ULTOMIRIS®
(ravulizumab-cwvz)
injection for intravenous use
300 mg/3 mL vial

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).

Subcutaneous Use in Adult Patients with PNH

Subcutaneous administration of ULTOMIRIS is not approved for use in pediatric patients.

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.**

Because of the risk of serious meningococcal infections, ULTOMIRIS is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called ULTOMIRIS REMS.

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

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 www.ULTOMIRIS.com for additional information, or call 1-888-765-4747 to speak with the Alexion OneSource™ Team.

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

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 format[4]:

11-Digit NDC[1]	Code Descriptor	Strength
25682-0025-01	ULTOMIRIS (ravulizumab-cwvz, single-use vial)	300 mg/3 mL
25682-0028-01	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.

Some payers may also require a unit of measure (UoM) qualifier. For ULTOMIRIS, the unit of measure qualifier is mL (milliliter).

Check payer requirements for reporting the NDC and UoM on claims.

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 Code[5]	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)

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

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
Z23	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

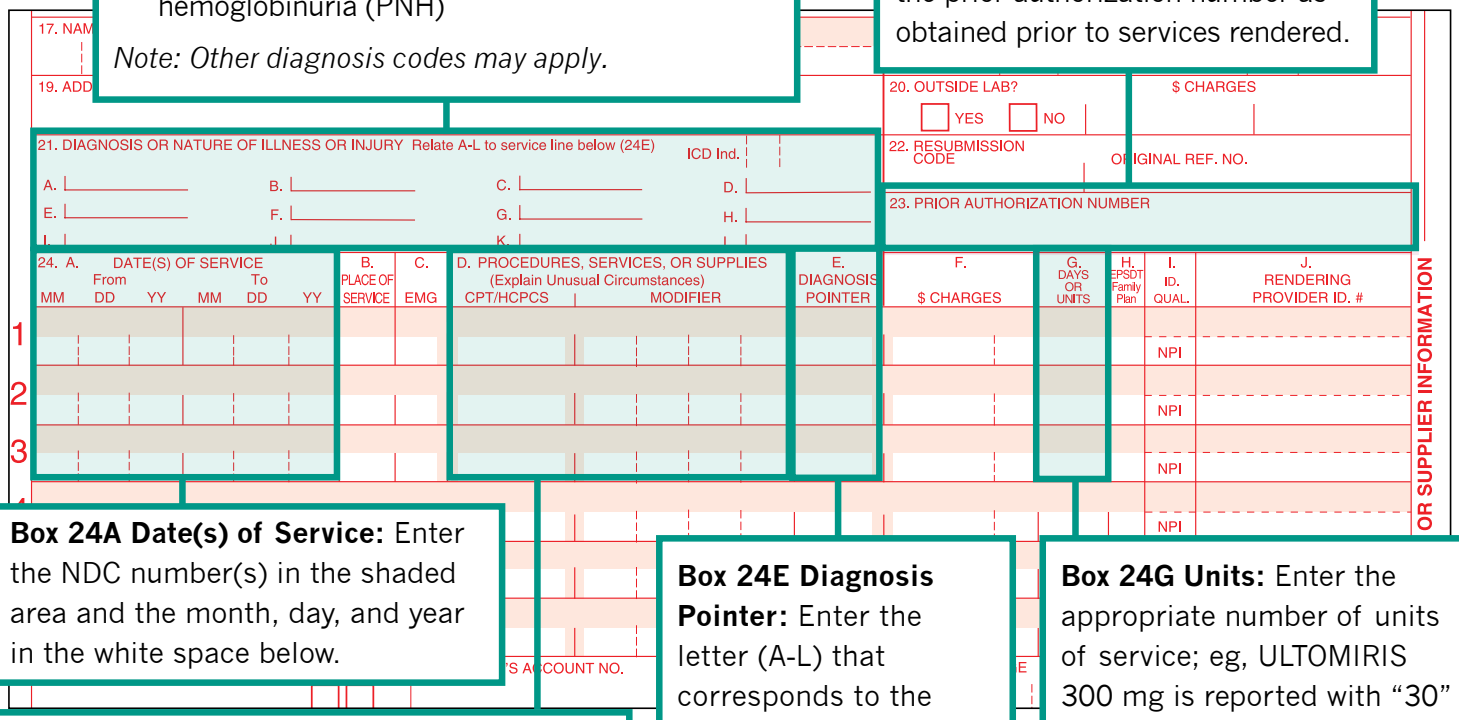
For an example of a completed CMS-1500 form, go to page 6.

