Coverage, coding, and payment in the hospital outpatient department

ONPATTRO® (patisiran) received US Food and Drug Administration (FDA) approval on 10 Aug 2018, and is indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.

Coverage

- **For Medicare patients** receiving ONPATTRO who are covered under Medicare Part B benefit, the Medicare Administrative Contractors (MACs) may require additional chart documentation to determine the medical necessity of the treatment, although prior authorization is not required.\(^a,b\)

- **For patients enrolled in a Medicaid or commercial health plan**, ONPATTRO coverage will vary by payer

Payment

<table>
<thead>
<tr>
<th>Payer Type</th>
<th>Payment Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>Average Sales Price (ASP) + 6%(^c)</td>
</tr>
<tr>
<td>Medicaid and Commercial Payers</td>
<td>Payment rates will vary by payer and provider contract</td>
</tr>
</tbody>
</table>

\(^a\)It is always the provider’s responsibility to determine the appropriate healthcare setting and to submit true and correct claims for products and services rendered. Providers should contact third-party payers for specific information on their coding, coverage, and payment policies.

\(^b\)Medicare Advantage plans may require prior authorization for ONPATTRO.

\(^c\)Medicare payment for ONPATTRO will vary for dates of service before April 1, 2019. Does not account for sequestration.

Alnylam Field Reimbursement Directors are available to meet with you and your staff to answer any reimbursement-related questions about ONPATTRO. Contact Alnylam Assist™ at 1-833-256-2748.

Please see Important Safety Information on the last page and full Prescribing Information.
## Coding

Please refer to the table below to support appropriate claims submission for ONPATTRO® (patisiran).  

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10-CM</td>
<td>E85.1</td>
<td>Neuropathic heredofamilial amyloidosis</td>
</tr>
<tr>
<td>CPT&lt;sup&gt;d,e&lt;/sup&gt;</td>
<td>96365</td>
<td>Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour</td>
</tr>
<tr>
<td>CPT&lt;sup&gt;d,e&lt;/sup&gt;</td>
<td>+96366</td>
<td>Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour</td>
</tr>
<tr>
<td>CPT&lt;sup&gt;d,e&lt;/sup&gt;</td>
<td>+96367</td>
<td>Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour</td>
</tr>
<tr>
<td>CPT&lt;sup&gt;d,e&lt;/sup&gt;</td>
<td>96379</td>
<td>Unlisted therapeautic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion</td>
</tr>
<tr>
<td>CPT&lt;sup&gt;d,e&lt;/sup&gt;</td>
<td>96413</td>
<td>Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug</td>
</tr>
<tr>
<td>CPT&lt;sup&gt;d,e&lt;/sup&gt;</td>
<td>+96415</td>
<td>Chemotherapy administration, intravenous infusion technique; each additional hour</td>
</tr>
<tr>
<td>HCPCS&lt;sup&gt;f&lt;/sup&gt;</td>
<td>C9399</td>
<td>Unclassified drugs or biologicals for dates of service between 8/10/18 and 12/31/18</td>
</tr>
<tr>
<td>HCPCS&lt;sup&gt;f&lt;/sup&gt;</td>
<td>C9036</td>
<td>ONPATTRO (patisiran) injection for dates of service effective 1/1/19</td>
</tr>
<tr>
<td>HCPCS&lt;sup&gt;f&lt;/sup&gt;</td>
<td>J3490</td>
<td>Unclassified drugs</td>
</tr>
<tr>
<td>HCPCS&lt;sup&gt;f&lt;/sup&gt;</td>
<td>J1094</td>
<td>Dexamethasone&lt;sup&gt;g&lt;/sup&gt;</td>
</tr>
<tr>
<td>HCPCS&lt;sup&gt;f&lt;/sup&gt;</td>
<td>J1200</td>
<td>Diphenhydramine&lt;sup&gt;g&lt;/sup&gt;</td>
</tr>
<tr>
<td>HCPCS&lt;sup&gt;f&lt;/sup&gt;</td>
<td>J2780</td>
<td>Ranitidine&lt;sup&gt;g&lt;/sup&gt;</td>
</tr>
<tr>
<td>Revenue</td>
<td>0250</td>
<td>General pharmacy</td>
</tr>
<tr>
<td>Revenue</td>
<td>0260</td>
<td>Intravenous therapy</td>
</tr>
<tr>
<td>Revenue</td>
<td>0636</td>
<td>Drugs requiring detailed coding</td>
</tr>
<tr>
<td>NDC&lt;sup&gt;h&lt;/sup&gt;</td>
<td>10-digit: 71336-1000-1</td>
<td>10 mg/5 mL (2 mg/mL) single-dose vial</td>
</tr>
<tr>
<td>NDC&lt;sup&gt;h&lt;/sup&gt;</td>
<td>11-digit: 71336-1000-01</td>
<td></td>
</tr>
</tbody>
</table>

