

**SOLIRIS[®]**
(eculizumab)
Injection for Intravenous Use
300 mg/30 mL vial

Access and Reimbursement Guide





INDICATIONS & IMPORTANT SAFETY INFORMATION FOR SOLIRIS® (eculizumab)

INDICATIONS

Paroxysmal Nocturnal Hemoglobinuria (PNH)

Soliris is indicated for the treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis.

Atypical Hemolytic Uremic Syndrome (aHUS)

Soliris is indicated for the treatment of patients with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy.

Limitation of Use

Soliris is not indicated for the treatment of patients with Shiga toxin E. coli related hemolytic uremic syndrome (STEC-HUS).

Generalized Myasthenia Gravis (gMG)

Soliris is indicated for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.

Neuromyelitis Optica Spectrum Disorder (NMOSD)

Soliris is indicated for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive.

IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS MENINGOCOCCAL INFECTIONS

Life-threatening and fatal meningococcal infections have occurred in patients treated with Soliris and 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 Soliris, unless the risks of delaying Soliris therapy outweigh the risk of developing a meningococcal infection. (See *Serious Meningococcal Infections* 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.

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



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ABOUT THIS GUIDE

Alexion is committed to providing access and reimbursement education and support to physicians, physician offices, and infusion centers that administer SOLIRIS® (eculizumab). We have developed this guide to provide the information to help you understand the administrative aspects of the SOLIRIS access and reimbursement process, including benefits investigations, site of care considerations, prior authorizations (PAs), reauthorizations, coding and claims filing, ordering, product acquisition, and navigating denials and appeals.

The SOLIRIS Access and Reimbursement Guide is intended for educational purposes only and does not represent legal or billing advice.

Alexion Field Reimbursement Managers (FRMs) and OneSource™ provide support to practices administering SOLIRIS and to patients receiving SOLIRIS regarding the access and reimbursement process.



Explore Alexion
Access Navigator



Alexion Access Navigator is a dedicated resource website for US Healthcare Professionals and their offices that contains downloadable access and reimbursement materials for SOLIRIS.

Online: <https://alexionaccessnavigator.com>



Support for your practice:

Alexion's Field Reimbursement Managers (FRMs) are available to provide important education to healthcare professionals and their staff pertaining to:

- 1 Access and reimbursement education
- 2 Coding, billing, and appropriate claims submission support
- 3 Prior authorization and appeal assistance
- 4 Product acquisition education for buy-and-bill and specialty pharmacy
- 5 Site of care identification and support
- 6 Options for accessing SOLIRIS® (eculizumab)
- 7 Common errors in PA or claims submission process that may lead to denials and delays in time to treatment



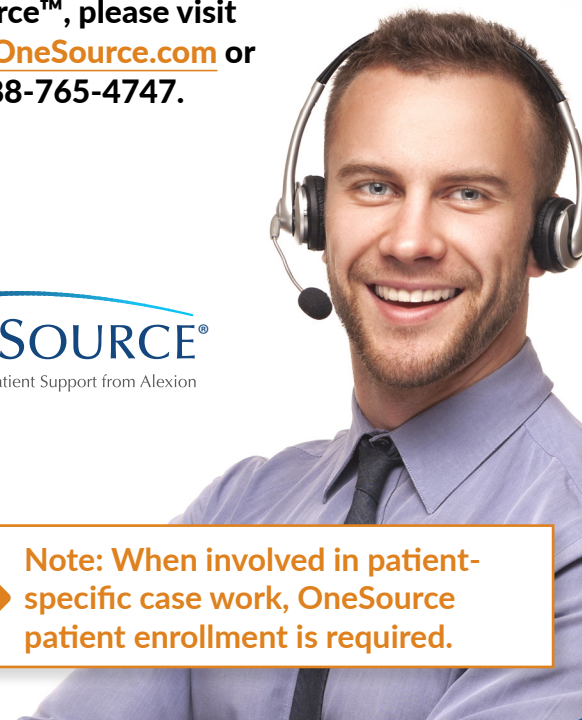
Support for your patients:

OneSource™ can provide information about options for accessing treatment, regardless of your patients' insurance. In addition, our team can provide information to those who are insured, underinsured, or may need help identifying external funding resources for out-of-pocket costs or coverage gaps.

For more information on OneSource™, please visit [AlexionOneSource.com](https://alexiononesource.com) or call 1-888-765-4747.



Note: When involved in patient-specific case work, OneSource patient enrollment is required.



