

SAMPLE CODING AND BILLING FOR ACTIVASE® (ALTEPLASE)

Tips and considerations for inpatient and outpatient claims submission

Indications

Activase® (alteplase) is indicated for the treatment of acute ischemic stroke. Exclude intracranial hemorrhage as the primary cause of stroke signs and symptoms prior to initiation of treatment. Initiate treatment as soon as possible but within 3 hours after symptom onset.

Activase is indicated for use in acute myocardial infarction (AMI) for the reduction of mortality and reduction of the incidence of heart failure.

Limitation of Use: The risk of stroke may outweigh the benefit produced by thrombolytic therapy in patients whose AMI puts them at low risk for death or heart failure.

Activase is indicated for the lysis of acute massive pulmonary embolism (PE), defined as:

- Acute pulmonary emboli obstructing blood flow to a lobe or multiple lung segments.
- Acute pulmonary emboli accompanied by unstable hemodynamics, e.g., failure to maintain blood pressure without supportive measures.

Important Safety Information

Contraindications

Do not administer Activase to treat acute ischemic stroke in the following situations in which the risk of bleeding is greater than the potential benefit: current intracranial hemorrhage (ICH); subarachnoid hemorrhage; active internal bleeding; recent (within 3 months) intracranial or intraspinal surgery or serious head trauma; presence of intracranial conditions that may increase the risk of bleeding (e.g., some neoplasms, arteriovenous malformations, or aneurysms); bleeding diathesis; and current severe uncontrolled hypertension.

Do not administer Activase to treat acute myocardial infarction or pulmonary embolism in the following situations in which the risk of bleeding is greater than the potential benefit: active internal bleeding; history of recent stroke; recent (within 3 months) intracranial or intraspinal surgery or serious head trauma; presence of intracranial conditions that may increase the risk of bleeding; bleeding diathesis; and current severe uncontrolled hypertension.

Please see additional Important Safety Information on the last page and the full Prescribing Information.

ACTIVASE®
A L T E P L A S E

A RECOMBINANT TISSUE PLASMINOGEN ACTIVATOR

What's unique about coding and billing for Activase[®] (alteplase)?

When submitting claims for Activase, it is important to keep a few considerations in mind.

Some of these are unique to Activase, while others are common to all infused products. This guide will go over these considerations in detail.

Please note that this guide focuses on Medicare payment methodologies. Private payers may employ different coding and reimbursement methodologies. Please contact individual private payers as needed to clarify their specific coding and reimbursement policies.

Correct coding is the responsibility of the provider and Genentech does not make any representation or guarantee concerning reimbursement or coverage.



Inpatient hospital: admitted to the hospital for care

Reimbursement for all services, drugs and supplies administered to Medicare beneficiaries during a single inpatient hospitalization is bundled into a single prospective payment amount. This payment amount is determined by the MS-DRG¹ system, which classifies patients into clinically cohesive groups with similar hospital resource use and length of stay. The MS-DRG assignment for each case is based on the ICD-10² diagnosis and procedure codes reported on the claim form.

Under the MS-DRG system, Activase is not separately reimbursable when administered to Medicare beneficiaries in the inpatient setting. Instead, its cost is intended to be covered by the single MS-DRG payment. To ensure appropriate reimbursement, be sure to accurately code for all patient diagnoses and procedures performed.

Private payers may employ different reimbursement methodologies that may or may not allow for the separate reimbursement of Activase when administered in the inpatient setting. Some payers may require additional coding and patient-specific clinical information to determine coverage and payment for the inpatient stay. Please contact individual private payers to clarify their specific reimbursement policies for Activase.



Outpatient hospital: in the emergency room for treatment or undergoing tests but not admitted to the hospital

During outpatient encounters, hospitals use the ICD-10² code sets to report medical diagnoses and HCPCS³ Level II codes and American Medical Association (AMA) CPT^{®4} to report materials and procedures provided.






¹MS-DRG=Medicare Severity Diagnosis Related Group; ²ICD-10=International Classification of Diseases, 10th Revision; ³HCPCS=Healthcare Common Procedure Coding System; ⁴CPT=Current Procedural Terminology; ⁵ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; ⁶ICD-10-PCS=International Classification of Diseases, 10th Revision, Procedure Coding System; ⁷NDC=National Drug Code.

