POSFREA™
(palonosetron) Injection

BILLING AND CODING GUIDE

If you have additional billing and coding questions, please call your Field Reimbursement Manager or AVYXASSIST™ at 866-939-8927. Our Patient Access Specialists are available to assist Monday through Friday, 8 AM to 8 PM ET.

Please see Important Safety Information on pages 3 and 13 and full Prescribing Information for POSFREA™

AVYXA

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The contents herein provide general coverage, coding, and payment information about POSFREA.™ The information within this guide was obtained from third-party sources and is made available for reference only. It is not exhaustive, is subject to change, and does not constitute billing, coding, or legal advice. Healthcare professionals are responsible for determining which code(s), charge(s), or modifier(s), if any, appropriately reflect a service or diagnosis. It is the healthcare professional's responsibility to determine medical necessity and provide adequate documentation. AVYXA™ does not guarantee coverage or payment. Payment and coverage vary by payer. Questions about coding, coverage, and payment may be directed to the applicable third-party payer, reimbursement specialist, and/or legal counsel.

CMS: Centers for Medicare & Medicaid Services; CPT: Current Procedural Terminology; HCPCS: Healthcare Common Procedure Coding System; ICD: International Classification of Diseases; NDC: National Drug Code

Please see Important Safety Information on pages 3 and 13 and full Prescribing Information for POSFREA.™

INDICATIONS AND IMPORTANT SAFETY INFORMATION

INDICATIONS

POSFREA™ is indicated in adults for prevention of:

- acute and delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC).
- acute nausea and vomiting associated with initial and repeat courses highly emetogenic cancer chemotherapy (HEC).
- postoperative nausea and vomiting (PONV) for up to 24 hours following surgery. Efficacy beyond 24 hours has not been demonstrated.

As with other antiemetics, routine prophylaxis is not recommended in patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and vomiting must be avoided during the postoperative period, POSFREA is recommended even where the incidence of postoperative nausea and/or vomiting is low.

POSFREA is indicated in pediatric patients 1 month to less than 17 years of age for prevention of:

- acute nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including highly emetogenic cancer chemotherapy.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATION

POSFREA is contraindicated in patients known to have hypersensitivity to palonosetron or any of its components.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions, including anaphylaxis and anaphylactic shock, have been reported with administration of palonosetron. These reactions occurred in patients with or without known hypersensitivity to other 5-HT_3 receptor antagonists. If hypersensitivity reactions occur, discontinue POSFREA and initiate appropriate medical treatment. Do not reinitiate POSFREA in patients who have previously experienced symptoms of hypersensitivity.

Serotonin Syndrome

The development of serotonin syndrome has been reported with 5-HT_3 receptor antagonists. Most reports have been associated with concomitant use of serotonergic drugs (e.g., selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs), monoamine oxidase inhibitors, mirtazapine, fentanyl, lithium, tramadol, and intravenous methylene blue). Some of the reported cases were fatal. Serotonin syndrome occurring with overdose of another 5-HT_3 receptor antagonist alone has also been reported. The majority of reports of serotonin syndrome related to 5-HT_3 receptor antagonist use occurred in a post- anesthesia care unit or an infusion center.

Symptoms associated with serotonin syndrome may include the following combination of signs and symptoms: mental status changes (e.g., agitation, hallucinations, delirium, and coma), autonomic instability (e.g., tachycardia, labile blood pressure, dizziness, diaphoresis, flushing, hyperthermia), neuromuscular symptoms (e.g., tremor, rigidity, myoclonus, hyperreflexia, incoordination), seizures, with or without gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea).

Please see Important Safety Information on pages 3 and 13 and full Prescribing Information for POSFREA.™

POSFREA™

(palonosetron) Injection

Ordering Information

To order POSFREA™ (palonosetron) Injection, please contact one of these authorized specialty distributors and use the appropriate order #:

0.25 mg/5 mL (0.05 mg/mL)
NDC: 83831-0105-01

Institutions/Hospitals	0.25 mg/5 mL (0.05 mg/mL)
Cardinal Health Specialty	5945779
CENCORA - ASD Healthcare	10292116
Physician Offices	**0.25 mg/5 mL (0.05 mg/mL)**
Cardinal Health Specialty	5945779
Oncology Supply	10292154
McKesson Specialty Health	5018368

UNIQUE J-CODE

J2468

Highlights[1]

- Free from disodium edetate (EDTA)
- Free from sodium citrate
- Not made with natural rubber
- Unique J-Code: J2468

Please see Important Safety Information on pages 3 and 13 and full Prescribing Information for POSFREA.™

AVYXASSIST™

Simplifying Patient Access, Providing Comprehensive Support.

