

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®.



TABLE OF CONTENTS

Indications and Important Safety Information	3,13
POSFREA® Ordering Information	4
AVYXASSIST™ Patient Support Program	5
Billing and Coding Information	6-8
NDCs	6
HCPCS Code	6
J-Code Billing Unit Conversion	6
CPT Drug Administration Codes	7
ICD Diagnosis Codes	7
ICD Diagnosis Code by Indication	8
Sample Claim Form CMS-1450 (UB-04)	9-10
Sample Claim Form CMS-1500	11-12
Important Safety Information (Continued)	13
Notes	14

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

CONTRAINDICATIONS

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-HT₃ 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-HT₃ 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-HT₃ receptor antagonist alone has also been reported. The majority of reports of serotonin syndrome related to 5-HT₃ 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

Highlights¹

- 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 support
- Claims support
- Referrals to 501(c)(3) foundations
- Free product assistance
- Bridge supply
- Product replacement
- Copay assistance

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

To enroll, please choose one of the following options.

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



CALL NOW

Click on the link
below to begin
online enrollment



ENROLL
NOW

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



DOWNLOAD
NOW

Commercially eligible
patients prescribed an
AVYXA product may pay
as little as

\$0 per dose*



Our dedicated AVYXASSIST Patient Access Specialists work collaboratively with you to explore tailored affordability solutions. AVYXA aims to facilitate financial accessibility for eligible patients in need.



ENROLL
NOW

Copay Program Details for Eligible Patients

In some cases, the patient out-of-pocket cost for their AVYXA product could be as low as \$0.*

- Up to \$25,000 per product in annual benefits

*Please visit avyxassist.com/copay-assistance-program to see full Terms and Conditions.

Additional Assistance

Patients without insurance or who do not qualify for copay assistance through AVYXASSIST may qualify for free product assistance. Call an AVYXASSIST Patient Access Specialist to learn more.

Call 866-939-8927 or Fax 833-852-3420 | Monday through Friday, 8:00 AM to 8:00 PM ET

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 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 Code²

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 Conversion³

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.

Please see Important Safety Information on pages 3 and 13 and full [Prescribing Information](#) for POSFREA.®

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)

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.

POSFREA[®] is packaged as a single-dose vial¹. 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

Please see Important Safety Information on pages 3 and 13 and full [Prescribing Information](#) for POSFREA.[®]

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

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**

FL 63

FL 67A-Q

[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

CPT Codes are a registered trademark of the American Medical Association (AMA), All Rights Reserved
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.

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

Box 24A-B



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/82

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA B/L (LUNG) <input type="checkbox"/> OTHER <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (For Program 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 STATE										7. INSURED'S ADDRESS (No., Street)									
ZIP CODE TELEPHONE (Include Area Code)										CITY STATE									
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"/>									
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____									
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>									
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. 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 assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.									
SIGNED _____ DATE _____										SIGNED _____ DATE _____									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 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"/> \$ CHARGES _____									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Relate A-I to service line below (24B)										22. RESUBMISSION CODE ORIGINAL REF. NO. _____									
A _____ B _____ C _____ D _____										23. PRIOR AUTHORIZATION NUMBER _____									
E _____ F _____ G _____ H _____										24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY									
I _____ J _____ K _____ L _____										B. PLACE OF SERVICE EMG _____									
C. _____										D. PROCEDURES, SERVICES, OR SUPPLIES (E-plain Unusual Circumstances) CPT/HCPCS _____									
E. DIAGNOSIS POINTER _____										F. \$ CHARGES _____									
G. DATE OF SERVICE _____										H. ICD-9-CM _____									
I. ID. QUAL _____										J. RENDERING PROVIDER ID. # _____									
25. FEDERAL TAX I.D. NUMBER SSN EIN _____										26. PATIENT'S ACCOUNT NO. _____									
27. ACCEPT ASSIGNMENT? (For Assignment Only) YES <input type="checkbox"/> NO <input type="checkbox"/>										28. TOTAL CHARGE \$ _____									
29. AMOUNT PAID \$ _____										30. Rsvd for NUCC Use _____									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof)										32. SERVICE FACILITY LOCATION INFORMATION									
SIGNED _____ DATE _____										33. BILLING PROVIDER INFO & PH # ()									
a. NPI _____										b. NPI _____									

Box 24G

[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>

CPT Codes are a registered trademark of the American Medical Association (AMA), All Rights Reserved
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.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Patients should be monitored for the emergence of serotonin syndrome, especially with concomitant use of POSFREA and other serotonergic drugs. 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 ($\geq 5\%$) are: headache and constipation.
- postoperative nausea and vomiting ($\geq 2\%$) 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-HT₃ 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 full [Prescribing Information](#) of POSFREA.

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.

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 Modifier Billing Guidelines. Article ID A55932. Revised March 21, 2024. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55932>.
6. CDC. Classification 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/files.html>