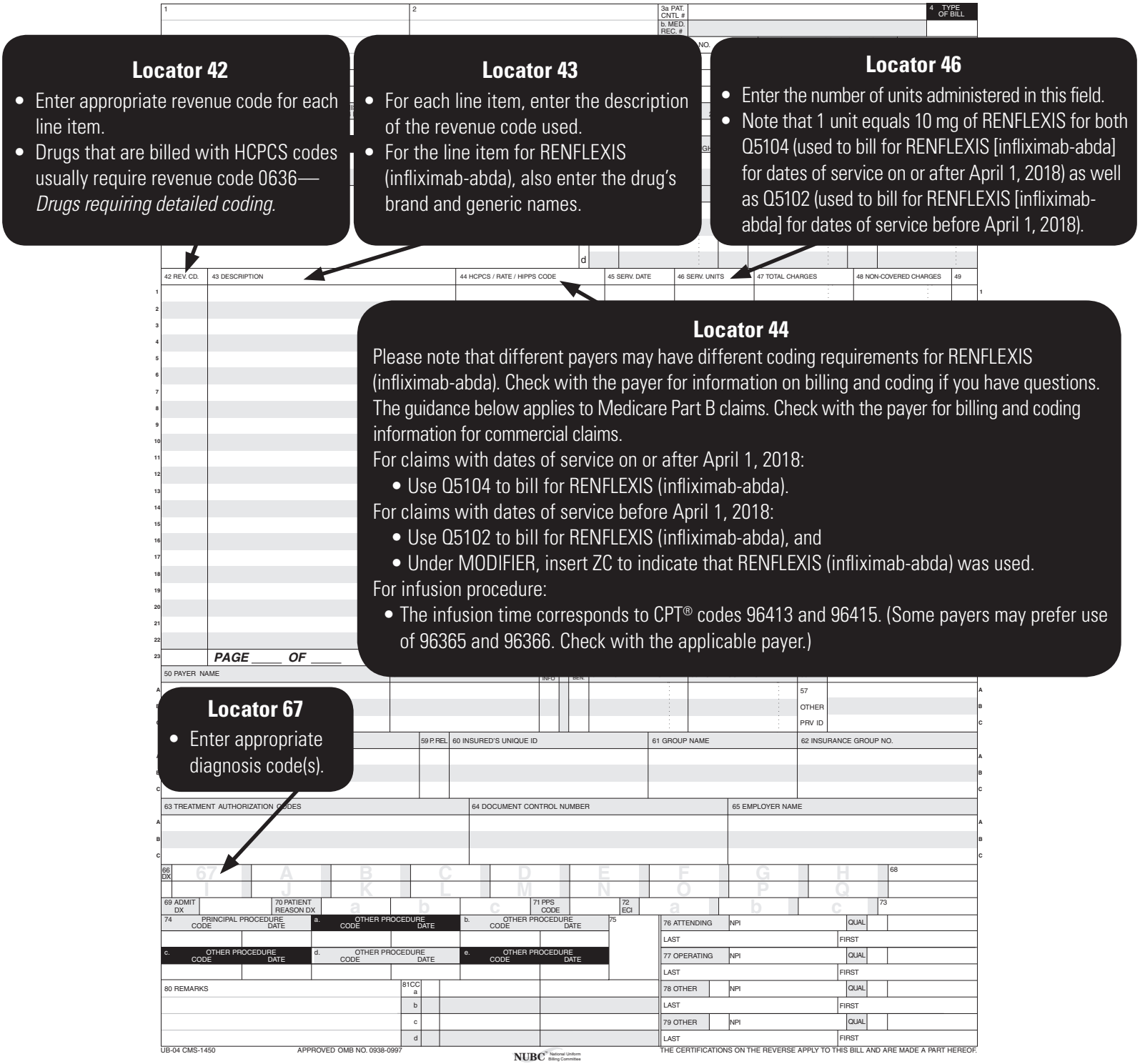
Sample UB-04 (also known as CMS 1450) Claim Form for Hospital Outpatient Department Billing: RENFLEXIS® (infliximab-abda) for Injection, for Intravenous Use 100 mg

Before prescribing RENFLEXIS, please read the Prescribing Information, including the Boxed Warning about serious infections and malignancies. The Medication Guide also is available.

Note: See https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/Part-B-Biosimilar-Biological-Product-Payment.html for additional guidance from CMS on billing for RENFLEXIS (infliximab-abda), including important information about differences between claims with dates of service on or after April 1, 2018 versus claims with dates of service before April 1, 2018. For questions on billing if a portion of a package is wasted, consult the applicable payer's policy regarding wastage. Record the amount of drug administered and the amount wasted in the patient's medical record. Medicare requires the use of the JW modifier on all claims that include wasted product.



The suggestions contained on this form are compiled from sources believed to be accurate for the Medicare Part B program, but Merck makes no representation that the information is accurate or that it will comply with the requirements of any particular MAC or payer. You are solely responsible for determining the billing and coding requirements applicable to any payer or MAC. Diagnosis codes should be selected only by a health care professional. The information provided here is not intended to be conclusive or exhaustive, and is not intended to replace the guidance of a qualified professional advisor or any instructions provided by a payer or MAC. Billing and coding requirements may vary or change over time, so it is important to regularly check these requirements with each payer or MAC. Merck makes no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness of this information for your particular use and cautions that changes in public and private payer billing requirements occur frequently. The use of this information does not guarantee payment or that any payment received will cover your costs.

CMS=US Centers for Medicare & Medicaid Services; HCPCS=Healthcare Common Procedure Coding System; CPT=Current Procedural Terminology. MAC=Medicare Administrative Contractor.