

AXTLE™
(pemetrexed) for 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 13-15 and full **Prescribing Information** for AXTLE™.



TABLE OF CONTENTS

Indications and Important Safety Information	3,13 - 15
AXTLE™ Ordering Information	4
AVYXASSIST™ Patient Support Program	5
Billing and Coding Information	6 - 8
NDCs for AXTLE™	6
HCPCS Code	6
AXTLE™ J-Code Billing Unit Conversion	6
CPT Drug Administration Codes	7
ICD Diagnosis Codes	7
ICD Diagnosis Code Descriptions	8
Sample Claim Form CMS-1450 (UB-04)	9 - 10
Sample Claim Form CMS-1500	11 - 12
Important Safety Information, Continued	13 - 15
Notes	16

The contents herein provide general coverage, coding, and payment information about AXTLE™. 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

INDICATIONS AND IMPORTANT SAFETY INFORMATION

INDICATIONS

Non-Squamous Non-Small Cell Lung Cancer (NSCLC)

AXTLE™ (pemetrexed) for injection is indicated:

- in combination with pembrolizumab and platinum chemotherapy, for the initial treatment of patients with metastatic non-squamous non-small cell lung cancer (NSCLC), with no EGFR or ALK genomic tumor aberrations.
- in combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous NSCLC.
- as a single agent for the maintenance treatment of patients with locally advanced or metastatic, non-squamous NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy.
- as a single agent for the treatment of patients with recurrent, metastatic non-squamous, NSCLC after prior chemotherapy.

Mesothelioma

AXTLE™ is indicated, in combination with cisplatin, for the initial treatment of patients with malignant pleural mesothelioma whose disease is unresectable or who are otherwise not candidates for curative surgery.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATION

AXTLE™ is contraindicated in patients with a history of severe hypersensitivity reaction to pemetrexed.

WARNINGS AND PRECAUTIONS

Myelosuppression and Increased Risk of Myelosuppression without Vitamin Supplementation

AXTLE™ can cause severe myelosuppression resulting in a requirement for transfusions and which may lead to neutropenic infection. The risk of myelosuppression is increased in patients who do not receive vitamin supplementation. In Study JMCH, incidences of Grade 3-4 neutropenia (38% versus 23%), thrombocytopenia (9% versus 5%), febrile neutropenia (9% versus 0.6%), and neutropenic infection (6% versus 0) were higher in patients who received pemetrexed plus cisplatin without vitamin supplementation as compared to patients who were fully supplemented with folic acid and vitamin B₁₂ prior to and throughout pemetrexed plus cisplatin treatment.

Initiate supplementation with oral folic acid and intramuscular vitamin B₁₂ prior to the first dose of AXTLE™; continue vitamin supplementation during treatment and for 21 days after the last dose of AXTLE™ to reduce the severity of hematologic and gastrointestinal toxicity of AXTLE™. Obtain a complete blood count at the beginning of each cycle. Do not administer AXTLE™ until the ANC is at least 1500 cells/mm³ and platelet count is at least 100,000 cells/mm³. Permanently reduce AXTLE™ in patients with an ANC of less than 500 cells/mm³ or platelet count of less than 50,000 cells/mm³ in previous cycles.

In Studies JMDB and JMCH, among patients who received vitamin supplementation, incidence of Grade 3-4 neutropenia was 15% and 23%, the incidence of Grade 3-4 anemia was 6% and 4%, and incidence of Grade 3-4 thrombocytopenia was 4% and 5%, respectively. In Study JMCH, 18% of patients in the pemetrexed arm required red blood cell transfusions compared to 7% of patients in the cisplatin arm. In Studies JMEN, PARAMOUNT, and JMEI, where all patients received vitamin supplementation, incidence of Grade 3-4 neutropenia ranged from 3% to 5%, and incidence of Grade 3-4 anemia ranged from 3% to 5%.

