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 & IMPORTANT SAFETY INFORMATION for ULTOMIRIS

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

ULTOMIRIS, a complement inhibitor, increases the risk of serious infections caused by *Neisseria meningitidis* [*see Warnings and Precautions (5.1)*]. Life-threatening and fatal meningococcal infections have occurred in patients treated with complement inhibitors. These infections may become rapidly life-threatening or fatal if not recognized and treated early.

- **Complete or update vaccination for meningococcal bacteria (for serogroups A, C, W, Y, and B) at least 2 weeks prior to the first dose of ULTOMIRIS, unless the risks of delaying ULTOMIRIS therapy outweigh the risk of developing a serious infection. Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccinations against meningococcal bacteria in patients receiving a complement inhibitor. See *Warnings and Precautions (5.1)* for additional guidance on the management of the risk of serious infections caused by meningococcal bacteria.**
- **Patients receiving ULTOMIRIS are at increased risk for invasive disease caused by *Neisseria meningitidis*, even if they develop antibodies following vaccination. Monitor patients for early signs and symptoms of serious 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 and SOLIRIS REMS [*see Warnings and Precautions (5.2)*].

Please see pages 1 and 10-11 for Important Safety Information, including Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections, and accompanying full Prescribing Information for ULTOMIRIS.

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 pages 1 and 10-11 for Important Safety Information, including Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections, and accompanying full Prescribing Information for ULTOMIRIS.

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[1]	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:

HCPCS Code[2]*	Code Descriptor
J1303	Injection, ravulizumab-cwvz, 10 mg

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

The following HCPCS modifiers may be required for ULTOMIRIS, as applicable:

Modifier[3]	Description	Commercial Requirement	Medicare Requirement
JZ	Zero drug amount discarded/not administered to any patient	Varies by payer	Y
JG	Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes	N	Y
RE	Furnished in full compliance with FDA-mandated risk evaluation and mitigation strategy (REMS)	Y	Y
TB	Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes for select entities	N	Y

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[3]:

11-Digit NDC[4]	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[a]	Chemotherapy administration, intravenous infusion technique, up to one hour, single or initial substance/drug
+ 96415[a]	Chemotherapy administration, intravenous infusion technique; each additional hour (list separately in addition to primary procedure)

a. Billing highly complex administration codes (96413 and 96415) requires the provider in the medical record to document the complexity beyond what is required for therapeutic infusions (96365 and 96366).[6]

Please see pages 1 and 10-11 for Important Safety Information, including Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections, and accompanying full Prescribing Information for ULTOMIRIS.

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[1]	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
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
90749	Unlisted vaccine/toxoid

Vaccine Administration Coding

CPT Code[5]	Code Descriptor
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)

Please see pages 1 and 10-11 for Important Safety Information, including Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections, and accompanying full Prescribing Information for ULTOMIRIS.