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<sup>a</sup>CPT © 2014 American Medical Association. All rights reserved.

<sup>b</sup>One-hour code covers up to 90 minutes.

<sup>c</sup>Claims submitted with miscellaneous code C9399 should include product name, route of administration, and dosage in mL and NDC (NDC 71336-1000-01) in Locator 80 on the UB-04 claim form. Providers should contact commercial payers and Medicaid agencies for specific information on reporting drugs using miscellaneous HCPCS codes.

<sup>d</sup>For premedications not available or not tolerated intravenously, equivalents may be administered orally.

<sup>e</sup>Given all the different possible sources for J1094, J1200, and J2780 NDCs as well as different HCPCS codes for premedications, please consult with an Alnylam Field Reimbursement Director or the manufacturers for the applicable NDC and HCPCS codes.

Hospital outpatient: sample UB-04 claim form

ONPATTRO® (patisiran) and the associated services provided in a hospital outpatient setting are billed on the UB-04 claim form or its electronic equivalent. A sample UB-04 claim form for billing ONPATTRO is provided on the next page.

- The following UB-04 claim form for ONPATTRO is for illustrative purposes
- It is the provider’s responsibility to determine the appropriate healthcare setting and to submit true and correct claims for the products and services rendered
- Providers should contact payers for specific information on their coding, coverage, and payment policies
- Some payers may require the use of a JW modifier when billing for the unused portion of the single-dose vial (wastage)—providers should contact payers about specific coding and payment policies
- Providers should contact their billing software vendors to ensure they are utilizing the recommended loops and segments

Dosing calculation example

- ONPATTRO is supplied as a 10 mg/5 mL (2 mg/mL) solution in a single-dose vial
- The recommended dose of ONPATTRO is 0.3 mg/kg administered via intravenous (IV) infusion over ~80 minutes once every three weeks
- Dosing is based on actual body weight. For patients weighing ≥100 kg, the recommended dose is 30 mg

Calculation

<table>
<thead>
<tr>
<th>How to calculate mg</th>
<th>How to calculate mL</th>
</tr>
</thead>
<tbody>
<tr>
<td>(body weight (kg) x 0.3 mg/kg) = mg</td>
<td>(mg x 5 mL/10 mg) = mL</td>
</tr>
</tbody>
</table>

Proper preparation of ONPATTRO requires filtration to remove particulates. An additional vial may be required depending on the type of filter used and the amount of product that remains in the filter (hold-up volume). The calculator found in the ONPATTRO Dosing & Administration Guide assumes that 1 mL of drug product remains in the filter when determining the number of vials needed.

Example - 68 kg patient

<table>
<thead>
<tr>
<th>mg</th>
<th>mL</th>
</tr>
</thead>
<tbody>
<tr>
<td>68 kg x 0.3 mg/kg = 20.4 mg</td>
<td>20.4 mg x 5 mL/10 mg = 10.2 mL</td>
</tr>
</tbody>
</table>

Please see Important Safety Information on the last page and full Prescribing Information.
List the appropriate revenue code for the service provided.

