



NAVITRUX™

(fosaprepitant) for injection

BILLING & CODING GUIDE



TABLE OF CONTENTS

Indications and Important Safety Information	3
NAVITRUX™ Ordering Information.....	4
AVYXASSIST® Patient Support Program	5
NAVITRUX Billing and Coding Information	6
NDCs	6
HCPCS Code.....	6
Service Units/NDC Unit of Measurement Code/Modifiers.....	7
CPT Drug Administration Codes.....	8
Revenue Codes	8
Place of Service (POS) Codes.....	8
ICD-10-CM Diagnosis Coding.....	9
ICD Diagnosis Codes by Indication	9-10
Sample Claim Form CMS-1450 (UB-04)	11
Sample Claim Form CMS-1500.....	12
Important Safety Information (Continued).....	13
References	14
Notes	15

The contents herein provide general coverage, coding, and payment information about NAVITRUX. 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), if any, appropriately reflect a service or diagnosis. It is the healthcare professional's responsibility to determine medical necessity and provide adequate documentation. AVYXA Pharma, LLC 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

NAVITRUX™, in combination with other antiemetic agents, is indicated in adults and pediatric patients 6 months of age and older for the prevention of:

- acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin.
- delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC).

Limitations of Use

- NAVITRUX has not been studied for the treatment of established nausea and vomiting.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

NAVITRUX is contraindicated in patients:

- who are hypersensitive to any component of the product. Hypersensitivity reactions including anaphylactic reactions, flushing, erythema, and dyspnea have been reported.
- taking pimozide. Inhibition of CYP3A4 by aprepitant, the active moiety, could result in elevated plasma concentrations of this drug, which is a CYP3A4 substrate, potentially causing serious or life-threatening reactions, such as QT prolongation, a known adverse reaction of pimozide.

WARNINGS AND PRECAUTIONS

Clinically Significant CYP3A4 Drug Interactions

Fosaprepitant, a prodrug of aprepitant, is a weak inhibitor of CYP3A4, and aprepitant is a substrate, inhibitor, and inducer of CYP3A4.

- Use of NAVITRUX with other drugs that are CYP3A4 substrates, may result in increased plasma concentration of the concomitant drug.
 - Use of pimozide with NAVITRUX is contraindicated due to the risk of significantly increased plasma concentrations of pimozide, potentially resulting in prolongation of the QT interval, a known adverse reaction of pimozide.
- Use of NAVITRUX with strong or moderate CYP3A4 inhibitors (e.g., ketoconazole, diltiazem) may increase plasma concentrations of aprepitant and result in an increased risk of adverse reactions related to NAVITRUX.
- Use of NAVITRUX with strong CYP3A4 inducers (e.g., rifampin) may result in a reduction in aprepitant plasma concentrations and decreased efficacy of NAVITRUX.

See full Prescribing Information for recommendations regarding contraindications, risk of adverse reactions, and dosage adjustment of NAVITRUX and concomitant drugs.

Hypersensitivity Reactions

Serious hypersensitivity reactions, including anaphylaxis and anaphylactic shock, during or soon after infusion of fosaprepitant have occurred. Symptoms including flushing, erythema, dyspnea, hypotension and syncope have been reported.

Monitor patients during and after infusion. If hypersensitivity reactions occur, discontinue the infusion and administer appropriate medical therapy. Do not reinitiate NAVITRUX in patients who experience these symptoms with previous use.

Infusion Site Reactions

Infusion site reactions (ISRs) have been reported with the use of intravenous fosaprepitant. The majority of severe ISRs, including thrombophlebitis and vasculitis, were reported with concomitant vesicant (anthracycline-based) chemotherapy administration, particularly when associated with extravasation. Necrosis was also reported in some patients with concomitant vesicant chemotherapy. Most ISRs occurred with the first, second or third exposure to single doses of fosaprepitant and in some cases, reactions persisted for two weeks or longer. Treatment of severe ISRs consisted of medical, and in some cases surgical, intervention.

