ELAHERE®
mirvetuximab soravtansine-gynx
injection 100 mg
SUPPORT SERVICES

BILLING AND CODING GUIDE

ELAHERE Support Services (ESS) is committed to helping patients prescribed ELAHERE by offering **access** and **reimbursement** support, **affordability** assistance, and dedicated **nurse navigator support** for patient questions based on Prescribing Information.

For more information, call the ELAHERE Support Services Program at 1-833-ELAHERE (1-833-352-4373) Monday to Friday, 7:00 AM to 7:00 PM CT.

Support resources for your practice and your patients at ELAHEREhcp.com/support

PERMANENT ELAHERE HCPCS CODE

J9063
Injection, mirvetuximab soravtansine-gynx, 1 mg

INDICATION

ELAHERE is indicated for the treatment of adult patients with folate receptor-alpha (FRα) positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have received one to three prior systemic treatment regimens. Select patients for therapy based on an FDA-approved test.

SELECT IMPORTANT SAFETY INFORMATION

WARNING: OCULAR TOXICITY

- **ELAHERE can cause severe ocular toxicities, including visual impairment, keratopathy, dry eye, photophobia, eye pain, and uveitis.**
- **Conduct an ophthalmic exam including visual acuity and slit lamp exam prior to initiation of ELAHERE, every other cycle for the first 8 cycles, and as clinically indicated.**
- **Administer prophylactic artificial tears and ophthalmic topical steroids.**
- **Withhold ELAHERE for ocular toxicities until improvement and resume at the same or reduced dose.**
- **Discontinue ELAHERE for Grade 4 ocular toxicities.**

FDA=US Food and Drug Administration; HCPCS=Healthcare Common Procedure Coding System.

Please see additional Important Safety Information on pages 11-12.

Please see full Prescribing Information, including BOXED WARNING, or visit www.rxabbvie.com/pdf/elahere_pi.pdf

ELAHERE®
mirvetuximab soravtansine-gynx
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SUPPORT SERVICES

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BILLING AND CODING INFORMATION MAY HELP SUPPORT SUCCESSFUL CLAIMS PROCESSING

ELAHERE® mirvetuximab soravtansine-gynx injection 100 mg SUPPORT SERVICES

Accuracy in billing and coding can help enhance claims processing and facilitate timely reimbursement. AbbVie provides this informational guide as a reference for billing and coding for ELAHERE® (Injection, mirvetuximab soravtansine-gynx, 100 mg/20 mL).

Claims that include the following information may help support more successful processing:

- Accurate codes (eg, CPT®, J-code, ICD-10-CM)
- Accurate product information (ie, dose, route, units given, units wasted)
- Accurate and complete NDC, prior authorization number, and National Provider Identifier
- Accurate beneficiary information (eg, insurance identification number, date of birth)
- Completion of all payer-specific requirements
- Consistency between the Prior Authorization and the filed claim

Note: AbbVie makes every effort to ensure this guide is accurate and current at the time of dissemination. As there may be instances where there are delays in updates to the guide, ensure you determine the accurate coding prior to submission.

CPT®=Current Procedural Terminology; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; NDC=National Drug Code.

PHYSICIAN OFFICE CODING

ELAHERE® mirvetuximab soravtansine-gynx injection 100 mg SUPPORT SERVICES

The tables below provide examples of codes that may be appropriate for ELAHERE for its FDA-approved indications. Please note, the use of the following codes does not guarantee payment or coverage for any product or service.

NDC[1]

11-digit NDC

Administration method	Dosage Form	Code	Description
Physician Administered	For injection: 100 mg/20 mL (mg/mL) in single-dose vial, once every 3 weeks	72903-0853-01	One vial containing one single dose

10-digit NDC

Administration method	Dosage Form	Code	Description
Physician Administered	For injection: 100 mg/20 mL (mg/mL) in single-dose vial, once every 3 weeks	72903-853-01	One vial containing one single dose

CPT®[2]

Submitting accurate codes and claims is important to ensure proper reimbursement of services.

Procedural type	Code	Description
Intravenous Infusion	96413	Chemotherapy administration, intravenous infusion; up to 1 hour, single or initial substance or drug
Intravenous Infusion	96415	Chemotherapy administration, intravenous infusion; each additional hour

FRα testing

Please see page 6 for available FRα testing codes.

