ZIIHERA® (zanidatamab-hrii) BILLING AND CODING GUIDE

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INDICATION

ZIIHERA (zanidatamab-hrii) 50 mg/mL for injection for IV is indicated for the treatment of adults with previously treated, unresectable or metastatic HER2-positive (IHC 3+) biliary tract cancer (BTC), as detected by an FDA-approved test.

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

IMPORTANT SAFETY INFORMATION

WARNING: EMBRYO-FETAL TOXICITY

Exposure to ZIIHERA during pregnancy can cause embryo-fetal harm. Advise patients of the risk and need for effective contraception.

Please see accompanying full Prescribing Information, including BOXED Warning.

Jazz Pharmaceuticals

ZIIHERA®
(zanidatamab-hrii)
50 mg/ml Injection for IV

INTRODUCTION

This guide provides an overview of billing, coding, and coverage information related to ZIIHERA. Healthcare providers can use this guide to determine for themselves the appropriate claims to file for ZIIHERA-related services. Jazz Pharmaceuticals does not guarantee payment or coverage for any product or service. Information specific to billing and coding should be verified by the provider for each patient prior to treatment. Providers should contact payers directly for any revised or additional requirements, information, or guidance. It is the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims for the products and services rendered.

ZIIHERA billing and coding requirements will vary based on many factors, including the site of service where the drug is administered, the type of insurance the patient has, and the benefit under which ZIIHERA is covered.

SITE OF SERVICE

ZIIHERA may be administered in physicians' offices or in hospital outpatient departments. For most payers, the site of service will affect the billing and coding requirements. This guide focuses on coverage, coding, and billing for ZIIHERA when administered in physicians' offices and hospital outpatient settings.

COVERAGE GUIDANCE

Physician offices and hospital outpatient facilities:

For patients enrolled in Medicaid, a Medicare Advantage plan, or a commercial health plan, coverage of ZIIHERA will vary by payer and may also be subject to utilization restrictions

For Medicare patients, ZIIHERA will be covered under Medicare Part B when used for an FDA-approved indication and when medically reasonable and necessary. There are no precertification requirements for ZIIHERA under traditional fee-for-service.

BENEFIT CATEGORY

Most payers cover physician-administered products such as ZIIHERA under a medical benefit rather than a pharmacy benefit. For Medicare, while ZIIHERA will typically be covered under Part B, private payers and Medicaid, including managed Medicaid, may require that physicians obtain ZIIHERA through a specialty pharmacy. Specialty pharmacies may bill the payer under the medical or pharmacy benefit, depending on what that payer requires.

FDA = US Food and Drug Administration.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS

Embryo-Fetal Toxicity

ZIIHERA can cause fetal harm when administered to a pregnant woman. In literature reports, use of a HER2-directed antibody during pregnancy resulted in cases of oligohydramnios and oligohydramnios sequence manifesting as pulmonary hypoplasia, skeletal abnormalities, and neonatal death.

Verify the pregnancy status of females of reproductive potential prior to the initiation of ZIIHERA. Advise pregnant women and females of reproductive potential that exposure to ZIIHERA during pregnancy or within 4 months prior to conception can result in fetal harm. Advise females of reproductive potential to use effective contraception during treatment with ZIIHERA and for 4 months following the last dose of ZIIHERA.

Please see accompanying full Prescribing Information, including BOXED Warning.

ORDERING INFORMATION

SPECIALTY DISTRIBUTORS

ZIIHERA is available for purchase from the authorized specialty distributors listed below. Verify that your facility has an account with the specialty distributor before ordering. If not, they should contact the specialty distributor. The facility should also contact the specialty distributor with questions regarding product returns, specific pricing, and payment terms.

cencora

ASD Healthcare	Oncology Supply
Web: https://www.asdhealthcare.com **Phone:** 1-800-746-6273 **Fax:** 1-800-547-9413 **Email:** service@asdhealthcare.com	**Web:** www.oncologysupply.com **Phone:** 1-800-633-7555 **Fax:** 1-800-248-8205 **Email:** service@oncologysupply.com

CardinalHealth™

For Oncology Clinics	For Hospitals
Web: specialtyonline.cardinalhealth.com **Phone:** 1-877-453-3972 **Fax:** 1-877-274-9897 **Email:** SPDOncologyTeam@cardinalhealth.com	**Web:** orderexpress.cardinalhealth.com **Phone:** 1-855-855-0708 **Fax:** 1-877-274-9897 **Email:** SPDOncologyTeam@cardinalhealth.com

McKESSON

McKesson Plasma & Biologics	McKesson Specialty Health Distribution
Web: https://connect.mckesson.com **Phone:** 1-877-625-2566 **Fax:** 1-888-725-7626 **Email:** MPBOrders@mckesson.com	**Web:** https://mscs.mckesson.com **Phone:** 1-800-482-6700 **Fax:** 1-800-289-9285 **Email:** MSH-CustomerCare@mckesson.com

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Left Ventricular Dysfunction

ZIIHERA can cause decreases in left ventricular ejection fraction (LVEF). LVEF declined by >10% and decreased to <50% in 4.3% of 233 patients. Left ventricular dysfunction (LVD) leading to permanent discontinuation of ZIIHERA was reported in 0.9% of patients. The median time to first occurrence of LVD was 5.6 months (range: 1.6 to 18.7). LVD resolved in 70% of patients.