Avoid infusion of NAVITRUX into small veins or through a butterfly catheter. If a severe ISR develops during infusion, discontinue the infusion and administer appropriate medical treatment.

Decrease in INR with Concomitant Warfarin

Coadministration of fosaprepitant with warfarin, a CYP2C9 substrate, may result in a clinically significant decrease in the International Normalized Ratio (INR) of prothrombin time. Monitor the INR in patients on chronic warfarin therapy in the 2-week period, particularly at 7 to 10 days, following initiation of NAVITRUX with each chemotherapy cycle.

Risk of Reduced Efficacy of Hormonal Contraceptives

Upon coadministration with fosaprepitant, the efficacy of hormonal contraceptives may be reduced during administration of and for 28 days following the last dose of fosaprepitant. Advise patients to use effective alternative or back-up methods of contraception during treatment with NAVITRUX and for 1 month following the last dose of NAVITRUX or oral aprepitant.



NAVITRUX™

(fosaprepitant) for injection

Ordering Information

To order NAVITRUX (fosaprepitant) for injection, please contact one of the authorized specialty distributors below:



150 mg per vial

NDC: 83831-0153-01



CardinalHealth

cencora

MCKESSON

Highlights¹

- Supplied as lyophilized powder in a single-dose vial
- Reconstitute with 5 mL of 0.9% sodium chloride
- Add to infusion bag containing 145 mL of 0.9% sodium chloride to yield a final concentration of 1 mg/mL
- Reconstituted NAVITRUX and diluted solutions are stable for 24 hours at ambient room temperature at or below 25°C (77°F)

J-CODE

J3490

**Unique J-Code Expected
January 2027**

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

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



DOWNLOAD NOW

Commercially eligible patients prescribed an **AVYXA Pharma, LLC product** may pay as little as

\$0 per dose *

AVYXASSIST™

ELIGIBLE PATIENTS
MAY PAY AS
LITTLE AS \$0

BIN 025706
PCN IFX
GROUP # 00000000
MEMBER # 0000000000



Patients with questions, please call **866.939.8927**

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

Copay Program Details for Eligible Patients

In some cases, the patient out-of-pocket cost for their AVYXA Pharma, LLC 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 Pharma, LLC 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 Pharma, LLC does not recommend using any particular diagnosis code in billing situations for NAVITRUX™ (fosaprepitant) for injection. The codes below are for reference only; coding as submitted is the sole responsibility of the prescribing physician.

NDCs for NAVITRUX for Injection

Centers for Medicare & Medicaid Services (CMS) and private payers often require an NDC on the billing claim form. The NDC is usually found on the drug label or the medication's outer packaging. Be sure to include the NDC qualifier, 11-digit NDC number, NDC unit of measure, and number of NDC units when submitting claims. If the NDC Package code is fewer than 11 digits, it must be padded with leading zeros, as shown below.² The NDC unit of measure for this product is UN.

NDC ¹	Strength	Vial Size
83831-0153-01	150 mg lyophilized powder for intravenous use	1 single-dose individually packed in carton

HCPCS Codes

HCPCS Level II codes are used to identify most drugs and biologics administered in an office setting. Correct coding requires reporting the most specific code to describe the service accurately.³ Not otherwise classified (NOC) and unclassified codes are used only when a more specific HCPCS code is not available or assigned.⁴

NAVITRUX for Injection J-Code⁴

J-Code	Description
J3490	Unclassified drugs

For Medicare to properly reimburse unclassified or NOC drugs, providers must include the following supplemental information in the 2400/SV101-7 data element or Item 19 of the CMS-1500 form:

- The name of the drug,
- The total dosage (plus the strength of the dosage, if appropriate), and
- The method of administration.

Some payers may require entering the NDC in item 19 of the CMS-1500 form. Medicare determines the proper payment for unclassified drugs and biologicals based on the narrative information listed above, not the number of units billed.⁵

Service Units

Until a permanent J-Code is assigned, NAVITRUX™ for injection is often billed using one (1) unit of service.