Please see Important Safety Information on pages 3 and 13-15 and full Prescribing Information for AXTLE™.

AXTLE™

(pemetrexed) for Injection

Ordering Information

To order AXTLE™ (pemetrexed) for Injection, please contact one of these authorized specialty distributors and use the appropriate order number:



100 mg/vial
NDC: 83831-0131-01



500 mg/vial
NDC: 83831-0132-01

Institutions/Hospitals	100 mg/vial	500 mg/vial
Cardinal Health Specialty	5962121	5962139
CENCORA - ASD Healthcare	10295451	10295442
McKesson Plasma & Biologics	3005485	3005410
Physician Office	100 mg/vial	500 mg/vial
Cardinal Health Specialty	5962121	5962139
Oncology Supply	10295426	10295460
McKesson Specialty Health	5019191	5019190

Highlights¹

- Available as pemetrexed dipotassium
- Free from preservative
- Reconstitute with 5% Dextrose Injection, USP (preservative-free)
- Not made with natural rubber latex
- Unique J-Code: J9292





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 13-15
and full **Prescribing Information** for AXTLE™.

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 file 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 verified between the healthcare professional and the payer. AVYXA™ does not recommend using any particular diagnosis code in any billing situation for AXTLE™ (pemetrexed) for Injection. The below codes are for reference only; coding as submitted is the sole responsibility of the prescribing physician.

NDCs for AXTLE™ FOR INJECTION¹

Nearly all drugs in the United States are given a unique National Drug Code (NDC), which identifies all currently manufactured drugs and is maintained by the FDA.² NDCs are displayed on drug packing in a 10-digit format. Proper NDC billing requires an 11-digit number in a 5-4-2 format, listed below.

NDC	Strength	Vial Size
83831-0131-01	100 mg/vial	Single-dose vial
83831-0132-01	500 mg/vial	Single-dose vial

HCPCS Code³

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

AXTLE™ Unique J-Code	Description
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to J9305, 10 mg

J-Code Billing Unit Conversion

Each 10 milligrams of AXTLE™ equals one (1) billing unit. When billing for quantities greater than 10 milligrams, indicate the total amount used as a multiple of billing units on the claim form. Examples:

One (1) Vial (100 mg)	10 Billing Units
One (1) Vial (500 mg)	50 Billing Units

NOTE: There are a few HCPCS codes for pemetrexed but there is only one HCPCS code for **AXTLE™ (J9292)**, so please make sure the HCPCS code matches the product purchased and administered.

CPT Drug Administration Codes^{4,5}

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

CPT Code	Description
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug.
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour.

CPT codes, descriptions, and other data only are copyright 2022 American Medical Association. All Rights Reserved. Applicable FARS/ HHSARS apply. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

AXTLE™ is packaged as a single-dose vial. 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, AXTLE™ must be billed on one line with modifier JZ. Medicare requires this; please ascertain if other payers require JZ and JW modifiers ⁶

ICD Diagnosis Codes^{7,8}

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 AXTLE™	
Indication	ICD-10-CM Codes
Non-Small Cell Lung Cancer	C33, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92
Mesothelioma	C45.0

AXTLE™ Billing and Coding Information: ICD Diagnosis Codes by Indication

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

Non-Small Cell Lung Cancer: ICD-10-CM Diagnosis Coding	
ICD-10 Code	Descriptor
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung

Mesothelioma: ICD-10-CM Diagnosis Coding	
ICD-10 Code	Descriptor
C45.0	Mesothelioma of pleura

Please see Important Safety Information on pages 3 and 13-15
and full [Prescribing Information](#) for AXTLE™.

SAMPLE UB-O4 / 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 AXTLE™ for Injection to your revenue code, 0636.

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, list the N4 indicator first, then the 11-digit NDC code. In the third place, list the NDC unit measurement code and, last, the quantity. Check with other payers for their requirements.