Place of service code[3]

Code	Location	Description
11	Office	Office, other than a hospital, skilled nursing facility, military treatment facility, community health center, state or local public health clinic, or intermediate care facility, where the HCP routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis

This document is intended for informational purposes only and is not intended to provide reimbursement or legal advice. Providers are responsible for determining the appropriate codes and submitting true and correct claims for product and services rendered. Providers should contact the patient's payer for information on coverage, coding, and reimbursement.

PHYSICIAN OFFICE CODING (cont'd)

ELAHERE® mirvetuximab soravtansine-gynx injection 100 mg SUPPORT SERVICES

HCPCS[4]

Please contact the payer or the ELAHERE Support Services Program at 1-833-ELAHERE for additional coding information.

Code	Description
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg

- **J9063** applies to commercial and Medicare patients in both hospital outpatient and physician's office settings

ICD-10-CM diagnosis codes[5-7]

ICD-10-CM	Description
C48.1	Malignant neoplasm of the peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C56.1	Malignant neoplasm of ovary, right ovary
C56.2	Malignant neoplasm of ovary, left ovary
C56.3	Malignant neoplasm of bilateral ovaries
C56.9	Malignant neoplasm of ovary, unspecified
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs

Code Modifiers[8]

Code	Description
JW	Drug amount discarded/not administered to any patient
JZ	Zero drug amount discarded/not administered to any patient

Please see Important Safety Information on pages 11-12.

Please see full Prescribing Information, including BOXED WARNING, or visit www.rxabbvie.com/pdf/elahere_pi.pdf

HOSPITAL/OUTPATIENT CODING

ELAHERE® mirvetuximab soravtansine-gynx injection 100 mg SUPPORT SERVICES

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NDC[1]

11-digit NDC

Administration method	Dosage Form	Code	Description
Physician Administered	For injection: 100 mg/20 mL (mg/mL) in single-dose vial, once every 3 weeks	72903-0853-01	One vial containing one single dose

10-digit NDC[1]

Administration method	Dosage Form	Code	Description
Physician Administered	For injection: 100 mg/20 mL (mg/mL) in single-dose vial, once every 3 weeks	72903-853-01	One vial containing one single dose

CPT®[2]

Submitting accurate codes and claims is important to ensure proper reimbursement of services.

Procedural type	Code	Description
Intravenous Infusion	96413	Chemotherapy administration, intravenous infusion; up to 1 hour, single or initial substance or drug
Intravenous Infusion	96415	Chemotherapy administration, intravenous infusion; each additional hour

FRα testing[9]

Procedural type	Code	Description
FOLR1 IHC	88360	Morphometric analysis, tumor immunohistochemistry (eg, HER2/neu estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual
FOLR1 IHC	88361	Using computer-assisted technology

Place of service code[3]

Code	Location	Description
19	**Off Campus:** Outpatient Hospital	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
22	**On Campus:** Outpatient Hospital	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization

This document is intended for informational purposes only and is not intended to provide reimbursement or legal advice. Providers are responsible for determining the appropriate codes and submitting true and correct claims for product and services rendered. Providers should contact the patient's payor for information on coverage, coding, and reimbursement.

HER2=human epidermal growth factor receptor 2.

Please see Important Safety Information on pages 11-12.

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HOSPITAL/OUTPATIENT CODING (cont'd)

ELAHERE® mirvetuximab soravtansine-gynx injection 100 mg SUPPORT SERVICES

HCPCS[4]

Please contact the payer or the ELAHERE Support Services Program at 1-833-ELAHERE for additional coding information.

Code	Description
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg

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ICD-10-CM diagnosis codes[5-7]

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C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs

Revenue Codes[10,11]

Code	Description
0636	Drugs requiring detailed coding (ELAHERE)
0335	Chemotherapy administration – IV
025x	General pharmacy
0510	Clinic visit

Code Modifiers[8,12]

Code	Description
JW	Drug amount discarded/not administered to any patient
JZ	Zero drug amount discarded/not administered to any patient
TB*	Drug or biologic acquired with 340B drug pricing program discount, reported for informational purposes for select entities

*Effective January 1, 2025, the JG modifier is no longer used under Medicare; the TB modifier is required under Outpatient Prospective Payment System (OPPS) and Physician Fee Schedule (PFS) to identify 340B units instead.

