Emrelis™
(telisotuzumab vedotin-tllv)
injection for intravenous use 20 mg | 100 mg

Emrelis™ Support Services

BILLING AND CODING GUIDE

(REV: 05/2025)

EMRELIS™ Support Services is committed to helping patients prescribed EMRELIS by offering access and reimbursement support, along with affordability assistance.

For more information, call EMRELIS Support Services at **1-844-859-5760, Monday to Friday, 8:00 AM to 8:00 PM ET**.

Find support resources for your practice and your patients at **EMRELIShcp.com**.

This guide is for informational purposes only and is not intended to provide reimbursement or legal advice. The information presented here does not guarantee payment or coverage.

UNCLASSIFIED/MISCELLANEOUS HCPCS CODES FOR EMRELIS[1,2]

HCPCS Code	Description
J3490	Unclassified drug
J3590	Unclassified biologics
J9999	Antineoplastic drugs that are not otherwise classified
C9399	Unclassified drugs or biologics

INDICATION

EMRELIS is indicated for the treatment of adult patients with locally advanced or metastatic, non-squamous non-small cell lung cancer (NSCLC) with high c-Met protein overexpression [≥50% of tumor cells with strong (3+) staining], as determined by an FDA-approved test, who have received a prior systemic therapy.

This indication is approved under accelerated approval based on overall response rate (ORR) and duration of response (DOR). Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

SELECT IMPORTANT SAFETY INFORMATION

Warnings and Precautions

Peripheral neuropathy, interstitial lung disease/pneumonitis, ocular surface disorders, infusion-related reactions, and embryo-fetal toxicity.

Adverse Reactions

Serious adverse reactions occurred in 35% of patients. The most common adverse reactions (≥20%) were peripheral neuropathy, fatigue, decreased appetite, and peripheral edema.

The most common Grade 3 or 4 laboratory abnormalities (≥2%) were decreased lymphocytes, increased glucose, increased alanine aminotransferase, increased gamma glutamyl transferase, decreased phosphorus, decreased sodium, decreased hemoglobin, and decreased calcium.

Please see additional Important Safety Information for EMRELIS on the following pages.

Please see accompanying full Prescribing Information, or visit https://www.rxabbvie.com/pdf/emrelis_pi.pdf

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Emrelis™
Support Services

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IMPORTANT SAFETY INFORMATION (cont'd)

Peripheral Neuropathy

EMRELIS can cause peripheral neuropathy, including peripheral sensory neuropathy and peripheral motor neuropathy. In the safety population, peripheral neuropathy occurred in 51% of patients treated with EMRELIS, including Grade 3 in 11%. These adverse reactions included peripheral sensory neuropathy in 45% of patients and peripheral motor neuropathy in 9%. The median time to onset of peripheral neuropathy was 105 days (range: 1 to 472 days). Peripheral neuropathy led to permanent discontinuation of EMRELIS in 13% of patients. The median time to onset of peripheral neuropathy leading to treatment discontinuation was 249 days (range: 57 to 519 days). Of the 7 patients with motor neuropathy ongoing as of their last dose of EMRELIS, 6 had persistent Grade 1 or 2 symptoms 30 days after their last dose.

Monitor patients for signs and symptoms of new or worsening peripheral neuropathy such as hypoesthesia, hyperesthesia, paresthesia, a burning sensation, neuropathic pain, or muscle weakness. Withhold, reduce the dose, or permanently discontinue EMRELIS based on severity.

Please see additional Important Safety Information for EMRELIS on the following pages.

Please see accompanying full Prescribing Information, or visit https://www.rxabbvie.com/pdf/emrelis_pi.pdf

BILLING AND CODING GUIDE INFORMATION MAY HELP SUPPORT SUCCESSFUL CLAIMS PROCESSING

Accuracy in billing and coding can help enhance claims processing and facilitate timely reimbursement. AbbVie provides this informational guide as a reference for billing and coding for EMRELIS™.