Claim Forms

Sample CMS-1500: Physician Office

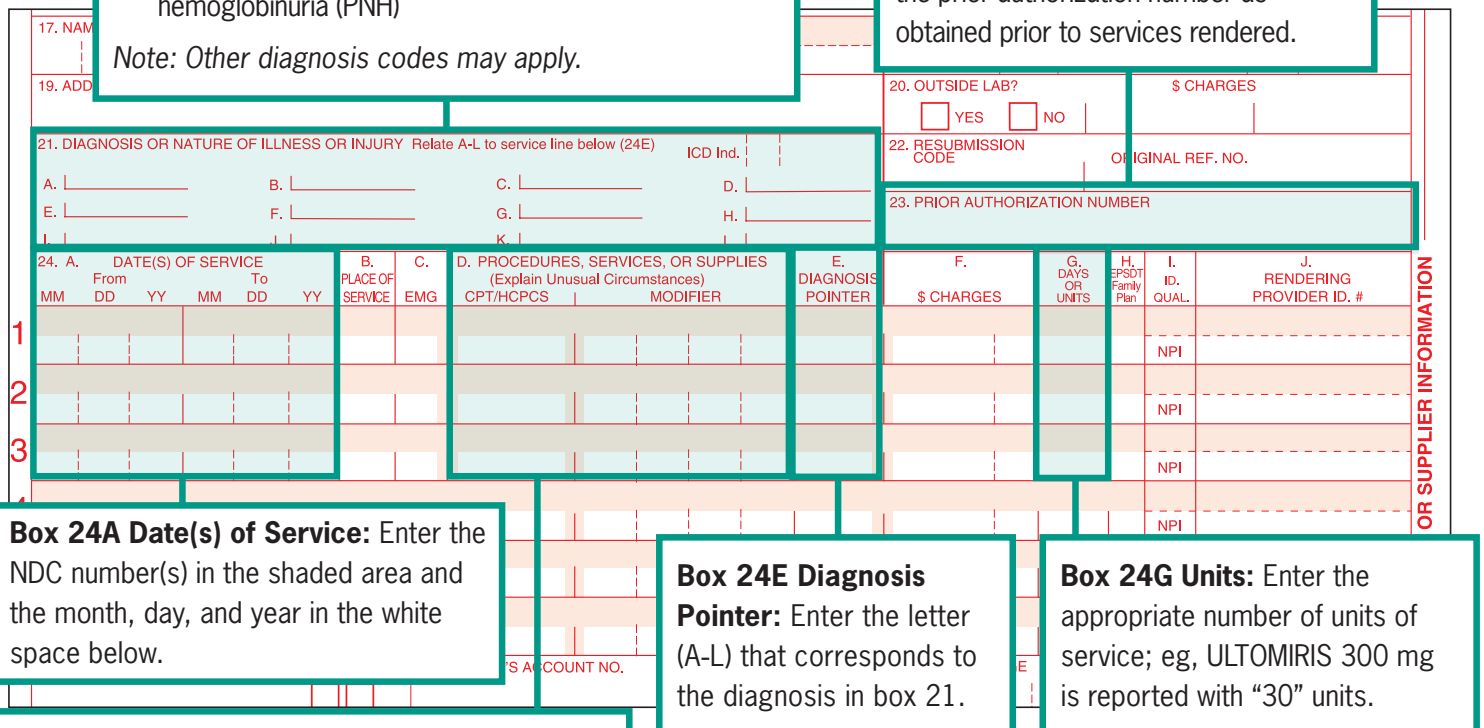
For an example of a completed CMS-1500 form, go to page 6.

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 CPT/HCPCS codes and modifiers, eg,

- Drug: **J1303** Injection, ravulizumab-cwvz per 10 mg
- Applicable modifiers:
  - **JZ** Zero drug amount discarded/not administered to any patient
  - **RE** Furnished in full compliance with FDA-mandated risk evaluation and mitigation strategy (REMS)
- Administration: **96365** for IV infusion

Note: Some payers may provide specific guidance.