Assess LVEF prior to initiation of ZIIHERA and at regular intervals during treatment. Withhold dose or permanently discontinue ZIIHERA based on severity of adverse reactions.

The safety of ZIIHERA has not been established in patients with a baseline ejection fraction that is below 50%.

Please see accompanying full Prescribing Information, including BOXED Warning.

SAMPLE CODING FOR ZIIHERA

This section provides sample codes for hospitals and physician offices for BTC. Note that many of the codes are the same for both sites of care.

INTERNATIONAL CLASSIFICATION OF DISEASES, 10TH REVISION, CLINICAL MODIFICATION (ICD-10-CM) CODES[1]

Code	Description
C22.1	Intrahepatic bile duct carcinoma
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified

INTERNATIONAL CLASSIFICATION OF DISEASES, 10TH REVISION, PROCEDURE CODING SYSTEM (ICD-10-PCS) CODES[2]

Code	Description
XW033CA	Introduction of Zanidatamab Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 10
XW043CA	Introduction of Zanidatamab Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 10

These are sample codes based on publicly available information and are informational only and not a guarantee or promise of coverage. 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.

BTC = biliary tract cancer.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Infusion-Related Reactions

ZIIHERA can cause infusion-related reactions (IRRs). An IRR was reported in 31% of 233 patients treated with ZIIHERA as a single agent in clinical studies, including Grade 3 (0.4%) and Grade 2 (25%). IRRs leading to permanent discontinuation of ZIIHERA were reported in 0.4% of patients. IRRs occurred on the first day of dosing in 28% of patients; 97% of all IRRs resolved within one day.

Prior to each dose of ZIIHERA, administer premedications to prevent potential IRRs. Monitor patients for signs and symptoms of IRR during ZIIHERA administration and as clinically indicated after completion of infusion. Have medications and emergency equipment to treat IRRs available for immediate use.

If an IRR occurs, slow, or stop the infusion, and administer appropriate medical management. Monitor patients until complete resolution of signs and symptoms before resuming. Permanently discontinue ZIIHERA in patients with recurrent severe or life-threatening IRRs.

Please see accompanying full Prescribing Information, including BOXED Warning.

SAMPLE CODING FOR ZIIHERA (CONT'D)

CURRENT PROCEDURAL TERMINOLOGY (CPT®) CODES[3]

Code	Description
96413	Chemotherapy administration, intravenous infusion technique, up to 1 hour, single or initial substance/drug
96415	Chemotherapy administration, intravenous infusion technique, each additional hour

HCPCS MODIFIER CODES[4]

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

Note: Starting January 1, 2025, CMS is requiring all 340B covered entities to report the TB modifier on claims, even if using the JG modifier. In CY 2024, 340B covered entities may do one of the following: continue to use the modifier you're currently using/have been instructed to use as per guidance or transition early to the TB modifier.

PLACE OF SERVICE CODES[5]

Code	Location	Description
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
19	Off Campus-Outpatient Hospital	A portion of an off-campus hospital provider-based department which 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 which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

These are sample codes based on publicly available information and are informational only and not a guarantee or promise of coverage. 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.

CMS = Centers for Medicare and Medicaid Services; CY = coverage year.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Diarrhea

ZIIHERA can cause severe diarrhea.

Diarrhea was reported in 48% of 233 patients treated in clinical studies, including Grade 3 (6%) and Grade 2 (17%). If diarrhea occurs, administer antidiarrheal treatment as clinically indicated. Perform diagnostic tests as clinically indicated to exclude other causes of diarrhea. Withhold or permanently discontinue ZIIHERA based on severity.

SAMPLE CODING FOR ZIIHERA (CONT'D)

REVENUE CODES[6]

Code	Description
0510	Clinic - General
0636	Pharmacy - Drugs Requiring Detailed Coding
0250	Pharmacy - General
0260	IV Therapy - General

NATIONAL DRUG CODE (NDC)[7]

10-digit Code	11-digit Code	Description
68727-950-01	68727-0950-01	Single-dose vial of ZIIHERA
68727-950-02	68727-0950-02	Carton containing 2 single-dose vials of ZIIHERA

Note: Payers may require a 10-digit or 11-digit NDC. Both are provided for your convenience.