Please see Important Safety Information on pages 11-12.

Please see full Prescribing Information, including BOXED WARNING, or visit www.rxabbvie.com/pdf/elahere_pi.pdf

SAMPLE CMS 1500 CLAIM FORM

ELAHERE® mirvetuximab soravtansine-gynx injection 100 mg
SUPPORT SERVICES

Box 21 (Electronic Claim Form = Loop 2300, Segment H101-2 through H112=2): Enter the patient's diagnosis from the patient's medical record. Be as specific as possible. Use Box 21 B-L fields for secondary diagnoses.

Box 23 (Electronic Claim Form = Loop 2300, REF02): Enter prior authorization number if one exists.

Box 24A-B (Electronic Claim Form):
Box 24A (Electronic Claims = Loop 2400, DTP02)
Box 24B (Loop 2300/2400, Segment CLM05-1/SV105)

In the non-shaded area, enter the appropriate date of service and place of service code. Example: Office = 11

In the shaded area, enter the N4 indicator first, then the 11-digit NDC code. In the third space, list the quantity and, last, the unit of measurement code.

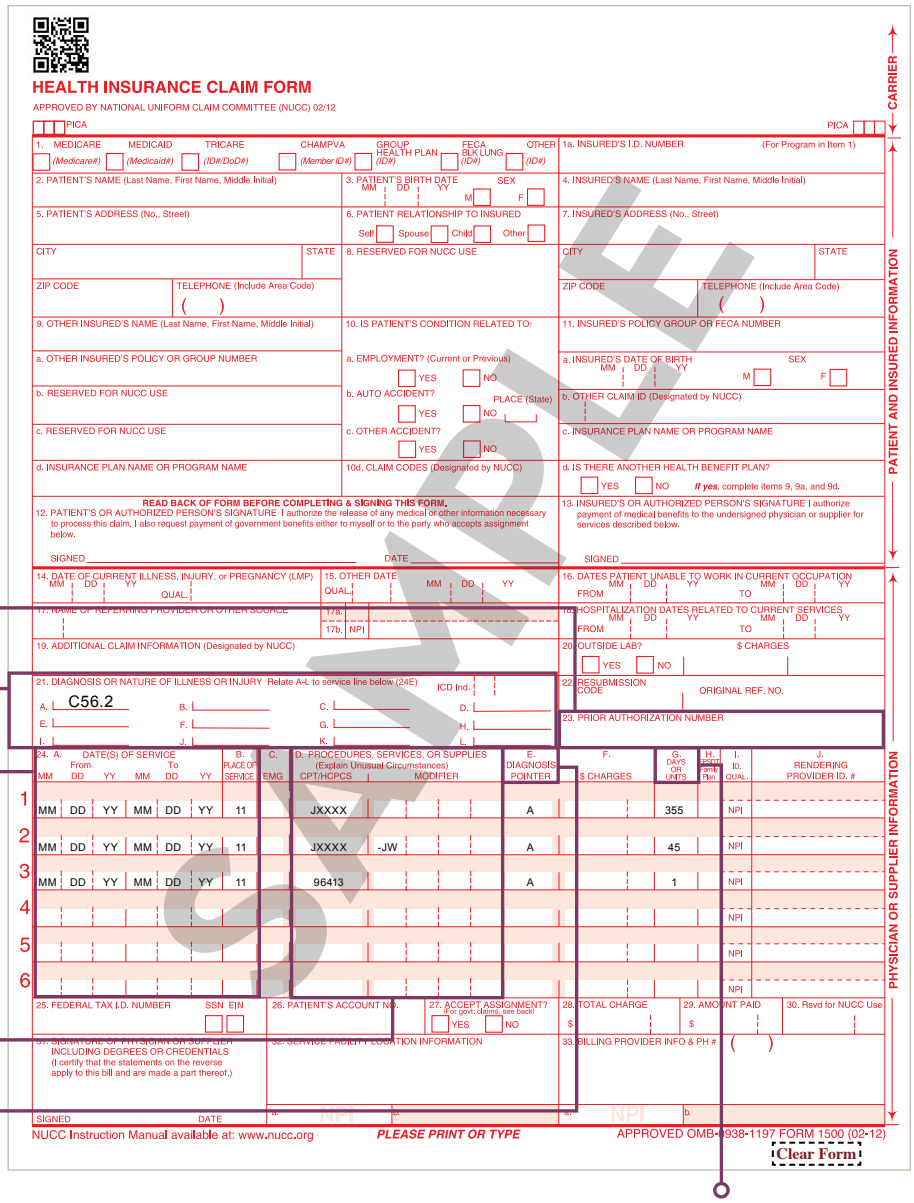
An example for ELAHERE is N472903085301 80ML.

