ELITEK® rasburicase IV Infusion

BILLING AND CODING GUIDE

Product Codes

ELITEK may be identified by a Healthcare Common Procedure Coding System (HCPCS) Level II code, National Drug Code (NDC), and a Current Procedural Terminology (CPT) code.

The coding information provided below is for informational purposes only.

HCPCS Level II Code	
J2783	Injection, rasburicase, 0.5 mg for hospital inpatient, physician office and most payers
NDC Codes	
0024-5154-11	ELITEK is supplied in a carton with 3 single-use vials each containing 1.5 mg of rasburicase and 3 ampules each containing 1 mL diluent
0024-5155-74	ELITEK is supplied in a carton with 1 single-use vial containing 7.5 mg of rasburicase and 1 ampule containing 5 mL diluent
CPT Code	
96365	Intravenous infusion for therapy, prophylaxis, or diagnosis; (specify substance of drug); initial, up to 1 hour

		Hospital Inpatient	Hospital Outpatient
Administration of ELITEK	Revenue code	**0260** IV therapy, general	**0260** IV therapy, general
	ICD-10 procedure code	**3E033GC** Introduction of other therapeutic substance into peripheral vein, percutaneous approach	**3E033GC** Introduction of other therapeutic substance into peripheral vein, percutaneous approach
ELITEK	Revenue code	**0250** Pharmacy, general	**0636** Drugs requiring detailed coding

Indication – ELITEK is indicated for the initial management of plasma uric acid levels in patients with leukemia, lymphoma, and solid tumor malignancies who are receiving anticancer therapy expected to result in tumor lysis and subsequent elevation of plasma uric acid. ELITEK is indicated only for a single course of treatment.

Important Safety Information

WARNING: HYPERSENSITIVITY REACTIONS, HEMOLYSIS, METHEMOGLOBINEMIA, AND INTERFERENCE WITH URIC ACID MEASUREMENTS

- **Hypersensitivity Reactions: ELITEK can cause serious and fatal hypersensitivity reactions including anaphylaxis. Immediately and permanently discontinue ELITEK in patients who experience a serious hypersensitivity reaction.**

Please see additional Important Safety Information throughout and accompanying full Prescribing Information including Boxed WARNING.

Diagnosis Codes ICD-10

ICD-10	Description
E79.0	Hyperuricemia without signs of inflammatory arthritis and tophaceous disease
E88.3	Tumor lysis syndrome
C00.0-C82.8	Malignant neoplasm of external upper lip – Follicular lymphoma, unspecified
C82.90-C82.98	Follicular lymphoma, unspecified, unspecified site – Follicular lymphoma, unspecified, lymph nodes of multiple sites
C83.10-C83.18	Mantle cell lymphoma, unspecified site – Mantle cell lymphoma, lymph nodes of multiple sites
C83.30-C83.38	Diffuse large B-cell lymphoma,unspecified site – Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.38-C83.39	Diffuse large B-cell lymphoma, lymph nodes of multiple sites – Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.50-C83.58	Lymphoblastic (diffuse) lymphoma, unspecified site – Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.70-C83.78	Burkitt's lymphoma, unspecified site – Burkitt's lymphoma, lymph nodes of multiple sites
C83.80-C83.88	Other non-follicular lymphoma, unspecified site – Other non-follicular lymphoma, lymph nodes of multiple sites
C84.40-C84.48	Peripheral T-cell lymphoma, not classified, unspecified site – Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.60-C84.68	Anaplastic large cell lymphoma, ALK-positive, unspecified site – Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C85.80-C85.88	Other specified types of non-Hodgkin lymphoma, unspecified site – Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C90.00	Multiple myeloma not having achieved remission
C90.10-C90.12	Plasma cell leukemia not having achieved remission – Plasma cell leukemia, in relapse
C91.00-C91.02	Acute lymphoblastic leukemia not having achieved remission – Acute lymphoblastic leukemia, in relapse
C91.10-C91.12	Chronic lymphocytic leukemia of B-cell type not having achieved remission – Chronic lymphocytic leukemia of B-cell type, in relapse
C91.Z0-C91.Z2	Other lymphoid leukemia not having achieved remission – Other lymphoid leukemia, in relapse
C91.40	Hairy cell leukemia not having achieved remission

Important Safety Information cont'd

WARNING: HYPERSENSITIVITY REACTIONS, HEMOLYSIS, METHEMOGLOBINEMIA, AND INTERFERENCE WITH URIC ACID MEASUREMENTS (cont'd)

- **Hemolysis: Do not administer ELITEK to patients with glucose-6-phosphate dehydrogenase (G6PD) deficiency. Immediately and permanently discontinue ELITEK in patients developing hemolysis. Screen patients at higher risk for G6PD deficiency (e.g., patients of African or Mediterranean ancestry) prior to starting ELITEK.**

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Diagnosis Codes ICD-10 cont'd

