

ACCESS4ME® REIMBURSEMENT GUIDE



This guide provides example billing and coding information for ROLVEDON® (eflapegrastim-xnst) injection including sample claim forms and information about how ACCESS4Me® can be a trusted resource through the navigation process.



Help is just a call or click away!



Communicate directly with an assigned Spectrum Pharmaceuticals Field Reimbursement Manager or Reimbursement Specialist at **866-582-2737 (866-58-CARES)** 8:00 AM to 8:00 PM (ET), Monday - Friday



Visit **ACCESS4Me.com** for online enrollment and access to tools, forms, and resources



ROLVEDON®
(eflapegrastim-xnst) injection
13.2 mg/0.6 mL

WHAT TO KNOW: CODING FOR ROLVEDON®

It is the provider's responsibility to code accurately and Spectrum Pharmaceuticals is not responsible for a provider's coding decision. All decisions on diagnosis, the need for treatment, and the appropriateness of ROLVEDON® for a particular patient are the responsibility of the treating healthcare provider.

Coding Reference Guide for ROLVEDON

HCPCS code	Description
J1449	Injection, eflapegrastim-xnst, 0.1 mg
Billable units	
132	Billable unit for administration of one syringe
CPT® code	
96372	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular
ICD-10-CM diagnosis code	
Varies, eg, D70(X). Specific fourth digit required; depends on medical record documentation	Codes vary according to the patient diagnosis. More than one ICD-10-CM code may apply
NDC*	
76961-101-01	10-digit code
76961-0101-01	11-digit code required by some payors for billing purposes
Revenue codes	
0636	Drugs requiring detailed coding; used in conjunction with HCPCS code
0510	Clinic visit; used in conjunction with CPT code
Modifiers	
TB modifier	Modifier for drug or biological acquired with 340B drug pricing program discount; report for informational purposes
JG modifier	Modifier for drug or biological acquired with 340B drug pricing program discount; use with each separately payable, non-pass-through 340B-acquired drug
JW modifier	Modifier to report the amount of drug or biological that is discarded and eligible for payment under the discarded drug policy
JZ modifier	Providers and suppliers are required to report the JZ modifier on all claims that bill for drugs separately payable under Medicare Part B when there is no discarded amount from single-dose containers or single-use packages. Other payors may have similar requirements

CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD=International Classification of Diseases; NDC=National Drug Code.

*Please note that although the FDA uses a 10-digit format when registering NDCs, payors often require an 11-digit NDC format on claim forms for billing purposes. The 10-digit format is converted to an 11-digit code by adding a zero (0) in front of the second group of numbers.

ORDERING ROLVEDON®



Contact one of our authorized distributors to order ROLVEDON® and receive it by the next business day.

Distributor 	Phone 	Website 
AmerisourceBergen	1-844-222-2273	amerisourcebergen.com
BioCare	1-800-304-3064	biocare-us.com
Cardinal Health	1-877-453-3972	cardinalhealth.com
Oncology Supply	1-800-633-7555	oncologysupply.com
McKesson Hospitals and Health Systems	1-855-625-4677	mckesson.com
McKesson Speciality Health	1-800-482-6700	mscs.mckesson.com/CustomerCenter
Morris & Dickson Specialty Distribution	1-800-388-3833	morrisdickson.com/products/specialty/

Spectrum Pharmaceuticals does not recommend the use of any particular distributor.

HOW TO COMPLETE A CMS-1500 FORM FOR ROLVEDON®

It is the provider's responsibility to code accurately and Spectrum Pharmaceuticals is not responsible for a provider's coding decision.

This sample is for informational and illustrative purposes only. The content herein is not intended as legal advice or to replace a medical provider's professional judgment. Spectrum Pharmaceuticals does not guarantee coverage or reimbursement for any product or service. All decisions on diagnosis, the need for treatment, and the appropriateness of ROLVEDON® for a particular patient are the responsibility of the treating healthcare provider.

★ When billing unclassified codes:

Be sure to include pertinent product identifiers in Box 19. Consider attaching prescribing information, FDA-approval letter, and drug purchase invoice when filing the claim.

Box 21.

Enter the appropriate ICD-10 code(s).

Box 24. A.

Enter the NDC code for ROLVEDON (76961-101-01).*

Box 24. D.

Enter J1449.

Enter the CPT code for the injection (96372).