AVYXASSIST™ can offer support to qualifying patients in need. The program provides the following services*

- Benefit verification
- Prior authorization requirements
- Appeals process information
- Referrals to 501(c)(3) foundations when applicable
- Free product assistance (uninsured or underinsured), bridge supply (coverage delays)
- Product replacement
- Copay assistance

COPAY ASSISTANCE PROGRAM

Eligible patients may pay as little as **$0** per dose*

TO ENROLL, PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS

Phone

866-939-8927
Monday through Friday
8 AM to 8 PM ET

CALL NOW

OR

Online

Click on the link below to begin your online enrollment

ENROLL NOW

OR

Fax

Download, print and fax the completed enrollment form to 833-852-3420

DOWNLOAD NOW

*For eligibility requirements, please contact a Patient Access Specialist. Terms and conditions apply.

Please see Important Safety Information on pages 3 and 13 and full Prescribing Information for POSFREA.™

Billing and Coding Information

The information provided is for informational purposes only and represents no statement, promise, or guarantee by AVYXA™ concerning reimbursement, payment, or charges. The information provided is not intended to increase or maximize reimbursement by any payer. Healthcare professionals are responsible for selecting appropriate codes used to flle a claim. Codes should be based on the patient's diagnosis and the items and services furnished by the healthcare professional. All codes should be verifled between the healthcare professional and the payer. AVYXA™ does not recommend the use of any particular diagnosis code in any billing situation for POSFREA™ (palonosetron) Injection. The below codes are for reference only; coding as submitted is the sole responsibility of the prescribing physician.

NDCs

POSFREA™ NDC[1]	Strength	Package
83831-0105-01	0.25 mg/5 mL (0.05 mg/mL)	Single-dose vial, carton of 1

HCPCS Code[2]

HCPCS Level II codes are used to identify most drugs and biologics that are given in the office.

POSFREA™ Unique J-Code	Description
J2468	Injection, palonosetron hydrochloride (AVYXA™), not therapeutically equivalent to J2469, 25 micrograms

J-Code Billing Unit Conversion[3]

25 micrograms of POSFREA™ equals one (1) billing unit. When billing for quantities greater than 25 micrograms, indicate the total amount used as a multiple of billing units on the claim form. Examples:

Vial Strength	Billing Units
One (1) Vial (5 mL) or 0.25 mg	10 billing units

NOTE: There are a few HCPCS codes for palonosetron but there is only one HCPCS code for **POSFREA™ (J2468),** so please make sure the HCPCS code matches the product purchased and administered.

CPT Drug Administration Codes[3,4]

CPT codes are used to bill drug administration services provided in the physician's office and other outpatient settings.

CPT Code	Description
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375*	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

POSFREA™ is packaged as a single-dose vial[1]. Medicare will pay for drug waste on single-use items that are medically necessary and appropriately documented in the patient's medical record. Medicare requires discarded drugs to be reported with the JW modifier on a separate line; if there is no waste, POSFREA™ must be billed on one line with modifier -JZ. Medicare requires this; please ascertain if other payers require JZ and JW modifiers.[5]

*The recommended dosage of POSFREA™ for chemotherapy-induced nausea and vomiting is a 0.25 mg dose over 30 seconds, starting the dosing approximately 30 minutes before the start of chemotherapy.[1] If administered 30 minutes before chemotherapy, providers may bill CPT Code 96375, indicating POSFREA™ as an additional, sequential push of a new substance or drug.

ICD Diagnosis Codes[6,7]

For drugs with multiple indications, it is best practice to code the most specific ICD-10-CM Code within the indication to justify medical necessity.