Codes in the inpatient and outpatient settings of care

	Inpatient	Outpatient
ICD-10-CM⁵	▲	▲
ICD-10-PCS⁶	▲	
HCPCS (J-code)		▲
CPT	▲	▲
MS-DRG	▲	
NDC⁷	▲	▲

Considerations for Activase[®] (alteplase) clinical documentation

Lack of sufficient clinical documentation is often a key factor leading to claims denials and reimbursement issues. The ICD-10 stroke codes are very specific and therefore require very specific clinical documentation. As such, below are some tips for your consideration.

-  Provide clear and concise documentation. Explicitly document findings to support diagnosis of acute stroke and subsequent sequelae of stroke using diagnostic statements that are compatible with ICD-10 nomenclature
-  Focus clinical documentation on the specific type of stroke, artery affected and laterality. Providers can also specify occlusions or stenosis to an artery and laterality
-  It is important to document comorbid conditions and any planned or expected procedures
-  Non-specific codes should not be used when the cause/site of the occlusion is known
-  A joint effort between the healthcare provider, stroke team, coder and biller is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. Through this joint effort, your team may be better able to identify any clinical documentation that may be missing

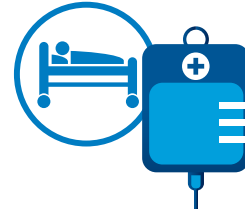
Please see Important Safety Information on the first and last pages and the full [Prescribing Information](#).

Example coding scenarios

Scenario 1: Treat and admit



The patient arrives with symptoms of an acute ischemic stroke (AIS) and can be treated within 3 hours after symptom onset.



Activase® (alteplase) is administered in the emergency department and the patient is admitted for care in the hospital.

Potential codes in this scenario



For diagnosis coding,
use appropriate ICD-10-CM diagnosis codes



For hospital inpatient procedure coding,
use appropriate ICD-10-PCS codes



For the reimbursement of all services,
supplies and drugs furnished to a Medicare beneficiary during an inpatient hospitalization, use appropriate MS-DRG codes



For physician procedure coding,*
use appropriate CPT codes

*Note: Additional evaluation and management codes will be determined by services provided.

These scenarios are not all-inclusive; appropriate codes can vary by patient, setting of care and payer. Correct coding is the responsibility of the professional submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any service or item.

Many payers will not accept unspecified codes. If you use an unspecified code, please check with your payer.

Scenario 2: Drip and ship



The patient arrives with symptoms of an acute ischemic stroke (AIS) and can be treated within 3 hours after symptom onset.



Activase® (alteplase) is administered in the emergency department.



The patient is then transferred to another hospital for inpatient admission (often referred to as “drip and ship”).

Potential codes in this scenario

Shipping hospital (outpatient)



For diagnosis coding, use appropriate ICD-10-CM diagnosis codes



For the product code, use appropriate HCPCS code (J-code)



For physician procedure coding,* use appropriate CPT codes

Receiving hospital (inpatient)



For diagnosis coding, use appropriate ICD-10-CM diagnosis codes and Z-code



For the reimbursement of all services, supplies and drugs furnished to a Medicare beneficiary during an inpatient hospitalization, use appropriate non-thrombolytic MS-DRG codes

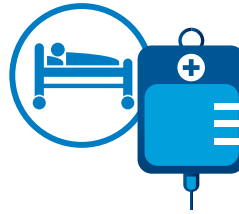
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Example coding scenarios (cont)

Scenario 3: Stroke treated; no stroke on follow-up imaging



The patient arrives with symptoms of an acute ischemic stroke (AIS) and can be treated within 3 hours after symptom onset.



Activase® (alteplase) is administered in the emergency department and the patient is admitted for care in the hospital.



On follow-up imaging, no stroke detected.

Potential codes in this scenario



For diagnosis coding,
use appropriate ICD-10-CM diagnosis codes



For hospital inpatient procedure coding,
use appropriate ICD-10-PCS codes



For the reimbursement of all services,
supplies and drugs furnished to a Medicare beneficiary during an inpatient hospitalization, use appropriate MS-DRG codes



For physician procedure coding,*
use appropriate CPT codes

For additional CMS coding guidance, please refer to pages 38019–38022 in the August 2017 *Federal Register*. 2017;82(155):37990-38589. <https://www.govinfo.gov/content/pkg/FR-2017-08-14/pdf/2017-16434.pdf>. Accessed October 25, 2022.