These are sample codes based on publicly available information and are informational only and not a guarantee or promise of coverage. 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.

IV = intravenous.

IMPORTANT SAFETY INFORMATION (CONT'D)

ADVERSE REACTIONS

Serious adverse reactions occurred in 53% of 80 patients with unresectable or metastatic HER2-positive BTC who received ZIIHERA. Serious adverse reactions in >2% of patients included biliary obstruction (15%), biliary tract infection (8%), sepsis (8%), pneumonia (5%), diarrhea (3.8%), gastric obstruction (3.8%), and fatigue (2.5%). A fatal adverse reaction of hepatic failure occurred in one patient who received ZIIHERA.

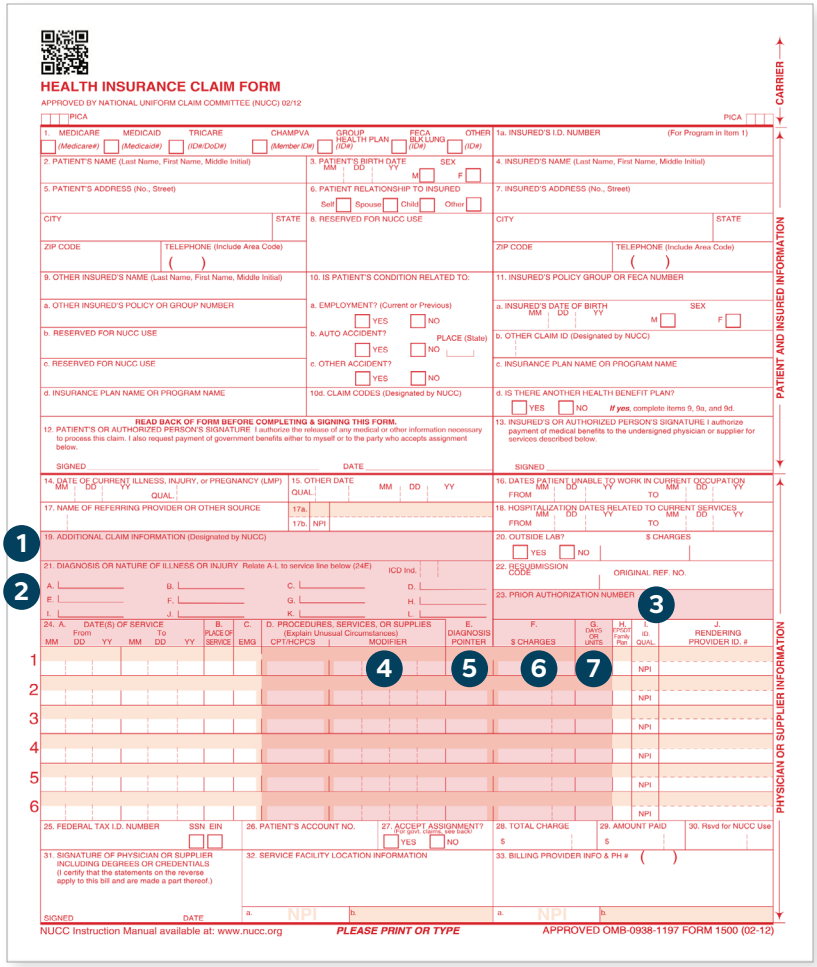
The most common adverse reactions in 80 patients with unresectable or metastatic HER2-positive BTC who received ZIIHERA (≥20%) were diarrhea (50%), infusion-related reaction (35%), abdominal pain (29%), and fatigue (24%).

Please see accompanying full Prescribing Information, including BOXED Warning.

SAMPLE CLAIM FORMS

CMS 1500 CLAIM FORM FOR PHYSICIAN OFFICE ADMINISTRATION

This sample claim form is provided only as an example. The healthcare provider is responsible for determining appropriate codes for an individual patient for related and/or separate procedures and for completing the appropriate forms.



1 Field 19

This area may be used to list the drug name, NDC,*,† dosage, strength, and route of administration.

2 Field 21

Enter the appropriate ICD-10-CM diagnosis code corresponding to the patient's diagnosis.

3 Field 23

If required, report the prior authorization number here.

4 Field 24D

Enter the CPT code representing procedures performed and enter the permanent J-code with appropriate modifiers†,‡:

For a nondiscarded claim, use 1 line: Enter the permanent J-code to report the use of ZIIHERA and enter modifier JZ to indicate no waste.

For a waste-required claim, use 2 lines: On 1 line, enter the permanent J-code to report the use of ZIIHERA and do not enter a modifier. On a separate line, enter the permanent J-code to report the waste of ZIIHERA and enter modifier JW to indicate waste.