Box 21 Diagnosis: Enter the appropriate diagnosis code; eg,

- ICD-10-CM D59.5 for paroxysmal nocturnal hemoglobinuria (PNH)

Note: Other diagnosis codes may apply.

Box 23 Prior Authorization: Enter the prior authorization number as obtained prior to services rendered.



Box 24A Date(s) of Service: Enter the NDC number(s) in the shaded area and the month, day, and year in the white space below.

Box 24E Diagnosis Pointer: Enter the letter (A-L) that corresponds to the diagnosis in box 21.

Box 24G Units: Enter the appropriate number of units of service; eg, ULTOMIRIS 300 mg is reported with "30" units.

Box 24D Procedures/Services/Supplies: Enter the appropriate HCPCS/CPT codes and modifiers; eg,

- J1303 Injection, ravulizumab-cwvz per 10 mg
- 96365 for drug administration

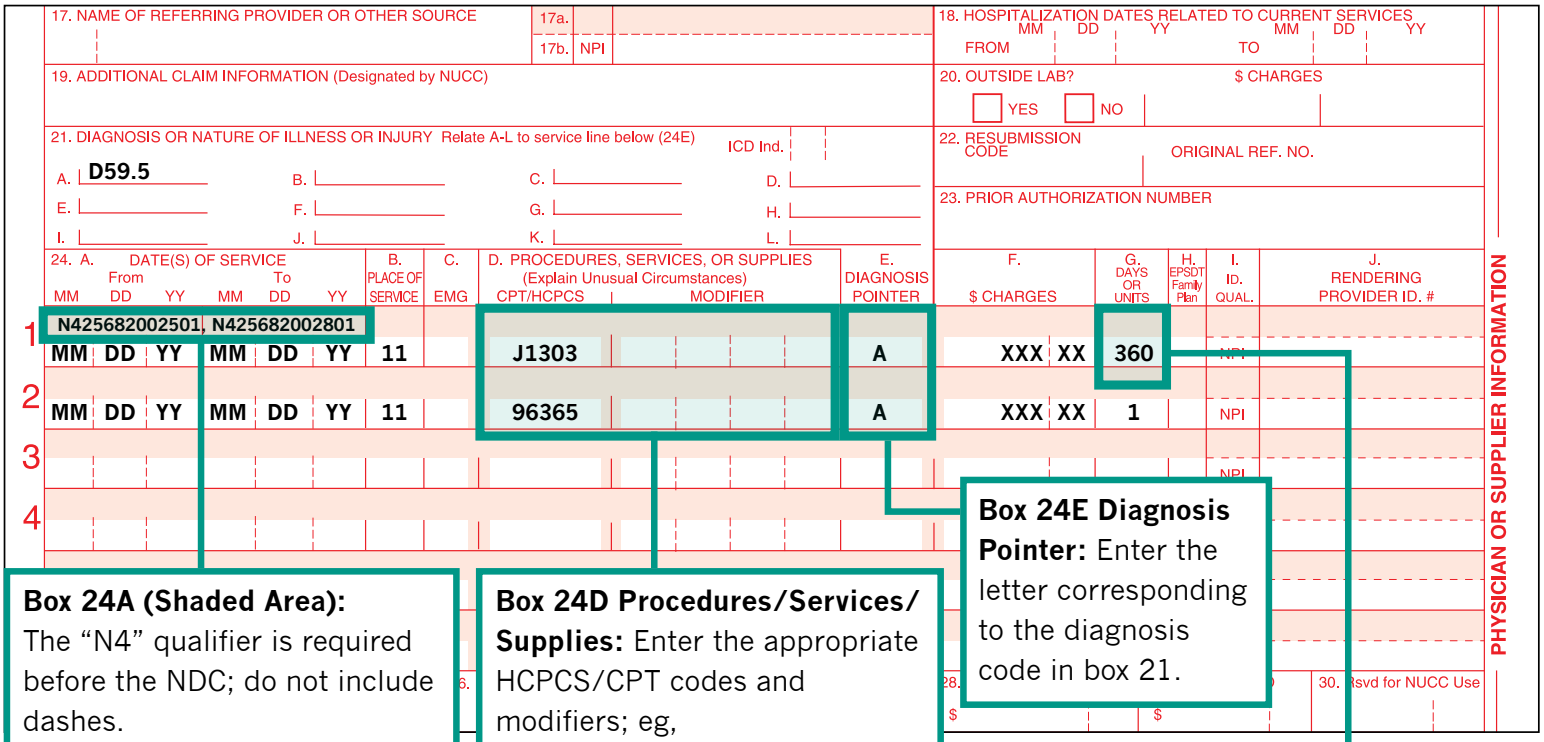
Please see additional Important Safety Information on pages 1 and 10-11 and the full Prescribing Information for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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)