Box 24D (Electronic Claim Form = Loop 2400, Segment SV101): Enter the correct HCPCS code for ELAHERE, **J9063 for 1 mg**.

If applicable, the discarded product should be billed on a separate line with modifier -JW.* Add modifier -JZ† on 1 line if there is no waste.

For administration, enter the appropriate code or codes for the infusion duration. For example, a 60-minute infusion of ELAHERE will require 96413.‡

Box 24E (Electronic Claim Form = Loop 2400, Segment SV107): Specify the diagnosis letter that corresponds with ELAHERE and the drug administration code(s) in Box 21.


HEALTH INSURANCE CLAIM FORM

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

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) — A. C56.2

24. A. DATE(S) OF SERVICE From To | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. #

1	MM DD YY	MM DD YY	11		JXXXX		A		355		NPI	
2	MM DD YY	MM DD YY	11		JXXXX	-JW	A		45		NPI	
3	MM DD YY	MM DD YY	11		96413		A		1		NPI	
4											NPI	
5											NPI	
6											NPI	

PATIENT AND INSURED INFORMATION | PHYSICIAN OR SUPPLIER INFORMATION | CARRIER

SAMPLE

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

Clear Form

Box 24G (Electronic Claim Form = Loop 2400, Segment SV104): Enter the number of service units for each item. **For J9063, each unit corresponds to 1 mg of ELAHERE.**

On separate lines, add the units for the drug administered and the units of the drug wasted with modifier -JW. If there is no waste, use modifier -JZ.

*Since January 1, 2017, Medicare has required modifier -JW for waste. Check with other payers as to their requirements for identifying waste.
†Effective July 1, 2023, Medicare requires the -JZ modifier on all claims for single-dose containers with no discarded amounts.
‡CPT® Code 96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug. Initial infusion times may vary.

Please see Important Safety Information on pages 11-12.

Please see full Prescribing Information, including BOXED WARNING, or visit www.rxabbvie.com/pdf/elahere_pi.pdf

SAMPLE UB-04 / CMS 1450 CLAIM FORM

ELAHERE® mirvetuximab soravtansine-gynx injection 100 mg
SUPPORT SERVICES

Form Locator (FL) 42 (Electronic Claim Form = Loop 2400, Segment Type SV201): List the appropriate revenue code for ELAHERE. Medicare requires Revenue Code 0636. Medicaid may use 0636, but other payers may use General Pharmacy 0250 or other revenue codes—always check with the billed payer.

Additionally, enter an appropriate revenue code for the administration service, 0335 for chemotherapy, or others based on the cost center in which the service was performed.

FL 45 (Electronic Claim Form = Loop 2400, Segment DTP/472/03): Enter the date of service.

FL 43 (NOT REQUIRED BY MEDICARE): Enter the description of the procedure for the Revenue Code billed. If required, enter the N4 indicator first, then the 11-digit NDC code. In the third place, list the quantity and, last, the unit of measurement code.

An example for ELAHERE is N472903085301 80ML.

FL 46 (Electronic Claim Form = Loop 2400, SV205): Enter the units for the HCPCS code billed.