Important: List one unit of service in the 2400/SV1-04 data element or item 24G of the CMS-1500 form. Do not quantity-bill unclassified drugs and biologicals even if multiple units of the drug are provided. Claims for unclassified drugs and biologicals may be rejected if any of the information listed above is missing or if the unclassified code is billed with more than one unit of service.⁵

This billing is used in traditional Medicare billing. If you are unsure, check with your payers about their unit requirements.

Modifiers

A medical coding modifier is two characters (letters or numbers) appended to a CPT or HCPCS Level II code. Modifiers provide additional information about the medical procedure or service without changing the definition of the code. Using modifiers allows healthcare providers to designate specific circumstances, such as the route of administration, wasted product, and other relevant details.⁶

Drug Waste Modifiers⁷

Modifier	Description
JW	Drug amount discarded/not administered to patient
JZ	Zero drug amount discarded/not administered to patient

340B Drug Pricing Modifier⁸

Modifier	Description
TB	Drug or biological acquired with 340B drug pricing program discount, reported for informational purpose

The “TB” modifier is used for informational purposes to identify drugs purchased through the 340B program. This enables CMS to accurately implement the Part B inflation rebate program established by the Inflation Reduction Act of 2022, as 340B drugs are excluded from the inflation rebate calculation.

NAVITRUX for injection 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, NAVITRUX for injection must be billed on one line with the modifier -JZ.

Because NAVITRUX does not currently have a permanent J-Code, it is billed with one service unit. There is no way to record waste, so one would attach Modifier -JZ to the claim line. Medicare requires this; please ascertain if other payers require -JZ and -JW modifiers.⁷

CPT Drug Administration Codes

CPT codes bill for drug administration services in the physician’s office and other outpatient settings. Administration of NAVITRUX™ varies by indication and usage. Please code based on the start and stop times listed in the patient’s medical chart.⁹

NAVITRUX is administered as an intravenous infusion approximately 30 minutes prior to chemotherapy. NAVITRUX dose, frequency, and cycle vary by the specific regimen administered and patient age. See package insert.¹

CPT Code ¹⁰	Description
96367	Additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)

CPT codes, descriptions, and other data are copyright 2025 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.

Revenue Codes¹¹

Claim Item	Revenue Code	Description
NAVITRUX Infusion	0636	Drugs requiring detailed coding
Drug Administration	0260	IV Therapy - General

Place of Service (POS) Codes¹²

Place of service (POS) codes are used on professional claims to specify the entity where service(s) are rendered.

Place of Service	Code	Description
Physician Office	11	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
Off-Campus Outpatient Hospital	19	A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
On-Campus Outpatient Hospital	22	A portion of a hospital’s main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

ICD-10-CM Diagnosis Coding

NAVITRUX™, in combination with other antiemetic agents, is indicated in adults and pediatric patients 6 months of age and older for the prevention of¹:

- acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin.
- delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC).

Limitations of Use

- NAVITRUX has not been studied for the treatment of established nausea and vomiting

To determine whether an antineoplastic is classified as HEC or MEC, refer to the emetic risk classification table available [here](#).¹³

It is best practice to code the most specific ICD-10-CM Code within the indication to justify medical necessity, as documented in the medical record. Check payer policies as guidelines vary.

International Classification of Disease, 10th Edition, Clinical Modification Codes for NAVITRUX for Injection¹⁴

Indication	ICD-10-CM Codes
Adverse Effects	T45.1X5A; T45.1X5D; T45.1X5S
Encounter for Chemotherapy	Z51.11
Nausea and Vomiting	R11.0; R11.10; R11.11; R11.2

ICD Diagnosis Codes by Indication

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

Adverse Effect: ICD-10-CM Diagnosis Coding¹⁴

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 Coding¹⁴

ICD-10 Code	Descriptor
Z51.11	Encounter for antineoplastic chemotherapy

Nausea and Vomiting: ICD-10-CM Diagnosis Coding¹⁴

ICD-10 Code	Descriptor
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.2	Nausea with vomiting, unspecified