FL 44

(Electronic Claim Form = Loop 2400, SV202-2 (SV202-1=HC/HP):

Enter the appropriate HCPCS code, J9292, Injection, pemetrexed (avyxa), not therapeutically equivalent to J9305, 10 mg.

AXTLE™ is packaged as a single-dose vial. Medicare requires drug waste be reported with the JW¹ modifier on a separate line. If there is no waste, AXTLE™ must be billed on one line with modifier JZ.² 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 60-minute infusion of chemotherapy requires 96413.³

FL 42

FL 44

1. PATIENT NAME		2. PATIENT ADDRESS		3a. PAY CNTL #		3b. MED REC #		4. TOP OF BILL	
5. FED. TAX NO.		6. STATEMENT COVERS PERIOD FROM		7. THROUGH		8. STATE		9. ACCT NO.	
10. BIRTHDATE		11. SEX		12. DATE		13. HR		14. TYPE	
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740. DATE		741. CODE		742. DATE		743. CODE			

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 100 mg/vial, or 50 units if using one 500 mg/vial of AXTLE™ (pemetrexed) for 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: **C34.01, Malignant neoplasm of right main bronchus.**

[1] Since January 1, 2017, Medicare has required Modifier -JW for waste. Check with other payers as to their requirements for identifying waste.

[2] Effective July 1, 2023, Medicare requires the JZ modifier on all claims for single-dose containers with no discarded amounts.

[3] CPT Code 96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, 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](https://www.palmettogba.com/palmetto/providers.nsf/files/EDI_837I_v5010A2_crosswalk.pdf/$FILE/EDI_837I_v5010A2_crosswalk.pdf)

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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 this drug is **C34.01, Malignant neoplasm of right main bronchus**

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, **J9292, Injection, pemetrexed (avyxa), not therapeutically equivalent to J9305, 10 mg.**

AXTLE™ is packaged as a single-dose vial. Medicare requires drug waste be reported with the -JW¹ modifier on a separate line. If there is no waste, AXTLE™ must be billed on one line with modifier -JZ.² 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 60-minute infusion of chemotherapy requires 96413.³

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.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> VECRA <input type="checkbox"/> OTHER <input type="checkbox"/>		14. INSURED'S ID NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M F)		7. INSURED'S ADDRESS (St, Apt)	
5. PATIENT'S ADDRESS (No, Street)		8. RESERVED FOR NUCC USE	
6. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other)		9. RESERVED FOR NUCC USE	
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> d. CLAIM CODES (Designated by NUCC)		11. INSURED'S POLICY GROUP OR VECRA NUMBER	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts as assigned claim.)		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the designated physician or supplier for services described below.)	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM DD YY) QUAL ()		15. OTHER DATE (MM DD YY) QUAL ()	
16. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (MM DD YY) FROM (MM DD YY) TO (MM DD YY)		17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (MM DD YY) FROM (MM DD YY) TO (MM DD YY)	
18. NAME OF REFERRING PROVIDER OR OTHER SOURCE ()		19. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES ()	
20. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		21. PERMISSIBLE CODE ORIGINAL REF. NO.	
22. PRIOR AUTHORIZATION NUMBER		23. PROCEDURE, SERVICE, OR SUPPLY (Repeat charges or circumstances) ()	
24. A. DATE OF SERVICE (MM DD YY) FROM (MM DD YY) TO (MM DD YY) B. PROCEDURE, SERVICE, OR SUPPLY (Repeat charges or circumstances) () C. CHARGES () D. CHARGES () E. CHARGES () F. CHARGES () G. CHARGES () H. CHARGES () I. CHARGES () J. CHARGES () K. CHARGES () L. CHARGES ()		25. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include degree or credentials. (I certify that the statements on this form so apply to this bill and are made a part thereof.)	
26. FEDERAL TAX ID NUMBER ()		27. PATIENT'S ACCOUNT NO.	
28. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include degree or credentials. (I certify that the statements on this form so apply to this bill and are made a part thereof.)		29. SERVICE FACILITY LOCATION INFORMATION	
30. TOTAL CHARGE \$		31. AMOUNT PAID \$	
32. BILLING PROVIDER INFO & PH# ()		33. BILLING PROVIDER INFO & PH# ()	

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Box 24G

(Electronic Claim Form = Loop 2400, SV104):

Enter the number of service units for each item.

