

CMS established a unique J-code to facilitate reimbursement of ENVARSUS XR®

J7503

Suggested Coding and Medicare Allowables Coding Overview and Payment Rates

	CODE	DESCRIPTION CODE	CODE TYPE
	J7503	Tacrolimus, extended release (ENVARSUS XR), oral, 0.25 mg	HCPCS¹
Drug	68992-3075-03	Strength: 0.75 mg Package Size: 30	National Drug Code (NDC)²
	68992-3075-01	Strength: 0.75 mg Package Size: 100	
	68992-3010-03	Strength: 1 mg Package Size: 30	
	68992-3010-01	Strength: 1 mg Package Size: 100	
	68992-3040-03	Strength: 4 mg Package Size: 30	
	68992-3040-01	Strength: 4 mg Package Size: 100	
Diagnosis	Z94.0	Kidney transplant status	ICD-10³
	Z48.22	Encounter for aftercare following kidney transplant	
	T86.10	Unspecified complication of kidney transplant	
	T86.11	Kidney transplant rejection	
	T86.12	Kidney transplant failure	
	T86.13	Kidney transplant infection	
	T86.19	Other complication of kidney transplant	
	N18.5	Chronic kidney disease, stage 5	
	N18.6	End-stage renal disease	

If the beneficiary has Medicare only because of ESRD, Medicare coverage will end when one of the following conditions is met:*

- 12 months after the month the beneficiary stops dialysis treatments **or** • 36 months after the month the beneficiary had a kidney transplant

Eligible patients who meet certain criteria can qualify for continuous Medicare Immunosuppressive Drug (Part B-ID) benefit coverage.

Please visit: <https://www.cms.gov/partbid-provider> for more details.

HCPCS	Description	Hospital Outpatient Pharmacy Billing
J7503	Tacrolimus, extended release, (ENVARSUS XR), oral, 0.25 mg	\$1.675 per 0.25 mg Access the most current Medicare payment rate at https://www.cms.gov/medicare/medicare-part-b-drug-averagesales-price/2023-asp-drug-pricing-files

Effect of Sequestration: For the items and services shown here, the Medicare program pays 80% of the payment amount and the beneficiary is responsible for the remaining 20%. Effective April 1, 2013, the Medicare program payment was reduced by 2% because of the sequester required by the Budget Control Act of 2011. The beneficiary portion of the payment was not affected by the sequester. As a result of the sequester, the total payment to the physician or hospital is reduced 1.6%.

INDICATIONS AND USAGE

ENVARSUS XR is indicated for the prophylaxis of organ rejection in de novo kidney transplant patients in combination with other immunosuppressants.

ENVARSUS XR is also indicated for the prophylaxis of organ rejection in kidney transplant patients converted from tacrolimus immediate-release formulations in combination with other immunosuppressants.

IMPORTANT SAFETY INFORMATION

WARNING: MALIGNANCIES AND SERIOUS INFECTIONS

Increased risk for developing serious infections and malignancies with ENVARSUS XR or other immunosuppressants that may lead to hospitalization or death

Please see additional Important Safety Information on following page and full Prescribing Information, including Boxed Warning.

*To learn more about ESRD and Medicare coverage, visit:

<https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/End-Stage-Renal-Disease-ESRD/ESRD>

IMPORTANT SAFETY INFORMATION (cont'd)

CONTRAINDICATIONS

ENVARUSUS XR is contraindicated in patients with known hypersensitivity to tacrolimus.

WARNINGS AND PRECAUTIONS

Lymphoma and Other Malignancies: Immunosuppressants, including ENVARUSUS XR, increase the risk of developing lymphomas and other malignancies, particularly of the skin. Post-transplant lymphoproliferative disorder (PTLD), associated with Epstein-Barr Virus (EBV), has been reported in immunosuppressed organ transplant patients.

Serious Infections: Immunosuppressants, including ENVARUSUS XR, increase the risk of developing bacterial, viral, fungal, and protozoal infections, including opportunistic infections. These infections may lead to serious, including fatal, outcomes.

Not Interchangeable with Other Tacrolimus Products - Medication Errors:

Medication errors, including substitution and dispensing errors, between tacrolimus capsules and tacrolimus extended-release capsules were reported outside the U.S. This led to serious adverse reactions, including graft rejection, or other adverse reactions due to under- or over-exposure to tacrolimus. ENVARUSUS XR is not interchangeable or substitutable with tacrolimus extended-release capsules, tacrolimus capsules or tacrolimus for oral suspension.

New Onset Diabetes after Transplant: ENVARUSUS XR caused new onset diabetes after transplant (NODAT) in kidney transplant patients, which may be reversible in some patients. African-American and Hispanic kidney transplant patients are at an increased risk.

Nephrotoxicity: ENVARUSUS XR, like other calcineurin-inhibitors, can cause acute or chronic nephrotoxicity. Consider dosage reduction in patients with elevated serum creatinine and tacrolimus whole blood trough concentrations greater than the recommended range. The risk for nephrotoxicity may increase when ENVARUSUS XR is concomitantly administered with CYP3A inhibitors (by increasing tacrolimus whole blood concentrations) or drugs associated with nephrotoxicity.

Neurotoxicity: ENVARUSUS XR may cause a spectrum of neurotoxicities. The most severe neurotoxicities include posterior reversible encephalopathy syndrome (PRES), delirium, seizure, and coma; others include tremors, paresthesias, headache, mental status changes, and changes in motor and sensory functions.