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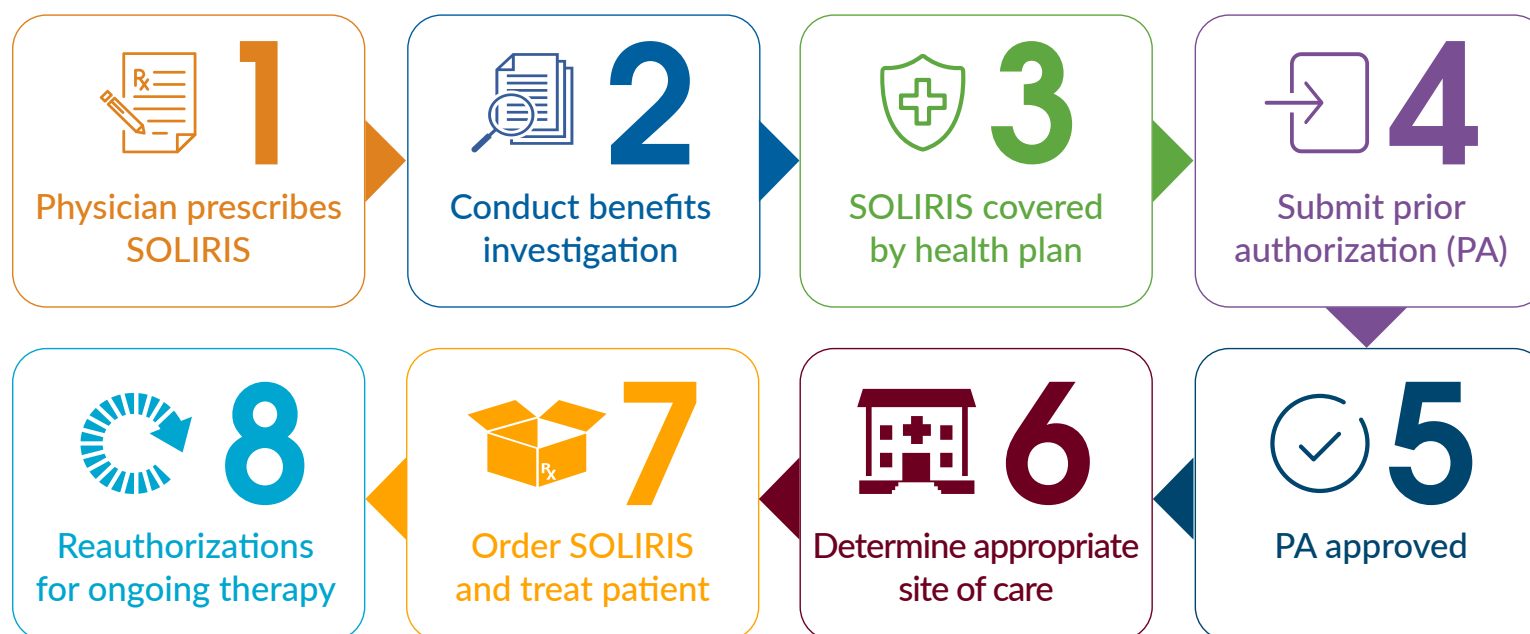
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PROCESS OVERVIEW TO ACCESS SOLIRIS® (eculizumab)

The diagram below provides a general overview of the access process to start patients on SOLIRIS. Once the decision to prescribe SOLIRIS has been made, your patient is encouraged to enroll in OneSource™ and the Alexion OneSource™ CoPay program if they are eligible. Forms for enrollment in these programs are available at [AlexionOneSource.com](https://www.alexion.com/OneSource).



The next step in getting the patient started is conducting a benefits investigation.



Benefits Investigation

SOLIRIS® (eculizumab) is administered as an infusion, and health plans often manage SOLIRIS under the medical benefit.¹ Once the decision to prescribe SOLIRIS has been made, your office will need to conduct a benefits investigation. Health plans can have different requirements,² so it is important to complete a benefits investigation to understand the key clinical and coverage criteria that apply to each patient given their unique plan. Once a patient is enrolled, OneSource™ can conduct a co-benefits investigation as well.



The benefits investigation will provide you with information that will answer key questions regarding a patient's health plan coverage and requirements,³ such as:



PA requirements and specific documentation that must be submitted to obtain approval^a



Reauthorization criteria and timeframe for continuation of therapy



Site of care policies and guidelines and related reimbursement considerations



Health plan product acquisition requirements or guidelines^b



An outline of a patient's financial obligations^c



Note: It is the responsibility of the provider to complete the benefits investigation.

^aFor example, letter of medical necessity or prescribing information. ^bFor example, a requirement to administer as buy-and-bill or if the product can be obtained through a designated specialty pharmacy. ^cIncluding copay or coinsurance, annual out-of-pocket maximum, lifetime maximum, and annual benefit cap.

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Benefits Investigation³ (cont.)

PA and required documentation

Does the patient need approval from the payer before receiving SOLIRIS® (eculizumab) treatment, in order for it to be covered?

Does the payer require specific documentation (eg, Letter of Medical Necessity, prescribing information, FDA approval letter, pricing sheet, or clinical reprint) before approving?

Site of care considerations

Does the payer require a specific site of care? The payer may also have preferred networks for sites of care so you need to check the payer's policy.

Medical exception

If the payer does not cover SOLIRIS or if it denies coverage, then your office can seek a medical exception.

Each payer has a different policy for handling medical exceptions.

Acquisition requirements

Does the payer require your office to acquire SOLIRIS from a designated specialty pharmacy?

Coding and claims submission details

When submitting a claim to the insurance company, your office will need to use the appropriate billing codes.

Patient's financial responsibility







Depending on the patient's payer, the copay and deductible may vary.

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Co-Benefits Investigation

OneSource™ can conduct a co-benefits investigation simultaneously for enrolled patients. The following information is needed for OneSource to conduct a co-benefits investigation:

 <p>Completed OneSource™ Enrollment form</p>	 <p>Patient name</p>	 <p>Health plan name and contact information</p>
 <p>Subscriber information^a</p>	 <p>Contact person for follow-up at provider's office</p>	 <p>Practice tax ID number</p>

A co-benefits investigation occurs when OneSource conducts a benefits investigation at the same time that the healthcare provider's office is conducting one. It is important because OneSource cannot provide any assistance with insurance or other financial support to a patient without having completed this investigation. They can ensure that all requirements are understood and conveyed to the provider's office and/or facility. In addition, if a patient needs financial assistance, OneSource can refer them to appropriate programs. The co-benefits verification by OneSource can include:

- Identification of a patient's primary and any secondary insurance coverage
- Patient out-of-pocket costs
- Referral to appropriate financial assistance programs if needed
- Coordination of benefits
- Identification of payer coverage requirements and conveying that information to provider office

^aMember number, group number.

