

## IMPORTANT SAFETY INFORMATION

### INDICATION

- ELZONRIS is a CD123-directed cytotoxin indicated for the treatment of blastic plasmacytoid dendritic cell neoplasm (BPDCN) in adults and in pediatric patients 2 years and older

### IMPORTANT SAFETY INFORMATION

#### Boxed WARNING: CAPILLARY LEAK SYNDROME

- Capillary Leak Syndrome (CLS) which may be life-threatening or fatal, can occur in patients receiving ELZONRIS. Monitor for signs and symptoms of CLS and take actions as recommended.

### WARNINGS AND PRECAUTIONS

#### Capillary Leak Syndrome

- Capillary leak syndrome (CLS), including life-threatening and fatal cases, has been reported among patients treated with ELZONRIS. In patients receiving ELZONRIS in clinical trials, the overall incidence of CLS was 53% (65/122), including Grade 1 or 2 in 43% (52/122) of patients, Grade 3 in 7% (8/122) of patients, Grade 4 in 1% (1/122) of patients, and four fatalities (3%). The median time to onset was 4 days (range - 1 to 46 days), and all but 5 patients experienced an event in Cycle 1.
- Before initiating therapy with ELZONRIS, ensure that the patient has adequate cardiac function and serum albumin is greater than or equal to 3.2 g/dL. During treatment with ELZONRIS, monitor serum albumin levels prior to the initiation of each dose of ELZONRIS and as indicated clinically thereafter, and assess patients for other signs or symptoms of CLS, including weight gain, new onset or worsening edema, including pulmonary edema, hypotension or hemodynamic instability.

#### Hypersensitivity Reactions

- ELZONRIS can cause severe hypersensitivity reactions. In patients receiving ELZONRIS in clinical trials, hypersensitivity reactions were reported in 43% (53/122) of patients treated with ELZONRIS and were Grade  $\geq 3$  in 7% (9/122). Manifestations of hypersensitivity reported in  $\geq 5\%$  of patients include rash, pruritus, and stomatitis. Monitor patients for hypersensitivity reactions during treatment with ELZONRIS. Interrupt ELZONRIS infusion and provide supportive care as needed if a hypersensitivity reaction should occur.

#### Hepatotoxicity

- Treatment with ELZONRIS was associated with elevations in liver enzymes. In patients receiving ELZONRIS in clinical trials, elevations in ALT occurred in 79% (96/122) and elevations in AST occurred in 76% (93/122). Grade 3 ALT elevations were reported in 26% (32/122) of patients. Grade 3 AST elevations were reported in 30% (36/122) and Grade 4 AST elevations were reported in 3% (4/122) of patients. Elevated liver enzymes occurred in the majority of patients in Cycle 1 and were reversible following dose interruption.
- Monitor alanine aminotransferase (ALT) and aspartate aminotransferase (AST) prior to each infusion with ELZONRIS. Withhold ELZONRIS temporarily if the transaminases rise to greater than 5 times the upper limit of normal and resume treatment upon normalization or when resolved.

### ADVERSE REACTIONS:

Most common adverse reactions (incidence  $\geq 30\%$ ) are capillary leak syndrome, nausea, fatigue, pyrexia, peripheral edema, and weight increase. Most common laboratory abnormalities (incidence  $\geq 50\%$ ) are decreases in albumin, platelets, hemoglobin, calcium, and sodium, and increases in glucose, ALT and AST.

Please see **Full Prescribing Information, including Boxed WARNING.**

To report SUSPECTED ADVERSE REACTIONS, contact Stemline Therapeutics, Inc. at 1-877-332-7961 or contact the FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).