International Classification of Disease, 10th Edition, Clinical Modification Codes for POSFREA™	
Indication	**ICD-10-CM Codes**
Adverse Effect – Anesthetics	T41.0X5A, T41.1X5A, T41.205A, T41.295A, T41.45XA, T88.59XA
Adverse Effect – Antineoplastic and Immunosuppressive Drugs	T41.1X5A, T41.1X5D, T41.1X5S
Encounter for Antineoplastic Chemotherapy	Z51.11
Encounter for Antineoplastic Immunotherapy	Z51.12
Vomiting and Nausea	R11.0, R11.10, R11.11, R11.12, R11.2

ICD Diagnosis Codes by Indication

ICD-10-CM coding for POSFREA™ varies greatly by payer. Please check with each payer to ascertain the best coding for POSFREA™ according to their policy.

Adverse Effect – Anesthetics: ICD-10-CM Diagnosis Coding	
ICD-10 Code	**Descriptor**
T41.0X5A	Adverse effect of inhaled anesthetics, initial encounter
T41.1X5A	Adverse effect of intravenous anesthetics, initial encounter
T41.205A	Adverse effect of unspecified general anesthetics, initial encounter
T41.295A	Adverse effect of other general anesthetics, initial encounter
T41.45XA	Adverse effect of unspecified anesthetic, initial encounter
T88.59XA	Other complications of anesthesia, initial encounter

Adverse Effect – Antineoplastic and Immunosuppressive Drugs: ICD-10-CM Diagnosis Coding	
ICD-10 Code	**Descriptor**
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela

Encounter for Chemotherapy: ICD-10-CM Diagnosis Coding	
ICD-10 Code	**Descriptor**
Z51.11	Encounter for antineoplastic chemotherapy

Encounter for Immunotherapy: ICD-10-CM Diagnosis Coding	
ICD-10 Code	**Descriptor**
Z51.12	Encounter for antineoplastic immunotherapy

Vomiting and Nausea: ICD-10-CM Diagnosis Coding	
ICD-10 Code	**Descriptor**
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.2	Nausea with vomiting, unspecified

SAMPLE UB-04 / CMS 1450 Claim Form

Form Locator (FL) 42

(Electronic Claim Form =Loop 2400, Segment Type SV201):

List the appropriate revenue code for the drug. Match the descriptor for POSFREA™ Injection to your revenue code, 0260.

Additionally, enter an appropriate revenue code for the administration service, 0335 for chemotherapy, or others based on the cost center in which the service was performed.

FL 43

(NOT REQUIRED BY MEDICARE):

Enter the description of the procedure for the Revenue Code billed. If required, the N4 indicator first, then the 11-digit NDC code. In the third space, list the unit measurement code, and last, the quantity. Check with other payers for their requirements.