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PRIOR AUTHORIZATIONS (PAs)

Health plans often require prior approval for a patient to receive SOLIRIS® (eculizumab). This is generally referred to as a prior authorization (PA), precertification, or coverage determination. PAs are very common for orphan drugs that treat rare diseases.⁴

In addition, health plans may require a reauthorization for continuation of therapy after a specified period of time.³ Information about reauthorization timing and requirements can be found in the medical policy or on the PA form.



Providers can contact their FRM for additional educational support about the PA and reauthorization process.

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PA Steps³

1

Review the patient's health plan coverage requirements.

Alexion has created Physician Quick Reference Guides in the Healthcare Provider (HCP) Starter Kits for atypical-HUS, gMG, NMOSD, and PNH, which contain indication-specific checklists to start patients on SOLIRIS® (eculizumab).



Note: Many health plans have a specific PA form that must be used. The form will indicate what specific requirements and documentation are needed for the PA.

2

Ensure that the information on the PA request is accurate and complete with all the requested information attached.

One of the most common reasons for denials is missing or incomplete information, so be sure to follow the health plan's instructions for PA submission.

3

Include all required supplemental documentation specified by the patient's health plan, such as relevant clinical studies or a letter of medical necessity.

Alexion has created sample letters of medical necessity, which can be found in the HCP Starter Kits for atypical-HUS, gMG, NMOSD, and PNH.

Submit the PA request through the appropriate health plan process and provide contact information for your office where required.

4

Check the PA status.

Once the PA has been submitted, your office and/or OneSource™ can check the PA status with the health plan as response time will vary by health plan.

PA Approval

After receiving PA approval, review the health plan's policy on site of care to determine if there are requirements or guidelines for product acquisition, such as using a specific specialty pharmacy.

At this time, you should review the results of the benefits investigation to see if and when reauthorization is needed and what is required to submit and obtain reauthorization. This may include specific tests and documented improvements.

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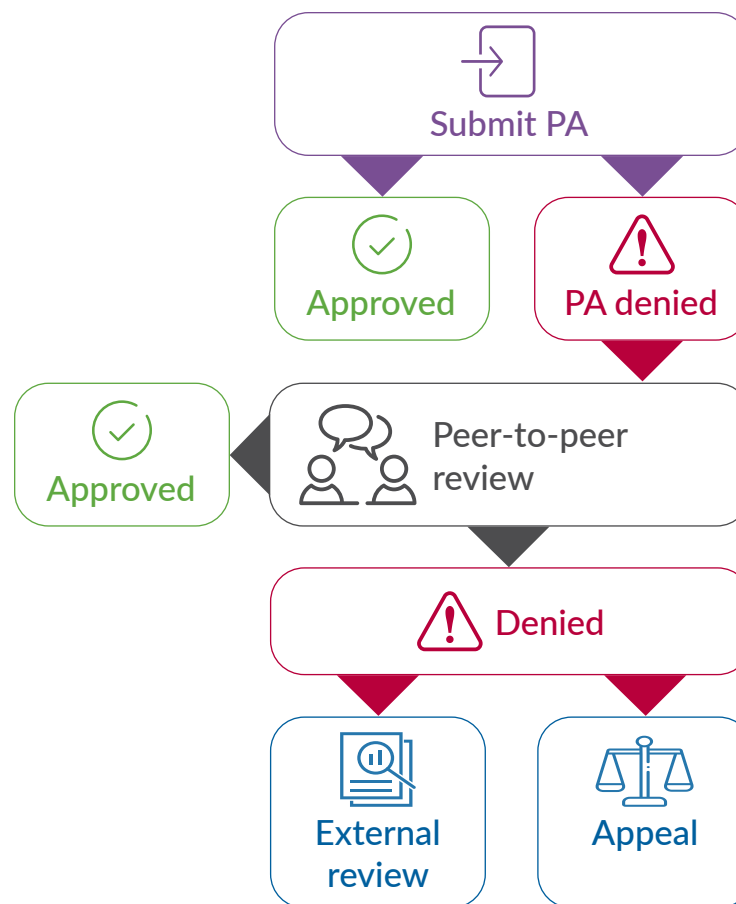


APPEALS AND DENIALS PROCESS³

If a PA is denied, determine the reason and the best course of action. Each health plan has specific timeframes and appeal options. Review the summary of benefits for the denial reason and contact the health plan to obtain its appeals process. Please also contact your FRM for support in developing the best strategy to approach denials.

1 Determine the Reason for the Denial

Review the denial letter as well as the summary of benefits to determine the specific denial reason. Often, a denial is given due to missing or incomplete information. Some common reasons for denials include using the incorrect CPT/ HCPCS code, entering the incorrect number of units billed, or the original claim was missing the PA number. You may be able to provide the missing documentation or correct the information to resubmit within the specified timeframe.



Process continued on [next page](#).

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APPEALS AND DENIALS PROCESS (cont.)

2 Consider a Peer-to-Peer Review

If the reason for denial is misalignment with the clinical policy, you may want to consider a peer-to-peer review as a next step before submitting a formal appeal. For this type of review, the prescribing physician may contact the health plan to discuss the clinical rationale with the physician in charge of the determination or a medical director with a similar specialty.⁵

If the peer-to-peer discussion does not resolve the denial, the prescribing physician may submit an appeal.