Hyperkalemia: Mild to severe hyperkalemia, which may require treatment, has been reported with tacrolimus including ENVARUSUS XR. Concomitant use of agents associated with hyperkalemia may increase the risk for hyperkalemia.

Hypertension: Hypertension is a common adverse reaction of ENVARUSUS XR therapy and may require antihypertensive therapy.

Risk of Rejection with Strong CYP3A Inducers and Risk of Serious Adverse Reactions with Strong CYP3A Inhibitors: The concomitant use of strong CYP3A inducers may increase the metabolism of tacrolimus, leading to lower whole blood trough concentrations and greater risk of rejection. In contrast, the concomitant use of strong CYP3A inhibitors may decrease the metabolism of tacrolimus, leading to higher whole blood trough concentrations and greater risk of serious adverse reactions. Therefore, adjust ENVARUSUS XR dose and monitor tacrolimus whole blood trough concentrations when coadministering ENVARUSUS XR with strong CYP3A inhibitors or strong CYP3A inducers.

QT Prolongation: ENVARUSUS XR may prolong the QT/QTc interval and cause Torsade de Pointes. Avoid ENVARUSUS XR in patients with congenital long QT syndrome. Consider obtaining electrocardiograms and monitoring electrolytes periodically during treatment in patients with congestive heart failure, bradyarrhythmias, those taking certain antiarrhythmic medications or other products that lead to QT prolongation, and those with electrolyte disturbances. When coadministering ENVARUSUS XR with other

substrates and/or inhibitors of CYP3A, a reduction in ENVARUSUS XR dosage, monitoring of tacrolimus whole blood concentrations, and monitoring for QT prolongation is recommended.

Immunizations: Whenever possible, administer the complete complement of vaccines before transplantation and treatment with ENVARUSUS XR. Avoid the use of live attenuated vaccines during treatment with ENVARUSUS XR. Inactivated vaccines noted to be safe for administration after transplantation may not be sufficiently immunogenic during treatment with ENVARUSUS XR.

Pure Red Cell Aplasia: Cases of pure red cell aplasia (PRCA) have been reported in patients treated with tacrolimus. If PRCA is diagnosed, consider discontinuation of ENVARUSUS XR.

Cannabidiol Drug Interactions: When cannabidiol and ENVARUSUS XR are co-administered, closely monitor for an increase in tacrolimus blood levels and for adverse reactions suggestive of tacrolimus toxicity. A dose reduction of ENVARUSUS XR should be considered as needed when ENVARUSUS XR is co-administered with cannabidiol.

ADVERSE REACTIONS

De Novo kidney transplant patients: Most common adverse reactions (incidence $\geq 15\%$) reported with ENVARUSUS XR are diarrhea, anemia, urinary tract infection, hypertension, tremor, constipation, diabetes mellitus, peripheral edema, hyperkalemia and headache.

Conversion of kidney transplant patients from immediate-release tacrolimus: Most common adverse reactions (incidence $\geq 10\%$) reported with ENVARUSUS XR include: diarrhea and blood creatinine increased.

USE IN SPECIFIC POPULATIONS

Pregnancy: Based on postmarketing surveillance, registry and animal data may cause fetal harm. Advise pregnant women of the potential risk to the fetus.

Nursing Mothers: Tacrolimus is present in human milk. Discontinue drug or nursing, taking into account the importance of drug to the mother.

Females and Males of Reproductive Potential: Advise female and male patients of reproductive potential to speak with their healthcare provider on family planning options including appropriate contraception prior to starting treatment with ENVARUSUS XR. Based on animal studies, ENVARUSUS XR may affect fertility in males and females.

Pediatric Use: The safety and efficacy of ENVARUSUS XR in pediatric patients have not been established.

Geriatric Use: Clinical studies of ENVARUSUS XR did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients.

Renal Impairment: Frequent monitoring of renal function is recommended. Lower doses may be required.

Hepatic Impairment: Frequent monitoring of tacrolimus trough concentrations is recommended. With greater tacrolimus whole blood trough concentrations in patients with severe hepatic impairment, there is a greater risk of adverse reactions and dosage reduction is recommended.

Race: African-American patients may require higher doses to attain comparable trough concentrations compared to Caucasian patients. African-American and Hispanic kidney transplant patients are at an increased risk for new onset diabetes after transplant. Monitor blood glucose concentrations and treat appropriately.

To report SUSPECTED ADVERSE REACTIONS, contact Veloxis Pharmaceuticals, Inc., at 1-844-VELOXIS (835-6947) or FDA at 1-800-FDA-1088 or visit www.fda.gov/medwatch.

Please see additional Important Safety Information and full Prescribing Information, including Boxed Warning at www.envarsusxr.com.

References: 1. CMS. 2017 Alpha-Numeric HCPCS File <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Down-loads/2017-Alpha-Numeric-Index.pdf> 2. Data on file. 3. 2017 ICD-10-CM for Hospitals CC Excludes <https://www.optum360coding.com/Product/Updates>



ENVARUSUS XR is a registered trademark of Veloxis Pharmaceuticals, Inc.
©2023 Veloxis Pharmaceuticals, Inc. US-ENV-2300042 v2.0 9/23

