Xembify®
(immune globulin subcutaneous human-klhw) 20%

Guide to Coverage and Reimbursement

Please see Important Safety Information on pages 12 to 13 and refer to accompanying full Prescribing Information for XEMBIFY.

GRIFOLS

Xembify®
(immune globulin subcutaneous human-klhw) 20%

Table of contents

The information contained in this guide is provided for informational purposes only and is subject to change. Providers are encouraged to contact their payers for specific information. Coding rules and guidelines are subject to payer discretion and should always be verified by the paying entity. Healthcare providers make the ultimate determination as to when to use a specific product, based on clinical appropriateness for a patient. This guide is not intended to provide specific guidance on how to use, code, bill, or charge for any product or service. Third-party payment for medical products and services is affected by numerous factors, and Grifols cannot make any representation or guarantee concerning reimbursement or coverage for any service or item.

Introduction

Grifols has developed the Guide to Coverage and Reimbursement for XEMBIFY to assist its customers in understanding third-party payment for XEMBIFY.

XEMBIFY (immune globulin subcutaneous, human- klhw) is a 20% immune globulin solution for subcutaneous injection indicated for treatment of Primary Humoral Immunodeficiency (PIDD) in patients 2 years of age and older. This includes, but is not limited to congenital agammaglobulinemia, common variable immunodeficiency, X-linked agammaglobulinemia, Wiskott-Aldrich syndrome, and severe combined immunodeficiencies.

XEMBIFY is contraindicated in patients who have had an anaphylactic or severe systemic reaction to human immunoglobulin or inactive ingredients of XEMBIFY such as polysorbate 80. It is contraindicated in IgA-deficient patients with antibodies against IgA and history of hypersensitivity.

PLEASE NOTE:

These codes are not all-inclusive; appropriate codes can vary by patient, setting of care, and payer. Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Grifols does not make any representation or guarantee concerning reimbursement or coverage for any service or item.

DOSING AND ADMINISTRATION FOR XEMBIFY

XEMBIFY is approved for subcutaneous infusion only. Before switching to XEMBIFY, healthcare professionals should obtain a patient's serum IgG trough level to guide subsequent dose adjustments.

When switching from an IVIG to XEMBIFY: calculate the dose by using a dose adjustment factor of 1.37. Begin XEMBIFY one week after the last IVIG infusion.

Establish initial; weekly dose by converting the monthly (or every 3 weeks) IVIG dose into an equivalent weekly dose and increase it by the dose adjustment factor 1.37.

For frequent dosing (2-7 times per week) you divide the calculated weekly dose by the desired number of times per week. When switching from immune globulin subcutaneous (human) treatment (IGSC), the weekly dose (grams) should be the same as the weekly dose prior IGSC treatment (grams).

Administration of XEMBIFY may occur in up to 6 infusion sites simultaneously, with at least 2 inches (5 cm) between sites avoiding bony prominences. Rotate sites for each administration.

Please see Important Safety Information on pages 12 to 13 and refer to the accompanying full Prescribing Information for XEMBIFY.

Coding for XEMBIFY

This section describes the types of codes that are likely to be most relevant to provider claims for XEMBIFY.

XEMBIFY is administered subcutaneously via an external subcutaneous infusion pump. The most common setting of care is the patient's home; however, there may be some use in the physician office or Hospital Outpatient Department (HOPD), for example, for training and instructional purposes.

HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) CODES[1]

Level II HCPCS J-code for XEMBIFY

HCPCS CODE	DESCRIPTION
J1558	Injection, immune globulin (Xembify), 100mg.

[1]Centers for Medicare and Medicaid Services (CMS). HCPCS file located at: http://www.cms.gov/Medicare/Coding//MedHCPCSGenInfo/index.

NATIONAL DRUG CODES (NDCs)

NDCs are typically used for billing drugs and biologicals provided by pharmacies and by some home infusion providers. On some claims, certain payers may require NDCs in addition to HCPCS codes. XEMBIFY has the following NDCs:

NDC*	SIZE	GRAM PROTEIN
13533-0810-05	5 mL	1
13533-0810-10	10 mL	2
13533-0810-20	20 mL	4
13533-0810-50	50 mL	10

*The 10-digit NDC appears on the product packaging and the Product Information. For reimbursement purposes, an 11-digit NDC is required. This is achieved by adding a leading "0" to the second section of the 10-digit NDC (see bold in table).

HOME INFUSION SERVICES

HCPCS / CPT	DESCRIPTION
S9338*	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
G0089†	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0069†	Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
99601*	Home infusion/specialty drug administration, per visit (up to 2 hours)
99602*	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour

*This code is not for use on Medicare claims, but may be covered by payers other than Medicare.

†May be accepted by Medicare

DURABLE MEDICAL EQUIPMENT (DME) CODES

HCPCS CODE	DESCRIPTION
	EXTERNAL INFUSION PUMP CODES
E0779*	Ambulatory infusion pump, mechanical, reusable for infusion 8 hours or greater
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours
E0781*	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
E0791	Parenteral infusion pump, stationary, single, or multichannel
	EXTERNAL INFUSION PUMP SUPPLIES
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)
K0552	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each

*External Infusion Pump types covered for XEMBIFY by Medicare Part B/DME Local Coverage Determination (DL33794) and Article (A52507)

Please see Important Safety Information on pages 12 to 13 and refer to the accompanying full Prescribing Information for XEMBIFY.

BILLING MEDICARE DME MACS[5]

The Medicare Part B Durable Medical Equipment (DME) benefit covers subcutaneously infused drugs requiring an external infusion pump for administration. Suppliers submit Part B DME claims to the appropriate DME Medicare Administrative Contractor (MAC) using the electronic version of the CMS-1500 claim form (see sample claim form on page 10). References to the CMS-1500 claim form use the paper format's identifiers but will guide electronic claims submissions as well.

