HOSPITAL OUTPATIENT CODING
AND BILLING INFORMATION SHEET
FOR NEULASTA® ONPRO®,
NEULASTA®, AND NEUPOGEN®

Contact Amgen Assist 360™ for reimbursement and access resources at 1-888-4ASSIST or www.amgenassist360.com
Neulasta® (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.1 Neulasta® is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.1

### Neulasta® Onpro® kit, which includes:

- the same Neulasta® as in the Prefilled Syringe with a different delivery option

- Must be prepared and applied by a healthcare provider on the same day as chemotherapy
- The prefilled syringe co-packaged in the Neulasta® Onpro® kit must only be used with the On-body Injector for Neulasta®
- Designed to deliver a full dose of Neulasta® approximately 27 hours after its activation1
  - As per the label, a healthcare provider may initiate administration with the On-body Injector for Neulasta® (also referred to as the “On-body Injector”) on the same day as the administration of cytotoxic chemotherapy, and the On-body Injector is designed to deliver pegfilgrastim approximately 27 hours after application1

### Apply today, deliver* Neulasta® tomorrow1

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<tr>
<td>6</td>
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<td>21</td>
<td>24</td>
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<tr>
<td>27</td>
<td></td>
</tr>
</tbody>
</table>

- Healthcare provider activates and applies the On-body Injector to the patient
- Three minutes after activation, the needle inserts the cannula subcutaneously2
- Approximately 27 hours after the On-body Injector is activated and applied to the patient, Neulasta® will be delivered subcutaneously over approximately 45 minutes

<table>
<thead>
<tr>
<th>SELECT ATTRIBUTES</th>
<th>SAME</th>
<th>DIFFERENT</th>
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</thead>
<tbody>
<tr>
<td>Active Ingredient</td>
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<td>✓</td>
</tr>
<tr>
<td>Indication</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Route of Administration</td>
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<td>✓</td>
</tr>
<tr>
<td>Deliverable Dose</td>
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<td>✓</td>
</tr>
<tr>
<td>WAC1,4</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>J-code5,*</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>How Delivered and CPT Code1,6,*</td>
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<td>✓</td>
</tr>
<tr>
<td>NDC Number1,*</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

* See next page for coding and billing information sheet for Neulasta®. NDC = National Drug Code; WAC = wholesale acquisition cost.

### On-body Injector for Neulasta®

A missed dose could occur due to an On-body Injector for Neulasta® failure or leakage. If the patient misses a dose, a new dose should be administered by single prefilled syringe for manual use, as soon as possible after detection. The On-body Injector is backed by 24/7 telephone support and a full return policy. Call 1-844-MYNEULASTA at any time for assistance or answers to product-related questions.

### Important Safety Information

#### Contraindication

- Neulasta® or NEUPOGEN® are contraindicated in patients with a history of serious allergic reactions to human granulocyte colony-stimulating factors (G-CSFs), such as pegfilgrastim or filgrastim

Please see additional Important Safety Information on pages 10-11.
**Hospital Outpatient — Billing Information Sheet for the Neulasta® Onpro® kit**

<table>
<thead>
<tr>
<th>Item</th>
<th>Revenue Code</th>
<th>Coding Information (HCPCS/CPT/ICD-10-CM)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neulasta® Onpro® kit</td>
<td>Medicare: 0636, drugs requiring detailed coding</td>
<td>J2505, injection, pegfilgrastim, 6 mg</td>
<td>Neulasta® is supplied as a 6 mg deliverable dose.¹</td>
</tr>
<tr>
<td></td>
<td>Other Payers: 0250, general pharmacy, OR 0636, if required by a given payer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration of the On-body Injector</td>
<td>Appropriate revenue code for the cost center in which the service is performed</td>
<td>96377, application of on-body injector (includes cannula insertion) for timed subcutaneous injection</td>
<td>Healthcare providers can initiate administration with the On-body Injector on the same day as the administration of chemotherapy.&quot;¹²</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective January 1, 2018, the drug administration CPT code (96377) for use with the Neulasta® Onpro® kit will be designated as an active code under the Medicare Physician Fee Schedule.⁷</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>See payer guidelines for specific coding requirements.</td>
<td></td>
</tr>
</tbody>
</table>

**Important Safety Information**

**Splenic Rupture**
- Spleenic rupture, including fatal cases, can occur following the administration of Neulasta® and NEUPOGEN®.
- Evaluate for an enlarged or ruptured spleen in patients who report left upper abdominal or shoulder pain.

