NTAP DESIGNATED

Effective
October 1, 2025

EMBLAVEO™
aztreonam and avibactam
for injection (2 g)

NEW TECHNOLOGY ADD-ON PAYMENT (NTAP)

EMBLAVEO™ (aztreonam and avibactam), the first and only combination of an MBL-stable monobactam and a β-lactamase inhibitor, has been granted NTAP designation.[1]

WHAT IS NTAP?

NTAP designation allows for participating hospitals to receive additional reimbursement alongside the Medicare Severity Diagnosis Related Group (MS-DRG) payment, further reducing the financial burden incurred by hospital systems.

NTAP AMOUNTS ARE DETERMINED ON A CASE-BY-CASE BASIS AND VARY BY INSTITUTION AND MS-DRG

ADD-ON PAYMENT

NTAP reimbursement occurs when the total costs exceed the MS-DRG payment. The NTAP payment will be the lesser of:

75% of the costs in excess of the MS-DRG payment **OR** **75%** of the average cost of the technology

CMS-DETERMINED MAXIMUM ADD-ON PAYMENT: $9000.68

INDICATIONS AND USAGE

Complicated Intra-abdominal Infections
EMBLAVEO, in combination with metronidazole, is indicated in patients 18 years and older who have limited or no alternative treatment options for the treatment of complicated intra-abdominal infections (cIAI) including those caused by the following susceptible gram-negative microorganisms: *Escherichia coli, Klebsiella pneumoniae, Klebsiella oxytoca, Enterobacter cloacae complex, Citrobacter freundii complex,* and *Serratia marcescens*. Approval of this indication is based on limited clinical safety and efficacy data for EMBLAVEO.

Usage to Reduce Development of Drug-Resistant Bacteria
To reduce the development of drug-resistant bacteria and maintain the effectiveness of EMBLAVEO and other antibacterial drugs, EMBLAVEO should be used only to treat infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

EMBLAVEO is contraindicated in patients with known hypersensitivity to the components of EMBLAVEO (aztreonam and avibactam).

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions
Hypersensitivity reactions were noted in patients treated with EMBLAVEO, including rash, flushing, and bronchospasm. Prior to treatment, it should be established if the patient has a history of hypersensitivity reactions to components of EMBLAVEO (aztreonam and avibactam). In case of hypersensitivity reactions, immediately discontinue EMBLAVEO and initiate appropriate medications and/or supportive care.

Serious Skin Disorders
Cases of toxic epidermal necrolysis have been reported in association with aztreonam (a component of EMBLAVEO) in patients undergoing bone marrow transplant with multiple risk factors including sepsis, radiation therapy, and other concomitantly administered drugs associated with toxic epidermal necrolysis. Discontinue EMBLAVEO if a serious skin reaction occurs.

Hepatic Adverse Reactions
Elevations in hepatic transaminases have been observed during treatment with EMBLAVEO. Monitoring of liver-related laboratory tests is recommended while on treatment, particularly in patients with baseline liver comorbidities or on concomitant hepatotoxic medications. If transaminase elevations are noted, consider discontinuing EMBLAVEO, if clinically indicated, and monitor the patient for resolution of any pertinent clinical and laboratory findings.

Please see additional Important Safety Information on back.
Please see accompanying full Prescribing Information for additional information or visit www.rxabbvie.com.

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IMPORTANT NTAP INFORMATION

ICD-10-PCS CODES	
XW033PB	Introduction of aztreonam-avibactam anti-infective into peripheral vein, percutaneous approach, new technology group 11
XW043PB	Introduction of aztreonam-avibactam anti-infective into central vein, percutaneous approach, new technology group 11

EMBLAVEO™-SPECIFIC CODES

BILLING UNIT: Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg)

HCPCS J-CODE: J0458 (Injection, aztreonam/avibactam)

NDC CODE: 0074-3878-10

EFFECTIVE PERIOD
OCTOBER 1, 2025 to SEPTEMBER 30, 2028

Contact your internal billing/coding departments and Medicare reimbursement specialists for specific guidance.

Institutions are ultimately responsible for determining the appropriate reimbursement strategies and billing codes.

HCPCS, Healthcare Common Procedure Coding System; ICD-10-PCS, International Classification of Diseases, Tenth Revision, Procedure Coding System; NDC, National Drug Code.

The information contained in this document is provided for informational purposes only and represents no statement, promise, or guarantee by AbbVie concerning levels of reimbursement, payment, or charge. Similarly, all codes are supplied for informational purposes only and represent no statement, promise, or guarantee by AbbVie that these codes will be appropriate or that reimbursement will be made.

It is not intended to increase or maximize reimbursement by any payer. We strongly recommend that you consult your payer organization with regard to its reimbursement policies. You are ultimately responsible for determining the appropriate reimbursement strategies and billing codes.

Reference: 1. EMBLAVEO. Prescribing information. AbbVie, Inc; 2025.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS

***Clostridioides Difficile*-Associated Diarrhea**

Clostridioides difficile-associated diarrhea (CDAD) has been reported for nearly all systemic antibacterial drugs, including EMBLAVEO, and may range in severity from mild diarrhea to fatal colitis. Treatment with antibacterial drugs alters the normal flora of the colon and may permit overgrowth of *C. difficile*. *C. difficile* produces toxins A and B which contribute to the development of CDAD. Hypertoxin producing strains of *C. difficile* cause increased morbidity and mortality, as these infections can be refractory to antimicrobial therapy and may require colectomy. CDAD must be considered in all patients who present with diarrhea following antibacterial use. Careful medical history is necessary because CDAD has been reported to occur more than 2 months after the administration of antibacterial drugs. If CDAD is suspected or confirmed, antibacterial drugs not directed against *C. difficile* may need to be discontinued. Manage fluid and electrolyte levels as appropriate, supplement protein intake, monitor antibacterial treatment of *C. difficile*, and institute surgical evaluation as clinically indicated.

Development of Drug-Resistant Bacteria

Prescribing EMBLAVEO in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria.

ADVERSE REACTIONS

The most common adverse reactions occurring at an incidence of greater than 5% were hepatic adverse reactions, anemia, diarrhea, hypokalemia, and pyrexia.

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