3 Appeal Preparation and Submission Process

An appeal is a request to the patient's health plan to reverse its decision and approve the infused specialty drug. Review the health plan's appeal process and timelines to determine:

- The specific form to be filled out for an appeal
- The health plan's preferred method of appeal (eg, phone, written, etc)
- Which documentation should be included (eg, appeal letter, original claims, etc)
- If an expedited review is available and appropriate for a patient's situation



Expedited Review: In urgent situations, you or your patient may request an external review at the same time as an internal review to speed up the process. An expedited appeal may be granted if your patient is currently receiving or prescribed treatment and you believe a delay would risk their life, affect their ability to regain maximum function, or subject them to severe pain. The request for an expedited appeal may be made verbally, and the health plan must make a decision within a specified timeframe.



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APPEALS AND DENIALS PROCESS³ (cont.)

4 Follow-up

Follow up with the health plan to confirm that the appeal was received and to check on the decision.

5 External Review

If the internal appeals process is exhausted, inform your patient that they can ask for an external review by independent, accredited medical professionals. External reviewers do not receive any financial incentives to perform the review, and a patient's health plan is required by law to accept the reviewer's decision. The health plan's original denial letter should describe how to request an external review.

To request an external review, your patient must file a written request within the plan's specified timeframe. External review decisions are made as soon as possible, but generally take no longer than 60 days from receipt of request.

Another Option: Secondary Health Plan

If your patient has additional coverage that is secondary health plan coverage, you can submit to a patient's secondary health plan for coverage after attempts with the primary health plan have been exhausted. It is suggested that you use a sample letter of medical necessity (see [page 11](#) for more information on the letter of medical necessity) for support to build the request for coverage.



Compile the required documents and submit the appeal as per the instructions of the health plan.



Contact your Alexion FRM to help provide the best strategy to approach denials.

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SITE OF CARE CONSIDERATIONS

After receiving PA approval, review the health plan's policy on site of care to determine if there are requirements or guidelines for product acquisition, such as using a specific specialty pharmacy.⁶



To avoid delays in initiating treatment, refer patients to a site of care that is covered under their payer network.

Provider's
Office



Hospital Outpatient
Infusion
Center



Stand-Alone
Infusion
Center



Home
Infusion



If an infusion center is responsible for product acquisition, it should also conduct a benefits investigation. If the patient is able to receive home infusion through their health plan, the provider must ensure that the home infusion vendor is covered (or in the preferred network) by the patient's health plan.

If a patient is enrolled in OneSource™, a benefits co-investigation will also include the health plan's policy about site of care for review.



Determine Product Acquisition Options

Based on a patient's coverage, the infusion provider will either purchase SOLIRIS® (eculizumab) as a buy-and-bill product through an approved Alexion distributor or obtain SOLIRIS through the payer's network of preferred specialty pharmacies.⁷

Buy-and-Bill Option:

- The process is called “buy-and-bill” because the health plan is covering the infusion through the medical benefit, and a medical claim is submitted after the provider has purchased and administered the drug
- For provider-administered outpatient drugs, a healthcare provider first purchases SOLIRIS through an authorized distributor, stores it, administers SOLIRIS to a patient, and then submits a claim for reimbursement
- For the buy-and-bill option, it is important to ensure that the billing and coding for SOLIRIS is correct to secure reimbursement. Alexion has billing and coding guides for each indication (see [page 18](#))



Specialty Pharmacy Provider Option:

- For this option, the infusion provider does not purchase or seek reimbursement for SOLIRIS
- SOLIRIS is dispensed to the patient by a specialty pharmacy that is indicated by the health plan and is then drop-shipped directly to the infusion office specifically for that patient
- The infusion provider holds the patient-specific SOLIRIS until the patient arrives for treatment and administers SOLIRIS to that patient
- The specialty pharmacy will file a claim with the health plan for reimbursement of SOLIRIS and the provider is able to file a claim for SOLIRIS administration services only



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ORDERING PROCESS

1 REMS certification

SOLIRIS® (eculizumab) is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS), which can be viewed online at www.SOLIRISrems.com. Providers who prescribe SOLIRIS must be certified.

A prescriber, clinical pharmacist, RN, or physician assistant can complete this process and will need a prescriber's National Provider Identifier (NPI) number for the REMS requirements.

Certification consists of reviewing REMS educational materials and enrollment in SOLIRIS REMS. Information about the SOLIRIS REMS program can be viewed online at www.SOLIRISrems.com.

The purpose of the SOLIRIS REMS is to mitigate the occurrence and morbidity associated with meningococcal infections by informing healthcare providers and patients about the:

- Increased risk of meningococcal infections with SOLIRIS
- Early signs of invasive meningococcal infections
- Need for immediate medical evaluation of signs and symptoms consistent with possible meningococcal infections.

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ORDERING PROCESS (cont.)

2 Order

Each patient must be registered directly with Alexion to obtain SOLIRIS® (eculizumab). To register a patient with Alexion, your office can contact the Alexion Customer Operations Center at 1-888-765-4747 Monday through Friday from 8:30 AM to 5:00 PM ET. A representative is available 24/7 for emergent needs.

Alexion requests the following information to order SOLIRIS and coordinate shipments for individual patient treatments:

- Patient initials
- Patient birth year
- Diagnosis (indication)
- Prescriber name
- Prescriber NPI

To comply with REMS requirements, Alexion must have the prescriber name and NPI prior to shipping the product.

Once the infusion provider has verified the patient's insurance information, they can place an order for SOLIRIS, either through an authorized specialty distributor (for a buy-and-bill patient) or through a specialty pharmacy as specified by the patient's health plan.