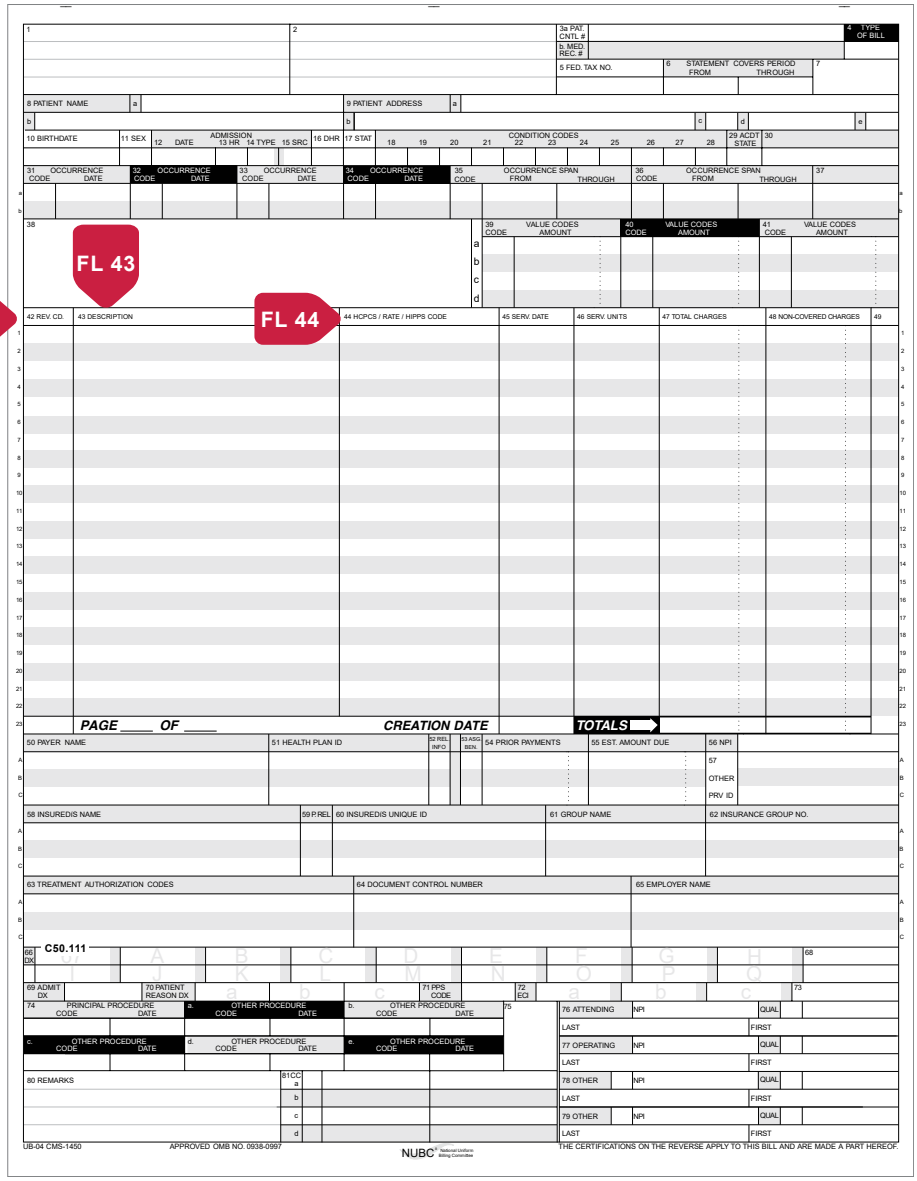
FL 44

(Electronic Claim Form = Loop 2400, SV202-1=HC/HP):

Enter the appropriate HCPCS code **- J2468: Injection, palonosetron hydrochloride (AVYXA™), not therapeutically equivalent to J2469, 25 micrograms**

POSFREA™ Injection is packaged as a single-dose vial. Medicare requires drug waste be reported with the -JW modifier on a separate line. If there is no waste, POSFREA™ Injection must be billed on one line with modifier -JZ. Medicare requires this; please ascertain if other payers require JZ and JW modifiers.

For administration, enter the appropriate code or codes for the infusion duration. As an example, a 30 second infusion of POSFREA™ Injection requires code CPT Code 96374.



Please see Important Safety Information on pages 3 and 13 and full Prescribing Information for POSFREA.™

FL 45

(Electronic Claim Form = Loop 2400, Segment DTP/472/03):
Enter the date of service