# CODING AND BILLING GUIDE FOR ELZONRIS®

## Permanent J-Code for ELZONRIS® (tagraxofusp-erzs) Injection for Intravenous (IV) Use, effective October 1, 2019

### ELZONRIS INJECTION FOR IV USE

#### Permanent J-Code<sup>1</sup>:

**J9269**  
Injection,  
tagraxofusp-erzs,  
10 mcg

#### Revenue Code<sup>3</sup>:

**0636**

#### CPT Codes<sup>4</sup>:

**96413 or 96409**

### INDICATION

ELZONRIS is a CD123-directed cytotoxin indicated for the treatment of blastic plasmacytoid dendritic cell neoplasm (BPDCN) in adults and in pediatric patients 2 years and older

#### Boxed WARNING: CAPILLARY LEAK SYNDROME

**Capillary Leak Syndrome (CLS) which may be life-threatening or fatal, can occur in patients receiving ELZONRIS. Monitor for signs and symptoms of CLS and take actions as recommended.**

Please see **Important Safety Information, including Boxed WARNING** on the last page and accompanying **Full Prescribing Information, including Boxed WARNING.**

*The information contained in this guide is intended to provide a general understanding of the coding and billing process and is not intended to assist healthcare providers in obtaining reimbursement for any specific claim. This guide is for informational purposes only and does not represent legal or billing advice. The content here is based on information as of October 1, 2019 and is subject to change.*

This guide is designed to help healthcare providers, hospital staff, and coding and billing managers by providing information on coding and billing for ELZONRIS Injection for IV Use, in the hospital settings for all insurance types, including Medicare, Medicare Advantage, Medicaid, and commercial payers.

## FIND IN THIS GUIDE

- Coding and billing overview, processing a claim, overview of codes (NDC, ICD-10-CM, CPT, and HCPCS)
- Payer specifics: Medicare, Medicare Advantage, Medicaid, commercial payers
- Stemline ARC®
- Appendix:
  - Sample annotated physician office billing CMS-1500
  - Sample annotated hospital outpatient billing CMS-1450/UB-04
  - Summary of billing codes

## SUMMARY OF CODING AND BILLING FOR ELZONRIS INJECTION FOR IV USE

DISPENSING PACK QUANTITY	1 vial/box
NDC	72187-0401-1 or 72187-0401-01
PERMANENT J-CODE	J9269 Injection, tagraxofusp-erzs, 10 mcg
CPT CODES <sup>4</sup>	96413 or 96409
DESCRIPTION <sup>5</sup>	Single-dose, sterile glass vial containing 1 mL of solution

**ELZONRIS Injection for IV Use J-Code effective October 1, 2019.**

## CODING AND BILLING FOR ELZONRIS INJECTION FOR IV USE

### Processing a claim

To process a claim, it is important to:

- ✓ Complete the correct form (CMS-1500, CMS-1450/UB-04)
- ✓ Include correct codes: NDC, ICD-10-CM, CPT, and HCPCS
- ✓ Ensure all patient information (name, address, insurance ID number) is accurate
- ✓ Verify the name of the healthcare provider and National Provider Identifier (NPI)
- ✓ Use the most appropriate ICD-10-CM diagnosis and CPT procedure codes associated with each patient's diagnosis and care
- ✓ Specify the setting or place of service (POS) where the infusion was provided (eg, hospital setting) and dose given (10-mcg increments)
- ✓ Ensure patient medical records contain documentation that supports the diagnosis and procedure codes submitted on the claim
- ✓ Complete all claim form fields accurately and provide information upon request

### Overview of codes

Once you have administered ELZONRIS Injection for IV Use to your patient, you may submit a claim to the patient's health plan. Correct coding is essential for timely claims processing and reimbursement. Important codes include the following:

#### National Drug Codes (NDCs)<sup>6</sup>

NDCs help healthcare providers and health plans identify specific product package sizes. Some health plans require healthcare providers to use an 11-digit NDC when reporting a drug on a claim form. Converting the 10-digit NDC for ELZONRIS Injection for IV Use to an 11-digit NDC requires the use of a leading zero in the product code.