Box 24A (Shaded Area): The "N4" qualifier is required before the NDC; do not include dashes.

Some payers may also require a Unit of Measure (UoM) for each NDC; eg,

- N425682002501 ML3
- N425682002801 ML33

Note: Double check payer requirements and format for reporting the UoM.

Box 24D Procedures/Services/Supplies: Enter the appropriate HCPCS/CPT codes and modifiers; eg,

- J1303 Injection, ravulizumab-cwvz per 10 mg
- 96365 for drug administration

Box 24E Diagnosis Pointer: Enter the letter corresponding to the diagnosis code in box 21.

Box 24G Days or Units: Given the HCPCS code is the same for both vials, applying the 10 mg billing unit for J1303 to the total administered dose of 3600 mg results in 360 billing units.

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

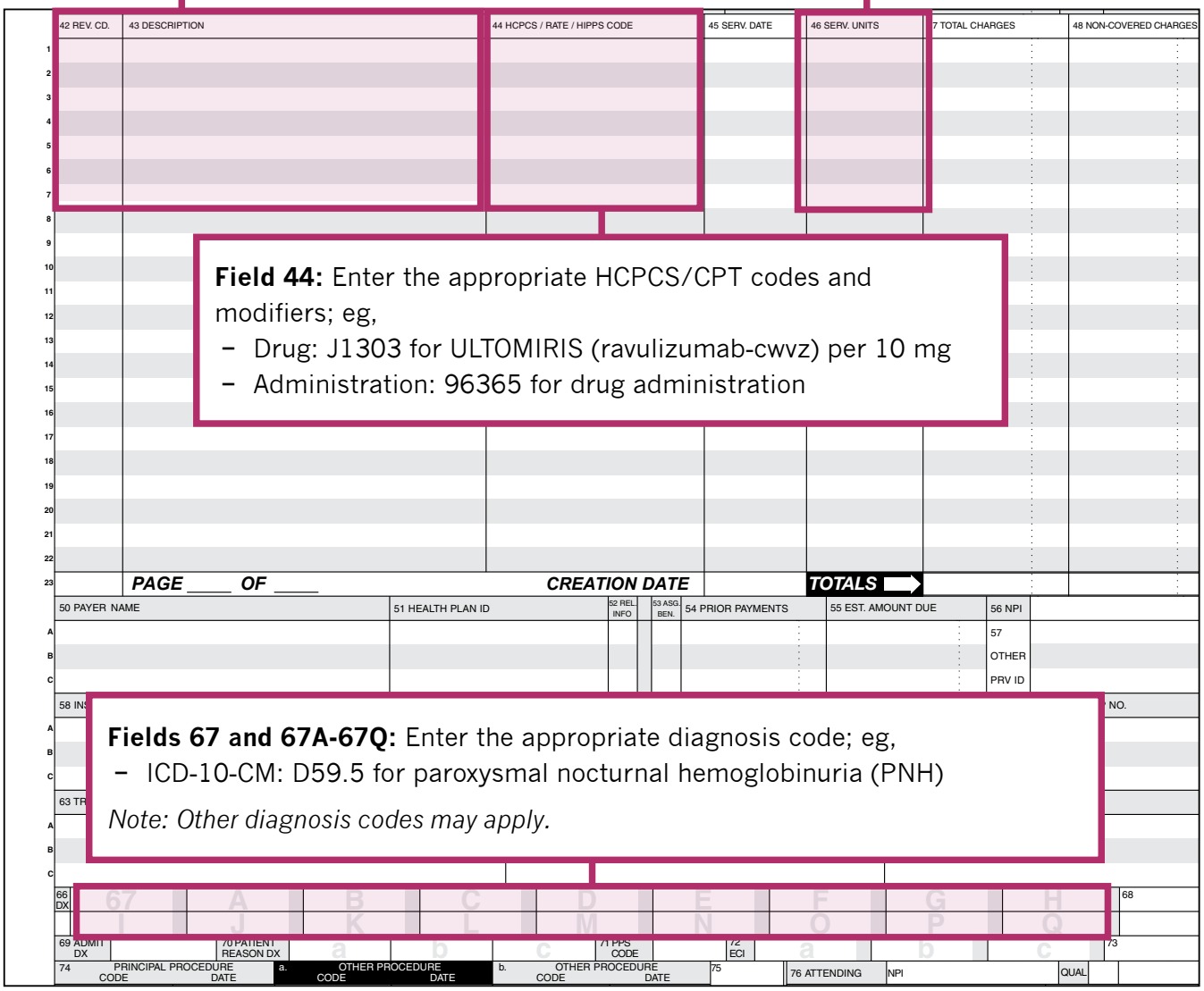
Sample CMS-1450: Hospital Clinic or Facility

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

Fields 42-43: Enter the appropriate revenue code and description corresponding to the HCPCS code in field 44; eg,
- 0636 for drugs requiring detailed coding
- 0510 for clinic, general

Note: Other revenue codes may apply.

Field 46: Enter the appropriate number of units of service; eg, ULTOMIRIS 300 mg is reported with "30" units.



Field 44: Enter the appropriate HCPCS/CPT codes and modifiers; eg,
- Drug: J1303 for ULTOMIRIS (ravulizumab-cwvz) per 10 mg
- Administration: 96365 for drug administration

Fields 67 and 67A-67Q: Enter the appropriate diagnosis code; eg,
- ICD-10-CM: D59.5 for paroxysmal nocturnal hemoglobinuria (PNH)

Note: Other diagnosis codes may apply.