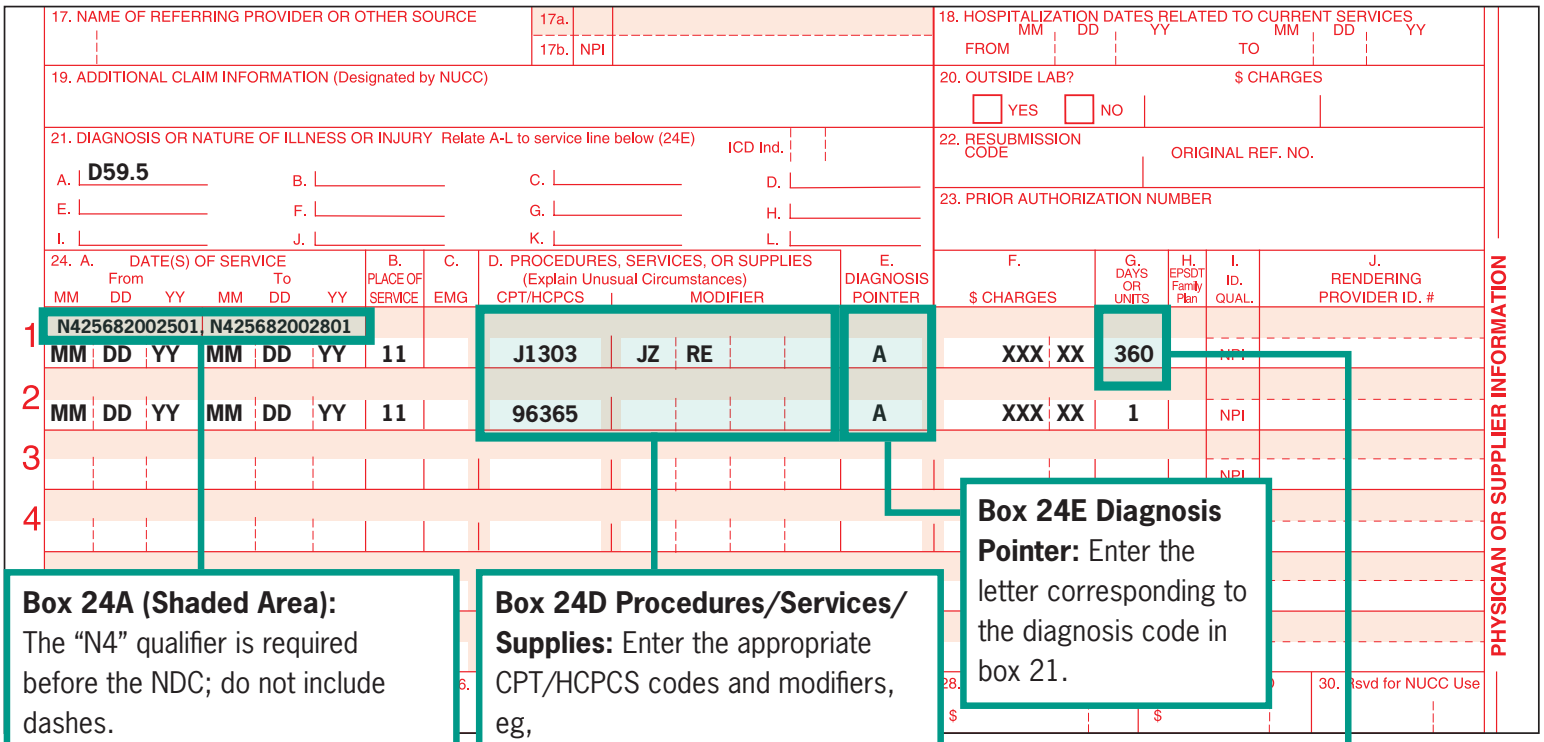
Please see pages 1 and 10-11 for Important Safety Information, including Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections, and accompanying full Prescribing Information for ULTOMIRIS.

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 CPT/HCPCS codes and modifiers, eg,

- Drug: **J1303** Injection, ravulizumab-cwvz per 10 mg
- Applicable modifiers:
  - **JZ** Zero drug amount discarded/not administered to any patient
  - **RE** Furnished in full compliance with FDA-mandated risk evaluation and mitigation strategy (REMS)
- Administration: **96365** for IV infusion

Note: Some payers may provide specific guidance.

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 pages 1 and 10-11 for Important Safety Information, including Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections, and accompanying full Prescribing Information for ULTOMIRIS.