Claims that include the following information may help support more successful processing:

- Accurate codes (eg, CPT®, J-code, ICD-10-CM)
- Accurate product information (ie, dose, route, units given, units wasted)
- Accurate and complete NDC, Prior Authorization number, and National Provider Identifier
- Accurate beneficiary information (eg, insurance identification number, date of birth)
- Completion of all payer-specific requirements
- Consistency between the Prior Authorization and the filed claim

DISCLAIMER: This guide is for informational purposes only and is not intended to provide reimbursement or legal advice. The information presented here does not guarantee payment or coverage. The coding, coverage, and payment information included in this guide is subject to change in accordance with frequently changing laws, regulations, rules, and policies. Reimbursement policies will vary by payer and state. You should check the current laws, regulations, and payer coverage policies to confirm current coding, coverage, and billing requirements for EMRELIS. AbbVie encourages healthcare providers to submit claims with accurate and appropriate codes, charges, and modifiers for the services rendered. It is always the provider's responsibility to determine medical necessity and the proper site for delivery of any services and to submit the appropriate codes. Healthcare professionals are ultimately responsible for all aspects of reimbursement. Codes must accurately reflect the patient's condition, procedure performed, and products used.

IMPORTANT SAFETY INFORMATION (cont'd)

Interstitial Lung Disease/Pneumonitis

EMRELIS can cause severe, life-threatening, or fatal interstitial lung disease (ILD)/pneumonitis. In the safety population, ILD/pneumonitis occurred in 10% of patients treated with EMRELIS, including Grade 3 in 3% and Grade 4 in 0.6%. There were 3 fatal cases of ILD/pneumonitis in patients who received EMRELIS. The median time to onset of ILD/pneumonitis was 48 days (range: 23 to 85 days). ILD/pneumonitis led to permanent discontinuation of EMRELIS in 7% of patients. The median time to onset of ILD/pneumonitis leading to treatment discontinuation was 46 days (range: 23 to 85 days).

CPT® = Current Procedural Terminology; **ICD-10-CM** = *International Classification of Diseases, 10th Revision, Clinical Modification*; **NDC** = National Drug Code.

Please see additional Important Safety Information for EMRELIS on the following pages.

PHYSICIAN OFFICE CODING

The tables below provide relevant codes that may be appropriate for EMRELIS™ for its FDA-approved indications. Please note, the use of the following codes does not guarantee payment or coverage for any product or service.

NDC[3]

11-Digit NDC[3]

Administration Method	Dosage Form	Code	Description
Physician Administered	Carton of one 20 mg/vial	00074-1044-01	One single-use vial
Physician Administered	Carton of one 100 mg/vial	00074-1055-01	One single-use vial

10-Digit NDC[3]

Administration Method	Dosage Form	Code	Description
Physician Administered	Carton of one 20 mg/vial	0074-1044-01	One single-use vial
Physician Administered	Carton of one 100 mg/vial	0074-1055-01	One single-use vial

CPT®[4-6]

Submitting accurate codes and claims is important to ensure proper reimbursement of services.

Procedural Type	Code	Description
Intravenous Infusion	96413	Chemotherapy administration, intravenous infusion; up to 1 hour, single or initial substance or drug
Intravenous Infusion	96415	Chemotherapy administration, intravenous infusion; each additional hour

Place-of-Service Codes[7]

Code	Location	Description
11	Office	Location, other than a hospital, skilled nursing facility, military treatment facility, community health center, state or local public health clinic, or intermediate care facility, where the HCP routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.

HCPCS[1,2]

HCPCS Code	Description
J3490	Unclassified drug
J3590	Unclassified biologics
J9999	Antineoplastic drugs that are not otherwise classified
C9399	Unclassified drugs or biologics

This document is intended for informational purposes only and is not intended to provide reimbursement or legal advice. Providers are responsible for determining the appropriate codes and submitting true and correct claims for product and services rendered. Providers should contact the patient's payer for information on coverage, coding, and reimbursement.

IMPORTANT SAFETY INFORMATION (cont'd)

Interstitial Lung Disease/Pneumonitis (cont'd)

Advise patients to immediately report cough, dyspnea, fever, and/or any new or worsening respiratory symptoms. Monitor patients for signs and symptoms of ILD/pneumonitis. Withhold or permanently discontinue EMRELIS based on severity.

FDA = Food and Drug Administration; **HCP** = healthcare provider.

