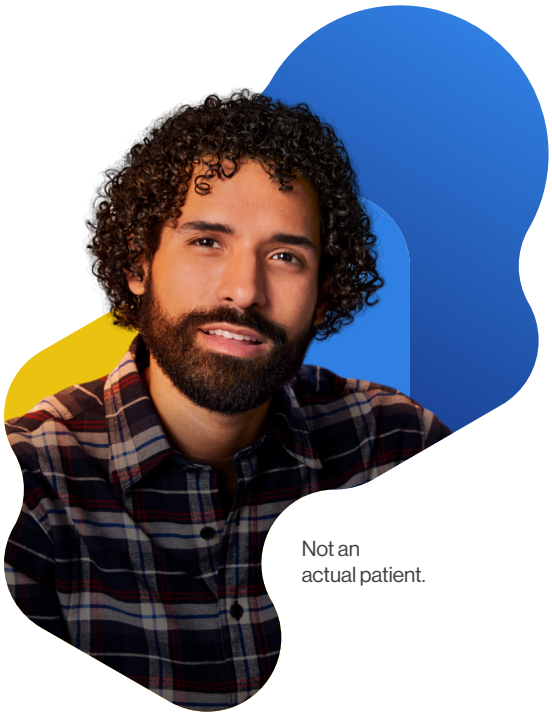
Novartis Patient Support™

Potential ICD-10-CM Diagnosis Codes for VANRAFIA® (atrasentan)



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, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis codes for VANRAFIA.

When considering ICD-10-CM codes for VANRAFIA:

- Review the health plan's guidance to ensure appropriate codes are selected based on a patient's medical record

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

Primary Diagnosis Codes[1]

Indication	ICD-10-CM Code	Description
Immunoglobulin A Nephropathy (IgAN)	N02.B	Recurrent and persistent immunoglobulin A nephropathy
	N02.B1	Recurrent and persistent immunoglobulin A nephropathy with glomerular lesion
	N02.B2	Recurrent and persistent immunoglobulin A nephropathy with focal and segmental glomerular lesion
	N02.B3	Recurrent and persistent immunoglobulin A nephropathy with diffuse membranoproliferative glomerulonephritis
	N02.B4	Recurrent and persistent immunoglobulin A nephropathy with diffuse membranous glomerulonephritis
	N02.B5	Recurrent and persistent immunoglobulin A nephropathy with diffuse mesangial proliferative glomerulonephritis
	N02.B6	Recurrent and persistent immunoglobulin A nephropathy with diffuse mesangiocapillary glomerulonephritis
	N02.B9	Other recurrent and persistent immunoglobulin A nephropathy

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.

VANRAFIA™ (atrasentan) tablets 0.75 mg

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Questions?

Reach out to your VANRAFIA Access & Reimbursement team or call Novartis Patient Support at 877-6VANRAF (877-682-6723), Monday-Friday, 8:00 AM-8:00 PM ET, excluding holidays.

Reference: 1. Centers for Disease Control and Prevention. ICD-10-CM Tabular List of Diseases and Injuries. Accessed October 11, 2024. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2025/icd10cm-table-index-2025.zip

Indication and Important Safety Information for VANRAFIA™ (atrasentan) tablets, for oral use

INDICATION

VANRAFIA is indicated to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk of rapid disease progression, generally a urine protein-to-creatinine ratio (UPCR) ≥1.5 g/g.

This indication is approved under accelerated approval based on a reduction of proteinuria. It has not been established whether VANRAFIA slows kidney function decline in patients with IgAN. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory clinical trial.

IMPORTANT SAFETY INFORMATION

WARNING: EMBRYO-FETAL TOXICITY

VANRAFIA is contraindicated for use in pregnant patients; it may cause major birth defects, based on animal data. Exclude pregnancy prior to initiation of treatment with VANRAFIA. Advise use of effective contraception before the initiation of treatment, during treatment, and for 2 weeks after discontinuation of treatment with VANRAFIA. Stop VANRAFIA as soon as possible if the patient becomes pregnant.

CONTRAINDICATIONS

Pregnancy

Use of VANRAFIA is contraindicated in patients who are pregnant.

Hypersensitivity

VANRAFIA is contraindicated in patients with a history of a hypersensitivity reaction to atrasentan or any component of the product.

WARNINGS AND PRECAUTIONS

Embryo-Fetal Toxicity

Based on data from animal reproduction studies, VANRAFIA may cause fetal harm when administered to a pregnant patient and is contraindicated during pregnancy. The available human data for endothelin receptor antagonists (ERAs) do not establish the presence or absence of major birth defects related to the use of VANRAFIA. Counsel patients who can become pregnant of the potential risk to a fetus. Exclude pregnancy prior to initiation of treatment with VANRAFIA. Advise patients to use effective contraception prior to initiation of treatment, during treatment, and for 2 weeks after discontinuation of treatment with VANRAFIA. When pregnancy is detected, discontinue VANRAFIA as soon as possible.

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IMPORTANT SAFETY INFORMATION (CONTINUED)

WARNINGS AND PRECAUTIONS (CONTINUED)

Hepatotoxicity

Some ERAs have caused elevations of aminotransferases, hepatotoxicity, and liver failure. Asymptomatic and transient transaminase elevations have been observed with VANRAFIA. Obtain liver enzyme testing before initiating VANRAFIA, and repeat during treatment as clinically indicated. In patients with elevated aminotransferases at baseline (>3 × upper limit of normal [ULN]), consider periodic liver test monitoring. Do not initiate VANRAFIA in patients with severe hepatic impairment.

Advise patients to report symptoms suggesting hepatic injury (eg, nausea, vomiting, right upper quadrant pain, fatigue, anorexia, jaundice, dark urine, fever, or itching). If clinically relevant aminotransferase elevations occur, or if elevations are accompanied by an increase in bilirubin >2 × ULN, or by clinical symptoms of hepatotoxicity, discontinue VANRAFIA. Consider reinitiation of VANRAFIA when hepatic enzyme levels normalize in patients who have not experienced clinical symptoms of hepatotoxicity or jaundice.

Fluid Retention

Fluid retention may occur with ERAs and has been observed in clinical studies with VANRAFIA. VANRAFIA has not been evaluated in IgAN patients with heart failure. If clinically significant fluid retention develops, consider initiating or increasing diuretic treatment and interrupting VANRAFIA treatment.

Decreased Sperm Counts

VANRAFIA, similar to other ERAs, may have an adverse effect on spermatogenesis. Counsel men about the potential effects on fertility.

ADVERSE REACTIONS

The most common adverse reactions (incidence ≥5%) with VANRAFIA were peripheral edema and anemia.

EFFECT OF OTHER DRUGS ON VANRAFIA

Strong or Moderate CYP3A Inducers: Avoid concomitant use with a strong or moderate CYP3A inducer. Atrasentan is a CYP3A substrate. Concomitant use with a strong and moderate CYP3A inducer is expected to decrease atrasentan exposure, which may reduce VANRAFIA efficacy.

OATP1B1/1B3 Inhibitors: Avoid concomitant use with organic anion transporting polypeptides (OATP) 1B1/1B3 (OATP1B1/1B3) inhibitors. Atrasentan is an OATP1B1/1B3 substrate. Concomitant use with an OATP1B1/1B3 inhibitor increases atrasentan exposure, which may increase the risk of VANRAFIA adverse reactions.

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

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VANRAFIA™ (atrasentan) tablets 0.75 mg

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