FL 46

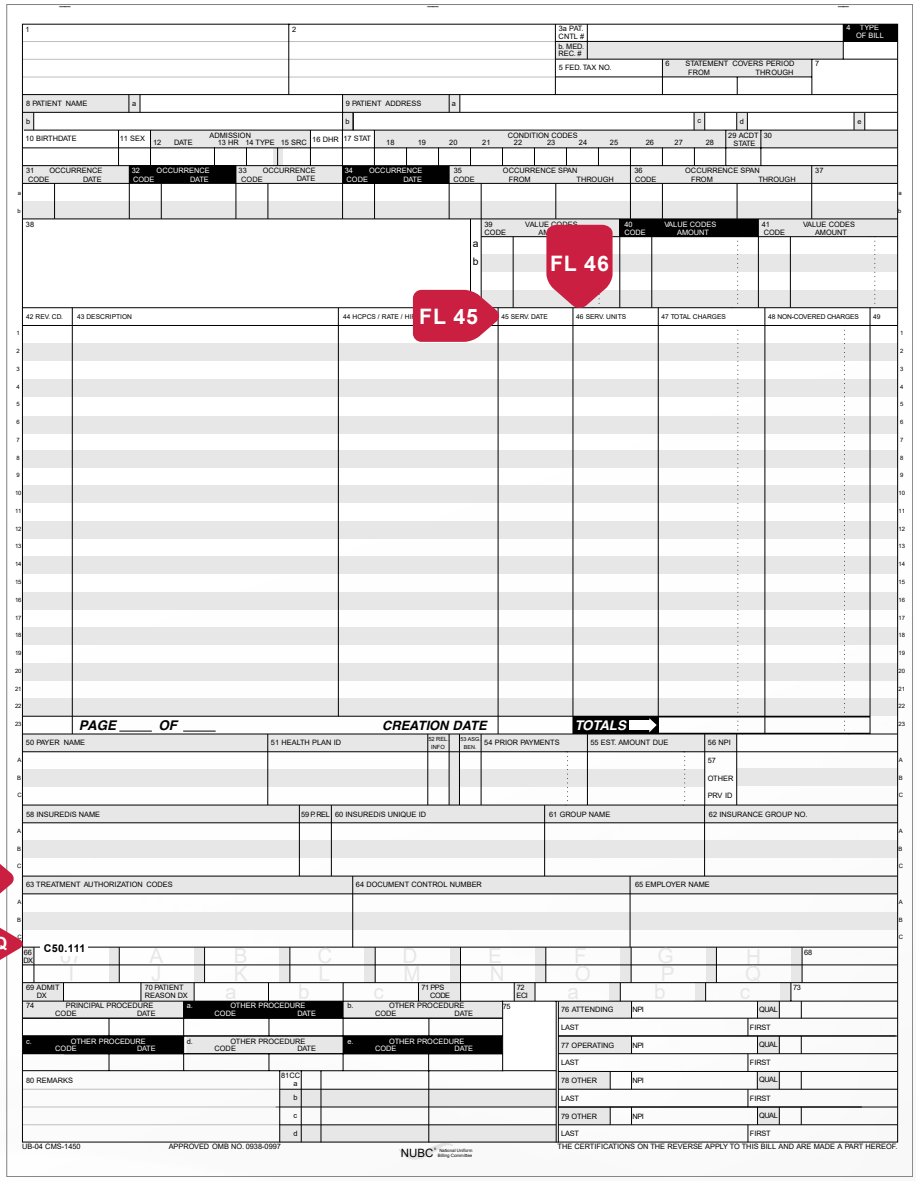
(Electronic Claim Form Loop 2400, SV205):
Enter the units for the HCPCS code billed. Enter the number of service units for each item. For example, 10 units if using one .25 mg/5 mL single-dose vial of POSFREA™ Injection

FL 63

(Electronic Claim Form= Loop 2300, REF/G1/02):
Enter treatment authorization code.

FL 67A-Q

(Electronic Claim Form = Loop 2300, HI01-2 (HI01-1=BK):
Enter a diagnosis code for the drug documented in the medical record. Be as specific as possible. The code listed here is an example for POSFREA™ Injection: **Z51.11, Encounter for antineoplastic chemotherapy**



[1] CPT Code 96374: Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug. Initial infusion times may vary. ***Electronic Claims Reference:*** *ASC 837I Version 5010A2 Institutional Health Care Claim to the CMS-1450 Claim Form Crosswalk." Palmettogba.Com. Palmetto GBA, Accessed April 3, 2023. https://www.palmettogba.com/palmetto/providers.nsf/files/EDI_837I_v5010A2_crosswalk.pdf/$FILE/EDI_837I_v5010A2_crosswalk.pdf.*

THIS INFORMATION IS PROVIDED FOR EDUCATIONAL PURPOSES ONLY AND IS NOT A GUARANTEE OF COVERAGE. IT IS THE SOLE RESPONSIBILITY OF THE HEALTH CARE PROVIDER TO SELECT THE PROPER CODES AND ENSURE THE ACCURACY OF ALL STATEMENTS USED IN SEEKING COVERAGE AND REIMBURSEMENT FOR AN INDIVIDUAL PATIENT.