Please see additional Important Safety Information on pages 10-11.

**Contact Amgen Assist 360™ for reimbursement and access resources at 1-888-4ASSIST or www.amgenassist360.com**

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**The CMS 1450 for Hospital Outpatient – the Neulasta® Onpro® kit**

**Sample UB-04 (CMS 1450) Form — Hospital Outpatient Administration**

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**HOSPTIAL OUTPATIENT — BILLING INFORMATION SHEET FOR THE NEULASTA® ONPRO® KIT**
## Hospital Outpatient – Billing Information Sheet for the Neulasta® Prefilled Syringe

<table>
<thead>
<tr>
<th>Item</th>
<th>Revenue Code</th>
<th>Coding Information (HCPCS/CPT/ICD-10-CM)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neulasta® Prefilled Syringe for Manual Injection</td>
<td>Medicare: 0636, drugs requiring detailed coding</td>
<td>J2505, injection, pegfilgrastim, 6 mg</td>
<td>Neulasta® is supplied as a 6 mg deliverable dose.¹</td>
</tr>
<tr>
<td>Other Payers:</td>
<td></td>
<td></td>
<td>55513-0190-01 is the NDC number (in the 11-digit format) for the Neulasta® prefilled syringe for manual injection.</td>
</tr>
<tr>
<td>Administration of Neulasta® Prefilled Syringe for Manual Injection</td>
<td>Appropriate revenue code for the cost center in which the service is performed</td>
<td>96372, therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular</td>
<td></td>
</tr>
<tr>
<td>Diagnosis/Condition</td>
<td>N/A</td>
<td>Appropriate ICD-10-CM diagnosis code(s) for patient condition. Allowable diagnosis codes may vary by payer.</td>
<td></td>
</tr>
</tbody>
</table>

¹Neulasta® is supplied as a 6 mg deliverable dose.

### Important Safety Information

**Acute Respiratory Distress Syndrome (ARDS)**

- ARDS has occurred in patients receiving Neulasta® and NEUPOGEN®
- Evaluate patients who develop a fever and lung infiltrates or respiratory distress after receiving Neulasta® or NEUPOGEN®
- Discontinue Neulasta® or NEUPOGEN® in patients with ARDS

Please see additional Important Safety Information on pages 10-11.

### Contact Amgen Assist 360™ for reimbursement and access resources at 1-888-4ASSIST or www.amgenassist360.com

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### The CMS 1450 for Hospital Outpatient – the Neulasta® Prefilled Syringe

#### Sample UB-04 (CMS 1450) Form – Hospital Outpatient Administration

- **SERVICE DATE (BOX 45)**
  - Report date of service. For example, the date when Neulasta® prefilled syringe for manual injection was administered.

- **PRODUCT AND PROCEDURE CODE (BOX 44)**
  - **Product:** Medicare: Use revenue code 0636, drugs requiring detailed coding. Other payers: Use revenue code 0250, general pharmacy (or 0636, if required by a given payer).
  - **Related administration procedure:** Use most appropriate revenue code for cost center where services were performed (eg, 0510, clinic).

- **SERVICE UNITS (BOX 46)**
  - Report units of service. 1 unit (Neulasta® dose is 6 mg, per label).

- **DIAGNOSIS CODES (BOX 67)**
  - Enter appropriate ICD-10-CM diagnosis code(s) corresponding to patient’s diagnosis. Allowable diagnosis codes may vary by payer.

- **REVENUE CODES (BOX 42) AND DESCRIPTIONS (BOX 43)**
  - Medicare: Use revenue code 0636, drugs requiring detailed coding. Other payers: Use revenue code 0250, general pharmacy (or 0636, if required by a given payer).

