MARCH 2023



A concise reference of diagnostic, administration, product, and revenue codes that can help payers recognize, process, and pay claims for EVKEEZA.

INDICATIONS AND USAGE

EVKEEZA is an angiopoietin-like 3 (ANGPTL3) inhibitor indicated as an adjunct to other low-density lipoprotein-cholesterol (LDL-C) lowering therapies for the treatment of adult and pediatric patients, aged 5 years and older, with homozygous familial hypercholesterolemia (HoFH).

Limitations of Use:

- The safety and effectiveness of EVKEEZA have not been established in patients with other causes of hypercholesterolemia, including those with heterozygous familial hypercholesterolemia (HeFH).
- The effects of EVKEEZA on cardiovascular morbidity and mortality have not been determined.

IMPORTANT SAFETY INFORMATION

Contraindication

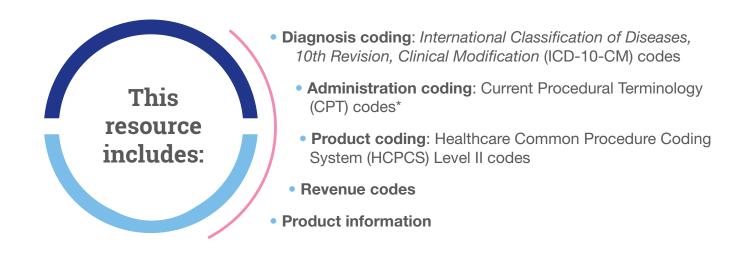
EVKEEZA is contraindicated in patients with a history of serious hypersensitivity reactions to evinacumab-dgnb or to any of the excipients in EVKEEZA. Serious hypersensitivity reactions, including anaphylaxis, have occurred.





A resource for coding, billing, and reimbursement for EVKEEZA

This guide provides **coding and billing information** to assist with understanding the **reimbursement for EVKEEZA administered in the office or hospital outpatient setting.**



The coding information discussed in this guide is provided for informational purposes only, is subject to change and interpretation, and should not be construed as legal advice. The codes listed herein may not apply to all patients or to all health plans. Conversely, additional codes not listed in this guide may apply to some patients. Providers should follow payer-specific coding requirements and exercise independent clinical judgment when selecting codes and submitting claims to accurately reflect the services and products furnished to a specific patient. Providers must determine whether it is appropriate to submit any particular claim for reimbursement. Information provided in this guide is effective as of **March 2023**.

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IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and Precautions

Serious Hypersensitivity Reactions: Serious hypersensitivity reactions, including anaphylaxis, have occurred with EVKEEZA. If signs or symptoms of serious allergic reactions occur, discontinue EVKEEZA infusion, treat according to the standard-of-care, and monitor until signs and symptoms resolve.





A resource for coding, billing, and reimbursement for EVKEEZA(cont'd)

The following 2 most common billing claim forms from the Centers for Medicare & Medicaid Services (CMS) are available at <a href="https://www.cms.gov/Medicare/CMS-Forms-Forms/CMS-Forms/CMS-Forms-Forms/CMS-Forms-Forms/CMS-Forms/CMS-Forms/CMS-Forms/CMS-Forms/CMS-Forms/CMS-Forms/CMS-Forms/CMS-Forms/CMS-Forms/CMS-Forms/CMS-Forms/CMS-Forms/CMS-Forms/CMS-Forms/CMS-Forms/CMS-Forms-F



 CMS-1500 (print) or 837P (electronic) for physician office reimbursement



 UB-04 (also known as CMS-1450) (print) or 8371 (electronic) for hospital outpatient reimbursement

Sample annotated versions of these forms are available for your reference at EVKEEZAhcp.com

IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and Precautions (cont'd)

Embryo-Fetal Toxicity: EVKEEZA may cause fetal harm when administered to pregnant patients. Advise patients who may become pregnant of the risk to a fetus. Consider obtaining a pregnancy test prior to initiating treatment with EVKEEZA. Advise patients who may become pregnant to use effective contraception during treatment and for at least 5 months following the last dosage.





Diagnosis coding: ICD-10-CM codes

The diagnosis code selected should reflect the highest level of specificity available as documented in the patient's medical record. At least 1 ICD-10-CM diagnosis code is required on all claim forms.