Sample Claim Form CMS-1450 (UB-04)^{4,10,11,14,15}

The image shows a sample CMS-1450 (UB-04) claim form. Red circles highlight the following fields:

- 42**: REV CL
- 43**: DESCRIPTION
- 44**: HCPCS / RATE / HPPS CODE
- 45**: SERV DATE
- 46**: SERV UNITS
- 63**: TREATMENT AUTHORIZATION CODES
- 67 A-Q**: ICD-10-CM CODE

Form Locator (FL) 42

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

List the appropriate revenue code for the drug. Match the descriptor for NAVITRUX™ for injection to your revenue code, 0636-Drugs requiring detailed coding.

Additionally, enter an appropriate revenue code for the administration service, such as 0260 - IV Therapy - General or others based on the cost center where the service was performed.

FL 43 (NOT REQUIRED BY MEDICARE):

Enter the description of the procedure for the Revenue Code billed.

If required, submit the N4 indicator first, followed by the 11-digit NDC code. Then report the NDC unit of measure code, followed by the quantity. The NDC unit of measure code for NAVITRUX is UN (Unit).

FL 44 (Electronic Claim Form = Loop 2400, SV202-2) (SV202-1=HC/HP):

Enter the appropriate HCPCS code: **J3490, Unclassified drugs.**

For administration, enter the appropriate code or codes for intravenous administration. An example for NAVITRUX: **96367. Additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure).**

NAVITRUX dose, frequency, and cycle vary by the specific regimen administered and patient age. See package insert.

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 billed HCPCS code. Enter the number of service units for each item. For drugs with no assigned J-Code, the service unit is 1.

FL 63 (Electronic Claim Form = Loop 2300, REF/G1/02):

Enter treatment authorization code.

FL 67 A-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.

An example for NAVITRUX is: **Z51.11 Encounter for antineoplastic chemotherapy.**

Use FL 67 C-L fields for other secondary diagnoses.

Electronic Claims Reference: ASC 8371 Version 5010A2 Institutional Health Care Claim to the CMS-1450 Claim Form Crosswalk. [https://dominoapps.palmettogba.com/palmetto/providers.nsf/files/EDI_8371_v5010A2_crosswalk.pdf/\\$File/EDI_8371_v5010A2_crosswalk.pdf](https://dominoapps.palmettogba.com/palmetto/providers.nsf/files/EDI_8371_v5010A2_crosswalk.pdf/$File/EDI_8371_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.

Sample Claim Form CMS-1500 4,5,10,12,14,16

Item 19 (Electronic Claim Form = Loop 2400, Segment SV101-2)

Additional claim information

When billing a not otherwise classified or unclassified J-Code, providers must indicate the following:

The name of the drug, total dosage (plus strength of dosage, if appropriate), and method of administration. Some payers may require NDC number here.

Item 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 for NAVITRUX™ is: **Z51.11 Encounter for antineoplastic chemotherapy.**

Use Item 21 C-L fields for other secondary diagnoses.

Item 23 (Electronic Claim Form = Loop 2300, REFO2):

Enter prior authorization number if one exists.

Item 24 A-B (Electronic Claim Form)

Item 24 A (Electronic Claims = Loop 2400, DTP02)

Item 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 red shaded portion, submit the N4 indicator first, followed by the 11-digit NDC code. Then, report the NDC unit of measure code followed by the quantity in the same red shaded portion. The NDC unit of measure code for NAVITRUX is UN (unit).

Item 24 D (Electronic Claim Form = Loop 2400, Segment SV101):

Enter the appropriate HCPCS code: **J3490, Unclassified drugs.**

For administration, enter the appropriate code or codes for intravenous administration. **As an example, CPT Code 96367: Additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure).**

The dosing frequency and cycle length will depend on the dose of NAVITRUX, the primary diagnosis, and the specific regimen administered. See package insert.