This sample form is intended as a reference for coding and billing for product and associated services. It is not intended to be a directive, nor does it use the recommended codes guarantee reimbursement. Physicians and staff may deem other codes or policies more appropriate. Providers should select the coding options that most accurately reflect their internal system guidelines, payer requirements, practice patterns, and the services rendered. Providers are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.
NEUPOGEN® (filgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever.

### Item | Revenue Code | Coding Information (HCPCS/CPT/ICD-10-CM) | Notes
--- | --- | --- | ---
**NEUPOGEN**<sup>®</sup> **Medicare:** 0636, drugs requiring detailed coding | J1442, injection, filgrastim (G-CSF), 1 mcg | The NDC numbers for NEUPOGEN®, in the 11-digit format, are as follows:<sup>8</sup>
- 300-mcg vial: 55513-0530-10
- 300-mcg prefilled syringe: 55513-0924-10
- 480-mcg vial: 55513-0546-10
- 480-mcg prefilled syringe: 55513-0209-10

Other Payers: 0250, general pharmacy, OR 0636, if required by a given payer

**Administration** Appropriate revenue code for the cost center in which the service is performed | 96372, therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

**Diagnosis/Condition** N/A | Appropriate ICD-10-CM diagnosis code(s) for patient condition. Allowable diagnosis codes may vary by payer.

### Important Safety Information

**Serious Allergic Reactions**
- Serious allergic reactions, including anaphylaxis can occur in patients receiving Neulasta<sup>®</sup> and NEUPOGEN®
- Provide symptomatic treatment for allergic reactions
- Majority of events occurred upon initial exposure and can recur within days after discontinuation of initial anti-allergic treatment
- Permanently discontinue Neulasta<sup>®</sup> or NEUPOGEN® in patients with serious allergic reactions

Please see additional Important Safety Information on pages 10-11.

Contact Amgen Assist 360™ for reimbursement and access resources at 1-888-4ASSIST or www.amgenassist360.com
Special Instructions for the On-body Injector (OBI) for Neulasta®

A healthcare provider must fill the on-body injector (OBI) with Neulasta® using the co-packaged prefilled syringe and then apply the OBI to the patient’s skin (abdomen or back of arm). The back of the arm may only be used if there is a caregiver available to monitor the status of the OBI. Approximately 27 hours after the OBI is applied to the patient’s skin, Neulasta® will be delivered over approximately 45 minutes. A healthcare provider may initiate administration with the OBI as early as 24 hours after the start of the administration of cytotoxic chemotherapy, as long as the OBI delivers Neulasta® no less than 24 hours after the administration of cytotoxic chemotherapy. The prefilled syringe co-packaged in the Neulasta® Onpro® kit contains additional solution to compensate for liquid loss during delivery through the OBI. If this syringe is used for manual subcutaneous injection, the patient will receive an overdose. If the prefilled syringe for manual use is used with the OBI, the patient may receive less than the recommended dose.

Do not use the OBI to deliver any other drug product except the Neulasta® prefilled syringe co-packaged with the OBI. Use of the OBI has not been studied in pediatric patients.

The OBI should be applied to intact, non-irritated skin on the arm or abdomen. A missed dose could occur due to an OBI failure or leakage. Instruct patients using the OBI to notify their healthcare professional immediately in order to determine the need for a replacement dose of Neulasta if they suspect that the device may not have performed as intended. If the patient misses a dose, a new dose should be administered by single prefilled syringe for manual use as soon as possible after detection. Review the Patient Information and Patient Instructions for Use with the patient and provide the instructions to the patient. Refer to the Healthcare Provider Instructions for Use for the OBI for full administration information.

For any OBI problems, call Amgen at 1-800-772-6436 or 1-844-MYNEULASTA (1-844-696-3852).

Indication and Important Safety information for Neulasta® (pegfilgrastim) and NEUPAGEN® (filgrastim)

Indication

Neulasta® and NEUPAGEN® are indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant neutropenia. Neulasta® is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.

