Novartis Patient Support™

Potential ICD-10-CM Diagnosis Codes for FABHALTA® (iptacopan)


Not an actual patient.

We know that navigating insurance and reimbursement can be a challenge. Novartis Patient Support is by your side to help throughout the process.

This guide provides an overview of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes for FABHALTA.

When considering ICD-10-CM codes for FABHALTA, review the health plan's guidance to ensure that appropriate codes are selected based on a patient's medical record.

Examples of potential codes that may be relevant for FABHALTA include:

Primary Diagnosis Codes[1]

Indication	ICD-10-CM Code	Description
Complement 3 glomerulopathy (C3G)	N00.A	Acute nephritic syndrome with C3GN
	N01.A	Rapidly progressive nephritic syndrome with C3GN
	N02.A	Recurrent and persistent hematuria with C3GN
	N03.A	Chronic nephritic syndrome with C3GN
	N04.A	Nephrotic syndrome with C3GN
	N05.A	Unspecified nephritic syndrome with C3GN
	N06.A	Isolated proteinuria with C3GN
	N07.A	Hereditary nephropathy, not elsewhere classified with C3GN

The codes listed above are provided for educational purposes only and are not a guarantee of coverage or reimbursement. Coverage and reimbursement may vary significantly by health plan, patient, and setting of care. It is the sole responsibility of the HCP to select the proper codes and ensure the accuracy of all statements used in seeking coverage and reimbursement for an individual patient.

C3GN, C3 glomerulonephritis; HCP, health care professional.

Please see Important Safety Information on pages 3-5 and full Prescribing Information, including Boxed WARNING and Medication Guide.

FABHALTA® (iptacopan) 200 mg capsules

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Potential ICD-10-CM Diagnosis Codes for FABHALTA® (iptacopan) (cont)

Primary Diagnosis Codes[1]

Indication	ICD-10-CM Code	Description
Complement 3 glomerulopathy (C3G)	N00.6	Acute nephritic syndrome with DDD
	N01.6	Rapidly progressive nephritic syndrome with DDD
	N02.6	Recurrent and persistent hematuria with DDD
	N03.6	Chronic nephritic syndrome with DDD
	N04.6	Nephrotic syndrome with DDD
	N05.6	Unspecified nephritic syndrome with DDD
	N06.6	Isolated proteinuria with DDD
	N07.6	Hereditary nephropathy, not elsewhere classified with DDD

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Questions?

Reach out to your FABHALTA Access & Reimbursement team or call Novartis Patient Support at 833-99FABHA (833-993-2242), Monday-Friday, 8:00 AM-8:00 PM ET, excluding holidays.

DDD, dense deposit disease; HCP, health care professional.

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INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION

FABHALTA is indicated for the treatment of adults with complement 3 glomerulopathy (C3G), to reduce proteinuria.

IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS INFECTIONS CAUSED BY ENCAPSULATED BACTERIA

FABHALTA, a complement inhibitor, increases the risk of serious infections, especially those caused by encapsulated bacteria, such as *Streptococcus pneumoniae*, *Neisseria meningitidis*, and *Haemophilus influenzae* type b. Life-threatening and fatal infections with encapsulated bacteria have occurred in patients treated with complement inhibitors. These infections may become rapidly life-threatening or fatal if not recognized and treated early.

- **Complete or update vaccinations for encapsulated bacteria at least 2 weeks prior to the first dose of FABHALTA, unless the risks of delaying therapy with FABHALTA outweigh the risk of developing a serious infection. Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccinations against encapsulated bacteria in patients receiving a complement inhibitor.**
- **Patients receiving FABHALTA are at increased risk for invasive disease caused by encapsulated bacteria, even if they develop antibodies following vaccination. Monitor patients for early signs and symptoms of serious infections and evaluate immediately if infection is suspected.**

Because of the risk of serious infections caused by encapsulated bacteria, FABHALTA is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the FABHALTA REMS.

CONTRAINDICATIONS

- In patients with serious hypersensitivity to FABHALTA or any of the excipients.
- For initiation in patients with unresolved serious infection caused by encapsulated bacteria, including *Streptococcus pneumoniae*, *Neisseria meningitidis*, or *Haemophilus influenzae* type b.