*Note: Additional evaluation and management codes will be determined by services provided.

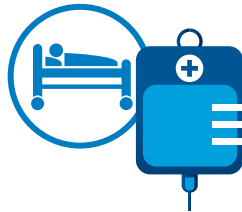
These scenarios are not all-inclusive; appropriate codes can vary by patient, setting of care and payer. Correct coding is the responsibility of the professional submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any service or item.

Many payers will not accept unspecified codes. If you use an unspecified code, please check with your payer.

Scenario 4: Mechanical thrombectomy



The patient arrives with symptoms of an acute ischemic stroke (AIS) and can be treated within 3 hours after symptom onset.



Activase® (alteplase) is administered in the emergency department and the patient is admitted for care in the hospital.



The patient then undergoes mechanical thrombectomy.

Potential codes in this scenario



For diagnosis coding, use appropriate ICD-10-CM diagnosis codes



For hospital inpatient procedure coding, use appropriate ICD-10-PCS codes



For the reimbursement of mechanical thrombectomy and Activase, use appropriate MS-DRG codes



For physician procedure coding,* use appropriate CPT codes

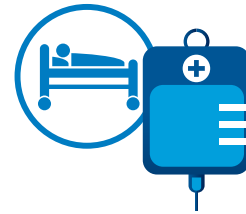
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Example coding scenarios (cont)

Scenario 5: Inpatient stroke



The patient is admitted to the hospital as an inpatient. The patient has symptoms of an acute ischemic stroke (AIS) and can be treated while in the hospital for care.



Activase® (alteplase) is administered to the patient in the hospital.

Potential codes in this scenario



For diagnosis coding,
use appropriate ICD-10-CM diagnosis codes



For hospital inpatient procedure coding,
use appropriate ICD-10-PCS codes



For the reimbursement of all services,
supplies and drugs furnished to a Medicare beneficiary during an inpatient hospitalization, use appropriate MS-DRG codes



For physician procedure coding,*
use appropriate CPT codes

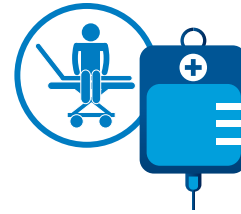
*Note: Additional evaluation and management codes will be determined by services provided.

These scenarios are not all-inclusive; appropriate codes can vary by patient, setting of care and payer. Correct coding is the responsibility of the professional submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any service or item.

Scenario 6: Telestroke



The patient arrives with symptoms of an acute ischemic stroke (AIS) and can be treated within 3 hours after symptom onset.



Activase® (alteplase) is administered in a community hospital facility after consultation with a specialist from a stroke center and the patient is admitted for care in the hospital.

Potential codes in this scenario

Distant site (The telemedicine site where the medical provider or specialist is seeing the patient at a distance or consulting with the patient's provider)



The specialist providing consultation

would use appropriate HCPCS and place of service codes

Originating site (The site where the patient and the patient's provider is physically located)



The originating site providing the general services

would use appropriate telehealth HCPCS code (J-code)



For diagnosis coding, use appropriate ICD-10-CM diagnosis codes



For hospital inpatient procedure coding,

use appropriate ICD-10-PCS codes



For the reimbursement of all services,

supplies and drugs furnished to a Medicare beneficiary during an inpatient hospitalization, use appropriate MS-DRG codes



For physician procedure coding,*

use appropriate CPT codes

Please see Important Safety Information on the first and last pages and the full Prescribing Information.

Sample diagnosis coding for Activase® (alteplase)

ICD-10-CM Diagnosis Codes

ICD-10-CM codes are used by both physicians and hospitals to classify medical diagnoses and conditions, and support medical necessity for specific procedures and services.