For accounts that are ordering for the first time, call the Customer Operations Team at Alexion to set up a new account. Note that Alexion will need a purchase order from the specialty distributor or pharmacy to set up a new account. Your office can contact the Alexion Customer Operations Center at 1-888-765-4747 Monday through Friday from 8:30 AM to 5:00 PM ET. A representative is available 24/7 for emergent needs.

The Customer Operations Team will verify that the ordering physician is REMS-certified and can answer any additional questions about the ordering process.

3 Drug Shipment

SOLIRIS will be directly shipped from Alexion. The site or provider will receive a confirmation number from the Customer Operations Team once SOLIRIS has been ordered. Once the drug has shipped, the FedEx tracking number will be sent in an email with the shipping confirmation.

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Approved Alexion Distributors

ASD Healthcare (AmerisourceBergen)
800.746.6273
asd.customerservice@asdhealthcare.com

BioCareSD
800.304.3064
BioCareAccSetup@biocaresd.com

Cardinal Health
800.218.5688
Multi-Specialty-Priority@cardinalhealth.com

CuraScriptSD (Express Scripts)
877.5999.7748
Customer.Service@curascript.com

McKesson Plasma & Biologics
877.625.2566
mpborders@mckesson.com

McKesson Specialty Health
855.477.9800
msh.providers@McKesson.com

Metro Medical (Cardinal Health)
800.768.2002
customerservice@metromedical.com

Oncology Supply (AmerisourceBergen)
800.633.7555
custserv@oncologysupply.com

You can contact an Alexion Customer Operations Representative from the US Patient Supply Group at:



1-888-765-4747



Monday–Friday
8:30 AM to 5:00 PM ET

A representative is available 24/7 for emergent needs.

Each account will have a dedicated representative from this team to help with this process.



Note: Some payers require product acquisition from a payer-designated specialty pharmacy. Please check payer requirements.

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ALEXION OneSource™ COPAY PROGRAM^a

COMMERCIALLY INSURED

The Alexion OneSource™ CoPay Program helps patients pay for eligible out-of-pocket medication and infusion costs.

ALL OTHERS

The Program is not valid for costs eligible to be reimbursed, in whole or in part, by government insurance programs, including Medicaid, Medicare (including Medicare Part D), Medicare Advantage Plans, Medigap, Veterans Affairs, Department of Defense or TRICARE, or other federal or state programs (including any state prescription drug assistance programs). Patients residing in Massachusetts, Minnesota, or Rhode Island are eligible for assistance with medication costs but are not eligible for assistance with infusion costs.



Personalized Patient Support from Alexion

Program eligibility



Patient enrolled in OneSource™



Patient with commercial insurance who has a valid prescription for a US Food and Drug Administration–approved indication for SOLIRIS® (eculizumab)⁸



Patients must reside and receive treatment with a Qualifying Alexion Product in the United States or its territories

Have a question? Received an invoice? Contact OneSource:



[AlexionOneSource.com](https://alexiononesource.com)



1-888-765-4747

^aThe Alexion OneSource™ CoPay Program covers copayments, deductibles, and co-insurance costs.



CODING AND BILLING GUIDES

Alexion Pharmaceuticals, Inc. has developed Coding and Billing Guides to provide objective and publicly available coding and billing information for its infused specialty drugs. These guides provide the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnostic codes, Healthcare Common Procedure Coding System (HCPCS) codes for infusion, National Drug Code (NDC) number for each dose, and the ICD-10-CM and Current Procedural Terminology (CPT) codes for drug administration services. The diseases that are indicated for use of SOLIRIS® (eculizumab) have their own Billing and Coding Guides with codes specific for each indication. The coding guide for meningococcal vaccination is included as the vaccination may be required for prescribing SOLIRIS.

Hospitals and physicians are responsible for compliance with Medicare and other health plan 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 health plan instructions and requirements, confirm the accuracy of their coding or billing practices with these health plans, and use independent judgment when selecting codes that most appropriately describe the services or supplies provided to a patient.

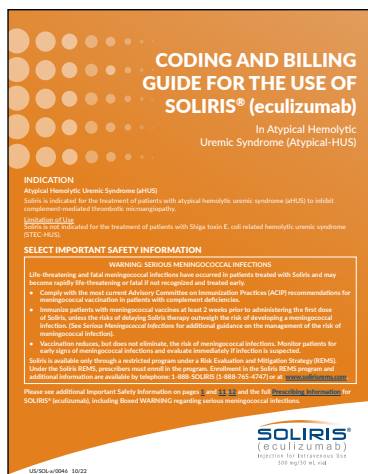


The following pages contain a summary of the relevant codes for each indication. For the full Coding and Billing Guide or to receive additional information, please contact your Alexion FRM.

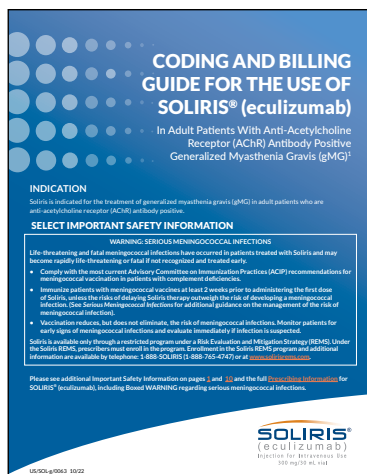
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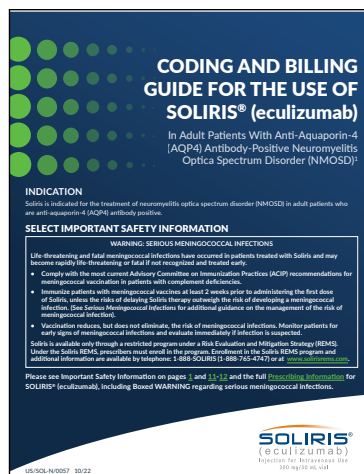
CODING AND BILLING GUIDES (cont.)