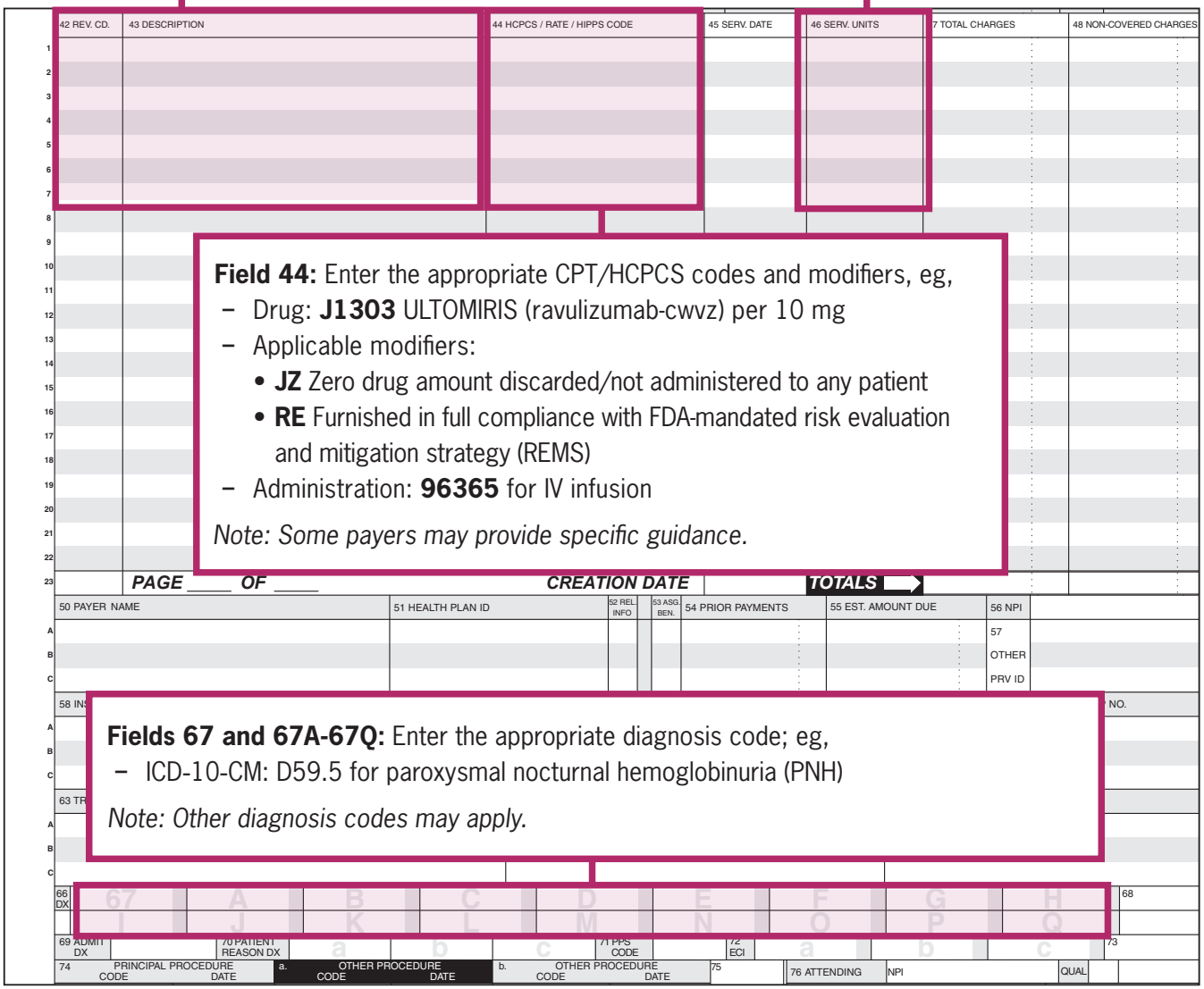
Sample CMS-1450: Hospital Clinic or Facility

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 CPT/HCPCS codes and modifiers, eg,
- Drug: **J1303** ULTOMIRIS (ravulizumab-cwvz) per 10 mg
- Applicable modifiers:
  - **JZ** Zero drug amount discarded/not administered to any patient
  - **RE** Furnished in full compliance with FDA-mandated risk evaluation and mitigation strategy (REMS)
- Administration: **96365** for IV infusion

Note: Some payers may provide specific guidance.

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.