5 Field 24E

Specify diagnosis from Field 21 relating to each CPT/J-code listed in Field 24D.

6 Field 24F

Enter the charge for each listed service and calculate the submitted price for the amount of drug administered. If modifier JW is required in Field 24D, calculate the submitted price for the amount of drug wasted on the corresponding line.†

7 Field 24G

Enter the number of units administered. If modifier JW is required in Field 24D, enter the number of units wasted on the corresponding line.†

*Please note that for billing purposes, the NDC requires 11 digits (thus a zero has been entered into the sixth digit). This is consistent with the Red Book and First Databank listings.
†Contact your Medicare contractor and/or all other contracted/noncontracted payer(s) for any questions regarding filling guidelines for coverage, coding, and payment.
‡Providers and suppliers are required to report the JW modifier on Part B drug claims for discarded drugs and biologicals. Also, providers and suppliers must document the amount of discarded drugs or biologicals in Medicare beneficiaries' medical records. Note, either the JW or JZ modifier must be reported, but claims should not include both.

IMPORTANT SAFETY INFORMATION (CONT'D)

USE IN SPECIFIC POPULATIONS

Pediatric Use

Safety and efficacy of ZIIHERA have not been established in pediatric patients.

Geriatric Use

Of the 80 patients who received ZIIHERA for unresectable or metastatic HER2-positive BTC, there were 39 (49%) patients 65 years of age and older. Thirty-seven (46%) were aged 65-74 years old and 2 (3%) were aged 75 years or older.

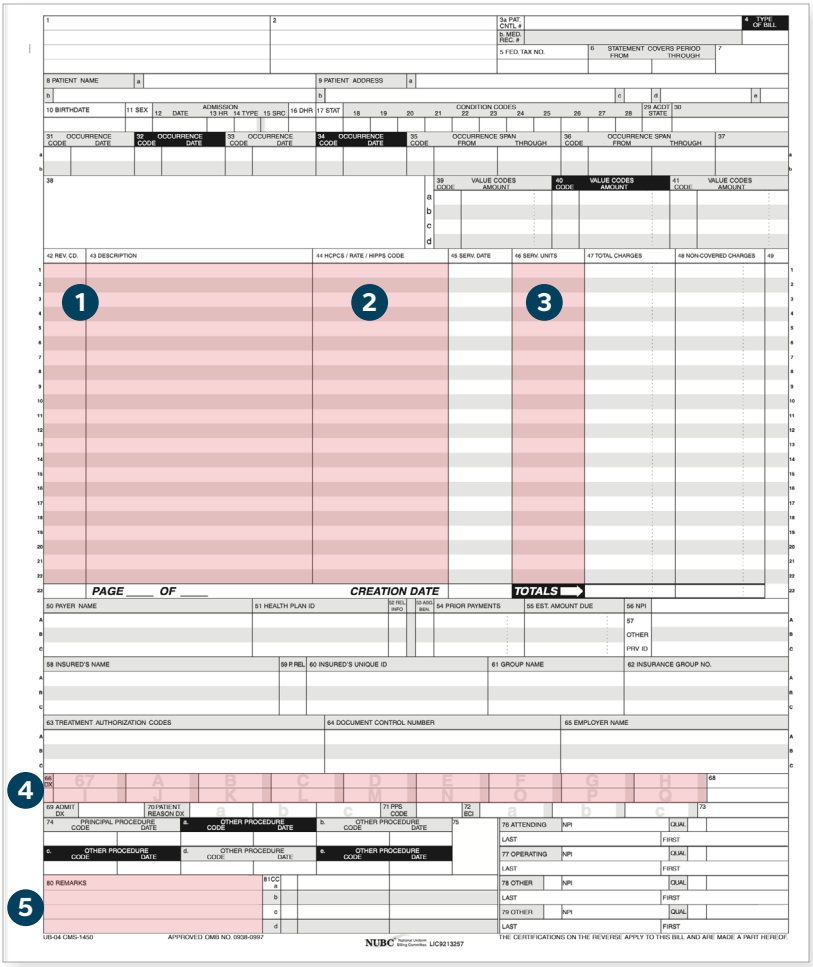
No overall differences in safety or efficacy were observed between these patients and younger adult patients.

Please see accompanying full Prescribing Information, including BOXED Warning.

SAMPLE CLAIM FORMS (CONT'D)

UB-04 (CMS 1450) CLAIM FORM FOR HOSPITAL OUTPATIENT ADMINISTRATION

This sample claim form is provided only as an example. The healthcare provider is responsible for determining appropriate codes for an individual patient for related and/or separate procedures and for completing the appropriate forms.



1 Fields 42 & 43

Enter the appropriate revenue code (Field 42) and corresponding description (Field 43).