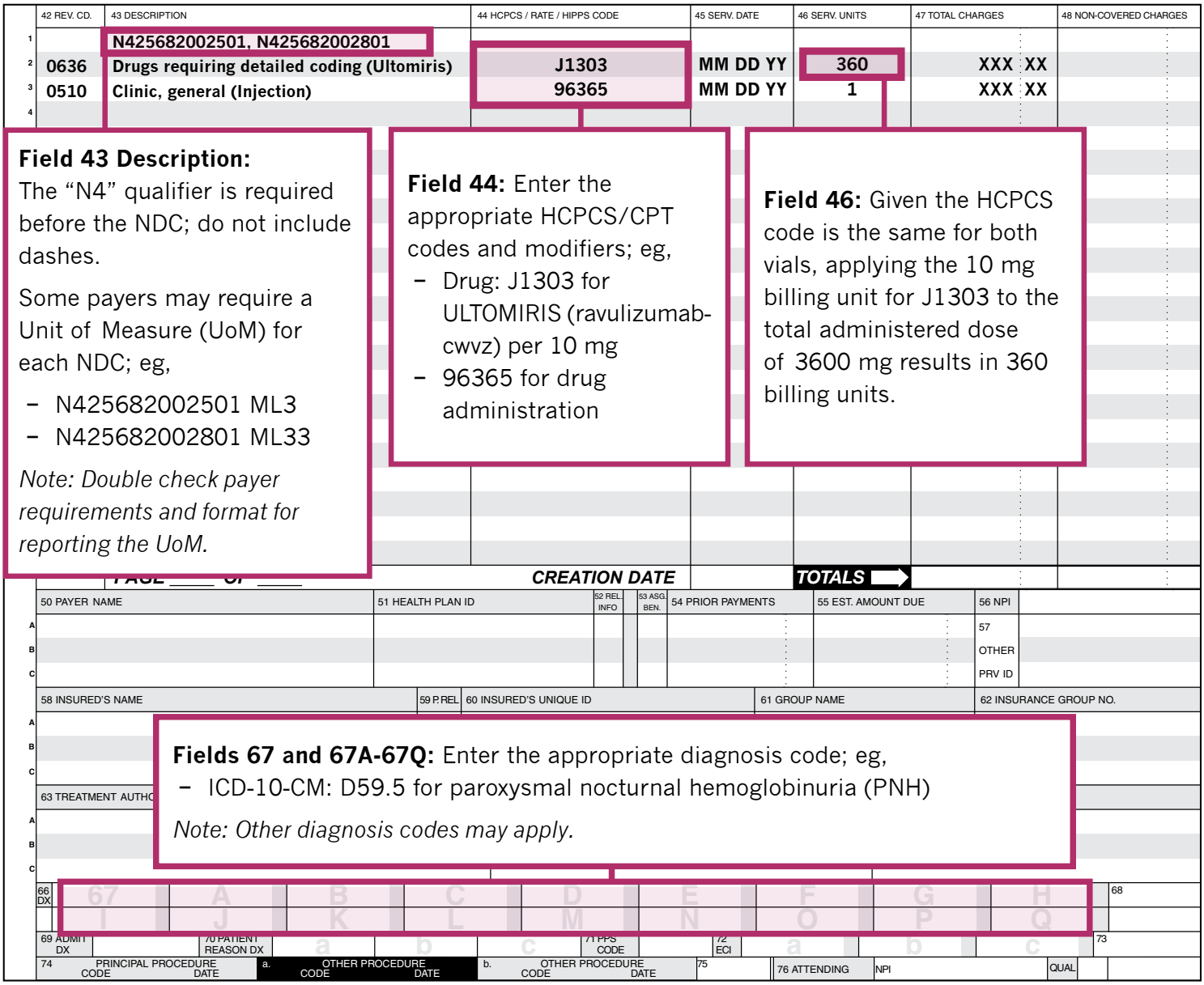
Please see additional Important Safety Information on pages 1 and 10-11 and the full Prescribing Information for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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)



	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1		N425682002501, N425682002801					
2	0636	Drugs requiring detailed coding (Ultomiris)	J1303	MM DD YY	360	XXX XX	
3	0510	Clinic, general (Injection)	96365	MM DD YY	1	XXX XX	
4							

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

Explore Alexion Access Navigator

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 ULTOMIRIS® (ravulizumab-cwvz).

Online: https://alexionaccessnavigator.com

OneSource™ Offers Patient Support

Contact OneSource™:

Phone:
1-888-765-4747

Online:
https://alexiononesource.com

References

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2. Centers for Medicare & Medicaid Services. 2023 ICD-10-CM. Updated June 7, 2022. Accessed November 9, 2022. https://www.cms.gov/files/zip/2023-code-tables-tabular-and-index.zip
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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 November 9, 2022. https://www.federalregister.gov/documents/2018/08/07/2018-16807/future-format-of-the-national-drug-code-public-hearing-request-for-comments
5. *2022 CPT Professional*. American Medical Association; 2021. CPT © 2021 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

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

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

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. Patients who initiate ULTOMIRIS treatment less than 2 weeks after receiving meningococcal vaccine(s) must receive appropriate prophylactic antibiotics until 2 weeks after vaccination.