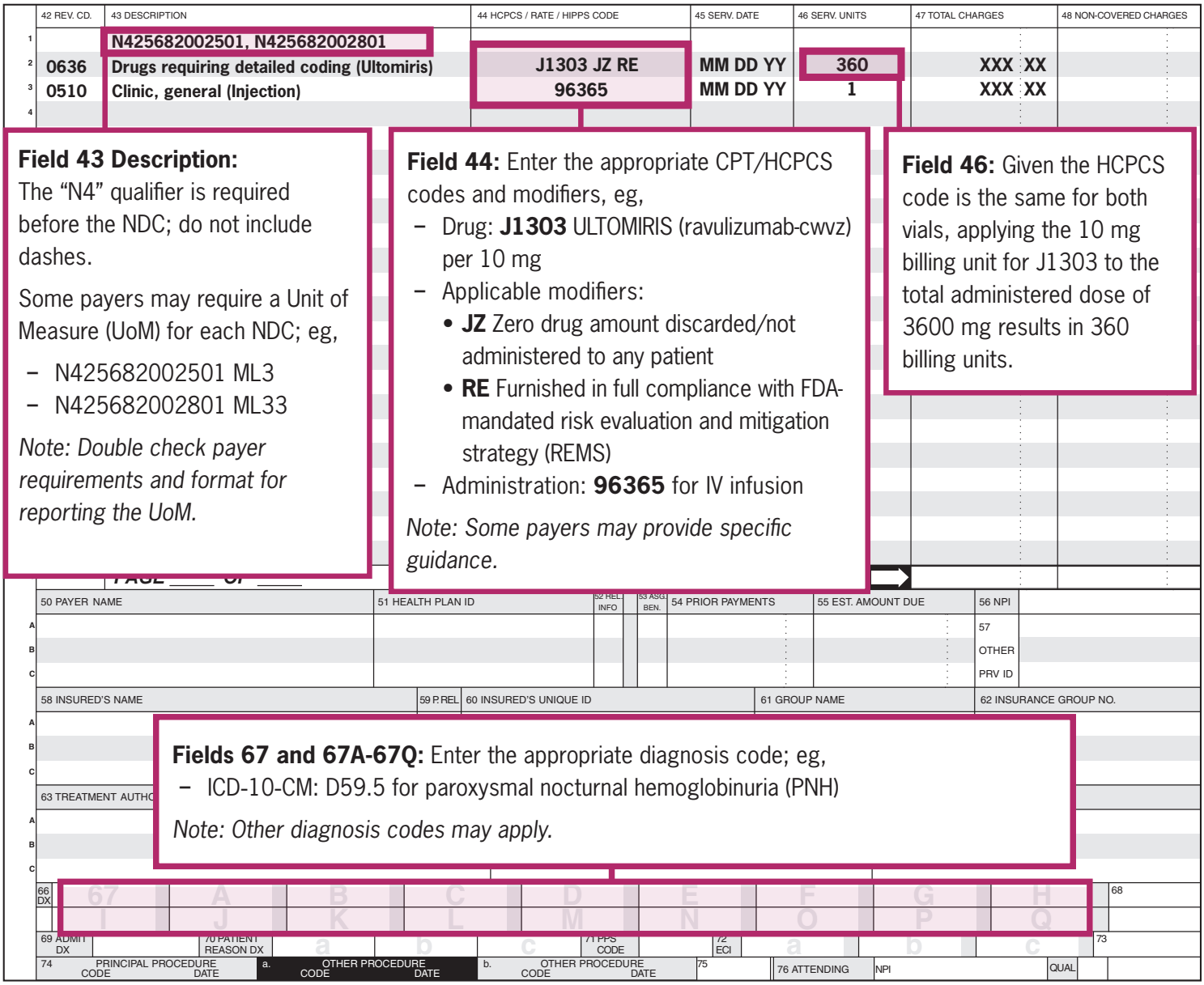
Please see pages 1 and 10-11 for Important Safety Information, including Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections, and accompanying full Prescribing Information for ULTOMIRIS.

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)



Field 43 Description:
The "N4" qualifier is required before the NDC; do not include dashes.

Some payers may 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.

Field 44: Enter the appropriate CPT/HCPCS codes and modifiers, eg,

- Drug: **J1303** ULTOMIRIS (ravulizumab-cwvz) per 10 mg
- Applicable modifiers:
  - **JZ** Zero drug amount discarded/not administered to any patient
  - **RE** Furnished in full compliance with FDA-mandated risk evaluation and mitigation strategy (REMS)
- Administration: **96365** for IV infusion

Note: Some payers may provide specific guidance.

Field 46: 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.

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 pages 1 and 10-11 for Important Safety Information, including Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections, and accompanying full Prescribing Information for ULTOMIRIS.

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

1. Centers for Medicare & Medicaid Services. 2024 ICD-10-CM. Updated April 1, 2024. Accessed May 1, 2024. https://www.cdc.gov/nchs/icd/Comprehensive-Listing-of-ICD-10-CM-Files.htm
2. Centers for Medicare & Medicaid Services. July 2024 alpha numeric HCPS file. Accessed May 10, 2024. https://www.cms.gov/files/zip/july-2024-alpha-numeric-hcpcs-file.zip
3. 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 May 14, 2024. https://www.federalregister.gov/documents/2018/08/07/2018-16807/future-format-of-the-national-drug-code-public-hearingrequest-for-comments
4. ULTOMIRIS. Prescribing information. Alexion Pharmaceuticals, Inc.
5. American Medical Association. *CPT 2024 Professional Edition*. AMA; 2023. All rights reserved. CPT® is a registered trademark of the American Medical Association.
6. Centers for Medicare & Medicaid Services. Billing and coding: complex drug administration coding (A58527). November 26, 2020. Updated April 1, 2024. Accessed May 10, 2024. https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=58532&Cntrctr=365&ContrVer=1&CntrctrSelected=365*1&DocType=Active

Please see pages 1 and 10-11 for Important Safety Information, including Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections, and accompanying full Prescribing Information for ULTOMIRIS.

