Genentech | ACCESS SOLUTIONS®
A Member of the Roche Group

for AVASTIN®
(bevacizumab)

# SAMPLE CODING

## Hepatocellular Carcinoma (HCC)

| TYPE | CODE | | DESCRIPTION |
|---|---|---|---|
| **Diagnosis: ICD-10-CM** | C22.0 | | Liver cell carcinoma, hepatocellular carcinoma |
| | C22.8 | | Malignant neoplasm of liver, primary, unspecified as to type |
| **Drug: HCPCS** | J9035 | | Injection, bevacizumab, 10 mg |
| **Drug: NDC**<br>**Note: Payer requirements regarding use of a 10-digit or 11-digit NDC may vary. Both formats are listed here for your reference.** | **10-digit** | **11-digit** | |
| | 50242-060-01 | 50242-0060-01 | 100 mg/4 mL single-dose vial |
| | 50242-061-01 | 50242-0061-01 | 400 mg/16 mL single-dose vial |
| **Administration procedures: CPT** | 96413 | | Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug |
| | 96415 | | Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure) |
| | 96417 | | Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure) |

CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; NDC=National Drug Code.

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

**Many payers will not accept unspecified codes. If you use an unspecified code, please check with your payer.**

# INDICATIONS & IMPORTANT SAFETY INFORMATION

## INDICATIONS

**Hepatocellular Carcinoma (HCC)**

Avastin, in combination with atezolizumab, is indicated for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.

## IMPORTANT SAFETY INFORMATION

**Serious adverse reactions (Warnings and Precautions)**

- Serious and sometimes fatal adverse reactions with increased incidence in the Avastin-treated arm vs chemotherapy arm included:
  - Gastrointestinal (GI) perforation ranged from 0.3% to 3% of patients across clinical studies
  - Non-GI fistulae (<1% to 1.8%, highest in patients with cervical cancer)
  - Arterial thromboembolic events (Grade ≥3, 5%, highest in patients with GBM)
  - The incidence of wound healing and surgical complications, including serious and fatal complications, is increased in Avastin-treated patients
  - Hemorrhage (Grade 3–5) ranged from 0.4% to 7% of patients across clinical studies.

**Please see accompanying full Prescribing Information for additional important safety information.**

## IMPORTANT SAFETY INFORMATION (cont)

**Serious adverse reactions (Warnings and Precautions)** (cont)

- Renal injury and proteinuria
  - Grade 3–4 proteinuria ranged from 0.7% to 7% in clinical studies
  - Nephrotic syndrome (<1%)
- Additional serious adverse reactions with increased incidence in the Avastin-treated arm vs chemotherapy arm included:
  - Venous thromboembolism (Grade ≥3, 11% seen in GOG-0240)
  - Hypertension (Grade 3–4, 5%–18%)
  - Posterior reversible encephalopathy syndrome (PRES) (<0.5%)
  - Congestive heart failure (CHF): Grade > 3 left ventricular dysfunction (1%)
- Infusion-related reactions with the first dose of Avastin occurred in <3% of patients, and severe reactions occurred in 0.2% of patients
- Avoid use in patients with ovarian cancer who have evidence of recto-sigmoid involvement by pelvic examination or bowel involvement on CT scan or clinical symptoms of bowel obstruction
- Inform females of reproductive potential of the risk of ovarian failure prior to initiating treatment with Avastin
- An evaluation for the presence of varices is recommended within 6 months of initiation of Avastin in patients with HCC

**Pregnancy warning**

- Based on the mechanism of action and animal studies, Avastin may cause fetal harm
- Advise female patients that Avastin may cause fetal harm, and to inform their healthcare provider of a known or suspected pregnancy
- Advise females of reproductive potential to use effective contraception during treatment with Avastin and for 6 months after the last dose of Avastin
- Advise nursing women not to breastfeed during treatment with Avastin and for 6 months following their last dose of treatment
- Avastin may impair fertility

**Most common adverse reactions**

- Across studies, the most common adverse reactions observed in Avastin patients at a rate >10% were:
  - — Epistaxis
  - — Headache
  - — Hypertension
  - — Rhinitis
  - — Proteinuria
  - — Taste alteration
  - — Dry skin
  - — Rectal hemorrhage
  - — Lacrimation disorder
  - — Back pain
  - — Exfoliative dermatitis
- Across all studies, Avastin was discontinued in 8% to 22% of patients because of adverse reactions

**Indication-specific adverse reactions**

- Hepatocellular Carcinoma (HCC) - In IMbrave 150 Study, fatal adverse reactions occurred in 4.6% of patients in the Avastin and atezolizumab arm. The most common adverse reactions leading to death were gastrointestinal and esophageal varices hemorrhage (1.2%) and infections (1.2%). Serious adverse reactions occurred in 38% of patients in the Avastin and atezolizumab arm. The most frequent serious adverse reactions (≥ 2%) were gastrointestinal hemorrhage (7%), infections (6 %), and pyrexia (2.1%). Adverse reactions leading to discontinuation of Avastin occurred in 15% of patients in the Avastin and atezolizumab arm. The most common adverse reactions leading to Avastin discontinuation were hemorrhages (4.9%), including bleeding varicose vein, hemorrhage and gastrointestinal, subarachnoid, and pulmonary hemorrhages; and increased transaminases or bilirubin (0.9%). Adverse reactions leading to interruption of Avastin occurred in 46% of patients in the Avastin and atezolizumab arm; the most common (≥ 2%) were proteinuria (6%); infections (6%); hypertension (6%); liver function laboratory abnormalities including increased transaminases, bilirubin, or alkaline phosphatate (4.6%); gastrointestinal hemorrhages (3%); thrombocytopenia/decreased platelet count (4.3%); and pyrexia (2.4%).

You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Genentech at (888) 835-2555.

Please see accompanying full Prescribing Information for additional important safety.

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