Box 24A-B

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: Physician Office = 11.

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

Box 24A-B



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/22

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Programs in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No. Street)		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>	
c. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10b. CLAIM CODES (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts as assigned claims.)		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the insured/physician or supplier for services described herein.)	
14. DATE OF SERVICE (LEGAL INJURY, OR PREGNANCY CLAIM) MM DD YY QUAL		15. OTHER DATE MM DD YY QUAL	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21. DIAGNOSIS OR NATURE OF INJURY (Read A.L.D. to service this claim G42)		22. PERMISSIBLE CODE ORIGINAL RPT. NO.	
24. A. DATE OF SERVICE FROM MM DD YY TO MM DD YY B. PLACE OF SERVICE C. PROCEDURE, SERVICE, OR SUPPLY (Specify ICD-10-CM or ICD-10-PCS)		25. PATIENT'S ACCOUNT NO.	
26. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include address or credentials (I certify that the statements on this form are true and correct as far as I am concerned.)		27. ADJUSTMENT REQUEST? YES <input type="checkbox"/> NO <input type="checkbox"/>	
28. FEDERAL TAX ID NUMBER		29. TOTAL CHARGE	
30. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include address or credentials (I certify that the statements on this form are true and correct as far as I am concerned.)		31. AMOUNT PAID	
32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO (P4#)	
34. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include address or credentials (I certify that the statements on this form are true and correct as far as I am concerned.)		35. BILLING PROVIDER INFO (P4#)	

Box 24G

[1] Since January 1, 2017, Medicare has required Modifier -JW for waste. Check with other payers as to their requirements for identifying waste.

[2] Effective July 1, 2023, Medicare requires the JZ modifier on all claims for single-dose containers with no discarded amounts.

[3] CPT Code 96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, 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](https://www.palmettogba.com/palmetto/providers.nsf/files/EDI_837I_v5010A2_crosswalk.pdf/$FILE/EDI_837I_v5010A2_crosswalk.pdf)

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IMPORTANT SAFETY INFORMATION (CONTINUED)

Renal Failure

AXTLE™ can cause severe, and sometimes fatal, renal toxicity. The incidences of renal failure in clinical studies in which patients received pemetrexed with cisplatin were: 2.1% in Study JMDB and 2.2% in Study JMCH. The incidence of renal failure in clinical studies in which patients received pemetrexed as a single agent ranged from 0.4% to 0.6% (Studies JMEN, PARAMOUNT, and JMEI). Determine creatinine clearance before each dose and periodically monitor renal function during treatment with AXTLE™. Withhold AXTLE™ in patients with a creatinine clearance of less than 45 mL/minute.

Bullous and Exfoliative Skin Toxicity

Serious and sometimes fatal, bullous, blistering and exfoliative skin toxicity, including cases suggestive of Stevens-Johnson Syndrome/Toxic epidermal necrolysis can occur with AXTLE™. Permanently discontinue AXTLE™ for severe and life-threatening bullous, blistering or exfoliating skin toxicity.

Interstitial Pneumonitis

Serious interstitial pneumonitis, including fatal cases, can occur with AXTLE™ treatment. Withhold AXTLE™ for acute onset of new or progressive unexplained pulmonary symptoms such as dyspnea, cough, or fever pending diagnostic evaluation. If pneumonitis is confirmed, permanently discontinue AXTLE™.

Radiation Recall

Radiation recall can occur with AXTLE™ in patients who have received radiation weeks to years previously. Monitor patients for inflammation or blistering in areas of previous radiation treatment. Permanently discontinue AXTLE™ for signs of radiation recall.