Box 24. F.

Enter the price of ROLVEDON.

Box 24. G.

Enter 132 units for J1449 and 1 unit for the procedure code.

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

PICA CARRIER

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLKLNG OTHER 1a. INSURED'S I.D. NUMBER (For Program in Item 1)

Medicare Medicaid ID#/*DoD* Member ID# FECA BLKLNG Other

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. INSURED'S BIRTH DATE MM DD YY M F

5. PATIENT'S ADDRESS (No., Street) 6. PATIENT'S RELATIONSHIP TO INSURED Self Spouse Child Other

CITY 7. INSURED'S ADDRESS (No., Street)

ZIP CODE 8. RESERVED FOR NUCC USE CITY

TELEPHONE (Include Area Code) ZIP CODE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO:

a. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) YES NO

b. RESERVED FOR NUCC USE b. AUTO ACCIDENT? YES NO

c. RESERVED FOR NUCC USE c. OTHER ACCIDENT? YES NO

d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. CLAIM CODES (Designated by NUCC)

11. INSURED'S POLICY GROUP OR FECA NUMBER

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 or government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) 15. OTHER DATE MM DD YY

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 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

17a. _____ 17b. NPI FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24e) \$ CHARGES

A. LXXX.X 22. RESUBMISSION CODE ORIGINAL REF. NO.

B. _____ 23. PRIOR AUTHORIZATION NUMBER

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

J. _____

K. _____

L. _____

24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES E. F. G. H. I. J. K. L.

From MM DD YY **2. N47696110101 UN1** 2. CPT/HCPCS 2. MODIFIER 2. DIAGNOSIS 2. POINTER

To MM DD YY 3. J1449 3. A 3. XX,XX 3. 132 3. NPI

3. MM DD YY 4. 96372 4. A 4. XX,XX 4. 1 4. NPI

5. MM DD YY 5. _____ 5. _____ 5. _____ 5. NPI

6. MM DD YY 6. _____ 6. _____ 6. _____ 6. NPI

25. FEDERAL TAX I.D. NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCEPT. ASSIGNMENT? YES NO

SSN EIN 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rsvd for NUCC Use

SIGNED DATE a. NPI b. NPI a. NPI b. NPI

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-1197 FORM 1500 (02-12)

PLEASE PRINT OR TYPE

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

* The **10-digit NDC** is the FDA format used for labeling.

The **11-digit NDC** is the standardized 5-4-2 format required for billing and claims. Confirm with each payor their required NDC format for claims processing.

HOW TO COMPLETE A CMS-1450 FORM FOR ROLVEDON®

It is the provider's responsibility to code accurately and Spectrum Pharmaceuticals is not responsible for a provider's coding decision.

This sample is for informational and illustrative purposes only. The content herein is not intended as legal advice or to replace a medical provider's professional judgment. Spectrum Pharmaceuticals does not guarantee coverage or reimbursement for any product or service. All decisions on diagnosis, the need for treatment, and the appropriateness of ROLVEDON® for a particular patient are the responsibility of the treating healthcare provider.



Need help?

Contact your assigned Field Reimbursement Manager before submitting your claim for ROLVEDON.



COVERAGE, CODING, AND REIMBURSEMENT FOR INJECTABLE DRUGS

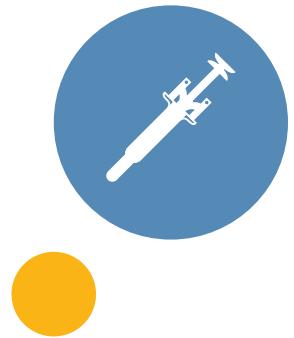
ROLVEDON® coverage, coding, and reimbursement can vary depending on each patient's treatment plan. Below is general information about each payor type and how injectable drugs are reimbursed.

