



BILLING AND CODING GUIDE

For more information, please contact **ILUMYA SUPPORT**[®]
at **855-4ILUMYA (855-445-8692)**,
Monday through Friday, 8 AM to 8 PM ET

INDICATIONS AND USAGE

ILUMYA[®] (tildrakizumab-asmn) is indicated for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

ILUMYA[®] is contraindicated in patients with a previous serious hypersensitivity reaction to tildrakizumab or to any of the excipients.

Please see additional Important Safety Information on [page 19](#) and [Full Prescribing Information](#).

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The information in this guide is for informational purposes only; it is not intended to provide reimbursement or legal advice. Reimbursement laws, regulations, and policies are both updated frequently and complex. Diagnosis and treatment of individual patients should form the basis of individual coding decisions. Note that despite our best efforts for current information, this document may not be entirely current or comprehensive upon your review. Please contact third-party payers for information about coverage, coding, and payment policies. Please also consult with reimbursement specialists or legal counsel for billing or reimbursement questions.

Please see Important Safety Information on [page 19](#) and [Full Prescribing Information](#).



Coding for plaque psoriasis

The International Classification of Diseases, 10th Revision (ICD-10) consists of 2 coding systems: the Clinical Modification (ICD-10-CM) and a Procedure Coding System (ICD-10-PCS). The ICD-10-CM is for diagnosis coding and must be used for all healthcare services provided in the United States. The ICD-10-PCS is for US inpatient procedure coding only and must be used for all hospital inpatient procedures. Both codes are alphanumeric (letters and numbers).¹

Proper diagnosis coding is based on selecting the appropriate codes for a diagnosis or the reason for a visit according to documentation in the patient's medical record.²

ICD-10-CM codes have 3 characters that represent the category and may require up to 4 additional characters. These supplementary characters provide greater specificity, such as anatomic site or severity.^{3,4}

Understanding the ICD-10-CM code structure^{3,4}

CHARACTER NUMBER	CATEGORY			.	CATEGORY, ANATOMIC SITE, SEVERITY, EXTENSION			
	First	Second	Third		Fourth	Fifth	Sixth	Seventh
CHARACTER TYPE	Alpha (every letter except U)	Numeric	Alpha (every letter except U) or numeric					

There are 2 ICD-10-CM codes that can be used for billing ILUMYA^{®5}

PSORIASIS VULGARIS*	L	4	0	.	0	0	0	0
PSORIASIS, UNSPECIFIED†	L	4	0	.	9	0	0	0

L40.9 is used for non-Medicare patients only. For Medicare patients, use L40.0.

*The psoriasis vulgaris ICD-10-CM code includes both nummular psoriasis and **plaque psoriasis**.⁵
 †"Psoriasis, Unspecified" may only be used in moderate to severe cases of the disease.

Please see Important Safety Information on [page 19](#) and [Full Prescribing Information](#).

ILUMYA® billing and coding information

All coding and documentation requirements for drugs should be confirmed with each payer.

Healthcare Common Procedure Coding System (HCPCS)

HCPCS codes are used to ensure that health insurance claims are processed in an orderly manner. They are divided into 2 systems, level I and level II HCPCS codes.⁶

Level I: Current Procedural Terminology (CPT®) code

The CPT® code is a 5-digit numeric coding system used to identify medical services and procedures performed by healthcare professionals (HCPs). It is maintained by the American Medical Association.⁶

CPT® code for ILUMYA® administration⁷

CODE	DESCRIPTION
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

Level II HCPCS codes

Level II HCPCS codes are a standardized 4-digit alphanumeric coding system used to identify products, supplies, and services not included in the CPT® codes. They are maintained by the Centers for Medicare & Medicaid Services (CMS).⁸ There are 5 subsets of level II HCPCS codes: A-codes, C-codes, G-codes, J-codes, and Q-codes.⁹

- ▶ **Effective January 1, 2019**, CMS approved the use of J3245 for ILUMYA® for all administrative and billing purposes for all places of service¹⁰

J-code (level II HCPCS code) for the product ILUMYA®¹⁰

CODE	DESCRIPTION	SITE OF SERVICE	BILLING UNITS
J3245	Injection, tildrakizumab-asmn, 1 mg	Physicians' office, hospital outpatient center, freestanding infusion center	100

- ▶ **Effective July 1, 2023**, providers and suppliers are required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discarded amounts.¹¹

National Drug Code (NDC)

NDCs are unique 3-segment numbers that serve as universal product identifiers for drugs. Registered drug establishments provide a list of their products to the Food and Drug Administration (FDA); the FDA then creates codes for each product and publishes a list of all drugs manufactured, prepared, propagated, compounded, or processed for commercial distribution in the United States. The list is updated on a daily basis.^{12,13}

NDC for ILUMYA®¹⁴

An NDC may be required for billing ILUMYA® services for claims paid through the pharmacy or medical benefit.