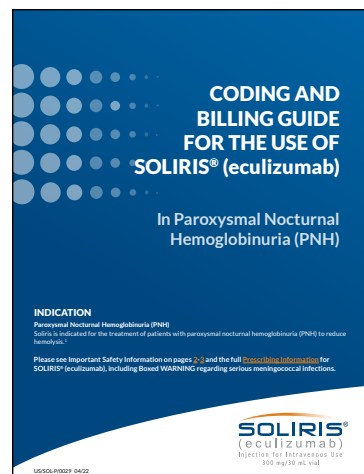
Atypical Hemolytic
Uremic Syndrome
(aHUS)



Generalized Myasthenia
Gravis (gMG)



Neuromyelitis Optica
Spectrum Disorder
(NMOSD)



Paroxysmal Nocturnal
Hemoglobinuria (PNH)

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

Please see Important Safety Information on pages [2](#) and [36-38](#) and the full [Prescribing Information](#) for SOLIRIS® (eculizumab), including Boxed WARNING regarding serious meningococcal infections.

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Coding for SOLIRIS® (eculizumab) in aHUS

Diagnosis Coding

The Centers for Medicare & Medicaid Services (CMS) has updated the ICD-10-CM codes to include two codes specific to the atypical-HUS diagnosis. The following International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis codes may be appropriate to describe patients diagnosed with atypical-HUS:

ICD-10-CM Diagnosis Code ⁹	D59.39	D59.32
Code Descriptor	Other hemolytic uremic syndrome <ul style="list-style-type: none"> Atypical (nongenetic) hemolytic uremic syndrome Secondary hemolytic uremic syndrome 	Hereditary hemolytic uremic syndrome <ul style="list-style-type: none"> Atypical hemolytic uremic syndrome with an identified genetic cause
Appropriate Use	Assign this code when medical record documentation supports that atypical hemolytic uremic syndrome is not further specified as due to a genetic cause	Assign this code when medical record documentation supports that atypical hemolytic uremic syndrome is due to a genetic cause
Coding Instructional Notes ⁹	Code first , if applicable, any associated: <ul style="list-style-type: none"> COVID-19 (U07.1) complications of kidney transplant (T86.1-) complications of heart transplant (T86.2-) complications of liver transplant (T86.4-) Code also , if applicable, any associated condition, such as: <ul style="list-style-type: none"> hypertensive emergency (I16.1) malignant neoplasm (C00-C96) systemic lupus erythematosus (M32.-) Use additional code , if applicable, for adverse effect to identify drug (T36-T50 with fifth or sixth character 5)	Code also , if applicable: <ul style="list-style-type: none"> defects in the complement system (D84.1) methylnmalonic acidemia (E71.120)



IMPORTANT NOTE:

Fiscal Year 2022 Diagnosis Coding

The previously active ICD-10-CM code D59.3 (Hemolytic uremic syndrome) will be replaced by the codes in the above table beginning October 1, 2022.



Coding Tip: Coding atypical-HUS to the highest level of specificity requires 5 characters. Use only valid codes based on medical record documentation to avoid claims processing delays.



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Coding for SOLIRIS® (eculizumab) in aHUS (cont.)

Drug Coding

The following drug-specific Healthcare Common Procedure Coding System (HCPCS) billing code can be reported on medical claim forms to payers:

HCPCS Code ¹⁰	Code Descriptor
J1300	Injection, eculizumab, 10 mg

Some payers may also require the use of HCPCS modifier -RE to indicate SOLIRIS was administered in full compliance with the REMS program.

Some payers, including Medicaid, require drugs like SOLIRIS to be billed on medical claims with the product's National Drug Code (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 format¹¹:

11-Digit NDC ^{8,11}	Code Descriptor	Strength
25682-0001-01	SOLIRIS single-use vial	300 mg/30 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.¹¹

Drug Administration Services

Payers may offer separate coverage and reimbursement for drug administration services. The following are possible International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) procedure codes to report the administration of SOLIRIS in inpatient settings:

ICD-10-PCS ¹²	Code Descriptor
3E033GR	Introduction of other therapeutic monoclonal antibody into peripheral vein, percutaneous approach
3E043GR	Introduction of other therapeutic monoclonal antibody into central vein, percutaneous approach

The following Current Procedural Terminology (CPT®) codes may be appropriate to report administration of SOLIRIS in physician offices and hospital outpatient facilities. Individual payer policies should be reviewed for reporting requirements:

CPT ¹³	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 SOLIRIS® (eculizumab) in Anti-Acetylcholine Receptor (AChR) Antibody-Positive gMG

Diagnosis Coding

The following International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes may be appropriate to describe patients diagnosed with gMG who are anti-AChR antibody-positive:

ICD-10-CM Diagnosis Code ⁹	Code Descriptor
G70.00	Myasthenia gravis without (acute) exacerbation
G70.01	Myasthenia gravis with (acute) exacerbation

Drug Coding

The following Healthcare Common Procedure Coding System (HCPCS) billing code can be reported on medical claim forms to payers:

HCPCS Code ¹⁰	Code Descriptor
J1300	Injection, eculizumab, 10 mg

Some payers may also require the use of modifier “-RE” to indicate SOLIRIS was administered in full compliance with the REMS program.