SAMPLE CMS 1500 Claim Form

Box 21

(Electronic Claim Form = Loop 2300, Segment H101-2 through H112=2):

Enter the patient's diagnosis from the patient's medical record. An example code for POSFREA™ injection is **Z51.11 - Encounter for Antineoplastic Chemotherapy**

Use Box 21 B-L fields for secondary diagnoses.

Box 23

(Electronic Claim Form = Loop 2300, REF02):

Enter prior authorization number if one exists.

Box 24D

(Electronic Claim Form = Loop 2400, Segment SV101):

Enter the appropriate HCPCS code - **J2468: Injection, palonosetron hydrochloride (AVYXA™), not therapeutically equivalent to J2469, 25 micrograms**

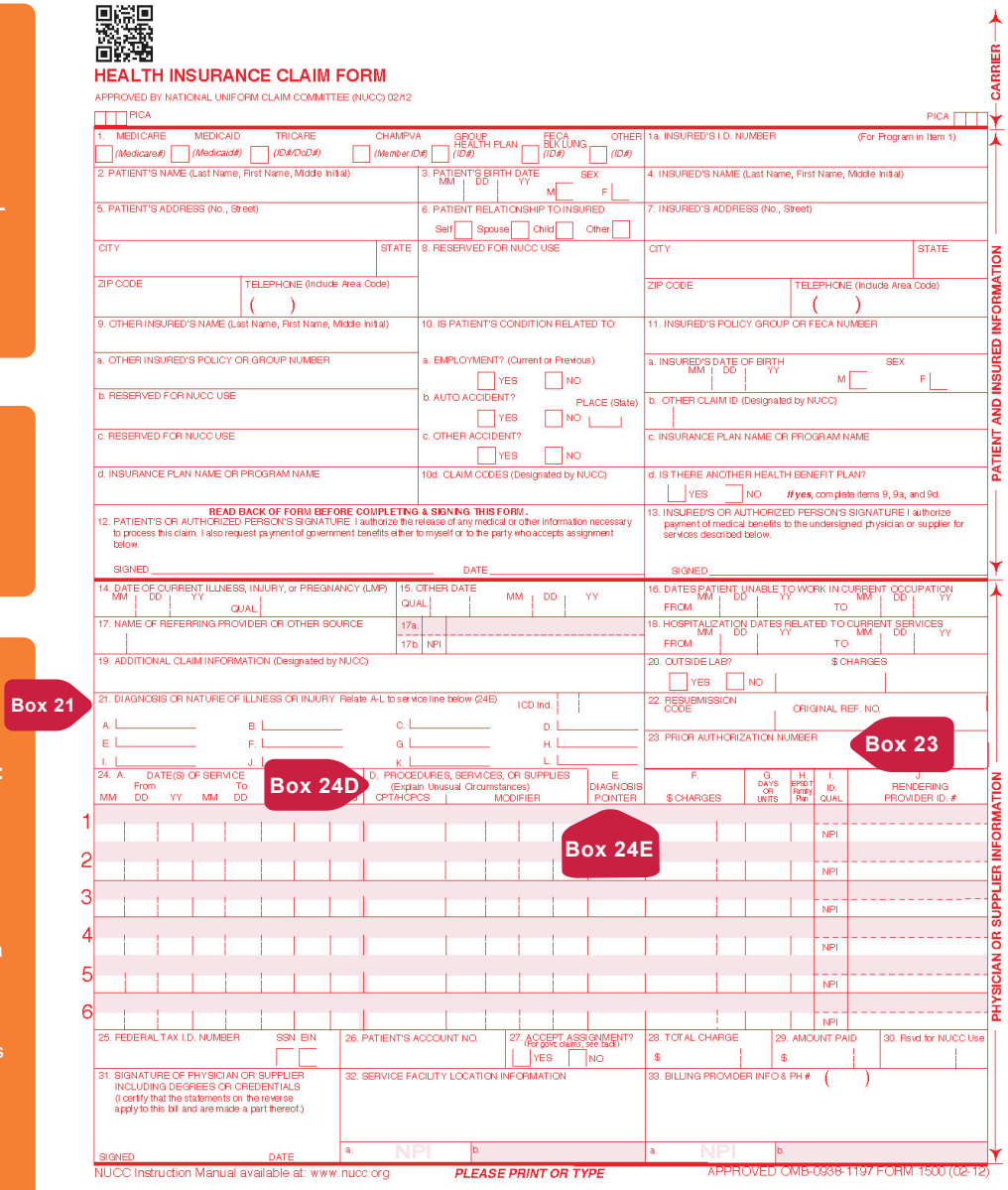
POSFREA™ Injection is packaged as a single-dose vial. Medicare requires drug waste be reported with the -JW modifier on a separate line. If there is no waste, POSFREA™ Injection must be billed on one line with modifier -JZ. Medicare requires this; please ascertain if other payers require JZ and JW modifiers.