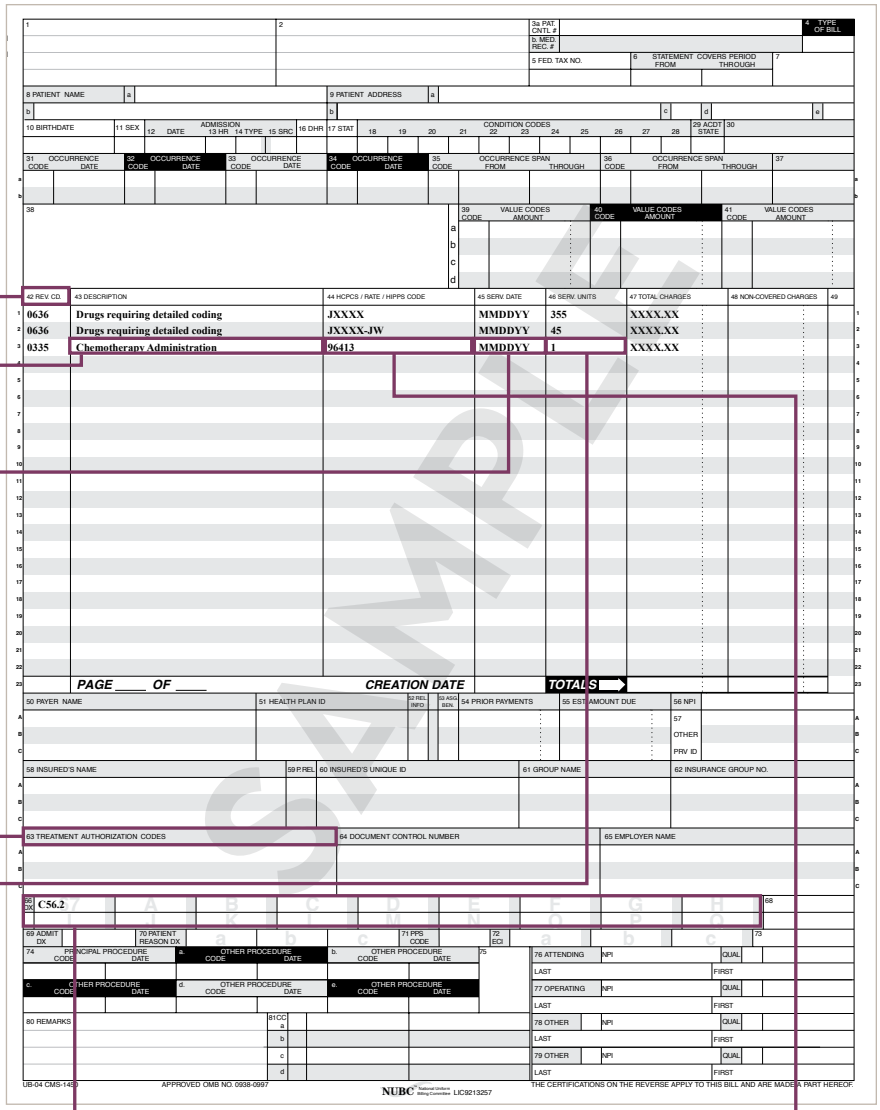
Enter the number of service units for each item. **For J9063, each unit corresponds to 1 mg of ELAHERE.**

For Medicare (and some other payers), bill the units given and the units wasted on separate lines with the units wasted corresponding to modifier -JW.†

FL 63 (Electronic Claim Form = Loop 2300, REF/G1/02): Enter treatment authorization code.

FL 67A-Q (Electronic Claim Form = Loop 2300, HI01-2 (HI01-1=BK): Enter a diagnosis code for ELAHERE documented in the medical record.

Be as specific as possible. The code listed here is an example, C56.2, malignant neoplasm of the left ovary.



FL 44 (Electronic Claim Form = Loop 2400, SV202-2 (SV202-1=HC/HP): Enter the appropriate HCPCS code for **ELAHERE Injection, mirvetuximab soravtansine-gynx, 1 mg, J9063.**

If applicable, the discarded product must be reported on a separate line with modifier -JW.* If no waste is reported, apply modifier -JZ† for dates of service on or after January 1, 2023. Also, modifier -TB or -JB must be applied for 340B providers in most cases. As of January 1, 2023, both are informational modifiers. For administration, enter the appropriate code or codes for the infusion duration. As an example, a 60-minute infusion of ELAHERE requires 96413.‡

*Since January 1, 2017, Medicare has required modifier -JW for waste. Check with other payers as to their requirements for identifying waste.
†Effective July 1, 2023, Medicare requires the modifier -JZ on all claims for single-dose containers with no discarded amounts.
‡CPT® Code 96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug. Initial infusion times may vary.