HCPCS CODE[6]	DESCRIPTION
J1558-JB*	Injection, immune globulin (Xembify), 100mg.

*To specify SC administration, Medicare requires that modifier –JB accompany the HCPCS code J1558 on claims billed to the DME Medicare Administrative Contractors (MACs).

HOSPITAL REVENUE CODE

For hospital claims, most public and private payers require providers to use revenue codes. Revenue codes are 4-digit codes that identify the general types of services or products under broad revenue centers.

The following revenue code most commonly applies to drug and biological products such as XEMBIFY:

REVENUE CODE[7]	DESCRIPTION	HCPCS Code	Description
0636	Pharmacy, drugs requiring detailed coding	J1558	Injection, immune globulin (Xembify), 100mg.

[5]Palmetto GBA (a Medicare Administrative Contractor). Instructions located at: https://palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~JM%20Part%20A~Resources~FAQs~Claims~8BFR455541?open&navmenu=%7C%7C

[6]Centers for Medicare and Medicaid Services (CMS). HCPCS file located at: http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html.

[7]National Uniform Billing Committee (NUBC) guidance located at: http://www.nubc.org/.

Xembify®
(immune globulin subcutaneous human-klhw) 20%

INDICATION

XEMBIFY™ (immune globulin subcutaneous human–klhw) is a 20% immune globulin indicated for treatment of primary humoral immunodeficiency disease (PIDD) in patients 2 years of age and older. XEMBIFY is for subcutaneous administration only.

IMPORTANT SAFETY INFORMATION

WARNING: THROMBOSIS

- **Thrombosis may occur with immune globulin products, including XEMBIFY. Risk factors may include: advanced age, prolonged immobilization, estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors.**
- **For patients at risk of thrombosis, administer XEMBIFY at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.**

Contraindications

XEMBIFY is contraindicated in patients who have had an anaphylactic or severe systemic reaction to the administration of human immune globulin. It is contraindicated in IgA-deficient patients with antibodies against IgA and a history of hypersensitivity.

Warnings and Precautions

Hypersensitivity. Severe hypersensitivity reactions may occur with immune globulin products, including XEMBIFY. In case of hypersensitivity, discontinue infusion immediately and institute appropriate treatment. XEMBIFY contains IgA. Patients with known antibodies to IgA may have a greater risk of developing potentially severe hypersensitivity and anaphylactic reactions.

Thrombosis. Thrombosis may occur following treatment with immune globulin products, including XEMBIFY. Thrombosis may occur in the absence of known risk factors. In patients at risk, administer at the minimum dose and infusion rate practicable. Ensure adequate hydration before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.

Aseptic meningitis syndrome (AMS). AMS may occur with human immune globulin treatment, including XEMBIFY. Conduct a thorough neurological exam on patients exhibiting signs and symptoms to rule out other causes of meningitis. Discontinuation of treatment has resulted in remission within several days without sequelae.

Renal dysfunction/failure. Acute renal dysfunction/failure, acute tubular necrosis, proximal tubular nephropathy, osmotic nephrosis, and death may occur with use of human immune globulin products, especially those containing sucrose. XEMBIFY does not contain sucrose. Ensure patients are not volume-depleted prior to starting infusion. In patients at risk due to preexisting renal insufficiency or predisposition to acute renal failure, assess renal function prior to the initial infusion of XEMBIFY and again at appropriate intervals thereafter. If renal function deteriorates, consider discontinuation.

Hemolysis. XEMBIFY may contain blood group antibodies that may cause a positive direct antiglobulin reaction and hemolysis. Monitor patients for clinical signs and symptoms of hemolysis. If signs and symptoms are present after infusion, perform confirmatory lab testing.

Xembify®
(immune globulin subcutaneous human-klhw) 20%

Transfusion-related acute lung injury (TRALI). Noncardiogenic pulmonary edema may occur in patients following treatment with immune globulin products, including XEMBIFY. Monitor patients for pulmonary adverse reactions. If TRALI is suspected, perform appropriate tests for the presence of antineutrophil and anti-HLA antibodies in both the product and patient serum. TRALI may be managed using oxygen therapy with adequate ventilatory support.

Transmissible infectious agents. Because XEMBIFY is made from human blood, it may carry a risk of transmitting infectious agents, eg, viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent. No cases of transmission of viral diseases, vCJD, or CJD have ever been associated with the use of XEMBIFY.

Interference with lab tests. After infusion of XEMBIFY, passively transferred antibodies in the patient's blood may yield positive serological testing results, with the potential for misleading interpretation.

Adverse Reactions

The most common adverse reactions in ≥ 5% of subjects in the clinical trial were local adverse reactions, including infusion-site erythema (redness), infusion-site pain, infusion-site swelling (puffiness), infusion-site bruising, infusion-site nodule, infusion-site pruritus (itching), infusion-site induration (firmness), infusion-site scab, infusion-site edema, and systemic reactions including cough and diarrhea.

Drug Interactions

Passive transfer of antibodies may transiently interfere with the immune responses to live attenuated virus vaccines (eg, measles, mumps, rubella, and varicella).

Please see accompanying full prescribing information for XEMBIFY.

Xembify®
(immune globulin subcutaneous human-klhw) 20%

Go to www.xembify.com for additional resources and updates.

Please contact XEMBIFY Connexions at 1-844-MYXEMBIFY (1-844-699-3624) for more information about financial support for patients with PIDD

Please see Important Safety Information on pages 12 to 13 and refer to the accompanying full Prescribing Information for XEMBIFY.

GRIFOLS

 October 2020 US-SC-2000274