (NDC 25682-0028-01)
- 1 single-dose 300 mg/3 mL vial (NDC 25682-0025-01)



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OneSource™ Offers Patient Support

Contact OneSource™:

Phone: 1-888-765-4747

Online: https://alexiononesource.com

References

- 1. ULTOMIRIS® (ravulizumab-cwvz) [prescribing information]. Boston, MA: Alexion Pharmaceuticals, Inc.; 2021.
- 2. Centers for Medicare & Medicaid Services. 2021 ICD-10-CM. Updated December 16, 2020. Accessed July 23, 2021. https://www.cms.gov/files/zip/2021-code-descriptions-tabular-order-updated-12162020.zip
- 3. Centers for Medicare & Medicaid Services. CMS Manual System. Pub 100-04 Medicare Claims Processing. Transmittal 4396. Change request 11422. Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes October 2019 Update. Published September 17, 2019. Accessed June 1, 2021. https://www.cms.gov/Regulations-and-Guidance/Guidance/Guidance/Transmittals/2019Downloads/R4396CP.pdf
- 4. United States Food and Drug Administration. Future format of the National Drug Code; public hearing; request for comments. Fed Regist. 2018;83(152):38666-38668. To be codified at 21 CFR Part 15. Accessed June 1, 2021. https://www.federalregister.gov/documents/2018/08/07/2018-16807/future-format-of-the-national-drug-code-public-hearing-request-for-comments
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SELECT IMPORTANT SAFETY INFORMATION (cont.)

CONTRAINDICATIONS

- Patients with unresolved Neisseria meningitidis infection.
- Patients who are not currently vaccinated against *Neisseria meningitidis*, unless the risks of delaying ULTOMIRIS treatment outweigh the risks of developing a meningococcal infection.

WARNINGS AND PRECAUTIONS

Serious Meningococcal Infections

Risk and Prevention

Life-threatening meningococcal infections have occurred in patients treated with ULTOMIRIS. The use of ULTOMIRIS increases a patient's susceptibility to serious meningococcal infections (septicemia and/or meningitis). Meningococcal disease due to any serogroup may occur.

Vaccinate or revaccinate for meningococcal disease according to the most current ACIP recommendations for patients with complement deficiencies. Immunize patients without history of meningococcal vaccination at least 2 weeks prior to the first dose of ULTOMIRIS. If ULTOMIRIS must be initiated immediately in an unvaccinated patient, administer meningococcal vaccine(s) as soon as possible and provide 2 weeks of antibacterial drug prophylaxis. In clinical studies, 59 adult patients with PNH were treated with ULTOMIRIS less than 2 weeks after meningococcal vaccination. All of these patients received antibiotics for prophylaxis of meningococcal infection until at least 2 weeks after meningococcal vaccination. The benefits and risks of antibiotic prophylaxis for prevention of meningococcal infections in patients receiving ULTOMIRIS have not been established. In PNH clinical studies in adult patients, 3 out of 261 PNH patients developed serious meningococcal infections/sepsis while receiving treatment with ULTOMIRIS; all 3 had been vaccinated. These 3 patients recovered while continuing treatment with ULTOMIRIS. Consider discontinuation of ULTOMIRIS in patients who are undergoing treatment for serious meningococcal infection.

REMS

Under the ULTOMIRIS REMS, prescribers must enroll in the program due to the risk of meningococcal infections. Prescribers must counsel patients about the risk of meningococcal infection/sepsis, provide the patients with the REMS educational materials, and ensure patients are vaccinated with meningococcal vaccines.

Other Infections

Patients may have increased susceptibility to encapsulated bacteria infections, especially infections caused by *Neisseria meningitidis* but also *Streptococcus pneumoniae*, *Haemophilus influenzae*, and to a lesser extent, *Neisseria gonorrhoeae*. Children treated with ULTOMIRIS may be at increased risk of developing serious infections due to *Streptococcus pneumoniae* and *Haemophilus influenzae* type b (Hib). Administer vaccinations for the prevention of *Streptococcus pneumoniae* and *Haemophilus influenzae* type b (Hib) infections according to ACIP guidelines. If ULTOMIRIS is administered to patients with active systemic infections, monitor closely for worsening infection.

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SELECT IMPORTANT SAFETY INFORMATION (cont.)

WARNINGS AND PRECAUTIONS (cont.)

Monitoring Disease Manifestations after ULTOMIRIS Discontinuation

After discontinuing treatment with ULTOMIRIS, closely monitor for signs and symptoms of hemolysis, identified by elevated LDH along with sudden decrease in PNH clone size or hemoglobin, or re-appearance of symptoms such as fatigue, hemoglobinuria, abdominal pain, shortness of breath (dyspnea), major adverse vascular event (including thrombosis), dysphagia, or erectile dysfunction. Monitor any patient who discontinues ULTOMIRIS for at least 16 weeks to detect hemolysis and other reactions. If signs and symptoms of hemolysis occur after discontinuation, including elevated LDH, consider restarting treatment with ULTOMIRIS.

Thromboembolic Event Management

The effect of withdrawal of anticoagulant therapy during treatment with ULTOMIRIS has not been established. Treatment should not alter anticoagulant management.

Infusion-Related Reactions

Administration of ULTOMIRIS may result in infusion-related reactions. In clinical trials, 4 out of 309 patients treated with ULTOMIRIS experienced infusion-related reactions (lower back pain, drop in blood pressure, elevation in blood pressure and limb discomfort) during ULTOMIRIS administration which did not require discontinuation. Interrupt infusion and institute supportive measures if signs of cardiovascular instability or respiratory compromise occur.

ADVERSE REACTIONS

Adverse reactions reported in 5% or more of patients treated with ULTOMIRIS vs. Eculizumab was Upper respiratory tract infection (39% vs. 39%), Headache (32% vs. 26%), Diarrhea (9% vs. 5%), Nausea (9% vs. 9%), Pyrexia (7% vs. 8%), Pain in extremity (6% vs. 5%), Abdominal pain (6% vs. 7%), Dizziness (5% vs. 6%), Arthralgia (5% vs. 5%). Serious adverse reactions were reported in 15 (6.8%) patients receiving ULTOMIRIS. The serious adverse reactions in patients treated with ULTOMIRIS included hyperthermia and pyrexia. No serious adverse reaction was reported in more than 1 patient treated with ULTOMIRIS. One fatal case of sepsis was identified in a patient treated with ULTOMIRIS.

Adverse reactions reported in 10% or more of pediatric patients treated with ULTOMIRIS who were treatment-naïve vs. Eculizumab-experienced was Anemia (20% vs. 25%), Abdominal pain (0% vs. 38%), Constipation (0% vs. 25%), Pyrexia (20% vs. 13%), Upper respiratory tract infection (20% vs. 75%), Pain in extremity (0% vs. 25%), Headache (20% vs. 25%).

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