2 Field 44

Enter the CPT code representing procedures performed and enter the permanent J-code with appropriate modifiers*,†:

For a nondiscarded claim, use 1 line: Enter the permanent J-code to report the use of ZIIHERA and enter modifier JZ to indicate no waste.

For a waste-required claim, use 2 lines: On 1 line, enter the permanent J-code to report the use of ZIIHERA and do not enter a modifier. On a separate line, enter the permanent J-code to report the waste of ZIIHERA and enter modifier JW to indicate waste.

3 Field 46

Enter the number of units administered. If modifier JW is required in Field 44, enter the number of units wasted on the corresponding line.*

4 Field 66

Enter the diagnosis code.

5 Field 80

Product information: Billing with a specific J-code allows for faster payment through electronic billing. Manual billing may still be required in certain circumstances.

In those cases, it may be necessary to provide the following product information for payment: NDC, quantity of the drugs administered (expressed in unit of measure applicable to the drug or biological), and the date the drug was administered to the patient.

*Contact your Medicare contractor and/or all other contracted/noncontracted payer(s) for any questions regarding filling guidelines for coverage, coding, and payment.
†Providers and suppliers are required to report the JW modifier on Part B drug claims for discarded drugs and biologicals. Also, providers and suppliers must document the amount of discarded drugs or biologicals in Medicare beneficiaries' medical records. Note, either the JW or JZ modifier must be reported, but claims should not include both.

IMPORTANT SAFETY INFORMATION

WARNING: EMBRYO-FETAL TOXICITY

Exposure to ZIIHERA during pregnancy can cause embryo-fetal harm. Advise patients of the risk and need for effective contraception.

Please see accompanying full Prescribing Information, including BOXED Warning.

BENEFITS VERIFICATION AND PRIOR AUTHORIZATION CHECKLIST

When calling a payer to verify benefits and inquire about prior authorization, the following key questions should be considered.

Verify patient eligibility and benefits with the payer before providing ZIIHERA.

- ☐ **What is the patient's copayment, coinsurance, deductible, or out-of-pocket maximum?**
  - Has it been met? If not, what amount has been applied to date?
- ☐ **Does the patient have an annual or lifetime benefit maximum?**
  - Has it been met? If not, what amount has been applied to date?
- ☐ **Does the patient have other insurance benefits that will need to be coordinated?**
- ☐ **Is prior authorization required? If so, what are the submission requirements for ZIIHERA?**
  - J-code to report ZIIHERA
  - Number of units
  - Where and how to submit prior authorizations
  - Prior authorization process
  - Required documentation (eg, forms, prescribing information, and statement of medical necessity)
  - Is there a medical policy in place for BTC and/or ZIIHERA?
  - How long will it take?
- ☐ **Check criteria for reauthorization and obtain appropriate documentation**

CLAIMS FILING CHECKLIST

The following tips may assist you with successfully filing claims for an infusion therapy.

- ☐ **Use appropriate codes to report the patient's condition, the drugs the patient received, and the services you have provided**
  - J-code
  - CPT code
  - ICD-10-CM code
  - Document waste if necessary per payer protocol
- ☐ **Include additional information requested by the payer in box 19 of the CMS-1500 form or in box 80 of the CMS-1450**
  - ZIIHERA
  - Dosage
  - NDC
  - Route of administration
  - Unit description
- ☐ **Attach additional information to the claim if necessary**
  - Letter of medical necessity
  - Prescribing information
  - Patient notes
- ☐ **Review claim for accuracy, including patient identification numbers, coding, and number of units**
- ☐ **File claim as soon as possible and within payer filing time limits**
- ☐ **Reconcile claim reports promptly and thoroughly to ensure claims have been appropriately processed and paid**
- ☐ **Verify that payment amounts correspond with your public payer allowables and your private payer contracts**

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS

Embryo-Fetal Toxicity

ZIIHERA can cause fetal harm when administered to a pregnant woman. In literature reports, use of a HER2-directed antibody during pregnancy resulted in cases of oligohydramnios and oligohydramnios sequence manifesting as pulmonary hypoplasia, skeletal abnormalities, and neonatal death.

Verify the pregnancy status of females of reproductive potential prior to the initiation of ZIIHERA. Advise pregnant women and females of reproductive potential that exposure to ZIIHERA during pregnancy or within 4 months prior to conception can result in fetal harm. Advise females of reproductive potential to use effective contraception during treatment with ZIIHERA and for 4 months following the last dose of ZIIHERA.

Please see accompanying full Prescribing Information, including BOXED Warning.

LETTER OF MEDICAL NECESSITY CHECKLIST

This section provides information and sample letter components that can help ensure your communications with health plans regarding medical necessity are as complete as possible. These samples describe the type of information that will usually be required. You can refer to this checklist on this page as you develop and complete your own letters.

Below is a checklist of items that may be needed to support the development of your letter of medical necessity.