CODE	CODE TYPE
47335-177-95	10-digit ordering code
47335-0177-95	11-digit billing code

Please see Important Safety Information on [page 19](#) and [Full Prescribing Information](#).



Sample Claim Form CMS 1500 (physician office)



HEALTH INSURANCE CLAIM FORM

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

PICA		PICA	
1. MEDICARE (Medicare#) <input type="checkbox"/> MEDICAID (Medicaid#) <input type="checkbox"/> TRICARE (ID#/DoD#) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BLK LUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
4. INSURED'S NAME (Last Name, First Name, Middle Initial)		5. PATIENT'S ADDRESS (No., Street)	
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)	
CITY STATE		CITY STATE	
8. RESERVED FOR NUCC USE		8. RESERVED FOR NUCC USE	
ZIP CODE TELEPHONE (Include Area Code) ()		ZIP CODE TELEPHONE (Include Area Code) ()	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
11. INSURED'S POLICY GROUP OR FECA NUMBER		11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
12. PATIENT'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.		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNED _____ DATE _____		SIGNED _____	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL _____		15. OTHER DATE MM DD YY QUAL _____	
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	
17a. _____ 17b. NPI _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____		22. RESUBMISSION CODE ORIGINAL REF. NO. _____	
A. _____ B. _____ C. _____ D. _____		23. PRIOR AUTHORIZATION NUMBER _____	
E. _____ F. _____ G. _____ H. _____		24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER	
I. _____ J. _____ K. _____ L. _____		F. \$ CHARGES G. DAYS OR UNITS H. EPSON Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #	
1		NPI	
2		NPI	
3		NPI	
4		NPI	
5		NPI	
6		NPI	
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>	
28. TOTAL CHARGE \$		29. AMOUNT PAID \$	
30. Rsvd for NUCC Use		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.)	
SIGNED _____ DATE _____		32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. _____	
33. BILLING PROVIDER INFO & PH # () a. NPI b. _____			

Box 21

Box 24

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Sample Claim Form CMS 1500

Please see Important Safety Information on page 19 and Full Prescribing Information.



Sample Claim Form CMS 1500 (physician office) (cont'd)

All coding and documentation requirements for drugs should be confirmed with each payer.

Box 21: Diagnosis or nature of illness or injury

Enter the appropriate diagnosis code on lines A through L to identify the patient's diagnosis/condition. The upper-right corner of the box is the "ICD Indicator," where you will enter a 0 to indicate an ICD-10-CM diagnosis. Use the highest level of specificity.¹⁵

- ▶ Remember: Do not report ICD-10-CM codes for claims with dates of service prior to the implementation of ICD-10-CM on either the old or revised version of the CMS 1500 claim form¹⁵

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)				ICD Ind.	
A.	L40.0000	B.		C.	
E.		F.		G.	
I.		J.		K.	
				L.	

Box 24A: Date(s) of service

When required by payers to provide the NDC in Box 24, enter the dates of service that correspond to the code.¹⁵


- ▶ The 10-digit ordering code for ILUMYA®: 47335-177-95¹⁴
- ▶ The 11-digit billing code for ILUMYA®: 47335-0177-95¹⁴

See additional CMS 1500 claim form information on pages 8 and 9.

24. A.	DATE(S) OF SERVICE					
	From			To		
	MM	DD	YY	MM	DD	YY
	NDC 47335 0177 95					
	DOS From			DOS To		

Sample Claim Form CMS 1500 (physician office) (cont'd)