WARNINGS AND PRECAUTIONS

Serious Infections Caused by Encapsulated Bacteria

- FABHALTA, a complement inhibitor, increases a patient's susceptibility to serious, life-threatening, or fatal infections caused by encapsulated bacteria, including *Streptococcus pneumoniae*, *Neisseria meningitidis* (caused by any serogroup, including nongroupable strains), and *Haemophilus influenzae* type b. Life-threatening and fatal infections with encapsulated bacteria have occurred in both vaccinated and unvaccinated patients treated with complement inhibitors. The initiation of FABHALTA is contraindicated in patients with unresolved serious infections caused by encapsulated bacteria.

IMPORTANT SAFETY INFORMATION (CONTINUED)

WARNINGS AND PRECAUTIONS (CONTINUED)

Serious Infections Caused by Encapsulated Bacteria (CONTINUED)

- Complete or update vaccination against encapsulated bacteria at least 2 weeks prior to the start of FABHALTA, according to the current ACIP recommendations for patients receiving a complement inhibitor. Revaccinate patients in accordance with ACIP recommendations considering the duration of therapy with FABHALTA. Note that ACIP recommends an administration schedule in patients receiving complement inhibitors that differs from the administration schedule in the vaccine prescribing information. If urgent FABHALTA therapy is indicated in a patient who is not up-to-date with vaccinations against encapsulated bacteria according to ACIP recommendations, provide the patient with antibacterial drug prophylaxis and administer these vaccines as soon as possible. The benefits and risks of treatment with FABHALTA, as well as the benefits and risks of antibacterial drug prophylaxis in unvaccinated or vaccinated patients, must be considered against the known risks for serious infections caused by encapsulated bacteria.
- Vaccination does not eliminate the risk of serious encapsulated bacterial infections, despite development of antibodies following vaccination. Closely monitor patients for early signs and symptoms of serious infection and evaluate patients immediately if an infection is suspected. Inform patients of these signs and symptoms and instruct patients to seek immediate medical care if they occur. Promptly treat known infections. Serious infection may become rapidly life-threatening or fatal if not recognized and treated early. Consider interruption of FABHALTA in patients who are undergoing treatment for serious infections, depending on the risks of interrupting treatment in the disease being treated.

FABHALTA REMS

- FABHALTA is available only through a restricted program under a REMS called FABHALTA REMS because of the risk of serious infections caused by encapsulated bacteria.
- Under the FABHALTA REMS, prescribers must enroll in the program; counsel patients about the risks, signs, and symptoms of serious infections caused by encapsulated bacteria; provide patients with the REMS educational materials; ensure patients are vaccinated against encapsulated bacteria; prescribe antibacterial drug prophylaxis if patients' vaccination status is not up-to-date and treatment must be started urgently; and provide instructions to always carry the Patient Safety Card during treatment and for 2 weeks following the last dose of FABHALTA.
- Further information is available by telephone: 1-833-993-2242 or online at www.FABHALTA-REMS.com.

Hyperlipidemia

- FABHALTA may increase total cholesterol, LDL cholesterol, and serum triglycerides. In clinical trials, some patients required cholesterol-lowering medications.
- Monitor serum lipid parameters periodically during treatment with FABHALTA and initiate cholesterol-lowering medications, if indicated.

IMPORTANT SAFETY INFORMATION (CONTINUED)

ADVERSE REACTIONS

- The most common adverse reactions (≥10%) in adults with C3G receiving FABHALTA were nasopharyngitis and viral infection.

DRUG INTERACTIONS

- Concomitant use of CYP2C8 inducers (eg, rifampin) may decrease iptacopan exposure, which may result in loss of or reduced efficacy of FABHALTA. Monitor the clinical response and discontinue use of the CYP2C8 inducer if loss of efficacy of FABHALTA is evident.
- Concomitant use of strong CYP2C8 inhibitors (eg, gemfibrozil) may increase iptacopan exposure, which may result in an increased risk for adverse reactions with FABHALTA. Coadministration with a strong CYP2C8 inhibitor is not recommended.

USE IN SPECIFIC POPULATIONS

- Because of the potential for serious adverse reactions in a breastfed child, breastfeeding should be discontinued during treatment and for 5 days after the final dose.
- FABHALTA is not recommended in patients with severe hepatic impairment (Child-Pugh class C). No dose adjustment is required for patients with mild (Child-Pugh class A) or moderate (Child-Pugh class B) hepatic impairment.

Reference: 1. Centers for Disease Control and Prevention. ICD-10-CM Tabular List of Diseases and Injuries. Accessed December 17, 2024. https://ftp.cdc.gov/pub/health_statistics/nchs/publications/ICD10CM/2022/icd10cm-tabular-2022-April-1.pdf

Please see full Prescribing Information, including Boxed WARNING and Medication Guide.

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