SELECT IMPORTANT SAFETY INFORMATION for ULTOMIRIS® (ravulizumab-cwvz) (cont.)

CONTRAINDICATIONS

- Initiation in patients with unresolved serious *Neisseria meningitidis* infection.

WARNINGS AND PRECAUTIONS

Serious Meningococcal Infections
ULTOMIRIS, a complement inhibitor, increases a patient's susceptibility to serious, life-threatening, or fatal infections caused by meningococcal bacteria (septicemia and/or meningitis) in any serogroup, including non-groupable strains. Life-threatening and fatal meningococcal infections have occurred in both vaccinated and unvaccinated patients treated with complement inhibitors.

Revaccinate patients in accordance with ACIP recommendations considering the duration of ULTOMIRIS therapy. Note that ACIP recommends an administration schedule in patients receiving complement inhibitors that differs from the administration schedule in the vaccine prescribing information. If urgent ULTOMIRIS therapy is indicated in a patient who is not up to date with meningococcal vaccines according to ACIP recommendations, provide antibacterial drug prophylaxis and administer meningococcal vaccines as soon as possible. Various durations and regimens of antibacterial drug prophylaxis have been considered, but the optimal durations and drug regimens for prophylaxis and their efficacy have not been studied in unvaccinated or vaccinated patients receiving complement inhibitors, including ULTOMIRIS. The benefits and risks of treatment with ULTOMIRIS, as well as those associated with antibacterial drug prophylaxis in unvaccinated or vaccinated patients, must be considered against the known risks for serious infections caused by *Neisseria meningitidis*.

Vaccination does not eliminate the risk of serious meningococcal infections, despite development of antibodies following vaccination.

Closely monitor patients for early signs and symptoms of meningococcal infection and evaluate patients immediately if infection is suspected. Inform patients of these signs and symptoms and instruct patients to seek immediate medical care if they occur. Promptly treat known infections. Meningococcal infection may become rapidly life-threatening or fatal if not recognized and treated early. Consider interruption of ULTOMIRIS in patients who are undergoing treatment for serious meningococcal infection depending on the risks of interrupting treatment in the disease being treated.

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

Prescribers must enroll in the REMS, counsel patients about the risk of serious meningococcal infection, provide patients with the REMS educational materials, assess patient vaccination status for meningococcal vaccines (against serogroups A, C, W, Y, and B) and vaccinate if needed according to current ACIP recommendations two weeks prior to the first dose of ULTOMIRIS. Antibacterial drug prophylaxis must be prescribed if treatment must be started urgently, and the patient is not up to date with both meningococcal vaccines according to current ACIP recommendations at least two weeks prior to the first dose of ULTOMIRIS. Patients must receive counseling about the need to receive meningococcal vaccines and to take antibiotics as directed, signs and symptoms of meningococcal infection, and be instructed to carry the Patient Safety Card at all times during and for 8 months following ULTOMIRIS treatment.

Further information is available at www.UltSolREMS.com or 1-888-765-4747.

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

ULTOMIRIS blocks terminal complement activation; therefore, 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 recommendations. Patients receiving ULTOMIRIS are at increased risk for infections due to these organisms, even if they develop antibodies following vaccination.

Please see pages 1 and 10-11 for Important Safety Information, including Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections, and accompanying full Prescribing Information for ULTOMIRIS.

SELECT IMPORTANT SAFETY INFORMATION for ULTOMIRIS® (ravulizumab-cwvz) (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

Intravenous administration may result in systemic infusion-related reactions, including anaphylaxis and hypersensitivity reactions. In clinical trials, infusion-related reactions occurred in approximately 1 to 7% of patients treated with ULTOMIRIS. These events included lower back pain, drop 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.

ADVERSE REACTIONS

Adverse reactions reported in ≥10% or more of patients with PNH were upper respiratory tract infection and headache. 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% of pediatric patients treated with ULTOMIRIS who were treatment-naïve vs. Eculizumab-experienced were 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%), and headache (20% vs. 25%).

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.

To report SUSPECTED ADVERSE REACTIONS, contact Alexion Pharmaceuticals, Inc. at 1-844-259-6783 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see accompanying full Prescribing Information for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections.

ALEXION®
AstraZeneca Rare Disease