For administration, enter the appropriate code or codes for the infusion duration. As an example, CPT code 96375 indicates a therapeutic, prophylactic, or diagnostic injection. List this code separately to primary procedure, 96413, chemotherapy administration.

Box 24E

(Electronic Claim Form = Loop 2400, Segment SV107):

Specify the diagnosis letter that corresponds with the drug and drug administration code(s) in Box 21.



Box 24G

(Electronic Claim Form = Loop 2400, SV104):

Enter the number of service units for each item.

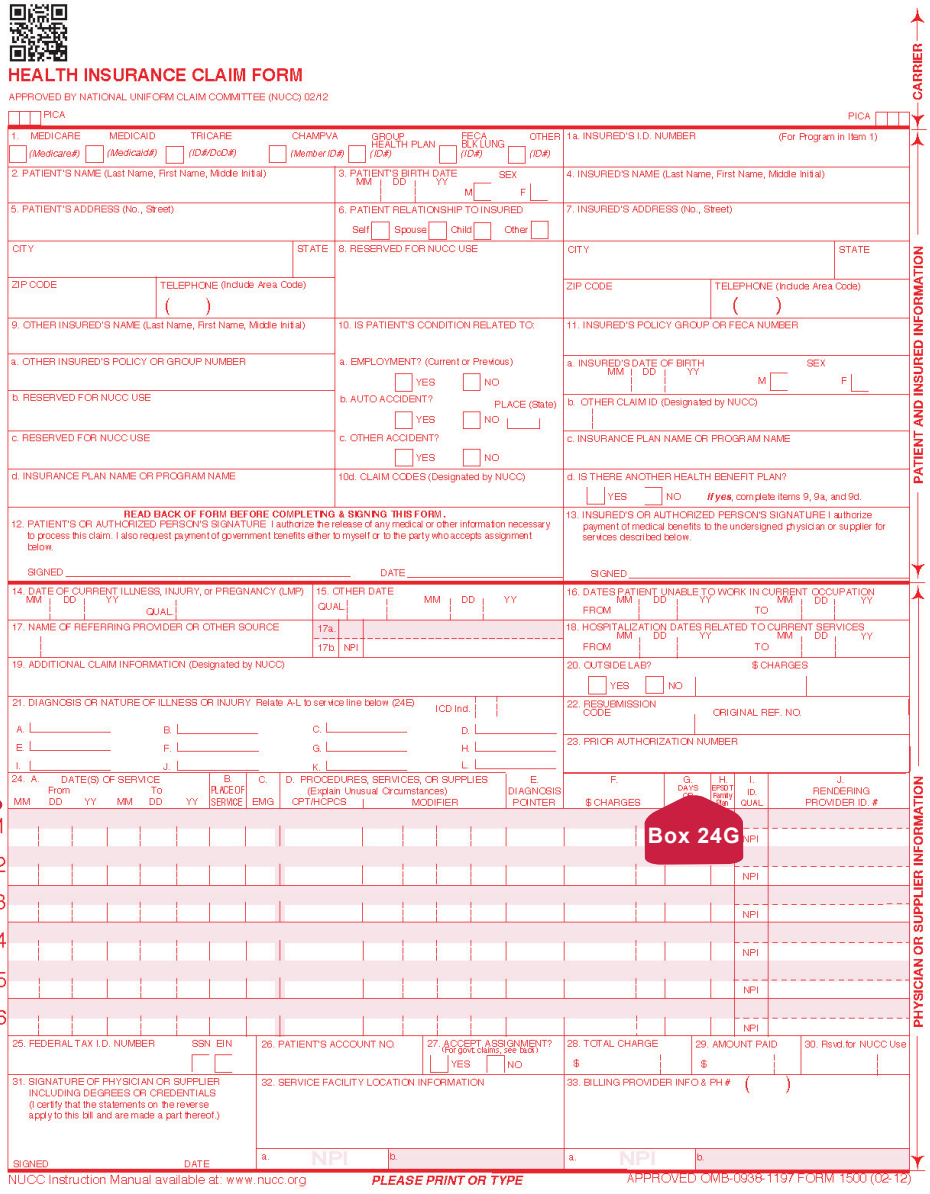
Box 24A-B

(Electronic Claim Form: Box 24A (Electronic Claims = Loop 2400, DTP02; Box 24 B (Loop 2300/2400, Segment CLM05-1/ SV105)

In the non-shaded area, enter the appropriate date of service and place of service code. Example: Office = 11

In the shaded area, enter the N4 indicator first, then the 11-digit NDC code. In the third space, list the unit measurement code, and last, the quantity.

An example for this drug is N4838310105015ML



[1] CPT Code 96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug Initial infusion times may vary. ***Electronic Claim Reference:*** *Noridian Healthcare (n.d.). CMS-1500 Claim Form Crosswalk to EMC Loops and Segments. Noridian Healthcare Solutions. Retrieved April 5, 2023, from https://med.noridianmedicare.com/web/jeb/topics/claim-submission/cms-1500-crosswalk-emc-loops-segments*

IMPORTANT SAFETY INFORMATION (CONTINUED)

If symptoms of serotonin syndrome occur, discontinue POSFREA and initiate supportive treatment. Patients should be informed of the increased risk of serotonin syndrome, especially if POSFREA is used concomitantly with other serotonergic drugs.

ADVERSE REACTIONS

Most common adverse reactions in

- chemotherapy-induced nausea and vomiting in adults (≥5%) are: headache and constipation.
- postoperative nausea and vomiting (≥ 2%) are: QT prolongation, bradycardia, headache, and constipation.

DRUG INTERACTIONS