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ELAHERE SUPPORT SERVICES

ELAHERE® mirvetuximab soravtansine-gynx injection 100 mg SUPPORT SERVICES

HERE TO HELP YOU NAVIGATE ACCESS FOR YOUR PATIENTS

ELAHERE Support Services (ESS) is committed to helping patients prescribed ELAHERE by offering **access** and **reimbursement** support, **affordability** assistance, and dedicated **nurse navigator support** for patient questions based on Prescribing Information.

ENROLL YOUR PATIENT IN ELAHERE SUPPORT SERVICES

Visit ELAHEREhcp.com/support to download and complete the enrollment form.

HOW ELAHERE SUPPORT SERVICES CAN HELP

Once enrolled, ESS offers the following:

Access & reimbursement support

- Benefits investigation
- Prior authorization support
- Appeals support

Co-pay assistance*

- Support for commercially eligible patients with out-of-pocket costs
- Patients could **pay as little as $0** for their medication

Nurse navigators

- A resource available to patients and their caregivers to answer questions about their treatment based on the Prescribing Information

*For commercially insured patients only. Offer not available to patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. Restrictions, including monthly maximums, may apply. Patient out-of-pocket expense will vary depending on insurance coverage. **For full Terms and Conditions, visit https://www.elahere.com/resources/elahere-support-services#copay-terms**

myAbbVie Assist

If your patient is having difficulty paying for their medicine, AbbVie may be able to help.†
Visit AbbVie.com/PatientAccessSupport to learn more.

GET IN TOUCH WITH ELAHERE SUPPORT SERVICES

For questions, connect with an ELAHERE Support Services Program specialist by calling 1-833-ELAHERE (1-833-352-4373) Monday to Friday, 7:00 AM to 7:00 PM CT.

1-833-ELAHERE (1-833-352-4373)

1-833-464-6329

www.ELAHEREhcp.com

ELAHERE® SUPPORT SERVICES

†Criteria include patients who are uninsured or have insurance that excludes coverage for ELAHERE (including patients on Medicare or Medicaid), residents of the United States or Puerto Rico, and patients who meet the financial eligibility requirements. Terms and conditions apply.

Please see Important Safety Information on pages 11-12.

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INDICATION AND IMPORTANT SAFETY INFORMATION

ELAHERE® mirvetuximab soravtansine-gynx injection 100 mg
SUPPORT SERVICES

INDICATION

ELAHERE is indicated for the treatment of adult patients with folate receptor-alpha (FRα) positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have received one to three prior systemic treatment regimens. Select patients for therapy based on an FDA-approved test.

IMPORTANT SAFETY INFORMATION

WARNING: OCULAR TOXICITY

- **ELAHERE can cause severe ocular toxicities, including visual impairment, keratopathy, dry eye, photophobia, eye pain, and uveitis.**
- **Conduct an ophthalmic exam including visual acuity and slit lamp exam prior to initiation of ELAHERE, every other cycle for the first 8 cycles, and as clinically indicated.**
- **Administer prophylactic artificial tears and ophthalmic topical steroids.**
- **Withhold ELAHERE for ocular toxicities until improvement and resume at the same or reduced dose.**
- **Discontinue ELAHERE for Grade 4 ocular toxicities.**

WARNINGS and PRECAUTIONS

Ocular Disorders

ELAHERE can cause severe ocular adverse reactions, including visual impairment, keratopathy (corneal disorders), dry eye, photophobia, eye pain, and uveitis.

Ocular adverse reactions occurred in 59% of patients with ovarian cancer treated with ELAHERE. Eleven percent (11%) of patients experienced Grade 3 ocular adverse reactions, including blurred vision, keratopathy (corneal disorders), dry eye, cataract, photophobia, and eye pain; two patients (0.3%) experienced Grade 4 events (keratopathy and cataract). The most common (≥5%) ocular adverse reactions were blurred vision (48%), keratopathy (36%), dry eye (27%), cataract (16%), photophobia (14%), and eye pain (10%).

The median time to onset for first ocular adverse reaction was 5.1 weeks (range: 0.1 to 68.6). Of the patients who experienced ocular events, 53% had complete resolution; 38% had partial improvement (defined as a decrease in severity by one or more grades from the worst grade at last follow up). Ocular adverse reactions led to permanent discontinuation of ELAHERE in 1% of patients.