Increased Risk of Toxicity with Ibuprofen in Patients with Renal Impairment

Exposure to pemetrexed is increased in patients with mild to moderate renal impairment who take concomitant ibuprofen, increasing the risks of adverse reactions of AXTLE™. In patients with creatinine clearances between 45 mL/min and 79 mL/min, avoid administration of ibuprofen for 2 days before, the day of, and 2 days following administration of AXTLE™. If concomitant ibuprofen use cannot be avoided, monitor patients more frequently for pemetrexed adverse reactions, including myelosuppression, renal, and gastrointestinal toxicity.

Embryo-Fetal Toxicity

Based on findings from animal studies and its mechanism of action, AXTLE™ can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with AXTLE™ and for 6 months after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with AXTLE™ and for 3 months after the last dose.

IMPORTANT SAFETY INFORMATION (CONTINUED)

ADVERSE REACTIONS

- The most common adverse reactions (incidence $\geq 20\%$) of pemetrexed, when administered as a single agent are fatigue, nausea, and anorexia.
- The most common adverse reactions (incidence $\geq 20\%$) of pemetrexed when administered with cisplatin are vomiting, neutropenia, anemia, stomatitis/pharyngitis, thrombocytopenia, and constipation.
- The most common adverse reactions (incidence $\geq 20\%$) of pemetrexed when administered in combination with pembrolizumab and platinum chemotherapy are fatigue/asthenia, nausea, constipation, diarrhea, decreased appetite, rash, vomiting, cough, dyspnea, and pyrexia.

DRUG INTERACTIONS

Effects of Ibuprofen on Pemetrexed

Ibuprofen increases exposure (AUC) of pemetrexed. In patients with creatinine clearance between 45 mL/min and 79 mL/min:

- Avoid administration of ibuprofen for 2 days before, the day of, and 2 days following administration of AXTLE™.
- Monitor patients more frequently for myelosuppression, renal, and gastrointestinal toxicity, if concomitant administration of ibuprofen cannot be avoided.

USE IN SPECIFIC POPULATIONS

Pregnancy

Advise pregnant women of the potential risk to a fetus.

Lactation

Advise women not to breastfeed during treatment with AXTLE™ and for one week after the last dose.

Females and Males of Reproductive Potential

Verify pregnancy status of females of reproductive potential prior to initiating AXTLE™.

Because of the potential for genotoxicity, advise females of reproductive potential to use effective contraception during treatment with AXTLE™ and for 6 months after the last dose; and advise males with female partners of reproductive potential to use effective contraception during treatment with AXTLE™ and for 3 months after the last dose.

AXTLE™ may impair fertility in males of reproductive potential.

Pediatric Use

The safety and effectiveness of AXTLE™ in pediatric patients have not been established.

Geriatric Use

The incidences of Grade 3-4 anemia, fatigue, thrombocytopenia, hypertension, and neutropenia were higher in patients 65 years of age and older as compared to younger patients in at least one of five randomized clinical trials.

Patients with Renal Impairment

Pemetrexed is primarily excreted by the kidneys. Decreased renal function results in reduced clearance and greater exposure (AUC) to pemetrexed compared with patients with normal renal function. No dose is recommended for patients with creatinine clearance less than 45 mL/min.

Please see Important Safety Information on pages 3 and 13-15 and full Prescribing Information for AXTLE™.

IMPORTANT SAFETY INFORMATION (CONTINUED)

OVERDOSAGE

No drugs are approved for the treatment of pemetrexed overdose.

Please see full **Prescribing Information** of AXTLE™.

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:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

References:

1. AXTLE™ Full Prescribing Information. Parsippany, NJ. AVYXA™ Pharma. Revised November 2025.
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7. CDC. Classification of Diseases, Functioning, and Disability. Revised June 7, 2024. <https://www.cdc.gov/nchs/icd/>
8. 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/files.html>