Acute Ischemic Stroke (AIS) codes for precerebral arteries

Code	Description	(-) Add 5th character	(-) Add 6th character (when applicable)
I63.0 -	Cerebral infarction due to thrombosis of precerebral arteries	0 – unspecified precerebral artery 1 – vertebral artery 2 – basilar artery 3 – carotid artery 9 – other precerebral artery	1 – right artery 2 – left artery 3 – bilateral arteries 9 – unspecified artery
I63.1 -	Cerebral infarction due to embolism of precerebral arteries		
I63.2 -	Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries		

AIS codes for cerebral arteries

Code	Description	(-) Add 5th character	(-) Add 6th character (when applicable)
I63.3 -	Cerebral infarction due to thrombosis of cerebral arteries	0 – unspecified cerebral artery 1 – middle cerebral artery 2 – anterior cerebral artery 3 – posterior cerebral artery 4 – cerebellar artery 9 – other cerebral artery	1 – right artery 2 – left artery 3 – bilateral arteries 9 – unspecified artery
I63.4 -	Cerebral infarction due to embolism of cerebral arteries		
I63.5 -	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries		

History of IV tPA

Code	Description
Z92.82	Status post administration of IV tPA in a different facility within the last 24 hours prior to admission to current facility

These codes are not all-inclusive; appropriate codes can vary by patient, setting of care and payer. Correct coding is the responsibility of the professional submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any service or item.

Many payers will not accept unspecified codes. If you use an unspecified code, please check with your payer.

Additional codes that map to MS-DRG 061, 062 and 063 when a thrombolytic is used

Code	Description	(-) Add 5th character
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	
I63.81	Other cerebral infarction due to occlusion or stenosis of small artery	
I63.89	Other cerebral infarction	
I63.9	Cerebral infarction, unspecified	
I65.0 -	Occlusion and stenosis of vertebral arteries	1 – right artery 2 – left artery 3 – bilateral arteries 9 – unspecified artery
I65.1	Occlusion and stenosis of basilar artery	
I65.2 -	Occlusion and stenosis of carotid arteries	1 – right artery 2 – left artery 3 – bilateral arteries 9 – unspecified artery
I65.8	Occlusion and stenosis of other precerebral arteries	
I65.9	Occlusion and stenosis of unspecified precerebral artery	
I66.0 -	Occlusion and stenosis of middle cerebral arteries	1 – right artery 2 – left artery 3 – bilateral arteries 9 – unspecified artery
I66.1 -	Occlusion and stenosis of anterior cerebral arteries	
I66.2 -	Occlusion and stenosis of posterior cerebral arteries	
I66.3	Occlusion and stenosis of cerebellar arteries	
I66.8	Occlusion and stenosis of other cerebral arteries	
I66.9	Occlusion and stenosis of unspecified cerebral artery	
I67.81	Acute cerebrovascular insufficiency	
I67.82	Cerebral ischemia	
I67.841	Reversible cerebrovascular vasoconstriction syndrome	
G45.0	Vertebro-basilar artery syndrome	
G45.1	Carotid artery syndrome (hemispheric)	
G45.2	Multiple and bilateral precerebral artery syndromes	
G45.8	Other transient cerebral ischemic attacks and related syndromes	
G45.9	Transient cerebral ischemic attack, unspecified	
G46.0	Middle cerebral artery syndrome	
G46.1	Anterior cerebral artery syndrome	
G46.2	Posterior cerebral artery syndrome	

Please see Important Safety Information on the first and last pages and the full [Prescribing Information](#).

For additional CMS discussion on assignment of DRGs and codes in ischemic stroke, please see “Precerebral Occlusion or Transient Ischemic Attack with Thrombolytic” in the August 2017 *Federal Register*. 2017;82(155):37990-38589. <https://www.govinfo.gov/content/pkg/FR-2017-08-14/pdf/2017-16434.pdf>. Accessed October 25, 2022.

Sample diagnosis and procedure coding for Activase® (alteplase)

Acute Myocardial Infarction (AMI)

Code	Description	(-) Add 4th character	(-) Add 5th character
I21.0 -	ST elevation (STEMI) myocardial infarction of anterior wall		1 – Involving left main coronary artery 2 – Involving left anterior descending coronary artery 9 – Involving other coronary artery
I21.1 -	ST elevation (STEMI) myocardial infarction of inferior wall		1 – Involving right coronary artery 9 – Involving other coronary artery
I21.2 -	ST elevation (STEMI) myocardial infarction of other sites		1 – Involving left circumflex coronary artery 9 – Involving other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site		
I21.4	Non-ST elevation (NSTEMI) myocardial infarction		
I21.9	Acute myocardial infarction, unspecified		
I21.A1	Myocardial infarction type 2		
I21.A9	Other myocardial infarction type		
I22. -	Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction	0 – STEMI of anterior wall 1 – STEMI of inferior wall 2 – NSTEMI 8 – STEMI of other sites 9 – STEMI of unspecified site	

Correct coding is the responsibility of the professional submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any service or item.