Patient information:

- ☐ **Patient name**
- ☐ **Patient date of birth**
- ☐ **Insurance ID**
- ☐ **Insurance group number**
- ☐ **Case ID (if applicable)**

Clinical rationale:

- ☐ **Patient diagnosis**
- ☐ **Comprehensive list of previous treatment therapies used**
- ☐ **Information about the patient's previous treatments**
- ☐ **Rationale for selecting ZIIHERA**
- ☐ **Test results and chart notes**
- ☐ **Hospital admission and/or emergency room notes**

Additional supporting documentation may vary between health plans, but may include:

- ☐ **Prescribing information**
- ☐ **Documentation required by prior authorization, if any**
- ☐ **Relevant peer-reviewed articles**

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Left Ventricular Dysfunction

ZIIHERA can cause decreases in left ventricular ejection fraction (LVEF). LVEF declined by >10% and decreased to <50% in 4.3% of 233 patients. Left ventricular dysfunction (LVD) leading to permanent discontinuation of ZIIHERA was reported in 0.9% of patients. The median time to first occurrence of LVD was 5.6 months (range: 1.6 to 18.7). LVD resolved in 70% of patients.

Assess LVEF prior to initiation of ZIIHERA and at regular intervals during treatment. Withhold dose or permanently discontinue ZIIHERA based on severity of adverse reactions.

The safety of ZIIHERA has not been established in patients with a baseline ejection fraction that is below 50%.

SAMPLE LETTER OF MEDICAL NECESSITY

Please see below a sample letter of medical necessity for example purposes only. This sample letter provides insight into what plans may consider relevant information regarding your patient's treatment. Please note that submitting the information below to the health plan does not guarantee they will provide coverage for the prescribed medication, and some plans may require different or additional information. This example is not meant as a substitute for a prescriber's independent medical decision-making.

{Date Created}

{Provider_Full_Name}
{Site_Address1} {Site_Address2}
{Site_City}, {Site_State} {Site_Zip}

{Contact Name} (Usually the medical director)
{Title}
{Name of the Health Insurance}
{Address Street}
{Address. City, State and Zip Code}

RE:
Insured: *{Patient Name}*
Date of Birth: *{DOB}*
Policy Number: *{Number}*
Group Number: *{Number}*
Case ID: *{Number}*

Dear Dr. *{Medical Director's Name}*,

I am writing to you on behalf of my patient *{Patient Name}* to request reimbursement for *{Product Name}*. *{Patient's First Name's}* plan does not cover *{Product Name}* at this time, however, it is my professional opinion as a specialist that it is medically necessary for him/her. *{Patient's First Name}* has been under my care since *{date}* for the treatment of *{Diagnosis}*.

Please see the attached documentation, regarding *{product name and/or patient's first name}* to assist with your coverage decision.

- Include rationale why this is medically necessary at the dosage prescribed
- List all *{patient's name}* previously tried and failed therapies (either for efficacy or tolerability)

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Infusion-Related Reactions

ZIIHERA can cause infusion-related reactions (IRRs). An IRR was reported in 31% of 233 patients treated with ZIIHERA as a single agent in clinical studies, including Grade 3 (0.4%) and Grade 2 (25%). IRRs leading to permanent discontinuation of ZIIHERA were reported in 0.4% of patients. IRRs occurred on the first day of dosing in 28% of patients; 97% of IRRs resolved within one day.

Please see accompanying full Prescribing Information, including BOXED Warning.

LETTER OF APPEAL CHECKLIST

This section provides information and examples that can help ensure your communications with health plans regarding an appeal are as complete as possible. These samples provide the type of information that will usually be required. Refer to this checklist as you develop and complete your own letters. One sample appeals letter is provided on the next page. Incorrect or incomplete submissions may delay the review process or result in an automatic denial of the request.

Below is a checklist of items that may be needed to support the development of your letter of appeal:

Patient information:

- ☐ **Patient name**
- ☐ **Patient date of birth**
- ☐ **Insurance ID**
- ☐ **Insurance group number**
- ☐ **Case ID (if applicable)**

Clinical rationale:

- ☐ **Patient diagnosis**
- ☐ **Comprehensive list of previous treatment therapies used**
- ☐ **Information about the patient's previous treatments**
- ☐ **Rationale for selecting ZIIHERA**
- ☐ **Test results and chart notes**
- ☐ **Hospital admission and/or emergency room notes**

Additional supporting documentation may vary between health plans, but may include:

- ☐ **Prescribing information**
- ☐ **Relevant peer-reviewed articles**
- ☐ **For second- and third-level appeals, include a copy of the previous denial letter(s)**

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Infusion-Related Reactions (cont'd)

Prior to each dose of ZIIHERA, administer premedications to prevent potential IRRs. Monitor patients for signs and symptoms of IRR during ZIIHERA administration and as clinically indicated after completion of infusion. Have medications and emergency equipment to treat IRRs available for immediate use.