Item 24 E (Electronic Claim Form = Loop 2400, Segment SV107):

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

Item 24 G (Electronic Claim Form = Loop 2400, SV104):

Enter the number of J-Code service units for each item.

For drugs with no assigned J-Code, the service unit is 1.

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

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (Member Only) GROUP PLAN (Group Plan) FECA (FECA) FECA (FECA) OTHER (Other)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE (MM | DD | YY) SEX (M | F)

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED (Self | Spouse | Child | Other)

7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Authorized 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 (Authorizes payment of medical benefits by the undersigned physician or supplier for services described below.)

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) (MM | DD | YY) QUAL.

15. OTHER DATE (MM | DD | YY) QUAL.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM | TO) (MM | DD | YY | MM | DD | YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (17A | 17B) (NPI)

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM | TO) (MM | DD | YY | MM | DD | YY)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? (YES | NO) \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A4, to service line below (24E)) (ICD Incl.)

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24 A	24 B	24 C	24 D	24 E	24 F	24 G
DATE(S) OF SERVICE (From To) (YY MM DD YY)	PLACE OF SERVICE (EMG)	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) (Modifier)	DIAGNOSIS (ICD Incl.)	\$ CHARGES	DATE OF SERVICE (YY MM DD YY)	RENDERING PROVIDER ID #
1						
2						
3						
4						
5						
6						

25. FEDERAL TAX I.D. NUMBER (SSN | EIN)

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (YES | NO)

28. TOTAL CHARGE (\$)

29. AMOUNT PAID (\$)

30. Ref'd 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

33. BILLING PROVIDER INFO & PH #

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

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://dominoapps.palmettogba.com/palmetto/providers.nsf/files/EDI_837I_v5010A2_crosswalk.pdf/\\$File/EDI_837I_v5010A2_crosswalk.pdf](https://dominoapps.palmettogba.com/palmetto/providers.nsf/files/EDI_837I_v5010A2_crosswalk.pdf/$File/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.

IMPORTANT SAFETY INFORMATION (continued)

ADVERSE REACTIONS

Most common adverse reactions in adults ($\geq 2\%$) are: fatigue, diarrhea, neutropenia, asthenia, anemia, peripheral neuropathy, leukopenia, dyspepsia, urinary tract infection, pain in extremity.

Adverse reactions in pediatrics are similar to adults.

DRUG INTERACTIONS

See full Prescribing Information for recommendations regarding contraindications, risk of adverse reactions, and dosage adjustment of NAVITRUX and concomitant drugs.

USE IN SPECIFIC POPULATIONS

Lactation

The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for NAVITRUX and any potential adverse effects on the breastfed infant from NAVITRUX or from the underlying maternal condition.

Females and Males of Reproductive Potential

Contraception

Upon administration of NAVITRUX, the efficacy of hormonal contraceptives may be reduced. Advise females of reproductive potential using hormonal contraceptives to use an effective alternative or back-up non-hormonal contraceptive (such as condoms and spermicides) during treatment with NAVITRUX and for 1 month following the last dose of NAVITRUX or oral aprepitant.

Pediatric Use

Adverse reactions were similar to those reported in adult patients.

The safety and effectiveness of NAVITRUX for the prevention of nausea and vomiting associated with HEC or MEC have not been established in patients less than 6 months of age.

Patients with Hepatic Impairment

The pharmacokinetics of aprepitant in patients with mild and moderate hepatic impairment were similar to those of healthy subjects with normal hepatic function. No dosage adjustment is necessary for patients with mild to moderate hepatic impairment (Child-Pugh score 5 to 9). Because there are no clinical or pharmacokinetic data in patients with severe hepatic impairment (Child-Pugh score greater than 9), additional monitoring for adverse reactions in these patients may be warranted when NAVITRUX is administered.

OVERDOSAGE

There is no specific information on the treatment of overdosage with fosaprepitant or aprepitant.