Serotonergic Drugs: Serotonin syndrome (including altered mental status, autonomic instability, and neuromuscular symptoms) has been described following the concomitant use of 5-HT_3 receptor antagonists and other serotonergic drugs, including selective serotonin reuptake inhibitors (SSRIs) and serotonin and noradrenaline reuptake inhibitors (SNRIs). Monitor for the emergence of serotonin syndrome. If symptoms occur, discontinue POSFREA and initiate supportive treatment.

USE IN SPECIFIC POPULATIONS

Pediatric Use:

Chemotherapy-Induced Nausea and Vomiting (CINV): Safety and effectiveness of POSFREA have been established in pediatric patients aged 1 month to less than 17 years for the prevention of acute nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including HEC.

Postoperative Nausea and Vomiting (PONV): Safety and effectiveness have not been established in pediatric patients for PONV.

OVERDOSAGE

There is no known antidote to palonosetron. Overdose should be managed with supportive care.

Please see the full Prescribing Information for safety information, and dosing guidelines.

To report SUSPECTED ADVERSE REACTIONS, contact Avyxa Pharma, LLC at 1-888-520-0954 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Notes

References:

1. POSFREA™ Full Prescribing Information. Parsippany, NJ. AVYXA™ Pharma. Revised April 2025.

2. CMS. Healthcare Common Procedure Coding System Level II Coding Procedures 2023. Accessed August 19, 2024. https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system

3. CMS. Billing and Coding: Approved Drugs and Pharmaceuticals; Includes Cancer Chemotherapeutic Agents. Revised November 2, 2023. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=53049&ver=98

4. Current Procedural Terminology. 2024 ® American Medical Association

5. CMS. Billing and Coding: JW and JZ Modifler Billing Guidelines. Article ID A55932. Revised March 21, 2024. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55932.

6. CDC. Classiflcation of Diseases, Functioning, and Disability. Revised June 7, 2024 https://www.cdc.gov/nchs/icd/

7. CDC. National Center for Health Statistics. ICD-10-CM Fiscal Year Releases. Revised April 1, 2024. https://www.cdc.gov/nchs/icd/icd-10-cm/flles.html

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