#### International Classification of Disease, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis code<sup>7</sup>

Use the current ICD-10-CM codes to report a patient's diagnosis on claim submissions. Be sure to use the correct coding when submitting a claim for the item or service.

#### Healthcare Common Procedure Coding System (HCPCS) codes<sup>8,9</sup>

Most health plans cover IV therapies under their medical benefit. CPT codes are used to identify services and procedures provided by a physician.

#### NDCs<sup>6</sup>

ELZONRIS Injection for IV Use NDC numbers are listed below. Please note that converting the 10-digit NDC to an 11-digit NDC requires the use of a leading zero in the product code.

ELZONRIS INJECTION FOR IV USE PACKAGE SIZE	NDC	FORMS
2.25 in. x 2 in.	10-digit: 72187-0401-1	CMS-1500; CMS-1450/UB-04
	11-digit: 72187-0401-01	CMS-1500; UB-04

**Always confirm coding requirements with each patient's individual health plan, as the information required may vary.**



Please see Important Safety Information, including Boxed WARNING on the last page.

## CODING AND BILLING OVERVIEW (cont'd)

### ICD-10-CM diagnosis codes

It's important to check with the health plan to verify coding and special billing requirements. The ICD-10-CM diagnosis code for ELZONRIS Injection for IV use is shown below.

The ICD-10-CM diagnosis code for ELZONRIS Injection for IV use<sup>10</sup>

ICD-10-CM	DESCRIPTION	FORMS	
		CMS-1500	CMS-1450 (UB-04)
C86.4	Blastic NK-cell lymphoma Blastic plasmacytoid dendritic cell neoplasm (BPDCN)	Item 21	Form Locator 67

### HCPCS codes<sup>8,9</sup>

Most health plans cover IV therapies under their medical benefit. CPT codes are used to identify services and procedures provided by a physician.

HCPCS LEVEL I CODES <sup>5,6</sup>		DESCRIPTION	FORMS	
		IV	CMS-1500	CMS-1450/UB-04
CPT Code	96413	Chemotherapy administration, IV infusion technique, up to 1 hour, single or initial substance/drug	Item 24D	Form Locator 44
	96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug		
Revenue Code	0636	Drugs requiring detailed coding	N/A	Form Locators 42 and 43
PERMANENT J-CODE <sup>1</sup>				
	J9269	ELZONRIS Injection, tagraxofusp-erzs, 10 mcg	N/A	Form Locator 44 or electronic comment field

## PAYER SPECIFICS

### Medicare

#### Medicare Part B<sup>11</sup>

ELZONRIS Injection for IV Use is covered by Medicare Part B in the outpatient setting.

#### Medicare Administrative Contractors (MACs)<sup>12</sup>

MACs are multistate regional contractors responsible for administering both Medicare Part A and Medicare Part B claims.

MACs are the central point of contact for providers of healthcare services. MACs are the primary operational contact between the Medicare fee-for-service (FFS) program and the healthcare providers enrolled in the program.

To find your Medicare Part B or durable medical equipment (DME) MAC jurisdiction, visit the CMS website.

#### Medicare Part D<sup>11</sup>

As an infused drug, ELZONRIS Injection for IV Use is not covered under Medicare Part D benefit.

To find your Medicare Part B or DME MAC jurisdiction, visit the CMS website.

### Medicaid

ELZONRIS Injection for IV Use may be available under state Medicaid programs. Each state Medicaid program has its own eligibility standards, so coverage will vary from state to state. It's important to understand how your patient's Medicaid coverage works by contacting the Medicaid program or accessing the specific coverage information. Some Medicaid plans require prior authorization.

### Commercial Health Plans<sup>7</sup>

Commercial health plans may provide coverage for ELZONRIS Injection for IV Use under the pharmacy or medical benefit. While commercial health plans may provide coverage under either of these benefits, the medical benefit will be utilized for the majority of plans. Please contact your patient's health plan for further guidance. Specific coverage requirements and restrictions depend on a given patient's benefits and may vary by plan type and site of service.