ICD-10	Description
C91.90-C91.92	Lymphoid leukemia, unspecified not having achieved remission – Lymphoid leukemia, unspecified, in relapse
C92.00-C92.02	Acute myeloblastic leukemia, not having achieved remission – Acute myeloblastic leukemia, in relapse
C92.10-C92.12	Chronic myeloid leukemia BCR/ABL-positive, not having achieved remission – Chronic myeloid leukemia BCR/ABL-positive, in relapse
C92.20-C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission – Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.Z0-C92.Z2	Other myeloid leukemia, not having achieved remission – Other myeloid leukemia, in relapse
C92.90-C92.92	Myeloid leukemia, unspecified, not having achieved remission – Myeloid leukemia, unspecified, in relapse
C93.00-C93.02	Acute monoblastic/monocytic leukemia, not having achieved remission – Acute monoblastic/monocytic leukemia, in relapse
C93.10-C93.12	Chronic myelomonocytic leukemia not having achieved remission – Chronic myelomonocytic leukemia, in relapse
C93.90-C93.92	Monocytic leukemia, unspecified, not having achieved remission – Monocytic leukemia, unspecified, in relapse
C93.Z0-C93.Z2	Other monocytic leukemia, not having achieved remission – Other monocytic leukemia, in relapse
C94.20-C94.22	Acute megakaryoblastic leukemia, not having achieved remission – Acute megakaryoblastic leukemia, in relapse
C94.30-C94.82	Mast cell leukemia, not having achieved remission – Other specified leukemias, in relapse
C95.00-C95.02	Acute leukemia of unspecified cell type, not having achieved remission – Acute leukemia of unspecified cell type, in relapse
C95.10-C95.12	Chronic leukemia of unspecified cell type, not having achieved remission – Chronic leukemia of unspecified cell type, in relapse
C95.90-C95.92	Leukemia, unspecified, not having achieved remission – Leukemia, unspecified, in relapse
C96.4-C96.9	Sarcoma of dendritic cells (accessory cells) – Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
D00.0 - D49.9	Carcinoma in situ of lip, oral cavity and pharynx – Neoplasm of unspecified behavior of unspecified site

Important Safety Information cont'd

WARNING: HYPERSENSITIVITY REACTIONS, HEMOLYSIS, METHEMOGLOBINEMIA, AND INTERFERENCE WITH URIC ACID MEASUREMENTS (cont'd)

- **Methemoglobinemia: ELITEK can result in methemoglobinemia in some patients. Immediately and permanently discontinue ELITEK in patients developing methemoglobinemia.**
- **Interference with Uric Acid Measurements: ELITEK enzymatically degrades uric acid in blood samples left at room temperature. Collect blood samples in prechilled tubes containing heparin and immediately immerse and maintain sample in an ice water bath. Assay plasma samples within 4 hours of collection.**

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PATIENT RESOURCES AND SUPPORT

CareASSIST® Patient Support by Sanofi

CareASSIST is a patient support program designed to help eligible patients get access and financial support for their prescribed Sanofi medications.

- **Access and Reimbursement:** Assistance navigating the insurance process, including benefits investigations, claims assistance, and information about prior authorizations and appeals.
- **Financial Assistance:** CareASSIST offers programs and services that can help eligible patients with the cost of ELITEK.
  - Eligible patients with commercial insurance may qualify for the CareASSIST Copay Program and may pay as little as **$0 out of pocket** for ELITEK
  - Eligible patients with no insurance, or who lack coverage, may qualify for the CareASSIST Patient Assistance Program and receive ELITEK from Sanofi Cares North America **at no cost**
- **Resource Support:** Information on independent support services for patients and caregivers, as well as product ordering and replacement information.

Tap into support for ELITEK today!

Call **1.833.WE+CARE (1.833.930.2273)**
Monday through Friday, 9am to 8pm ET to speak with a Care Manager

You can also visit
SanofiCareAssist.com/hcp/ELITEK
for more information

IMPORTANT NOTICE: Maximum benefit of $25,000 per calendar year. Prescription must be for an approved indication. Not valid for prescriptions covered by or submitted for reimbursement, in whole or in part, under Medicare, Medicaid, VA, DoD, TRICARE, or similar federal or state programs including any state pharmaceutical assistance programs. Not valid where prohibited by law. This offer is non-transferable, limited to one per person, and cannot be combined with any other offer or discount Any savings provided by the program may vary depending on patients' out-of-pocket costs. Sanofi reserves the right to modify or discontinue the programs at any time without notice. All program details provided upon registration.

Important Safety Information cont'd

CONTRAINDICATIONS

ELITEK is contraindicated in patients with a history of anaphylaxis or severe hypersensitivity to rasburicase or in patients with development of hemolytic reactions or methemoglobinemia with rasburicase. ELITEK is contraindicated in individuals deficient in glucose-6-phosphate dehydrogenase (G6PD).

ADVERSE REACTIONS

Most common adverse reactions (incidence ≥20%), when used concomitantly with anticancer therapy, are vomiting, nausea, fever, peripheral edema, anxiety, headache, abdominal pain, constipation, diarrhea, hypophosphatemia, pharyngolaryngeal pain, and increased alanine aminotransferase.

USE IN SPECIFIC POPULATIONS

- **Pregnancy:** Consider the benefits and risks of ELITEK and possible risks to the fetus when prescribing ELITEK to a pregnant woman.
- **Lactation:** Because of the potential for serious adverse reactions in the breastfed child, advise patients that breastfeeding is not recommended during treatment with ELITEK and for 2 weeks after the last dose.

Please see accompanying full Prescribing Information including Boxed WARNING.

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