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION



HEALTH INSURANCE CLAIM FORM

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

<input type="checkbox"/> PICA PICA <input type="checkbox"/>																					
1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)						1a. INSURED'S I.D. NUMBER (For Program in Item 1)															
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)						3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial)												
5. PATIENT'S ADDRESS (No., Street)						6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street)												
CITY				STATE		8. RESERVED FOR NUCC USE				CITY				STATE							
ZIP CODE				TELEPHONE (Include Area Code) () ()				ZIP CODE				TELEPHONE (Include Area Code) () ()									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10. IS PATIENT'S CONDITION RELATED TO:						11. INSURED'S POLICY GROUP OR FECA NUMBER									
a. OTHER INSURED'S POLICY OR GROUP NUMBER						a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO						a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>									
b. RESERVED FOR NUCC USE						b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO						b. OTHER CLAIM ID (Designated by NUCC)									
c. RESERVED FOR NUCC USE						c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO						c. INSURANCE PLAN NAME OR PROGRAM NAME									
d. INSURANCE PLAN NAME OR PROGRAM NAME						10d. CLAIM CODES (Designated by NUCC)						d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>									
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.																					
12. PATIENT'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. SIGNED _____ DATE _____						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____															
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL						15. OTHER DATE MM DD YY QUAL						16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						17a. _____ 17b. NPI						18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																					
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO																					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____																					
22. RESUBMISSION CODE ORIGINAL REF. NO.																					
23. PRIOR AUTHORIZATION NUMBER																					
Box 24																					
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE _____		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OF UNITS		H. EPSON Family Plan		I. ID. QUAL		J. RENDERING PROVIDER ID.#	
1																					
2																					
3																					
4																					
5																					
6																					
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rsvd for NUCC Use					
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.) SIGNED _____ DATE _____						32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. _____						33. BILLING PROVIDER INFO & PH # () a. NPI 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 on [page 19](#) and [Full Prescribing Information](#).

Sample Claim Form CMS 1500 (physician office) (cont'd)

Box 24B-H

When required to report the JZ modifier, use box 24B-H.

B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan
		CPT/HCPCS	MODIFIER				
		J3245	JZ	A		100	
		96372		A			

Box 24B: Examples of common places of services

- 11-Office
- 19-Off-Campus-Outpatient Hospital
- 20-Urgent Care
- 22-Outpatient Hospital
- 24-Ambulatory Surgical Center
- 49-Independent Clinic

Box 24D: Procedures, services, or supplies

Enter the HCPCS or CPT® code for the administration of ILUMYA®.¹⁵

- ▶ HCPCS code: **Effective January 1, 2019**, J3245 (injection, tildrakizumab-asmn, 100 mg) can be used for administrative and billing purposes specific to ILUMYA®¹⁰
- ▶ CPT® code: 96372 (injection)¹⁶

Box 24E: Diagnosis pointer

Enter the diagnosis code reference letter, as shown in Box 21, to relate the date of service and the procedures performed to the primary diagnosis. Enter only 1 reference number/letter per line item. When multiple services are performed, enter the primary reference number/letter for each service.¹⁵

Box 24G: Days or units

Specify the appropriate number of days or service units. The unit field should reflect the actual number of medication doses provided.¹⁵

Be sure to accurately enter the number of units for ILUMYA®. One dose of ILUMYA® equals 100 billing units.

An NDC is required on Medicaid claims including the paper CMS 1500, electronic 837P, Web Interchange claims, and Medicare crossover claims (reporting instructions vary by payer).

Sample Claim Form CMS 1450 (UB-04; hospital outpatient) (cont'd)

All coding and documentation requirements for drugs should be confirmed with each payer.

FL 42 and 43: Revenue codes and description

For FL 42, enter the revenue codes that correspond to the HCPCS or CPT® codes outlined in FL 44 (eg, corresponding revenue codes for HCPCS code J3245 effective January 1, 2019, or CPT® code 96372); FL 43, revenue description, is optional.^{10,16,17}

FL 44: Product, procedure coding, and service units

Enter the HCPCS drug code and CPT® code for the administration of ILUMYA®; you will not need to enter a Health Insurance Prospective Payment System (HIPPS) code for ILUMYA®.⁷

- ▶ HCPCS code: **Effective January 1, 2019**, J3245 (injection, tildrakizumab-asmn, 100 mg) can be used for administrative and billing purposes specific to ILUMYA®¹⁰
- ▶ CPT® code: 96372 (injection)¹⁶
- ▶ Enter the appropriate number of units used (one dose of ILUMYA® equals 100 billing units). Include the JZ Modifier to indicate no discarded amounts

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS
	CPT® code for injection	96372		
	Injection, tildrakizumab-asmn, 100 mg	J3245 JZ		100

See additional CMS 1450 claim form information on pages 12 and 13.