**References:** 1. Centers for Medicare & Medicaid Services. C-Codes Effective October 1, 2019. Available at <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update.html>. Accessed January 16, 2025. 2. Centers for Medicare & Medicaid Services. Fiscal year 2020 final rule. Available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page-Items/FY2020-IPPS-Final-Rule-Data-Files.html>. Accessed January 16, 2025. 3. MLN Matters article index 2017 through August 2018. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/2017-2018MLNMattersArticlesIndex.pdf>. Accessed January 16, 2025. 4. Optum360. 2018 Coding Companion for Oncology/Hematology. Eden Prairie, MN: Optum360; 2017. 5. ELZONRIS [prescribing information]. New York, NY: Stemline Therapeutics, Inc.; July 2023. 6. National Drug Code database background information. US Food & Drug Administration website. <https://www.fda.gov/drugs/developmentapprovalprocess/ucm070829.html>. Updated March 20, 2017. Accessed January 16, 2025. 7. ICD-10-CM, ICD-10-PCS, CPT, and HCPCS code sets. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ICD9-10CM-ICD10PCS-CPT-HCPCS-Code-Sets-Educational-Tool-ICN900943.pdf>. Published May 2018. Accessed January 16, 2025. 8. Einodshofer MT, Duren LN. Cost management through care management, part 2: the importance of managing specialty drug utilization in the medical benefit. Am Health Drug Benefits. 2012;5(6):359-364. 9. HCPCS coding questions. Centers for Medicare & Medicaid Services website. [https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCS\\_Coding\\_Questions.html](https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCS_Coding_Questions.html). Updated July 22, 2013. Accessed January 16, 2025. 10. 2018 ICD-10 CM and GEMs. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-CM-and-GEMs.html>. Updated August 11, 2018. Accessed January 16, 2025. 11. Medicare drug coverage under Medicare Part A, Part B, Part C, & Part D. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/outreach-and-education/outreach/partnerships/downloads/11315-p.pdf>. Updated August 2017. Accessed January 16, 2025. 12. What is a MAC. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/What-is-a-MAC.html>. Updated October 26, 2017. Accessed January 16, 2025.



Please see Important Safety Information, including Boxed WARNING on the last page.




# APPENDIX SAMPLE ANNOTATED FORMS

**Note:** Sample form and annotations are for example only. Providers must contact their patient's health plan representative to confirm required coding and documentation for individual situations.

• Incomplete or invalid information will render form invalid and unable to be processed, causing payment delays

## Sample CMS-1500 physician office billing: ELZONRIS INJECTION FOR IV USE

LINE	TITLE	INFO	CODES
19		<b>Note:</b> The reporting field for electronic claims (SV202-2) is limited to 80 characters. However, some payers may allow utilization of Loop 2300 NTE 01 and 02 if additional space is needed. Check with the payer for additional guidance.	
21	DIAGNOSIS CODE	Enter appropriate ICD-10-CM diagnosis code(s) corresponding to patient's diagnosis.	BPDCN ICD-10-CM: C86.4
24	DATES, PROCEDURES, POINTER, AND MODIFIER		
24D	PROCEDURES, SERVICES, OR SUPPLIES	Commercial, Medicare, Medicare Advantage, Medicaid fee-for-service HCPCS codes	• J9269 Injection, tagraxofusp-erzs, 10 mcg
		CPT - Chemotherapy and complex drug/biologic infusions	• 96413 Chemotherapy administration, IV infusion technique, up to 1 hour, single or initial substance or drug • 96409 Chemotherapy administration, IV push, single or initial substance or drug
24E	DIAGNOSIS POINTER	Specify diagnosis from Item 21, A-L, relating to each CPT/HCPCS code listed in Item 24D.	
24G	NDC SERVICE UNITS	Plan requires the number of NDC units J9269 injection, tagraxofusp-erzs, <b>10 mcg</b> , used in Item 24G. Specify the appropriate number of service units as designated by individual payers. There may be variation.	



### HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

CARRIER

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1. MEDICARE  MEDICAID  TRICARE  CHAMPVA  GROUP HEALTH PLAN  FECA BLK/LUNG  OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE (MM DD CCYY) SEX  M  F

5. PATIENT'S ADDRESS (No., Street)

7. INSURED'S ADDRESS (No., Street)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

11. INSURED'S POLICY GROUP OR FECA NUMBER

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))

24. A. DATE(S) OF SERVICE (From MM DD YY To MM DD YY) PLACE OF SERVICE (EMG, 19, 20, or 21)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)  
**Enter Medicare HICN**

4. INSURED'S NAME (Last Name, First Name, Middle Initial)  
**When insured and patient are the same: SAME**

6. PATIENT RELATIONSHIP TO INSURED  
**When insured and patient are the same: SAME**

8. RESERVED FOR NUCC USE  
**Leave blank**

10. IS PATIENT'S CONDITION RELATED TO:  
a. EMPLOYMENT? (Current or Previous)  YES  NO  
b. AUTO ACCIDENT?  YES  NO PLACE (State) \_\_\_\_\_  
c. OTHER ACCIDENT?  YES  NO

11. INSURED'S DATE OF BIRTH (MM DD CCYY) SEX  M  F

12. IS THERE ANOTHER HEALTH BENEFIT PLAN?  
 YES  NO *If yes, complete items 9, 9a, and 9d.*

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)  
**Can be "SIGNATURE ON FILE"** DATE MM DD CCYY

15. OTHER DATE (MM DD YY) QUAL. \_\_\_\_\_

17a. **Leave blank**

17b. NPI \_\_\_\_\_

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)

20. OUTSIDE LAB?  YES  NO \$ CHARGES \_\_\_\_\_

22. RESUBMISSION CODE \_\_\_\_\_ ORIGINAL REF. NO. \_\_\_\_\_

23. PRIOR AUTHORIZATION NUMBER \_\_\_\_\_

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24D	A	B	C	D	E	F	G	H	I	J
1	MM DD YY	MM DD YY	19, 20, or 21	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	UNITS	EPSCR Family Plan ID. QUAL.	RENDERING PROVIDER ID. #
1	MM DD YY	MM DD YY	19, 20, or 21	J9269		A		x	NPI	
2				96413		A		1	NPI	
3				96409		A		1	NPI	
4								1	NPI	
5								1	NPI	
6								1	NPI	

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25. FEDERAL TAX I.D. NUMBER (Required field) SSN EIN

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

26. PATIENT'S ACCOUNT NO. (Number assigned by Provider)

32. SERVICE FACILITY LOCATION INFORMATION (a. NPI of service facility b. \_\_\_\_\_)

27. ACCEPT ASSIGNMENT? (Yes/No)

28. TOTAL CHARGE \$ \_\_\_\_\_

29. AMOUNT PAID \$ \_\_\_\_\_

30. Rsvd for NUCC Use

33. BILLING PROVIDER INFO & PH # ( )

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SIGNED Required field DATE MM/DD/YY a. NPI of service facility b. \_\_\_\_\_ a. NPI Billing Provider b. \_\_\_\_\_

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Please see Important Safety Information, including Boxed WARNING on the last page.

## APPENDIX SAMPLE ANNOTATED FORMS

**Note:** Sample form and annotations are for example only. Providers must contact their patient's health plan representative to confirm required coding and documentation for individual situations.