Important Safety Information

Contraindication

• Neulasta® or NEUPAGEN® are contraindicated in patients with a history of serious allergic reactions to human granulocyte colony-stimulating factors (G-CSFs), such as pegfilgrastim or filgrastim.

Spleenic Rupture

• Spleenic rupture, including fatal cases, can occur following the administration of Neulasta® and NEUPAGEN®.

• Evaluate for an enlarged or ruptured spleen in patients who report left upper abdominal or shoulder pain.

Acute Respiratory Distress Syndrome (ARDS)

• ARDS has occurred in patients receiving Neulasta® and NEUPAGEN®.

• Evaluate patients who develop a fever and lung infiltrates or respiratory distress after receiving Neulasta® or NEUPAGEN®.

• Diagnoses based on azotemia, hematuria, proteinuria, and renal biopsy.

• Generally, events resolved after dose reduction or discontinuation of NEUPAGEN® and Neulasta®.

• If suspected, evaluate for cause and if cause is likely, consider dose-reduction or interruption of Neulasta® or NEUPAGEN®.

Capillary Leak Syndrome (CLS)

• CLS has been reported after G-CSF administration, including NEUPAGEN® and Neulasta®.

• Characterized by hypotension, hypoalbuminemia, edema, and hemoconcentration.

• Episodes vary in frequency, severity, and may be life-threatening if treatment is delayed.

• Patients with symptoms should be closely monitored and receive standard symptomatic treatment, which may include intensive care.

Thrombocytopenia

• Thrombocytopenia has been reported in patients who received Neulasta®.

• Monitor platelet counts.

Leukocytosis

• 癈cell blood counts of ≥ 100,000/mm³ have been observed in patients who received NEUPAGEN® and Neulasta®.

• Monitor CBCs during Neulasta® therapy and at least twice weekly for NEUPAGEN®.

• Adjust NEUPAGEN® dosing as clinically indicated to help mitigate risk of leukocytosis.

• Dosages of NEUPAGEN® that increase the absolute neutrophil count (ANC) beyond 10,000/mm³ may not result in any additional clinical benefit.

• Discontinuation of NEUPAGEN® therapy usually resulted in a 50% decrease in circulating neutrophils within 1 to 2 days, with a return to pretreatment levels in 1 to 7 days.

Cutaneous Vasculitis

• Moderate or severe cases of cutaneous vasculitis have been reported in patients treated with NEUPAGEN®.

• Most reports involved patients with severe chronic neutropenia on long-term NEUPAGEN® therapy.

• Hold NEUPAGEN® therapy in patients with cutaneous vasculitis.

• NEUPAGEN® dose may be reduced when the symptoms resolve and ANC has decreased.

Potential Effect on Malignant Cells

• Neupogen® receptor has been found on tumor cell lines.

• The possibility that NEUPAGEN® or Neulasta® act as a growth factor for any tumor type, including myelodysplastic malignancies and myelodysplasia, cannot be excluded.

Please see accompanying full Prescribing Information.
See How We Can Help Your Patients
Offering the tools, information, and support for Amgen oncology products that make a difference for you and your patients

**AMGEN REIMBURSEMENT SPECIALISTS**

Connect with an Amgen Reimbursement Counselor or schedule a visit with a Field Reimbursement Specialist

**PATIENT RESOURCE GUIDE**

Find co-pay and reimbursement resources* for patients with different kinds of insurance, or no insurance at all

**BENEFIT VERIFICATION**

Submit, store, and retrieve benefit verifications for all of your patients currently on an Amgen product

* Resources include referrals to independent nonprofit patient assistance programs. Eligibility for resources provided by independent nonprofit patient assistance programs is based on the nonprofits’ criteria. Amgen has no control over these programs and provides referrals as a courtesy only.

CALL 1-888-4ASSIST (888-427-7478)
Monday to Friday, 9:00 AM to 8:00 PM EST,
OR VISIT AMGENASSIST360.COM

References
1. Neulasta® (pegfilgrastim) Prescribing Information, Amgen.
8. NEUPOGEN® (filgrastim) Prescribing Information, Amgen.