Sample Claim Form CMS 1450 (UB-04; hospital outpatient) (cont'd)

1		2		3a PAT CNTL #		4 TYPE OF BILL	
				b. MED. REC. #			
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME		9 PATIENT ADDRESS					
10 BIRTHDATE		11 SEX		12 DATE		13 ACDT STATE	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
a		b		c		d	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
PAGE		OF		CREATION DATE		TOTALS	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASG. BEN.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV. ID	
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	
66 DX		67		A		B	
68		C		D		E	
69 ADMIT. DX		70 PATIENT REASON DX		71 FPS CODE		72 ECI	
73		74		75		76	
77		78		79		80	
81		82		83		84	
85		86		87		88	
89		90		91		92	
93		94		95		96	
97		98		99		100	

FL 66

FL 67

FL 80

Sample Claim Form CMS 1450 (UB-04; hospital outpatient) (cont'd)

FL 66 and 67: Diagnosis codes

FL 66 is used to denote which ICD version (use ICD-10-CM) was used for FL 67 (principal diagnosis). For FL 67, enter the appropriate ICD-10-CM diagnosis code corresponding to the disease with which the patient has been diagnosed. Use diagnosis codes to the highest level of specificity for the date of service, and enter the diagnoses in priority order.⁷

- ▶ ICD-10-CM code: All 7 digits must be reported⁷
 - L40.0000 psoriasis vulgaris. Psoriasis vulgaris includes both nummular psoriasis and **plaque psoriasis**⁵
 - L40.9000 psoriasis, unspecified. Psoriasis, unspecified may only be used in moderate to severe cases of the disease⁵

L40.9 is used for non-Medicare patients only. For Medicare patients, use L40.0.

66 DX	L40.0000	
	10	

FL 80: Remarks

To support the review and payment of the claim, include additional information as required by respective payers. This may include the NDC, total dosage, and date ILUMYA[®] was administered.⁷

- ▶ The 10-digit ordering code for ILUMYA[®]: 47335-177-95¹⁴
- ▶ The 11-digit billing code for ILUMYA[®]: 47335-0177-95¹⁴

80 REMARKS
NDC 47335 0177 95
Total ILUMYA [®] dosage
Date of ILUMYA [®] administration

Buy & Bill is available for ILUMYA®

In a majority of health plans, ILUMYA® is covered under the medical benefit¹⁸

- ▶ Pharmacy benefit typically covers drugs that are self-administered
- ▶ Some payers may include non-self-administered drugs and biologicals
- ▶ Medical benefit typically covers drugs that are injected or infused by an HCP

Obtaining ILUMYA®

You can obtain ILUMYA® by:



Enrolling patients in
ILUMYA SUPPORT®



Purchasing ILUMYA®



For healthcare providers and offices who want to purchase ILUMYA®, please visit the ILUMYAPRO.com/SUPPORT website to obtain the most recent list of available distributors. Once you establish an account, the distributor can provide you with the cost of the product specific and the terms and conditions that apply.

Enroll online:

Besse® Medical
www.besse.com

Metro Medical™
www.metromedical.com

Oncology Supply-Medical
oncologysupply.com

Cardinal Specialty
www.cardinalhealth.com

McKesson Medical-Surgical
portal.mms.mckesson.com/customer-setup-contact

Call to enroll:

CuraScript SD®
877-599-7748

McKesson Specialty Health
855-477-9800

To purchase ILUMYA® via any of the 7 preferred specialty distributors:

- Use an existing account
- Reactivate a closed account
- Create a new account



Typically, ILUMYA® delivers next day when purchased Monday through Thursday.

Please see Important Safety Information on [page 19](#) and [Full Prescribing Information](#).

 **ILUMYA®**
tildrakizumab-asmn
Injection 100 mg/mL

Distribution and
inventory management

Establish Practice Protocols



Ensure payer contracts are up to date and assign staff roles and responsibilities as they relate to the Buy and Bill process as appropriate. Once contracts and roles are established, set up inventory storage and management controls that are in line with OSHA standards.

Obtain Authorization



After you obtain authorization, enroll patients in ILUMYA SUPPORT®. You will be contacted by a benefit verification specialist who will assist your office with obtaining prior approval.

Patients may also be eligible for additional assistance. Once it has been established that the patient has coverage, order ILUMYA® in advance of the patient's appointment.

Reimbursement



Submit claims using the applicable codes that best define the services rendered in a timely manner. Medicare and commercial payers may have different methodologies for reimbursement of physician-administered drugs with a J-code. The Medicare allowable is currently the ASP +6%. This rate is updated and published quarterly on the CMS website and may be subject to change.* Some commercial payers may not follow Medicare and calculate reimbursement based on average wholesale price (AWP) +/- a percentage.

*Practices should look at all components of reimbursement rates, including PFS and medication pricing, to understand how this will impact a practice.