For Medicare, use the revenue code 0636—Drugs requiring detailed coding.

For payers other than Medicare, the revenue code for ONPATTRO may vary, although some private payers and Medicaid plans accept revenue code 0250—General pharmacy.

Enter the corresponding description for the revenue code listed in Locator 42.

Enter the appropriate HCPCS code.

For Medicare:
C9399—Unclassified drugs and biologics for dates of service between 8/10/18 and 12/31/18.
C9036—ONPATTRO injection for dates of service between 1/1/19 and 12/31/19.

For Medicaid and Commercial Payers:
J3490—Unclassified drugs.

Enter the total charge for each line item.

Enter the number of service units for each line item.

Enter the service date.

Enter “0” to indicate use of the ICD-10-CM diagnosis coding system.

Enter the primary diagnosis code.

Until a permanent HCPCS code for ONPATTRO is issued, enter the product name, route of administration, dosage in mL (refer to example on the left to find out how to calculate dosing), and NDC (NDC 71336-1000-01). Confirm with the payer whether additional information is required in this field (e.g., wastage, invoice price, strength in mg/mL).

There are 3 different scenarios for CPT® codes (listed below). For each, the first claim line should always be for ONPATTRO® (patisiran) with J3490 followed by the premed HCPCS codes.

1. 96365/96366 and 96367 combination
2. 96413/96415 and 96367 combination
3. 96379 scenario
## Loop and segment guide

### Important considerations when including NDC information along with unlisted codes on your UB-04 claims

Medicare and commercial insurers require that additional information be included on your claims when billing NDCs, especially when the corresponding HCPCS code is a Not Otherwise Classified (NOC) code like C9399 (Medicare) or J3490 (commercial insurers). In addition, some payers may also require that unlisted CPT® code 96379 be used to report an ONPATTRO® (patisiran) infusion.

The table below is a quick loop and segment reference guide when billing your UB-04 claims electronically. Please be sure to contact your patients’ payers to inquire about additional information that may be required.

<table>
<thead>
<tr>
<th>Information</th>
<th>Code(s) or Additional Information</th>
<th>UB-04 Locator</th>
<th>Electronic Loop</th>
<th>Equivalent Segment</th>
</tr>
</thead>
</table>
| **HCPCS or CPT® Code**       | For Medicare: C9399 or C9036 and/or 96379<sup>a</sup>  
For Medicaid and Commercial Payers: J3490 and/or 96379<sup>a</sup> | Locator 44    | 2400            | SV-202-2           |
| **Unlisted CPT® Code Descriptor<sup>b</sup>** | ONPATTRO IV, NDC 71336-1000-01, XmL dose, Xmg strength<sup>c</sup> | Locator 44    | 2400            | SV202-7            |
| **CPT® Code(s)**             | 96365/96366/96367  
96413/96415/96367           | Locator 44    | 2400            | SV202-2           |
| **HCPCS Level II Code Units**| 1                                                              | Locator 46    | 2400            | SV205              |
| **Additional Product Information<sup>b</sup>** | ONPATTRO IV, NDC 71336-1000-01, XmL dose, Xmg strength<sup>c</sup> | Locator 80    | 2300            | NTE01 and NTE02    |
| **ICD-10-CM Code (primary)** | E85.1                                                       | Locator 67    | 2400            | HI01-2             |
| **Bill Type Code**           | Provide specific                                           | Locator 4     | 2300            | CLM05-1            |
| **Revenue Code(s)**          | 0250  
0260  
0636 | Locator 42    | 2400            | SV201             |
| **NDC Identifier**           | N4                                                            | Locator 43    | 2410            | LIN02              |
| **NDC Number**               | 71336-1000-01                                               | Locator 43    | 2410            | LIN03              |
| **Quantity/Dosage<sup>c</sup>** (Number of NDC units) | Based on patient weight. Refer to ONPATTRO dosing calculation example on page 4 | Locator 43    | 2410            | CTP04              |
| **Unit of Measure**          | mL                                                           | Locator 43    | 2410            | CTP05-1            |

<sup>a</sup>When required.