If an IRR occurs, slow, or stop the infusion, and administer appropriate medical management. Monitor patients until complete resolution of signs and symptoms before resuming. Permanently discontinue ZIIHERA in patients with recurrent severe or life-threatening IRRs.

SAMPLE LETTER OF APPEAL

Please see below a sample Appeals letter for example purposes only. This sample letter provides insight into what plans may consider relevant information regarding your patient's treatment. Please note that submitting the information below to the health plan does not guarantee they will provide coverage for the prescribed medication, and some plans may require different or additional information. This example is not meant as a substitute for a prescriber's independent medical decision-making.

{Date Created}

{Provider_Full_Name}
{Site_Address1} {Site_Address2}
{Site_City}, {Site_State} {Site_Zip}

{Contact Name} (Usually the medical director)
{Title}
{Name of the Health Insurance}
{Address Street}
{Address. City, State and Zip Code}

RE:
Insured: *{Patient Name}*
Date of Birth: *{DOB}*
Policy Number: *{Number}*
Group Number: *{Number}*
Case ID: *{Number}*

Dear Dr. *{Contact Name or Medical Director's Name}*,

I am writing to request that you reconsider your denial of coverage for *{Product Name}* which I have prescribed for my patient *{Patient First Name} {Patient Last Name}*. *{Product Name}* is FDA approved for the treatment of *{list indication}* in patients with *{diagnosis}*.

Please see Full Prescribing Information and Patient Information including additional safety information at *{Enter Product Website}*.

Your reason(s) for the denial is/are:
- *{Denial Reasons}*

Listed below are the patient's diagnosis and medical history, which confirm the medical necessity and appropriate treatment plan with *{Product Name}*. *{Patient First Name} {Patient Last Name}* is diagnosed with *{Diagnosis}* *{Diagnosis Code [Insert Diagnosis Code]}*. *{His/Her}* medical history is as follows:

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Diarrhea

ZIIHERA can cause severe diarrhea.

Diarrhea was reported in 48% of 233 patients treated in clinical studies, including Grade 3 (6%) and Grade 2 (17%). If diarrhea occurs, administer antidiarrheal treatment as clinically indicated. Perform diagnostic tests as clinically indicated to exclude other causes of diarrhea. Withhold or permanently discontinue ZIIHERA based on severity.

JAZZ IS COMMITTED TO SUPPORTING ACCESS AND REIMBURSEMENT

JAZZCARES HELPS APPROPRIATE PATIENTS GET ACCESS TO ZIIHERA

JazzCares®
Making a difference in Patients' lives, one Patient at a time

JazzCares is sponsored by Jazz Pharmaceuticals to help improve access to Jazz medications for appropriate patients (eligibility requirements may apply).

JAZZCARES SUPPORTS PATIENTS

Assists with benefits investigations,* prior authorizations and appeals, and referrals to other financial assistance options for eligible patients

PATIENT ASSISTANCE PROGRAM FOR ELIGIBLE PATIENTS

Uninsured or underinsured patients who are eligible may receive ZIIHERA at no cost

REDUCTION OF OUT-OF-POCKET COSTS FOR ELIGIBLE PATIENTS

Savings Card—eligible, commercially insured patients can pay as little as $10

ONCOLOGY BUSINESS MANAGERS (OBMs) PROVIDE EXPERTISE AND SUPPORT TO HEALTHCARE PROVIDERS:

- Assistance with reimbursement-related questions about ZIIHERA
- Purchasing, procurement, and distribution support
- Education on coding and billing

For more information about JazzCares, visit www.JazzCares.com. To speak with a JazzCares specialist or to connect with your OBM, call our team at 1-833-533-JAZZ (5299), Monday-Friday, 8 AM-8 PM ET.

*Insurance coverage and plans may vary. The JazzCares Program at Jazz Pharmaceuticals provides general information only and is not a guarantee of any coverage or reimbursement outcome. All treatment decisions rest solely with the treating physician or qualified healthcare professional.

IMPORTANT SAFETY INFORMATION (CONT'D)

ADVERSE REACTIONS

Serious adverse reactions occurred in 53% of 80 patients with unresectable or metastatic HER2-positive BTC who received ZIIHERA. Serious adverse reactions in >2% of patients included biliary obstruction (15%), biliary tract infection (8%), sepsis (8%), pneumonia (5%), diarrhea (3.8%), gastric obstruction (3.8%), and fatigue (2.5%). A fatal adverse reaction of hepatic failure occurred in one patient who received ZIIHERA.