Please see additional Important Safety Information for EMRELIS on the following pages.

Please see accompanying full Prescribing Information, or visit https://www.rxabbvie.com/pdf/emrelis_pi.pdf

PHYSICIAN OFFICE CODING (CONT'D)

ICD-10-CM Diagnosis Codes[8,9]

Code	Description
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.3	Malignant neoplasm of lower lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.8	Malignant neoplasm of overlapping sites of bronchus and lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.9	Malignant neoplasm of unspecified part of bronchus or lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
Z17.32	Human epidermal growth factor receptor 2 negative status

Code Modifiers[10,*]

Code	Description
JW	Drug amount discarded/not administered to any patient
JZ	Zero drug amount discarded/not administered to any patient

JW Modifier: Effective January 1, 2017, Medicare requires providers to use the JW modifier (drug amount discarded/not administered to any patient) for all claims with unused drugs or biologicals from single-use vials, and to document the discarded drug or biological in the patient's medical record.

JZ Modifier: Effective July 1, 2023, Medicare requires the use of the JZ modifier to indicate there were no units of a drug discarded.

*For more information on the JW and JZ modifiers, visit:
https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf.
Modifier requirements for payers other than Medicare may vary—providers should check with their specific plans about policies.

IMPORTANT SAFETY INFORMATION (cont'd)

Ocular Surface Disorders

EMRELIS can cause ocular surface disorders, including blurred vision, visual impairment, keratitis, and dry eye. In the safety population, ocular surface disorders occurred in 25% of patients treated with EMRELIS. The most common ocular surface disorders were blurred vision (15%), keratitis (11%), and dry eye (5%).

Please see additional Important Safety Information for EMRELIS on the following pages.

Please see accompanying full Prescribing Information, or visit https://www.rxabbvie.com/pdf/emrelis_pi.pdf

HOSPITAL/OUTPATIENT CODING

The tables below provide examples of codes that may be appropriate for EMRELIS™ for its FDA-approved indications. Please note, the use of the following codes does not guarantee payment or coverage for any product or service.

NDC[3]

11-Digit NDC[3]

Administration Method	Dosage Form	Code	Description
Physician Administered	Carton of one 20 mg/vial	00074-1044-01	One single-use vial
Physician Administered	Carton of one 100 mg/vial	00074-1055-01	One single-use vial

10-Digit NDC[3]

Administration Method	Dosage Form	Code	Description
Physician Administered	Carton of one 20 mg/vial	0074-1044-01	One single-use vial
Physician Administered	Carton of one 100 mg/vial	0074-1055-01	One single-use vial

CPT®[4-6]

Submitting accurate codes and claims is important to ensure proper reimbursement of services.

Procedural Type	Code	Description
Intravenous Infusion	96413	Chemotherapy administration, intravenous infusion; up to 1 hour, single or initial substance or drug
Intravenous Infusion	96415	Chemotherapy administration, intravenous infusion; each additional hour

This document is intended for informational purposes only and is not intended to provide reimbursement or legal advice. Providers are responsible for determining the appropriate codes and submitting true and correct claims for product and services rendered. Providers should contact the patient's payor for information on coverage, coding, and reimbursement.

IMPORTANT SAFETY INFORMATION (cont'd)

Ocular Surface Disorders (cont'd)

Grade 3 ocular surface disorders occurred in 1.2% of patients [blurred vision (1.2%), and keratitis (0.6%)]. The median time to onset of ocular surface disorders was 47 days (range: 1 to 319 days).

Monitor patients for ocular surface disorders during treatment with EMRELIS. Withhold EMRELIS and refer patients to an eye care professional for an ophthalmic examination and treatment for patients who develop Grade ≥2 ocular toxicity. Withhold or permanently discontinue EMRELIS based on severity.

Infusion-Related Reactions

EMRELIS can cause infusion-related reactions (IRR); signs and symptoms of IRR include dyspnea, flushing, chills, nausea, chest discomfort, and hypotension. The median time to onset of IRR was 28 days (range: 1 to 43 days). In the safety population, IRR occurred in 3% of patients treated with EMRELIS, including Grade 3 in 1.2% and Grade 4 in 0.6%. IRR led to permanent discontinuation of EMRELIS in 0.6% of patients.