• Incomplete or invalid information will render form invalid and unable to be processed, causing payment delays

### Sample CMS-1450/UB-04 hospital outpatient billing: ELZONRIS INJECTION FOR IV USE

LINE	DESCRIPTION	CODES
42	<b>REVENUE CODE:</b> Corresponding to HCPCS or CPT® in FL44	<b>DRUG</b> Medicare: Revenue code <b>0636</b> or <b>0335</b> chemotherapy administration IV
	Payers vary on revenue code requirements. Please contact the patient's health plan to confirm required coding in individual situations.	<b>PROCEDURE</b> Medicare and most payers require a revenue code for each procedure
43	<b>DESCRIPTION:</b> ELZONRIS INJECTION FOR IV USE	<b>PRODUCT</b> <b>J9269</b> Injection, tagraxofusp-erzs, 10 mcg
		<b>PROCEDURE</b> Revenue code: <b>0636</b>
44	<b>PRODUCT AND PROCEDURE:</b> ELZONRIS INJECTION FOR IV USE	<b>PRODUCT</b> <b>J9269</b> Injection, tagraxofusp-erzs, 10 mcg Revenue code: <b>0636</b>
		<b>PROCEDURE CPT</b> <b>CHEMOTHERAPY AND COMPLEX DRUG/BIOLOGIC INFUSIONS</b> • <b>96413</b> Chemotherapy administration, IV infusion technique, up to 1 hour, single or initial substance/drug • <b>96409</b> Chemotherapy administration, IV push, single or initial substance/drug Revenue code: <b>0335</b>
46	<b>NDC Service Units:</b> Plan requires the number of NDC units J9269 injection, tagraxofusp-erzs, <b>10 mcg</b> , used in Item 46. Specify the appropriate number of service units as designated by individual payers. There may be variation.	
66	<b>DIAGNOSIS CODE</b>	<b>0</b>
67	<b>ICD-10-CM</b>	<b>C86.4</b> is the principal diagnosis code for BPDCCN
69	<b>ADMIT DX</b>	<b>C86.4</b>
<b>Note:</b> Enter code reflecting histology of patient's disease diagnosis.		
80	Plans are different and some may require additional information. Please check with the patient's plan to ensure all required information is provided for timely reimbursement.	

1 Billing provider name Address; city, state, zip code + extension Area code, phone, fax, country code		2 Billing provider designated pay-to Name, address, city, state, ID		39 PAT. CNTL. # b. MED. REC. # 5 FED. TAX NO.		alpha-numeric code assigned by provider number assigned by provider		4 TYPE OF BILL 0234 Leave blank	
8 PATIENT NAME a Last, first, MI, identifier		9 PATIENT ADDRESS a Mailing address		10 BIRTHDATE 11 SEX 12 DATE MM/DD/CCYY		13 ADMISSION 13 HR 14 TYPE 15 SPC 16 DHR 17 STAT		18 CONDITION CODES 22 23 24 25 26 27 28 29 ACDT STATE	
31 OCCURRENCE DATE MM/DD/YY		32 OCCURRENCE DATE MM/DD/YY		33 OCCURRENCE DATE MM/DD/YY		34 OCCURRENCE DATE MM/DD/YY		35 OCCURRENCE DATE MM/DD/YY	
36 OCCURRENCE SPAN FROM MM/DD/YY		37 OCCURRENCE SPAN THROUGH MM/DD/YY		38		39 VALUE CODES AMOUNT a		40 VALUE CODES AMOUNT b	
41 VALUE CODES AMOUNT c		42 VALUE CODES AMOUNT d		43		44		45	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS	
0636		Elzonris Injection for IV Use		J9269		MM/DD/YY		x	
0335		Elzonris Injection for IV Use		96413		MM/DD/YY		1	
0335		Elzonris Injection for IV Use		96409		MM/DD/YY		1	
PAGE		OF		CREATION DATE		TO TALS			
50 PAYER NAME Payer identification - Primary (1 <sup>st</sup> )		51 HEALTH PLAN ID		52 REL. INFO.		53 ASSG. BEN.		54 PRIOR PAYMENTS 1 <sup>st</sup>	
Payer identification - Secondary (2 <sup>nd</sup> )								55 EST. AMOUNT DUE 1 <sup>st</sup>	
Payer identification - Tertiary (3 <sup>rd</sup> )								56 NPI 2 <sup>nd</sup>	
58 INSURED'S NAME		59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME (of the insured) Primary (of the insured) Secondary (of the insured) Tertiary					
66		67		68		69		70	
69 ADMIT DX C86.4		70 PATIENT REASON DX Reason for visit code		71 FPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE DATE MM/DD/YY		75 OTHER PROCEDURE DATE MM/DD/YY		76 ATTENDING LAST FIRST NPI MD Provider number QUAL		77 OPERATING LAST FIRST NPI Operating MD number QUAL		78 OTHER LAST FIRST NPI QUAL	
79 OTHER LAST FIRST NPI QUAL		80 REMARKS		81 CC a b c d					