Review payor contracts before billing for new drugs. **A benefits verification is an effective way to determine how ROLVEDON will be covered.**

Medicare

Part B or Fee for Service (FFS)	Reimbursement*
<ul style="list-style-type: none">Injectable physician-administered drugs like ROLVEDON are typically covered under the medical benefit (Part B)Some plans may offer coverage under the pharmacy benefit (Part D)	<ul style="list-style-type: none">Physician's office and freestanding infusion centers<ul style="list-style-type: none">Part B reimburses drugs based on the average sales price (ASP)For drugs with an established ASP, the rate is ASP + 6%For newly approved drugs, the rate is wholesale acquisition cost (WAC) + 3% until an ASP is establishedHospital outpatient departments (non-340B entities)<ul style="list-style-type: none">Part B reimburses drugs with pass-through status and/or J codes at WAC + 3% until an ASP is established, which will then shift reimbursement to ASP + 6%340B entities<ul style="list-style-type: none">Part B reimburses drugs with pass-through status and/or J codes at WAC + 3% until an ASP is established, which will then shift reimbursement to ASP + 6%Once pass-through status expires, Part B reimburses at ASP -22.5%
Part C or Medicare Advantage	Reimbursement*
<ul style="list-style-type: none">ROLVEDON may fall under the medical benefit or pharmacy benefitMedicare Advantage plans often follow Medicare Part B recommendations in making coverage decisions but they are not required to do soBilling and coding requirements vary for these plans and may be different from Medicare Part B	<ul style="list-style-type: none">Reimbursement is based on individual contracts between the healthcare provider and payorCoverage and payment rates often vary among existing facility contractsPayment rates are typically based on the ASP plus model

*Rates are subject to change at any time.



Commercial insurance

Description	Reimbursement*
<ul style="list-style-type: none">• ROLVEDON® may fall under the medical benefit or pharmacy benefit• Billing and coding requirements for commercial plans can vary	<ul style="list-style-type: none">• Reimbursement is based on contracts between the healthcare provider and payor• Physician's office and freestanding infusion centers<ul style="list-style-type: none">– Drugs are typically reimbursed based on the ASP plus model• Hospital outpatient departments<ul style="list-style-type: none">– Reimbursement is predominantly based on a percent of charge model in which the hospital charges a fixed percentage above acquisition cost

Medicaid

Description	Reimbursement*
<ul style="list-style-type: none">• Jointly funded by federal and state governments, Medicaid coverage varies by state and plan type• Medicaid may cover ROLVEDON under medical benefit, pharmacy benefit, or both	<ul style="list-style-type: none">• Each Medicaid state agency determines its own payment rate• Medicaid state agencies publish payment rates online

*Rates are subject to change at any time.



Approximately 81% of Medicare Part B patients have some form of supplemental insurance, which covers copays and other costs.

ACCESS4ME®: SUPPORTING PATIENT ACCESS

The ACCESS4Me® team is available to provide information to support your eligible patients throughout the access process—from benefits verification to patient assistance.



Reimbursement Programs

- Verification of Patient-Specific Insurance Benefits
- Billing and Coding Information
- Prior Authorization Assistance
- Appeals Resources



Patient Support Services

- Bridge Program
- Copay Assistance
- Patient Assistance Program (PAP)
 - Independent Charitable Foundation Information*



Resources at Your Fingertips

- User Guides
- Forms and Documents
- Reimbursement Tools
- Program Brochures

Help is just a call or click away!



Communicate directly with an assigned Spectrum Pharmaceuticals Field Reimbursement Manager or Reimbursement Specialist at **866-582-2737 (866-58-CARES)** 8:00 AM to 8:00 PM (ET), Monday - Friday



Visit **ACCESS4Me.com** for online enrollment and access to tools, forms, and resources



Open your camera app and point it here to visit our website.

SPECTRUM®
ACCESS4ME®

* Independent foundations have their own eligibility rules and we cannot guarantee a foundation will help you. We do not endorse or prefer any particular foundation.

The content provided in this guide is for informational purposes only and is not intended as legal advice or to replace a medical provider's professional judgment. Spectrum Pharmaceuticals does not guarantee coverage or reimbursement for any product or service. All decisions on diagnosis, the need for treatment, and the appropriateness of ROLVEDON for a particular patient are the responsibility of the treating healthcare provider. This reimbursement guide is intended as a set of general guidelines and is current as of December 2025.

CPT® is a registered trademark of the American Medical Association.

ROLVEDON and ACCESS4Me are registered trademarks of Spectrum Pharmaceuticals, Inc. © 2026 Spectrum Pharmaceuticals, Inc.
A subsidiary of Assertio Holdings, Inc. All rights reserved. PP-ROL-00-0845

 **ROLVEDON®**
(erlapagostim-xnst) injection
13.2 mg/0.6 mL

 **SPECTRUM®**
PHARMACEUTICALS