Please see additional Important Safety Information for EMRELIS on the following pages.

Please see accompanying full Prescribing Information, or visit https://www.rxabbvie.com/pdf/emrelis_pi.pdf

HOSPITAL/OUTPATIENT CODING (CONT'D)

Immunohistochemistry (IHC) Tissue Diagnostics Procedure Codes to Test for c-MET Overexpression[11]

Procedural Type	Code	Description
c-Met/MET IHC	88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
c-Met/MET IHC	88341	Each additional single antibody stain procedure (list separately in addition to code for primary procedure)
c-Met/MET IHC	88344	Each multiplex antibody stain procedure (list separately in addition to code for primary procedure)
c-Met/MET IHC	88360	Morphometric analysis, tumor immunohistochemistry (eg, HER2/neu estrogen receptor /progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual
c-Met/MET IHC	88361	Using computer-assisted technology

Place-of-Service Codes[7]

Code	Location	Description
19	Off Campus: Outpatient Hospital	A portion of an off-campus, hospital, provider-based department that provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
22	On Campus: Outpatient Hospital	A portion of a hospital's main campus that provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization

HCPCS[1,2]

HCPCS Code	Description
J3490	Unclassified drug
J3590	Unclassified biologics
J9999	Antineoplastic drugs that are not otherwise classified
C9399	Unclassified drugs or biologics

IMPORTANT SAFETY INFORMATION (cont'd)

Infusion-Related Reactions (cont'd)

Monitor patients for signs and symptoms of infusion reactions during EMRELIS infusion. Withhold, reduce the rate of infusion, or permanently discontinue EMRELIS based on severity. For patients who experience IRR, administer premedications prior to subsequent infusions.

Embryo-Fetal Toxicity

Based on the mechanism of action and findings in animals, EMRELIS can cause fetal harm when administered to a pregnant woman. The small molecule component of EMRELIS, monomethyl auristatin E (MMAE), administered to rats caused adverse developmental outcomes, including embryo-fetal mortality and structural abnormalities, at exposures similar to those occurring clinically at the recommended dose.

Please see additional Important Safety Information for EMRELIS on the following pages.

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HOSPITAL/OUTPATIENT CODING (CONT'D)

ICD-10-CM Diagnosis Codes[8,9]

Code	Description
C34.00	Malignant neoplasm of unspecified main bronchus
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C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.3	Malignant neoplasm of lower lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
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C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.9	Malignant neoplasm of unspecified part of bronchus or lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
Z17.32	Human epidermal growth factor receptor 2 negative status

Code Modifiers[10,12]

Code	Description
JW	Drug amount discarded/not administered to any patient
JZ	Zero drug amount discarded/not administered to any patient
TB*	Drug or biologic acquired with 340B drug pricing program discount, reported for informational purposes for select entities

*Effective January 1, 2025, the JG modifier is no longer used under Medicare and the TB modifier is required under the OPPS and PFS to identify 340B units instead.

IMPORTANT SAFETY INFORMATION (cont'd)

Embryo-Fetal Toxicity (cont'd)

Advise patients of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with EMRELIS and for 2 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with EMRELIS and for 4 months after the last dose.

Adverse Reactions

Serious adverse reactions occurred in 35% of patients. The most common adverse reactions (≥20%) were peripheral neuropathy, fatigue, decreased appetite, and peripheral edema.

The most common Grade 3 or 4 laboratory abnormalities (≥2%) were decreased lymphocytes, increased glucose, increased alanine aminotransferase, increased gamma glutamyl transferase, decreased phosphorus, decreased sodium, decreased hemoglobin, and decreased calcium.

Please see additional Important Safety Information for EMRELIS on the following pages.

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SAMPLE CMS 1500 CLAIM FORM

Box 19 (Electronic Claim Form = Loop 2300, NTE, PWK): When completing a claim for a drug that does not have a permanent HCPCS code, include the drug name, drug strength, unit of measure, number of units administered (and discarded), total dosage, route of administration, and 11-digit NDC.

Box 21 (Electronic Claim Form = Loop 2300, Segment H101–2 through H112=2): Enter the patient's diagnosis from the patient's medical record. Be as specific as possible. Use Box 21 B-L fields for secondary diagnoses.