<sup>b</sup>Payers may prefer that unlisted CPT® Code and NOC descriptors be included in one loop/segment combination over another. Including ONPATTRO IV, NDC 71336-1000-01, XmL dose, Xmg strength in both sections of your electronic claims is acceptable and ensures you are submitting this important information to payers.

<sup>c</sup>The recommended dose of ONPATTRO is 0.3 mg/kg. For patients weighing ≥100 kg, the recommended dose is 30 mg.

Please see Important Safety Information on the last page and full Prescribing Information.
Clean claim filing checklist

- Select the appropriate primary diagnosis
- Confirm appropriate clinical documentation to support diagnosis
- Understand any payer-specific requirements (prior authorization, coding details, etc.)
- Utilize all appropriate ICD-10, CPT®, HCPCS and Revenue codes
  - For Medicare claims in the hospital outpatient department (HOPD), use C9399 as the miscellaneous HCPCS code for dates of service between 8/10/18 and 12/31/18
    —Remember: Billing Unit = 1
  - For Medicare claims in the HOPD, use C9036 as the product-specific C-code for ONPATTRO® (patisiran) injection for dates of service effective 1/1/19
    —Remember: Billing Unit = 0.1 mg
  - In general, commercial and Medicaid payers will require the use of J3490 (Unclassified drugs) in the HOPD setting
  - If using a miscellaneous code, make sure Locator 80d (UB-04) is unlocked and available for use within the billing software
    —Properly document the 11-digit NDC, product name, route of administration, and dosage in mL (see page 4 for example of dosing calculation)
  - Remember to use the sample claim form on page 5 as a guide
- Anticipate requests from payers for additional clinical information prior to claims being processed for payment

Alnylam Field Reimbursement Directors are available to help answer any reimbursement-related questions you may have about ONPATTRO. Contact Alnylam Assist™ at 1-833-256-2748.

*It is always the provider’s responsibility to determine the appropriate healthcare setting and to submit true and correct claims for those products and services rendered. Contact third-party payers for specific information on their coding and payment policies.
Indication
ONPATTRO® (patisiran) is indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.

Important Safety Information

Infusion-Related Reactions
Infusion-related reactions (IRRs) have been observed in patients treated with ONPATTRO. In a controlled clinical study, 19% of ONPATTRO-treated patients experienced IRRs, compared to 9% of placebo-treated patients. The most common symptoms of IRRs with ONPATTRO were flushing, back pain, nausea, abdominal pain, dyspnea, and headache.

To reduce the risk of IRRs, patients should receive premedication with a corticosteroid, acetaminophen, and antihistamines (H1 and H2 blockers) at least 60 minutes prior to ONPATTRO infusion. Monitor patients during the infusion for signs and symptoms of IRRs. If an IRR occurs, consider slowing or interrupting the infusion and instituting medical management as clinically indicated. If the infusion is interrupted, consider resuming at a slower infusion rate only if symptoms have resolved. In the case of a serious or life-threatening IRR, the infusion should be discontinued and not resumed.

Reduced Serum Vitamin A Levels and Recommended Supplementation
ONPATTRO treatment leads to a decrease in serum vitamin A levels. Supplementation at the recommended daily allowance (RDA) of vitamin A is advised for patients taking ONPATTRO. Higher doses than the RDA should not be given to try to achieve normal serum vitamin A levels during treatment with ONPATTRO, as serum levels do not reflect the total vitamin A in the body.

Patients should be referred to an ophthalmologist if they develop ocular symptoms suggestive of vitamin A deficiency (e.g. night blindness).

Adverse Reactions
The most common adverse reactions that occurred in patients treated with ONPATTRO were upper respiratory tract infections (29%) and infusion-related reactions (19%).

Please see full Prescribing Information for additional information.