The following ICD-10-CM diagnosis code is the most specific code available for homozygous familial hypercholesterolemia (HoFH), although it does not differentiate the type of familial hypercholesterolemia (FH).

ICD-10-CM code	Description
E78.01	Familial hypercholesterolemia

Administration coding: CPT codes for EVKEEZA

CPT codes are assigned by physicians and by hospitals for outpatient services involving the administration of medications, including **EVKEEZA**.

EVKEEZA is an angiopoietin-like 3 inhibitor indicated as an adjunct to diet and other LDL-C lowering therapies for the treatment of adult and pediatric patients aged 5 years and older with HoFH. EVKEEZA is delivered by intravenous (IV) infusion.

The following CPT codes apply to the administration of EVKEEZA.

CPT code	Description			
IV administration—therapeutic codes				
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour			
IV administration – chemotherapy codes				
96413	Chemotherapy administration, intravenous infusion technique, up to 1 hour, single or initial substance/drug			

IMPORTANT SAFETY INFORMATION (cont'd)

Adverse Reactions

Adults and Pediatric Patients (12 to 17 years): Common adverse reactions (\geq 5%) were nasopharyngitis (16%), influenza-like illness (7%), dizziness (6%), rhinorrhea (5%), and nausea (5%).





Product coding: HCPCS Level II codes for EVKEEZA

> Permanent J-code

HCPCS Level II codes help identify medications, including EVKEEZA, and are assigned in addition to the CPT code.

HCPCS J-code	Description	Billing units
J1305	Injection, evinacumab-dgnb, 5 mg	5 mg=1 billing unit

Medicare requires the use of the JW modifier for reporting discarded amounts of drug. **Effective July 1, 2023,** the JZ modifier is required for reporting there was no discarded drug.

Revenue coding for hospital administration

Use of revenue codes allow hospitals to bill for services provided.

Revenue code	Description
Administration	
0510	Clinic
0500	Outpatient services
Drug	
0636	Drugs requiring detailed coding
0250	Drugs and biologicals
0260	IV therapy

> Product information for EVKEEZA

Drug name/strength	10-digit NDC #	11-digit NDC #
EVKEEZA 345 mg/2.3 mL (150 mg/mL)	61755-013-01	61755-0013-01
EVKEEZA 1200 mg/8 mL (150 mg/mL)	61755-010-01	61755-0010-01

IMPORTANT SAFETY INFORMATION (cont'd)

Adverse Reactions (cont'd)

Pediatric Patients (5 to 11 years): The safety profile was consistent with that observed in adults and pediatric patients aged 12 and older with the additional adverse reaction of fatigue in 3 (15%) patients.







If you have questions about coding and billing for EVKEEZA, please call us at

1-877-EVKEEZA (1-877-385-3392) Option 1,

Monday–Friday, 9 AM–9 РМ Eastern time

For returns of product damaged in shipment and unused drugs appropriately discarded, please call **1-877-EVKEEZA** (1-877-385-3392) Option 4, Monday–Friday, 9 AM–9 PM Eastern time

IMPORTANT SAFETY INFORMATION (cont'd)

Use in Specific Populations

Pregnancy: EVKEEZA may cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. If a patient becomes pregnant while receiving EVKEEZA, healthcare providers should report EVKEEZA exposure by calling 1-833-385-3392.

Lactation: There are no data on the presence of evinacumab-dgnb in human milk or animal milk, the effects on the breastfed infant, or the effects on milk production. Maternal IgG is known to be present in human milk. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for EVKEEZA and any potential adverse effects on the breastfed infant from EVKEEZA or from the underlying maternal condition.

Females and Males of Reproductive Potential: Consider pregnancy testing in patients who may become pregnant prior to starting treatment with EVKEEZA. EVKEEZA may cause fetal harm when administered to a pregnant woman. Females of reproductive potential should use effective contraception during treatment with EVKEEZA and for at least 5 months following the last dosage of EVKEEZA.

Pediatrics: The safety and efficacy of EVKEEZA have not been established in pediatric patients with HoFH who are younger than 5 years old.

Please see full <u>Prescribing Information</u>, including <u>Patient Information</u>.

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