Box 23 (Electronic Claim Form = Loop 2300, REF02): Enter Prior Authorization number if one exists.

Box 24A-B (Electronic Claim Form): Box 24A (Electronic Claims = Loop 2400, DTP02)
Box 24B (Loop 2300/2400, Segment CLM05–1/ SV105)
In the nonshaded area, enter the appropriate date of service and place-of-service code. Example: Office = 11

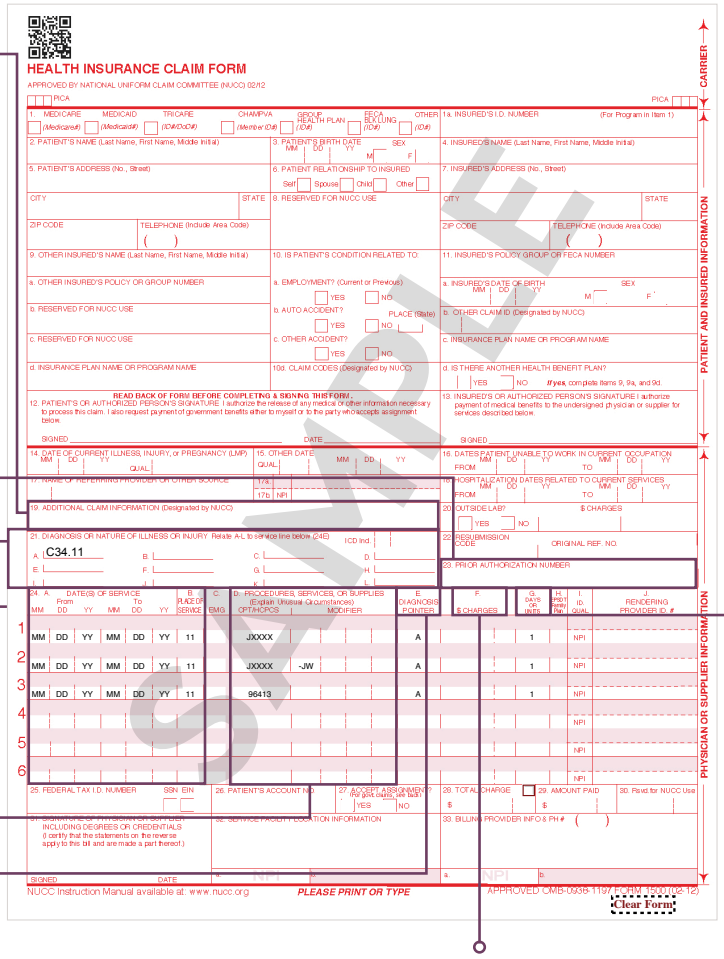
In the shaded area, enter the N4 indicator first, then the 11-digit NDC code. In the third space, list the quantity and the unit-of-measurement code.

An example for EMRELIS™ is 00074-1044-01.

Box 24D (Electronic Claim Form = Loop 2400, Segment SV101): Enter the correct HCPCS code for EMRELIS, which as of May 14, 2025, is the selected misc code for 1 Unit.

If applicable, the discarded product should be billed on a separate line with Modifier JW.* Add Modifier JZ† on 1 line if there is no waste. For administration, enter the appropriate code or codes for the infusion duration. For example, a 60-minute infusion of EMRELIS will require 96413.†

Box 24E (Electronic Claim Form = Loop 2400, Segment SV107): Specify the diagnosis letter that corresponds with EMRELIS and the drug administration code(s) in Box 21.



Box 24F (Electronic Claim Form = Loop 2400, Segment SV102): Typically enter the Average Wholesale Price (AWP), invoice price, or whichever price is stated in your contract with the payer.

Box 24G (Electronic Claim Form = Loop 2400, Segment SV104): Enter the number of service units for each item. **For misc code, each unit corresponds to 1 Unit of EMRELIS.**
On separate lines, add the units for the drug administered and the units of the drug wasted with Modifier JW. If there is no waste, use Modifier JZ.