The most common adverse reactions in 80 patients with unresectable or metastatic HER2-positive BTC who received ZIIHERA (≥20%) were diarrhea (50%), infusion-related reaction (35%), abdominal pain (29%), and fatigue (24%).

Please see accompanying full Prescribing Information, including BOXED Warning.

WARNING: EMBRYO-FETAL TOXICITY

Exposure to ZIIHERA during pregnancy can cause embryo-fetal harm. Advise patients of the risk and need for effective contraception.

WARNINGS AND PRECAUTIONS

Embryo-Fetal Toxicity

ZIIHERA can cause fetal harm when administered to a pregnant woman. In literature reports, use of a HER2-directed antibody during pregnancy resulted in cases of oligohydramnios and oligohydramnios sequence manifesting as pulmonary hypoplasia, skeletal abnormalities, and neonatal death.

Verify the pregnancy status of females of reproductive potential prior to the initiation of ZIIHERA. Advise pregnant women and females of reproductive potential that exposure to ZIIHERA during pregnancy or within 4 months prior to conception can result in fetal harm. Advise females of reproductive potential to use effective contraception during treatment with ZIIHERA and for 4 months following the last dose of ZIIHERA.

Left Ventricular Dysfunction

ZIIHERA can cause decreases in left ventricular ejection fraction (LVEF). LVEF declined by >10% and decreased to <50% in 4.3% of 233 patients. Left ventricular dysfunction (LVD) leading to permanent discontinuation of ZIIHERA was reported in 0.9% of patients. The median time to first occurrence of LVD was 5.6 months (range: 1.6 to 18.7). LVD resolved in 70% of patients.

Assess LVEF prior to initiation of ZIIHERA and at regular intervals during treatment. Withhold dose or permanently discontinue ZIIHERA based on severity of adverse reactions.

The safety of ZIIHERA has not been established in patients with a baseline ejection fraction that is below 50%.

Infusion-Related Reactions

ZIIHERA can cause infusion-related reactions (IRRs). An IRR was reported in 31% of 233 patients treated with ZIIHERA as a single agent in clinical studies, including Grade 3 (0.4%) and Grade 2 (25%). IRRs leading to permanent discontinuation of ZIIHERA were reported in 0.4% of patients. IRRs occurred on the first day of dosing in 28% of patients; 97% of all IRRs resolved within one day.

Prior to each dose of ZIIHERA, administer premedications to prevent potential IRRs. Monitor patients for signs and symptoms of IRR during ZIIHERA administration and as clinically indicated after completion of infusion. Have medications and emergency equipment to treat IRRs available for immediate use.

If an IRR occurs, slow, or stop the infusion, and administer appropriate medical management. Monitor patients until complete resolution of signs and symptoms before resuming. Permanently discontinue ZIIHERA in patients with recurrent severe or life-threatening IRRs.

Diarrhea

ZIIHERA can cause severe diarrhea.

Diarrhea was reported in 48% of 233 patients treated in clinical studies, including Grade 3 (6%) and Grade 2 (17%). If diarrhea occurs, administer antidiarrheal treatment as clinically indicated. Perform diagnostic tests as clinically indicated to exclude other causes of diarrhea. Withhold or permanently discontinue ZIIHERA based on severity.

ADVERSE REACTIONS

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USE IN SPECIFIC POPULATIONS

Pediatric Use

Safety and efficacy of ZIIHERA have not been established in pediatric patients.

Geriatric Use

Of the 80 patients who received ZIIHERA for unresectable or metastatic HER2-positive BTC, there were 39 (49%) patients 65 years of age and older. Thirty-seven (46%) were aged 65-74 years old and 2 (3%) were aged 75 years or older.

No overall differences in safety or efficacy were observed between these patients and younger adult patients.

Please see accompanying full Prescribing Information, including BOXED Warning.

References: 1. Centers for Medicare & Medicaid Services. Accessed June 5, 2024. https://www.cms.gov/files/zip/2024-code-tables-tabular-and-index-updated-02/01/2024.zip **2.** Centers for Medicare & Medicaid Services. FY 2025 IPPS final rule home page. Accessed August 2, 2024. https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipps-final-rule-home-page#Tables **3.** Coalition of Hematology and Oncology Practices. Accessed June 5, 2024. https://www.choptx.org/wp-content/uploads/2017/12/Coding-for-Oncology-Presentation-Final.v2pptx.pdf **4.** Centers for Medicare & Medicaid Services. Accessed June 19, 2024. https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/billing-340b-modifiers-under-hospital-opps.pdf **5.** Centers for Medicare & Medicaid Services. Accessed June 5, 2024. https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets **6.** Noridian Healthcare Solutions. Accessed June 5, 2024. https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes **7.** ZIIHERA (zanidatamab-hrii) Prescribing Information. Palo Alto, CA: Jazz Pharmaceuticals, Inc. 2024.