Premedication and use of lubricating and ophthalmic topical steroid eye drops during treatment with ELAHERE are recommended. Advise patients to avoid use of contact lenses during treatment with ELAHERE unless directed by a healthcare provider.

Refer patients to an eye care professional for an ophthalmic exam including visual acuity and slit lamp exam prior to treatment initiation, every other cycle for the first 8 cycles, and as clinically indicated. Promptly refer patients to an eye care professional for any new or worsening ocular signs and symptoms.

Monitor for ocular toxicity and withhold, reduce, or permanently discontinue ELAHERE based on severity and persistence of ocular adverse reactions.

Pneumonitis

Severe, life-threatening, or fatal interstitial lung disease (ILD), including pneumonitis, can occur in patients treated with ELAHERE.

Pneumonitis occurred in 10% of patients treated with ELAHERE, including 1% with Grade 3 events and 1 patient (0.1%) with a Grade 4 event. One patient (0.1%) died due to respiratory failure in the setting of pneumonitis and lung metastases. One patient (0.1%) died due to respiratory failure of unknown etiology. Pneumonitis led to permanent discontinuation of ELAHERE in 3% of patients.

Monitor patients for pulmonary signs and symptoms of pneumonitis, which may include hypoxia, cough, dyspnea, or interstitial infiltrates on radiologic exams. Infectious, neoplastic, and other causes for such symptoms should be excluded through appropriate investigations. Withhold ELAHERE for patients who develop persistent or recurrent Grade 2 pneumonitis until symptoms resolve to ≤ Grade 1 and consider dose reduction.

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IMPORTANT SAFETY INFORMATION (cont'd)

ELAHERE® mirvetuximab soravtansine-gynx injection 100 mg
SUPPORT SERVICES

WARNINGS and PRECAUTIONS (cont'd)

Pneumonitis (cont'd)

Permanently discontinue ELAHERE in all patients with Grade 3 or 4 pneumonitis. Patients who are asymptomatic may continue dosing of ELAHERE with close monitoring.

Peripheral Neuropathy (PN)

Peripheral neuropathy occurred in 36% of patients with ovarian cancer treated with ELAHERE across clinical trials; 3% of patients experienced Grade 3 peripheral neuropathy. Peripheral neuropathy adverse reactions included peripheral neuropathy (20%), peripheral sensory neuropathy (9%), paraesthesia (6%), neurotoxicity (3%), hypoaesthesia (1%), peripheral motor neuropathy (0.9%), polyneuropathy (0.3%), and peripheral sensorimotor neuropathy (0.1%). Monitor patients for signs and symptoms of neuropathy, such as paresthesia, tingling or a burning sensation, neuropathic pain, muscle weakness, or dysesthesia. For patients experiencing new or worsening PN, withhold dosage, dose reduce, or permanently discontinue ELAHERE based on the severity of PN.

Embryo-Fetal Toxicity

Based on its mechanism of action, ELAHERE can cause embryo-fetal harm when administered to a pregnant woman because it contains a genotoxic compound (DM4) and affects actively dividing cells.

Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with ELAHERE and for 7 months after the last dose.

ADVERSE REACTIONS

The most common (≥20%) adverse reactions, including lab abnormalities, were increased aspartate aminotransferase, fatigue, increased alanine aminotransferase, blurred vision, nausea, increased alkaline phosphatase, diarrhea, abdominal pain, keratopathy, peripheral neuropathy, musculoskeletal pain, decreased lymphocytes, decreased platelets, decreased magnesium, decreased hemoglobin, dry eye, constipation, decreased leukocytes, vomiting, decreased albumin, decreased appetite, and decreased neutrophils.

DRUG INTERACTIONS

DM4 is a CYP3A4 substrate. Closely monitor patients for adverse reactions with ELAHERE when used concomitantly with strong CYP3A4 inhibitors.

USE IN SPECIAL POPULATIONS

Lactation

Advise women not to breastfeed during treatment with ELAHERE and for 1 month after the last dose.

Hepatic Impairment

Avoid use of ELAHERE in patients with moderate or severe hepatic impairment (total bilirubin >1.5 ULN).

Please see full Prescribing Information, including BOXED WARNING, or visit www.rxabbvie.com/pdf/elahere_pi.pdf

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