*Effective January 1, 2017, Medicare requires providers to use the JW modifier (drug amount discarded/not administered to any patient) for all claims with unused drugs or biologicals from single-use vials, and to document the discarded drug or biological in the patient's medical record.

†Effective July 1, 2023, Medicare requires the use of the JZ modifier to indicate there were no units of drug discarded.

†CPT® Code 96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug. Initial infusion times may vary.

IMPORTANT SAFETY INFORMATION (cont'd)

Drug Interactions

Strong CYP3A Inhibitors: Concomitant use with EMRELIS may increase the area under the curve of MMAE. Monitor for increased risk of adverse reactions to EMRELIS.

Please see additional Important Safety Information for EMRELIS on the following pages.

Please see accompanying full Prescribing Information, or visit https://www.rxabbvie.com/pdf/emrelis_pi.pdf

SAMPLE UB-04/CMS 1450 CLAIM FORM

Form Locator (FL) 42 (Electronic Claim Form = Loop 2400, Segment Type SV201): List the appropriate revenue code for EMRELIS™. Medicare requires Revenue Code 0636. Medicaid may use 0636, but other payers may use General Pharmacy 0250 or other revenue codes—always check with the billed payer.

Additionally, enter an appropriate revenue code for the administration service, 0335 for chemotherapy, or others based on the cost center in which the service was performed.

FL 45 (Electronic Claim Form = Loop 2400, Segment DTP/472/03): Enter the date of service.

FL 43 (NOT REQUIRED BY MEDICARE): Enter the description of the procedure for the Revenue Code billed. If required, enter the N4 indicator first, then the 11-digit NDC code. In the third place, list the quantity and, last, the unit-of-measurement code.

An example for EMRELIS is 00074-1044-01.

FL 46 (Electronic Claim Form = Loop 2400, SV205): Enter the units for the HCPCS code billed.

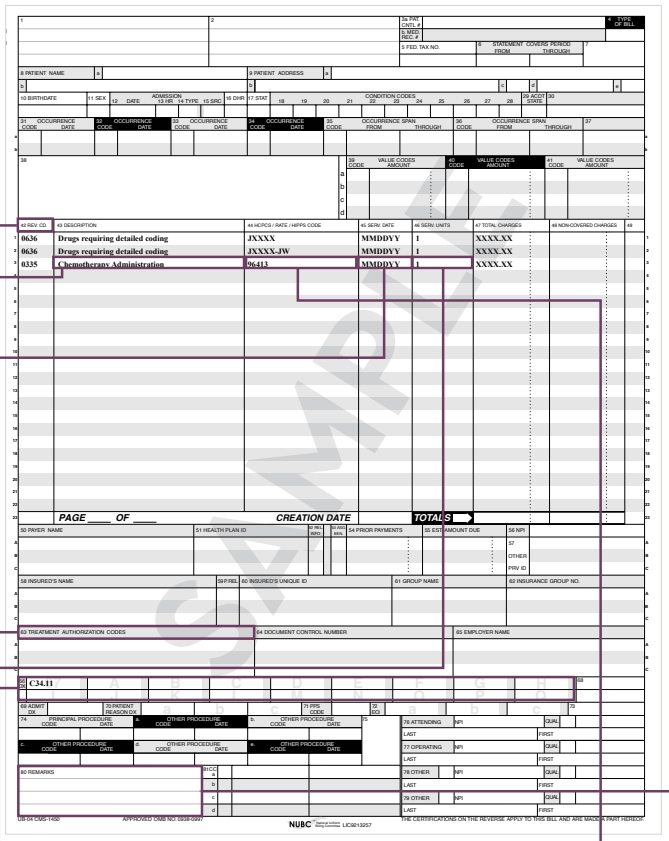
Enter the number of service units for each item. **For misc codes, each unit corresponds to 1 Unit of EMRELIS.**

For Medicare (and some other payers), bill the units given and the units wasted on separate lines with the units wasted corresponding to Modifier JW.†

FL 63 (Electronic Claim Form = Loop 2300, REF/G1/02): Enter treatment authorization code.

FL 67A-Q (Electronic Claim Form = Loop 2300, HI01–2 [HI01–1=BK]): Enter a diagnosis code for EMRELIS documented in the medical record.