Many payers will not accept unspecified codes. If you use an unspecified code, please check with your payer.

Acute Massive Pulmonary Embolism (PE)

Code	Description
I26.02	Saddle embolus of pulmonary artery with acute cor pulmonale
I26.09	Other pulmonary embolism with acute cor pulmonale
I26.92	Saddle embolus of pulmonary artery without acute cor pulmonale
I26.99	Other pulmonary embolism without acute cor pulmonale

Sample hospital inpatient procedure coding

ICD-10-PCS codes are used by hospitals to report procedures performed in the inpatient setting.

Code	Description
3E03017	Introduction of other thrombolytic into peripheral vein, open approach
3E03317	Introduction of other thrombolytic into peripheral vein, percutaneous approach
3E04017	Introduction of other thrombolytic into central vein, open approach
3E04317	Introduction of other thrombolytic into central vein, percutaneous approach
3E05017	Introduction of other thrombolytic into peripheral artery, open approach
3E05317	Introduction of other thrombolytic into peripheral artery, percutaneous approach
3E06017	Introduction of other thrombolytic into central artery, open approach
3E06317	Introduction of other thrombolytic into central artery, percutaneous approach
3E08017	Introduction of other thrombolytic into heart, open approach
3E08317	Introduction of other thrombolytic into heart, percutaneous approach

Please see Important Safety Information on the first and last pages and the full [Prescribing Information](#).

Sample hospital inpatient MS-DRGs

Under the MS-DRG system for hospital inpatient payment, each inpatient stay is assigned to a diagnosis-related group. This is based on the combination of ICD-10-CM diagnosis and procedure codes. Each MS-DRG has a relative weight that is then converted to a flat payment amount. Only 1 MS-DRG is assigned for each inpatient stay, regardless of the number of procedures performed.

Acute Ischemic Stroke (AIS)

Code	Description
Ischemic stroke with removal of thrombus (Mechanical thrombectomy ± tPA)	
023	Craniotomy with major device implant or acute complex central nervous system principal diagnosis with a major complication or comorbidity (MCC) or chemotherapy implant, or epilepsy with neurostimulator
024	Craniotomy with major device implant or acute complex central nervous system principal diagnosis without a major complication or comorbidity (MCC)
Ischemic stroke with administration of thrombolytic only	
061	Ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with a major complication or comorbidity (MCC)
062	Ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with a complication or comorbidity (CC)
063	Ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent without a complication or comorbidity (CC)/major complication or comorbidity (MCC)
Ischemic stroke with administration of thrombolytic only	
065	Intracranial hemorrhage or cerebral infarction with CC or TPA in 24 hours

These codes are not all-inclusive; appropriate codes can vary by patient, setting of care and payer. Correct coding is the responsibility of the professional submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any service or item.

Many payers will not accept unspecified codes. If you use an unspecified code, please check with your payer.

Pulmonary Embolism (PE)

Code	Description
175	Pulmonary embolism with a major complication or comorbidity (MCC), or acute cor pulmonale
176	Pulmonary embolism without a major complication or comorbidity (MCC)

Acute Myocardial Infarction (AMI)

Code	Description
280	Acute myocardial infarction, discharged alive with a major complication or comorbidity (MCC)
281	Acute myocardial infarction, discharged alive with a complication or comorbidity (CC)
282	Acute myocardial infarction, discharged alive without a complication or comorbidity (CC)/major complication or comorbidity (MCC)
283	Acute myocardial infarction, expired with a major complication or comorbidity (MCC)
284	Acute myocardial infarction, expired with a complication or comorbidity (CC)
285	Acute myocardial infarction, expired without a complication or comorbidity (CC)/major complication or comorbidity (MCC)

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Physician procedure coding and product coding for Activase® (alteplase)

HCPCS codes beginning with the letter “J” are used for products, supplies and services administered in the outpatient setting.

NDCs are universal product identifiers assigned to drugs upon FDA approval.