Some payers, including Medicaid, require drugs like SOLIRIS to be billed on medical claims with the National Drug Code (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 format¹¹:

11-Digit NDC ^{8,11}	Code Descriptor	Strength
25682-0001-01	SOLIRIS single-use vial	300 mg/30 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.¹¹

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Coding for SOLIRIS® (eculizumab) in Anti-Acetylcholine Receptor (AChR) Antibody-Positive gMG (cont.)

Drug Administration Services

Payers may offer separate coverage and reimbursement services. The following are possible International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) procedure codes to report the administration of SOLIRIS in inpatient settings:

ICD-10-PCS ¹²	Code Descriptor
3E033GR	Introduction of other therapeutic monoclonal antibody into peripheral vein, percutaneous approach
3E043GR	Introduction of other therapeutic monoclonal antibody into central vein, percutaneous approach

The following Current Procedural Terminology (CPT®) codes may be appropriate to report administration of SOLIRIS in physician offices and hospital outpatient facilities. Individual payer policies should be reviewed for reporting requirements.

CPT Code ¹³	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 SOLIRIS® (eculizumab) in anti-AQP4 Antibody-Positive NMOSD

Diagnosis Coding

The following International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes may be appropriate to describe adult patients diagnosed with anti-AQP4 antibody-positive NMOSD:

ICD-10-CM Diagnosis Code ⁹	Code Descriptor
G36.0	Neuromyelitis optica [Devic]

Drug Coding

The following Healthcare Common Procedure Coding System (HCPCS) billing code can be reported on medical claim forms to payers:

HCPCS Code ¹⁰	Code Descriptor
J1300	Injection, eculizumab, 10 mg

Some payers may also require the use of modifier HCPCS -RE to indicate that SOLIRIS was administered in full compliance with the REMS program.

Some payers, including Medicaid, require drugs such as SOLIRIS to be billed on medical claims with the product's National Drug Code (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 format¹¹:

11-Digit NDC ^{8,11}	Code Descriptor	Strength
25682-0001-01	SOLIRIS single-use vial	300 mg/30 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.¹¹



Coding for SOLIRIS® (eculizumab) in anti-AQP4 Antibody-Positive NMOSD (cont.)

Drug Administration Services

The following Current Procedural Terminology (CPT®) codes may be appropriate to report administration of SOLIRIS in a physician's office or outpatient hospital facilities:

CPT ¹³	Code Descriptor
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to one hour
96413	Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug

ICD-10-PCS Codes for Inpatient Only

The following International Classification Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) codes may be appropriate to report the administration of Soliris in acute inpatient hospitals:

Code ¹²	Code Descriptor
XW033C6	Introduction of eculizumab into peripheral vein, percutaneous approach, new technology group
XW043C6	Introduction of eculizumab into central vein, percutaneous approach, new technology group

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Coding for SOLIRIS® (eculizumab) 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 ⁹	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 claim forms to payers:

HCPCS Code ¹⁰	Code Descriptor
J1300	Injection, eculizumab, 10 mg

Some payers may also require the use of HCPCS modifier -RE to indicate SOLIRIS was administered in full compliance with the REMS program.

Some payers, including Medicaid, require drugs like SOLIRIS to be billed on medical claims with the product's National Drug Code (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 format¹¹:

11-Digit NDC ^{8,11}	Code Descriptor	Strength
25682-0001-01	SOLIRIS single-use vial	300 mg/30 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.¹¹

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Coding for SOLIRIS® (eculizumab) in PNH (cont.)

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 SOLIRIS in physician offices and hospital outpatient facilities. Individual payer policies should be reviewed for reporting requirements:

CPT ¹³	Code Descriptor
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis; 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 code for 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 code for primary procedure)



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Coding for Meningococcal Vaccination

Meningococcal vaccines must be administered to all patients without a history of meningococcal vaccination at least 2 weeks prior to the initial dose of SOLIRIS® (eculizumab). Providers should review and comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for meningococcal vaccination in patients with complement deficiencies.¹

Diagnosis Coding

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

ICD-10-CM Diagnosis Code ⁹	Code Descriptor
Z23	Encounter for immunization

Vaccine Coding

Coverage of meningococcal vaccines may vary by payer. Prescribers should consult respective payer billing guidelines.

CPT Code ¹³	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



Coding for Meningococcal Vaccination (cont.)

Vaccine Administration Coding

The following CPT® codes may be appropriate to report administration of meningococcal vaccines in outpatient settings.

CPT Code ¹³	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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REAUTHORIZATION

Many health plans may require a PA renewal, or reauthorization after a specified period of time — this information is typically included in the medical policy and also the benefits investigation.³ Continued coverage of SOLIRIS® (eculizumab) generally requires follow-up with the appropriate specialist and a positive clinical response from baseline for the appropriate indication.



Your Alexion FRM can provide education on payer-specific reauthorization criteria. OneSource™ will proactively reach out to patients enrolled in OneSource™ prior to the reauthorization date.

Please always refer to the specific health plan requirements for each patient.