**STEMLINE ARC® PROVIDES ACCESS, REIMBURSEMENT SUPPORT, AND CONNECTION TO RESOURCES FOR ELIGIBLE PATIENTS THROUGHOUT TREATMENT WITH ELZONRIS INJECTION FOR IV USE**



**a ccess**  
Support for benefits investigation and verification, information on alternate support, and co-pay support for eligible patients\*

**r eimbursement support**  
Information regarding prior authorization, template letter of medical necessity, appeals of denied claims, and coding & billing support

**c onnection**  
ARC Patient Advocates provide an overview of support services, confirm ELZONRIS coverage and financial assistance, and share helpful resources†

**Stemline ARC is here to help patients, hospitals, and offices alike. We provide:**

- Hospital and office access/procurement support
- Support for prior authorization, medical exceptions, and appeals of denied claims
- Billing and coding guidance, including J-code, NDC, ICD-10, and MS-DRG



**Stemline Commercial Co-Pay Program**

- Eligible patients may pay as little as \$0 per month supply of ELZONRIS Injection for IV Use



**Stemline Patient Assistance Program‡**

- The Stemline Patient Assistance Program provides ELZONRIS Injection for IV Use to eligible patients who are under- or uninsured. Patients must meet certain criteria to qualify. Call 1-833-4-STEMLINE (1-833-478-3654) for more information



**Independent Third-Party Foundations§**

- Stemline ARC can provide information about independent third-party foundations for eligible patients

**For more information about Stemline ARC, call 1-833-4-STEMLINE (1-833-478-3654) from 9:00 AM to 6:00 PM EST, Monday through Friday, or visit [ELZONRIS.com/hcp/stemline-arc-summary](https://ELZONRIS.com/hcp/stemline-arc-summary). Fax completed enrollment form to 1-833-329-7836.**

\*In order to be eligible for the Stemline Commercial Co-Pay Program, the patient must not have government-funded health insurance (eg, Medicare, Medicaid, or any other federal or state program), must be taking ELZONRIS Injection for IV Use for an FDA-approved indication, and must confirm that they meet all of the eligibility criteria and agree to the rules set forth in the terms and conditions for the program. Patients and healthcare providers are responsible for completing and submitting enrollment forms and coverage or reimbursement documentation. Stemline Therapeutics, Inc. makes no representation or guarantee concerning coverage or reimbursement of any service or item.

†ARC Patient Advocates are available to provide resource information and answer questions about financial assistance, insurance benefits, and coverage for ELZONRIS. This supplemental support is not intended to replace discussions between patients and their healthcare providers.

‡To be eligible for this program, insured patients must have exhausted all other forms of patient assistance and meet financial criteria. Insured and uninsured patients must also meet certain eligibility criteria.

§Stemline Therapeutics, Inc. does not influence or control the operations or eligibility criteria of any independent charitable assistance foundation and cannot guarantee assistance after information has been provided by Stemline ARC. The information is provided as a resource to patients. The foundations that we discuss with patients are not exhaustive or indicative of Stemline Therapeutics, Inc.'s endorsement or financial support. There may be other foundations to support the patient's disease state.



**Scan the QR code and visit Stemline ARC website to know more about access and support**