Andexxa®

Coagulation Factor Xa (Recombinant), Inactivated –zhzo

Coding Guide

This Coding Guide has been prepared to assist inpatient hospital facilities ("providers") in accurately billing for ANDEXXA®, Coagulation Factor Xa (Recombinant), Inactivated-zhzo. This information details our general understanding of the application of certain codes to ANDEXXA. It is the provider's responsibility to determine and submit appropriate codes, charges, and modifiers for the products and services rendered. Third-party payers may have additional or different coding and reimbursement requirements. Therefore, before filing any claim, providers should verify these requirements in writing with specific payers. For more information, visit andexxa.com.

INDICATION AND SELECT IMPORTANT SAFETY INFORMATION

> **WARNING: THROMBOEMBOLIC RISKS, ISCHEMIC RISKS, CARDIAC ARREST, AND SUDDEN DEATHS**
>
> *See full prescribing information for complete boxed warning*
>
> **Treatment with ANDEXXA has been associated with serious and life-threatening adverse events, including:**
> - **Arterial and venous thromboembolic events**
> - **Ischemic events, including myocardial infarction and ischemic stroke**
> - **Cardiac arrest**
> - **Sudden deaths**
>
> **Monitor for thromboembolic events and initiate anticoagulation when medically appropriate. Monitor for symptoms and signs that precede cardiac arrest and provide treatment as needed.**

INDICATION

ANDEXXA, coagulation factor Xa (recombinant), inactivated-zhzo is a recombinant modified human factor Xa (FXa) protein indicated for patients treated with rivaroxaban and apixaban, when reversal of anticoagulation is needed due to life-threatening or uncontrolled bleeding.

This indication is approved under accelerated approval based on the change from baseline in anti-FXa activity in healthy volunteers. An improvement in hemostasis has not been established. Continued approval for this indication may be contingent upon the results of studies to demonstrate an improvement in hemostasis in patients.

Limitation of Use

ANDEXXA has not been shown to be effective for, and is not indicated for, the treatment of bleeding related to any FXa inhibitors other than apixaban and rivaroxaban.

SELECT IMPORTANT SAFETY INFORMATION

THROMBOEMBOLIC RISK

Arterial and venous thromboembolic events, ischemic events, sudden deaths, or events where a thrombotic event could not be ruled out were observed within 30 days post-ANDEXXA administration in 33 of the 185 (17.8%) patients evaluable for safety in the ongoing ANNEXA-4 study. The median time to these events was 6 days. Of the 86 patients who were re-anticoagulated prior to a thrombotic event, 11 (12.7%) patients experienced a thromboembolic, ischemic event, cardiac event or death.

Monitor patients treated with ANDEXXA for signs and symptoms of arterial and venous thromboembolic events, ischemic events, and cardiac arrest. To reduce thromboembolic risk, resume anticoagulant therapy as soon as medically appropriate following treatment with ANDEXXA.

The safety of ANDEXXA has not been evaluated in patients who experienced thromboembolic events or disseminated intravascular coagulation within two weeks prior to the life-threatening bleeding event requiring treatment with ANDEXXA. Safety of ANDEXXA also has not been evaluated in patients who received prothrombin complex concentrates, recombinant factor VIIa, or whole blood products within seven days prior to the bleeding event.

Re-elevation or Incomplete Reversal of Anti-FXa Activity

The time course of anti-FXa activity following ANDEXXA administration was consistent among the healthy volunteer studies and the ANNEXA-4 study in bleeding patients. Compared to baseline, there was a rapid and substantial decrease in anti-FXa activity corresponding to the ANDEXXA bolus. This decrease was sustained through the end of the ANDEXXA continuous infusion. Following the infusion, there was an increase in anti-FXa activity, which peaked 4 hours after infusion in ANNEXA-4 subjects. After this peak, the anti-FXa activity decreased at a rate similar to the clearance of the FXa inhibitors.

ADVERSE REACTIONS

The most common adverse reactions (≥ 5%) in patients receiving ANDEXXA were urinary tract infections and pneumonia.

The most common adverse reactions (≥ 3%) in healthy volunteers treated with ANDEXXA were infusion-related reactions.

IMMUNOGENICITY

As with all therapeutic proteins, there is potential for immunogenicity. Low titers of anti-ANDEXXA antibodies were observed in 26/145 healthy subjects (17%); 6% (9/145) were first observed at Day 30 with 20 subjects (14%) still having titers at the last time point (days 44 to 48). To date, the pattern of antibody response in patients in the ANNEXA-4 study has been similar to that observed in healthy volunteers with 6% of the patients having antibodies against ANDEXXA (6/98 patients). None of these anti-ANDEXXA antibodies were neutralizing. No antibodies cross-reacting with FX or FXa were detected in healthy subjects (0/145) or in bleeding patients to date (0/98).

Please see accompanying full Prescribing Information including Boxed Warning.

MEDICARE INPATIENT CODING AND PAYMENT (PART A)

- Only one MS-DRG is assigned to a patient for a particular hospital admission, and determined by ICD-10-CM diagnoses and procedure codes
  - Patients who received ANDEXXA during their hospital stay may be assigned to different MS-DRGs based on these variables
- It is important to use one of the two unique ICD-10-PCS procedure codes that were created effective October 1, 2016 for the introduction of ANDEXXA:

ICD-10-PCS Code	Descriptor*†
XW03372	Introduction of andexanet alfa, Factor Xa inhibitor reversal agent into peripheral vein, percutaneous approach, New Technology Group 2
XW04372	Introduction of andexanet alfa, Factor Xa inhibitor reversal agent into central vein, percutaneous approach, New Technology Group 2

MEDICARE NEW TECHNOLOGY ADD-ON PAYMENT (NTAP)††

- Portola has applied for an NTAP for ANDEXXA

- If approved, the expected activation date would be October 2018

- The criteria for NTAP is substantial clinical improvement, newness and cost

- In addition to the MS-DRG payment, NTAP may facilitate an additional payment equal to the lesser of (i) 50% of the cost of ANDEXXA being directly paid for in addition to the MS-DRG payment, or (ii) 50% of the amount by which the costs of the case exceed the standard MS-DRG payment

Other Reimbursement Considerations: The specifics of coverage may vary by payer and can be specific to the patient's unique plan. Please reference the individual patient's plan to determine any applicable coverage requirements. Portola anticipates that coverage will not be available under Medicare Part B and that, because federal financial participation will not be available, state Medicaid agencies may not cover the drug, as well.

*This information is subject to change and providers should consult relevant references for the description of each code to determine its appropriateness.

†This list is not designed to be a comprehensive list of procedure codes for any given case. Other procedure codes may be appropriate and submitted to payers. Providers are solely responsible for determining the appropriate codes in billing payers. The information provided here is not intended to be definitive or exhaustive, and is not intended to replace the guidance of a qualified professional advisor.

††Hospitals not reimbursed under the IPPS, including but not limited to critical access hospitals, excluded cancer hospitals, long-term acute care hospitals, Veterans Affairs (VA) hospitals, Department of Defense (DoD) facilities, and hospitals in the state of Maryland, are not eligible to receive add-on payments.

Please see Important Safety Information on the reverse side and accompanying full Prescribing Information including Boxed Warning.

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References: 1. Andexxa [prescribing information]. South San Francisco, CA: Portola Pharmaceuticals Inc.; 2018. **2.** CMS New Medical Services and New Technologies. Accessed April 2018. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/newtech.html.