Product Codes		
HCPCS (J-code)	J2997	Injection, alteplase recombinant, 1 mg
NDC	10-digit	50242-044-13 50 mL in 1 vial, single use
	11-digit	50242-0044-13 50 mL in 1 vial, single use
	10-digit	50242-085-27 100 mL in 1 vial, single use
	11-digit	50242-0085-27 100 mL in 1 vial, single use

CPT is a list of descriptive terms and codes for providers to report medical procedures and professional services.

Administration of Thrombolytic (IV tPA)	
CPT	37195 Thrombolysis, cerebral, by intravenous infusion
	92977 Thrombolysis, coronary, by intravenous infusion
	61645 Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacologic thrombolytic injection(s)

FDA=US Food and Drug Administration.

These codes are not all-inclusive; appropriate codes can vary by patient, setting of care and payer. Correct coding is the responsibility of the professional submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any service or item.

Many payers will not accept unspecified codes. If you use an unspecified code, please check with your payer.

Telehealth

Telehealth Codes for Professional Fees at Distant Site

Administration of thrombolytic (IV tPA)		
HCPCS	G0425	Telehealth consultations, emergency department or initial inpatient, 30 minutes
	G0426	Telehealth consultations, emergency department or initial inpatient, 50 minutes
	G0427	Telehealth consultations, emergency department or initial inpatient, 70 minutes
	G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth
	G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth
HCPCS Modifiers	GQ	Services delivered via asynchronous telecommunications system <i>Applicable only for federal demonstration projects conducted in Alaska and Hawaii. To be used with HCPCS codes G0425 through G0427</i>
	GT	Services delivered via interactive video and video telecommunications systems <i>Applicable only for distant site practitioners billing under Critical Access Hospital (CAH) Method II. To be used with HCPCS codes G0425 through G0427</i>
Place of Service	Code	Name
	02	Telehealth
The location where health services and health-related services are provided or received, through a telecommunication system		

Telehealth Code for Originating Site Facility Fee

HCPCS	Q3014	Telehealth originating site facility fee
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Please see Important Safety Information on the first and last pages and the full [Prescribing Information](#).

Important Safety Information (cont)

Warnings and Precautions

Bleeding

Activase can cause significant, sometimes fatal internal or external bleeding. Avoid intramuscular injections and trauma to the patient. Perform venipunctures carefully and only as required. Fatal cases of hemorrhage associated with traumatic intubation in patients administered Activase have been reported. Heparin, aspirin, or Activase may cause bleeding complications; therefore, carefully monitor for bleeding. If serious bleeding occurs, terminate the Activase infusion, and treat properly.

Hypersensitivity

Hypersensitivity, including urticarial / anaphylactic reactions, have been reported. Rare fatal outcome for hypersensitivity was reported. Angioedema has been observed during and up to 2 hours after Activase infusion in patients treated for acute ischemic stroke and acute myocardial infarction. In many cases, patients received concomitant angiotensin-converting enzyme inhibitors. Monitor patients treated with Activase during and for several hours after infusion for hypersensitivity. If signs of hypersensitivity occur, e.g. anaphylactoid reaction or angioedema develops, discontinue the Activase infusion and promptly institute appropriate therapy (e.g., antihistamines, intravenous corticosteroids, epinephrine).

Thromboembolism

The use of thrombolytics can increase the risk of thrombo-embolic events in patients with high likelihood of left heart thrombus, such as patients with mitral stenosis or atrial fibrillation. Activase has not been shown to treat adequately underlying deep vein thrombosis in patients with PE. Consider the possible risk of re-embolization due to the lysis of underlying deep venous thrombi in this setting.

Cholesterol Embolization

Cholesterol embolism, sometimes fatal, has been reported rarely in patients treated with thrombolytic agents.

Coagulation Tests May be Unreliable during Activase Therapy

Coagulation tests and/or measures of fibrinolytic activity may be unreliable during Activase therapy.

Adverse Reactions

The most frequent adverse reaction associated with Activase therapy is bleeding.

Please see the full Prescribing Information for additional Important Safety Information.

You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Genentech at (888) 835-2555.

For more information:



Visit ACTIVASE.com



Contact your Activase representative

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ALTEPLASE
A RECOMBINANT TISSUE PLASMINOGEN ACTIVATOR