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 clinical studies with ULTOMIRIS, <1% of patients developed serious meningococcal infections/sepsis while receiving treatment with ULTOMIRIS. All were adult patients with PNH who had been vaccinated. These patients recovered while continuing treatment with ULTOMIRIS. Consider discontinuation of ULTOMIRIS in patients who are undergoing treatment for serious meningococcal infection.

ULTOMIRIS REMS

Due to the risk of meningococcal infections, ULTOMIRIS is available only through a restricted program under a REMS called ULTOMIRIS REMS.

Under the ULTOMIRIS REMS, prescribers must enroll in the program. 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.

Additional information on the REMS requirements is available at www.ultomirisrems.com or 1-888-765-4747.

Other Infections

Patients may have increased susceptibility to infections, especially with encapsulated bacteria, such as 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.

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.

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SELECT IMPORTANT SAFETY INFORMATION (cont.)

WARNINGS AND PRECAUTIONS (cont.)

Infusion-Related Reactions

Intravenous or subcutaneous administration of ULTOMIRIS may result in systemic infusion-related reactions, including anaphylaxis and hypersensitivity reactions. In clinical trials, infusion-related reactions occurred in approximately 1% of patients treated with ULTOMIRIS. These events included lower back pain, drop in blood pressure, elevation in blood pressure, limb discomfort, drug hypersensitivity (allergic reaction), dysgeusia (bad taste), and drowsiness. These reactions did not require discontinuation of ULTOMIRIS. If signs of cardiovascular instability or respiratory compromise occur, interrupt ULTOMIRIS infusion and institute appropriate supportive measures.

Injection Site Reactions-Subcutaneous administration

27% (23/84) of patients treated with subcutaneous administration of ULTOMIRIS experienced injection site reactions which included application site rash, device allergy, infusion site pain, infusion site reaction, injection site bruising, injection site erythema, injection site hematoma, injection site induration, injection site inflammation, injection site pain, injection site pruritus, injection site rash, injection site reaction, injection site swelling, injection site urticaria, medical device site bruise, medical device site erythema, medical device site hematoma, medical device site induration, medical device site pruritus, medical device site rash, and medical device site reaction.

Allergies to Acrylic Adhesives

The on-body injector of ULTOMIRIS uses acrylic adhesive. For patients with a known allergy to acrylic adhesive, use of this product may result in an allergic reaction. Premedication can be considered, and supportive measures should be instituted if signs of allergy appear.

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. In clinical studies, clinically relevant adverse reactions in 1% of adult patients include infusion-related reactions.

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%).

Adverse Reactions for Subcutaneous Administration of ULTOMIRIS

Most common adverse reactions (≥10%) with ULTOMIRIS subcutaneous administration via On Body Injector in adult patients with PNH were local injection site reactions, diarrhea, and headache.

DRUG INTERACTIONS

Plasma Exchange, Plasmapheresis, and Intravenous Immunoglobulins

Concomitant use of ULTOMIRIS with plasma exchange (PE), plasmapheresis (PP), or intravenous immunoglobulin (IVIg) treatment can reduce serum ravulizumab concentrations and requires a supplemental dose of ULTOMIRIS.

Neonatal Fc Receptor Blockers

Concomitant use of ULTOMIRIS with neonatal Fc receptor (FcRn) blockers (e.g., efgartigimod) may lower systemic exposures and reduce effectiveness of ULTOMIRIS. Closely monitor for reduced effectiveness of ULTOMIRIS.

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ALEXION®
AstraZeneca Rare Disease