In the event of overdose, NAVITRUX should be discontinued and general supportive treatment and monitoring should be provided.

Aprepitant is not removed by hemodialysis.

DOSAGE AND ADMINISTRATION GUIDELINES

It is very important that the dosage, preparation and administration instructions provided in the full prescribing information are strictly followed to reduce the risk of severe adverse reactions.

Do not mix or reconstitute NAVITRUX with solutions for which physical and chemical compatibility have not been established. NAVITRUX is incompatible with any solutions containing divalent cations (e.g., Ca^{2+} , Mg^{2+}), including Lactated Ringer's Solution and Hartmann's Solution.

Please see full [Prescribing Information](#) of NAVITRUX.

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. AVYXA Pharma, LLC. NAVITRUX™ (fosaprepitant) for injection, Full [Prescribing Information](#). Revised 06/2026.
2. Drugs.com. National drug codes explained. <https://www.drugs.com/ndc.html>. Updated March 20, 2025. Accessed March 18, 2026.
3. Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System (HCPCS). <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system>. Updated July 7, 2025. Accessed March 18, 2026.
4. Centers for Medicare & Medicaid Services. Billing and coding: additional claim documentation requirements for not otherwise classified (NOC) drugs and biological products with specific FDA label indications. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=54880>. Updated June 12, 2025. Accessed March 18, 2026.
5. Florida Medical Association. Billing and coding: complex drug administration coding (A59074). https://www.flmedical.org/florida/Florida_Public/Docs/LCA-A59074.pdf. Updated April 21, 2022. Accessed March 18, 2026.
6. American Academy of Professional Coders. What are medical coding modifiers? <https://www.aapc.com/resources/what-are-medical-coding-modifiers>. Updated August 19, 2022. Accessed October 7, 2025.
7. Centers for Medicare & Medicaid Services. Billing and coding: JW and JZ modifier billing guidelines. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=55932>. Updated September 25, 2025. Accessed March 18, 2026.
8. Centers for Medicare & Medicaid Services. Medicare Part B inflation rebate guidance: use of the 340B modifier. <https://www.cms.gov/files/document/mln4800856-medicare-part-b-inflation-rebate-guidance-use-340b-modifier.pdf>. Published November 1, 2024. Accessed March 18, 2026.
9. American Medical Association. CPT® overview and code approval. <https://www.ama-assn.org/practice-management/cpt/cpt-overview-and-code-approval>. Updated June 27, 2025. Accessed March 18, 2026.
10. American Medical Association. CPT® Professional Edition 2026. American Medical Association; 2025.
11. Noridian Healthcare Solutions. Revenue codes. <https://med.noridianmedicare.com/web/jfa/topics/claim-submission/revenue-codes>. Updated June 17, 2025. Accessed March 18, 2026.
12. Centers for Medicare & Medicaid Services. Place of service code set. <https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets>. Revised May 2, 2024. Accessed March 18, 2026.
13. Jordan K, Chan A, Gralla RJ, et al. Emetic risk classification and evaluation of the emetogenicity of antineoplastic agents—updated MASCC/ESMO consensus recommendation. *Support Care Cancer*. 2024;32(1):53. doi:10.1007/s00520-023-08220-5.
14. American Academy of Professional Coders. 2026 ICD-10-CM Expert Edition. AAPC; 2025.
15. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 25: completing and processing the Form CMS-1450 data set. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c25.pdf>. Accessed April 28, 2026.
16. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 26: completing and processing the Form CMS-1500 data set. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c26.pdf>. Accessed April 28, 2026.



NAVITRUX™

(fosaprepitant) for injection



150 mg per vial
NDC: 83831-0153-01

AVYXA Pharma, LLC offers resources to help your patients start and stay on prescribed therapy. We are dedicated to providing your patients with ongoing support to help them access AVYXA Pharma, LLC medications as prescribed.

Contact your Account Manager to connect with a Field Reimbursement Manager for the latest payer coverage for patients and assistance with billing and coding.

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