ASP=average sales price.

Please see Important Safety Information on [page 19](#) and [Full Prescribing Information](#).

ILUMYA SUPPORT[®] has been enhanced to deliver better service and support to help your patients and your practice

How ILUMYA SUPPORT[®] works



Enrollment

More ways to enroll:

- ▶ **www.ILUMYAPRO.COM/SUPPORT** A seamless e-enrollment experience that does not require a login or password
- ▶ **Stay In Your Work Stream** Contact Your Field Reimbursement Manager to learn more about installing the enrollment form in Electronic Medical Assistant (EMA). EMA may apply to other electronic medical records systems as well
- ▶ **New patient enrollment form**
- ▶ **Electronic consent**



Verification

Streamlined results from the benefit investigation delivered quicker with electronic benefit verification (eBV)

- ▶ We've built a team of skilled Benefit Verification Specialists (BVS) who have payer and practice operations backgrounds
- ▶ BVS utilize eBV and manual checks to provide thorough and accurate results



Coordination

Patient Navigators, who have extensive experience with biologics, will guide the way throughout your patients' prescription journey

- ▶ Authorization and appeal support
- ▶ We now offer electronic prior authorization (ePA) for pharmacy and medical benefit
- ▶ Site of care (SOC) coordination
- ▶ Integrated affordability solutions
- ▶ Coordinated Patient Assistance Program (PAP) and new Early Access Program (EAP) fulfillment



Fulfillment

Your Patient Navigator's support doesn't end at fulfillment

- ▶ The Patient Navigator follows the patient's prescription journey until fulfillment is confirmed or canceled by the HCP or patient
- ▶ Triage and monitors the prescription until dispensed
- ▶ Tracks authorization expirations on your behalf
- ▶ Reminds patients of upcoming injection appointments

Dedicated support from regionally based ILUMYA SUPPORT[®] Patient Navigators



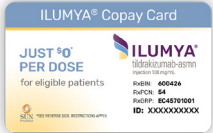


- ▶ Patient Navigators work with HCPs, sites of care, and patients to ensure pull-through and eliminate barriers
- ▶ A Patient Navigator is tasked with following a patient until an outcome is obtained, either by fulfillment, patient cancels, or HCP cancels
- ▶ Patient Navigators are supported by teams, including Benefit Verification Specialists, Care Coordinators, and Specialty Pharmacy Liaisons

Please see Important Safety Information on [page 19](#) and [Full Prescribing Information](#).

 **ILUMYA[®]**
tildrakizumab-asmn
Injection 100 mg/mL

ILUMYA SUPPORT[®] is available every step of the way to help your patients and your practice

ILUMYA SUPPORT[®] patient access programs and services

	<p>Early Access Program*</p> <ul style="list-style-type: none"> ▶ Available for commercial patients between 18 and 65 ▶ To participate in the ILUMYA[®] (tildrakizumab-asmn) Early Access Program (“Program”): patients must have commercial health insurance and be a resident of the United States, Puerto Rico, Guam, or the Virgin Islands. The Early Access Program is not available to patients 65 or older, or patients covered under government plans such as Medicare, Medicaid or other federal or state health care programs, and is available for no more than 6 months to patients in Massachusetts, Michigan, Minnesota, and Rhode Island. ▶ The Early Access Program is designed to support patients who are experiencing a delay in obtaining insurance coverage for ILUMYA[®] with up to two treatment doses. If, however, no coverage is found, the patient may receive medication for up to 2 years, or up to 10 doses, as long as the conditions of the program are met, including attempting to obtain all available authorization(s) at the start of the new calendar year. ▶ Eligibility requires authorization to be submitted within 7 days of receiving the Verification of Benefits. If a denial is received, the Patient Navigator will fax appeal requirements and start calls to payer 7 days after the fax is sent to confirm receipt of appeal. Authorization may be required at any point during that time if there has been a change in insurance, provider, or coverage, such as a favorable formulary win. This offer may be rescinded, revoked, or cancelled at any time, without further notice, and the rules may be amended at any time, without further notice.
	<p>Copay Program</p> <ul style="list-style-type: none"> ▶ Patients pay no more than \$0 per dose[†] ▶ Available to eligible patients with commercial insurance 
	<p>Patient Assistance Program*</p> <ul style="list-style-type: none"> ▶ Patients who are uninsured or underinsured may be eligible to receive free medication[‡]
	<p>ILUMYA SUPPORT LIGHTING THE WAY[®] Patient Program</p> <ul style="list-style-type: none"> ▶ Dedicated patient program to help support patients along their ILUMYA[®] journey ▶ Patients must be enrolled in ILUMYA SUPPORT[®] ▶ Supports patients with information about ILUMYA[®], moderate-to-severe plaque psoriasis, and lifestyle tips <ul style="list-style-type: none"> – Enhanced communication plan: text messages, emails, and phone calls

*Subject to terms and conditions. Must be enrolled in ILUMYA SUPPORT[®] to qualify. See the full terms and conditions for ILUMYA SUPPORT[®] programs at www.ILUMYAPRO.com/SUPPORT.