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OneSource™ PATIENT SUPPORT PROGRAM

**OneSource is a complimentary,
personalized patient support program
offered by Alexion**

Available for eligible enrolled patients with the
following indications:

- ✓ Atypical hemolytic uremic syndrome (aHUS)
- ✓ Generalized myasthenia gravis (gMG)
- ✓ Neuromyelitis optica spectrum disorder (NMOSD)
- ✓ Paroxysmal nocturnal hemoglobinuria (PNH)

- ✓ Complimentary
- ✓ Voluntary
- ✓ For eligible patients
- ✓ Patient centric
- ✓ Professional support for your patients

More information and the online
enrollment form are available at:



1-888-765-4747



[AlexionOneSource.com](https://www.AlexionOneSource.com)



OneSource™ Services

EDUCATION



- Providing patients with educational and supporting materials related to their rare disease and/or Alexion therapy, such as brochures and website resources
- Safety education regarding Alexion therapies
- Vaccination support program information, as applicable
- Education and assistance coordinating treatment logistics

HEALTH INSURANCE NAVIGATION



- Helping patients understand their health insurance coverage for the Alexion therapy
- Providing information on external funding resources for out-of-pocket costs and exploring alternative options for gaps in coverage and funding issues or concerns
- Supporting patients in locating infusion sites or home infusion options based on patient preference, plan of care, and health plan requirements

COMMUNITY CONNECTIONS



Staffed by Case Managers with:

- Advanced rare disease knowledge
- Health insurance expertise
- Information about community resources

ONGOING SUPPORT



- Providing personalized support during major life events, such as a change in insurance status, travel, or relocation
- Exploring alternative infusion locations while patients travel, based on patient/provider preference and health plan requirements
- Continuing collaboration with designated specialty pharmacy on therapy-related services as applicable

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IMPORTANT SAFETY INFORMATION FOR SOLIRIS® (eculizumab) (cont.)

Contraindications

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

Warnings and Precautions

Serious Meningococcal Infections

Risk and Prevention

The use of Soliris increases a patient's susceptibility to serious meningococcal infections (septicemia and/or meningitis).

Vaccinate or revaccinate for meningococcal disease according to the most current ACIP recommendations for patients with complement deficiencies. Immunize patients without a history of meningococcal vaccination at least 2 weeks prior to receiving the first dose of Soliris. If Soliris must be initiated immediately in an unvaccinated patient, administer meningococcal vaccine(s) as soon as possible and provide 2 weeks of antibacterial drug prophylaxis. Discontinue Soliris in patients who are undergoing treatment for serious meningococcal infections.

REMS

Prescribers must counsel patients about the risk of meningococcal infection, provide the patients with the REMS educational materials, and ensure patients are vaccinated with meningococcal vaccine(s).

Other Infections

Serious infections with *Neisseria* species (other than *N. meningitidis*), including disseminated gonococcal infections, have been reported.

Patients may have increased susceptibility to infections, especially with encapsulated bacteria. Additionally, *Aspergillus* infections have occurred in immunocompromised and neutropenic patients. Children treated with Soliris 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. Use caution when administering Soliris to patients with any systemic infection.

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IMPORTANT SAFETY INFORMATION FOR SOLIRIS® (eculizumab) (cont.)

Warnings and Precautions (cont.)

Monitoring Disease Manifestations After Soliris Discontinuation

Treatment Discontinuation for PNH

Monitor patients after discontinuing Soliris for at least 8 weeks to detect hemolysis.

Treatment Discontinuation for aHUS

After discontinuing Soliris, monitor patients with aHUS for signs and symptoms of thrombotic microangiopathy (TMA) complications for at least 12 weeks. In aHUS clinical trials, 18 patients (5 in the prospective studies) discontinued Soliris treatment. TMA complications occurred following a missed dose in 5 patients, and Soliris was reinitiated in 4 of these 5 patients.

Clinical signs and symptoms of TMA include changes in mental status, seizures, angina, dyspnea, or thrombosis. In addition, the following changes in laboratory parameters may identify a TMA complication: occurrence of 2, or repeated measurement of any one of the following: a decrease in platelet count by 25% or more compared to baseline or the peak platelet count during Soliris treatment; an increase in serum creatinine by 25% or more compared to baseline or nadir during Soliris treatment; or, an increase in serum LDH by 25% or more over baseline or nadir during Soliris treatment.

If TMA complications occur after Soliris discontinuation, consider reinstitution of Soliris treatment, plasma therapy [plasmapheresis, plasma exchange, or fresh frozen plasma infusion (PE/PI)], or appropriate organ-specific supportive measures.

Thrombosis Prevention and Management

The effect of withdrawal of anticoagulant therapy during Soliris treatment has not been established. Therefore, treatment with Soliris should not alter anticoagulant management.

Infusion-Related Reactions

Administration of Soliris may result in infusion-related reactions, including anaphylaxis or other hypersensitivity reactions. Interrupt Soliris infusion and institute appropriate supportive measures if signs of cardiovascular instability or respiratory compromise occur.

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IMPORTANT SAFETY INFORMATION FOR SOLIRIS® (eculizumab) (cont.)

Adverse Reactions

The most frequently reported adverse reactions in the PNH randomized trial ($\geq 10\%$ overall and greater than placebo) are: headache, nasopharyngitis, back pain, and nausea.

The most frequently reported adverse reactions in aHUS single arm prospective trials ($\geq 20\%$) are: headache, diarrhea, hypertension, upper respiratory infection, abdominal pain, vomiting, nasopharyngitis, anemia, cough, peripheral edema, nausea, urinary tract infections, pyrexia.

The most frequently reported adverse reaction in the gMG placebo-controlled clinical trial ($\geq 10\%$) is: musculoskeletal pain.

The most frequently reported adverse reactions in the NMOSD placebo-controlled trial ($\geq 10\%$) are: upper respiratory infection, nasopharyngitis, diarrhea, back pain, dizziness, influenza, arthralgia, pharyngitis, and contusion.

Please see full [Prescribing Information](#) for SOLIRIS, including Boxed WARNING regarding serious meningococcal infections.

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