Be as specific as possible. The code listed here is an example: C34.11



FL 80 (Electronic Claim Form = Loop 2300, Segment OCC): When completing a claim for a drug that does not have a permanent code, additional information is required. Include the drug name, drug strength, unit of measure, number of units administered (and discarded), total dosage, route of administration, and 11-digit NDC. A prior authorization (or pre-certification) code may also be required by commercial plans.

FL 44 (Electronic Claim Form = Loop 2400, SV202–2 [SV202–1=HC/HP]): Enter the appropriate HCPCS code for **EMRELIS (telisotuzumab vedotin-tllv) for intravenous injection,* which, as of May 14, 2025, is the selected misc code.**

This HCPCS code may not be acceptable to all payers on July 1, 2023. If applicable, the discarded product must be reported on a separate line with Modifier JW.† If no waste is reported, apply Modifier -JZ‡ for dates of service on or after January 1, 2023. Also, Modifier -TB must be applied for 340B providers in most cases. For administration, enter the appropriate code or codes for the infusion duration. As an example, a 60-minute infusion of EMRELIS requires 96413.§

*Utilize a miscellaneous J-code between May 14, 2025 - December 31, 2025. After December 31, 2025, you will use the permanent J-code assigned to EMRELIS.

†Effective January 1, 2017, Medicare requires providers to use the JW modifier (drug amount discarded/not administered to any patient) for all claims with unused drugs or biologicals from single-use vials, and to document the discarded drug or biological in the patient's medical record.

‡Effective July 1, 2023, Medicare requires the use of the JZ modifier to indicate there were no units of drug discarded.

§CPT® Code 96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug. Initial infusion times may vary.

IMPORTANT SAFETY INFORMATION (cont'd)

Use in Specific Populations

Severe or Moderate Hepatic Impairment: Avoid the use of EMRELIS.

Lactation: Advise lactating women not to breastfeed during treatment with EMRELIS and for 1 month after the last dose.

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Please see accompanying full Prescribing Information, or visit https://www.rxabbvie.com/pdf/emrelis_pi.pdf

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Emrelis™ Support Services

EMRELIS™ SUPPORT SERVICES

HERE TO HELP YOU NAVIGATE ACCESS FOR YOUR PATIENTS

EMRELIS Support Services is committed to helping patients **prescribed EMRELIS** by offering **access and reimbursement** support, along with **affordability** assistance.

ENROLL YOUR PATIENT IN EMRELIS SUPPORT SERVICES

Visit **EMRELIShcp.com** to download and complete the enrollment form.

Once enrolled, EMRELIS Support Services offers the following:

Access and Reimbursement Support
- Benefits investigation
- Prior Authorization support
- Appeals support

Co-Pay Assistance*
- Support for commercially eligible patients with out-of-pocket costs
- Patients could **pay as little as $0** for their medication

myABBVIE ASSIST

If your patient is having difficulty paying for their medicine, AbbVie may be able to help.†
Visit **AbbVie.com/PatientAccessSupport** to learn more.

IMPORTANT SAFETY INFORMATION (cont'd)

Use in Specific Populations (cont'd)

Infertility: Based on findings from animal studies, EMRELIS may impair fertility in females and males.

*Eligibility: Available to patients with commercial insurance coverage for EMRELIS who meet eligibility criteria. This co-pay assistance program is not available to patients receiving prescription reimbursement under any federal, state, or government-funded insurance programs (for example, Medicare [including Part D], Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs) or where prohibited by law. Offer subject to change or termination without notice. Restrictions, including monthly maximums, may apply. This is not health insurance. **For full Terms and Conditions, visit https://www.emrelis.com/copayterms or call 1-844-859-5760 for additional information.** To learn about AbbVie's privacy practices and your privacy choices, visit **https://abbv.ie/corpprivacy**.

†Criteria include patients who are uninsured or have insurance that excludes coverage for EMRELIS (including patients on Medicare or Medicaid), residents of the United States or Puerto Rico, and patients who meet the financial eligibility requirements. Terms and conditions apply.

Questions?
Connect with an EMRELIS Support Services specialist.
Call 1-844-859-5760, **Monday to Friday,** 8:00 AM to 8:00 PM ET.

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