[†]Not valid for patients without commercial insurance coverage or if prescription is paid for by any state or federally funded healthcare program, including but not limited to Medicare, Medicaid, Veterans Affairs (VA), Department of Defense (DOD), or TRICARE. Available to US, Guam, Virgin Islands, or Puerto Rico residents only.

[‡]Income documentation is required. Subject to terms and conditions. Available to US, Guam, Virgin Islands, or Puerto Rico residents only.



See full terms and conditions on www.ILUMYAPRO.com/SUPPORT

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ILUMYA SUPPORT[®] is available every step of the way to help your patients and your practice (cont'd)

ILUMYA SUPPORT[®] programs and services

	<p>Field Reimbursement Manager (FRM) Support*</p> <ul style="list-style-type: none">▶ ILUMYA SUPPORT[®] can refer eligible patients to independent third-party foundations to receive other financial assistance▶ Financial disclosures may be required▶ The following foundations offer PA support information:<ul style="list-style-type: none">– American Medical Association– American Academy of Dermatology– Psoriasis.org <p>Foundations create, establish, and administer the funds at their own discretion</p>
	<p>National Infusion Center Association</p> <ul style="list-style-type: none">▶ Sun Pharma has partnered with the National Infusion Center Association (NICA) to help your qualified ILUMYA[®] patients and your practice find alternative sites of care in your area. NICA may also be able to provide affordability support for patients prescribed ILUMYA[®] <p>Visit https://locator.infusioncenter.org to find a local infusion center in your area.</p>

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Additional tools and resources

- ▶ Sample letter of appeal
- ▶ Sample letter of medical necessity
- ▶ ILUMYA[®] reconciliation tracker

Please keep the contact card provided and reach out to your FRM for assistance

- ▶ Information about ILUMYA[®] access and reimbursement
- ▶ Ways to access ILUMYA[®]
- ▶ ILUMYA SUPPORT[®] services

Please see Important Safety Information on [page 19](#) and [Full Prescribing Information](#).

Indication and Important Safety Information

INDICATION

ILUMYA® (tildrakizumab-asmn) is indicated for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

ILUMYA® is contraindicated in patients with a previous serious hypersensitivity reaction to tildrakizumab or to any of the excipients.

WARNINGS AND PRECAUTIONS

Hypersensitivity

Cases of angioedema and urticaria occurred in ILUMYA®-treated subjects in clinical trials. If a serious allergic reaction occurs, discontinue ILUMYA® immediately and initiate appropriate therapy.

Infections

ILUMYA® may increase the risk of infection. Treatment with ILUMYA® should not be initiated in patients with a clinically important active infection until the infection resolves or is adequately treated.

Consider the risks and benefits of treatment prior to prescribing ILUMYA® in patients with a chronic infection or a history of recurrent infection. Instruct patients receiving ILUMYA® to seek medical help if signs or symptoms of clinically important chronic or acute infection occur. If a patient develops a clinically important or serious infection, or is not responding to standard therapy, closely monitor and consider discontinuation of ILUMYA® until the infection resolves.

Pretreatment Evaluation for Tuberculosis

Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with ILUMYA®. Do not administer ILUMYA® to patients with active TB infection. Initiate treatment of latent TB prior to administering ILUMYA®. Consider anti-TB therapy prior to initiation of ILUMYA® in patients with a past history of latent or active TB in whom an adequate course of treatment cannot be confirmed. Patients receiving ILUMYA® should be monitored closely for signs and symptoms of active TB during and after treatment.

Immunizations

Prior to initiating therapy with ILUMYA®, consider completion of all age-appropriate immunizations according to current immunization guidelines. Patients treated with ILUMYA® should not receive live vaccines.

Adverse Reactions

The most common ($\geq 1\%$) adverse reactions associated with ILUMYA® treatment that were more frequent than in the placebo group are upper respiratory infections, injection-site reactions, and diarrhea.

Please see [Full Prescribing Information](#).



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