gamifant®
emapalumab-lzsg

Summary of Relevant Codes for Gamifant® (emapalumab-lzsg)

Please see Important Safety Information on last page and full Prescribing Information for Gamifant.

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Summary of Relevant Codes

ICD-10-CM Diagnosis Code[1]

ICD-10-CM Code	Description
D76.1	Hemophagocytic lymphohistiocytosis

EAPG Code[2]

EAPG Code	Description
780	Other hematologic diagnoses

HCPCS Code for Product[3]

HCPCS Code	Description
J9210	Injection, emapalumab-lzsg, 1 mg

NDC Numbers[4]

NDC Numbers	Description
72171-501-01	One 10-mg/2-mL (5 mg/mL) single-dose vial
72171-505-01	One 50-mg/10-mL (5 mg/mL) single-dose vial
66658-510-01	One 100-mg/20-mL (5 mg/mL) single-dose vial

Concomitant Medication[3]

HCPCS Code	Description
J1100	Dexamethasone sodium phosphate, 1 mg

EAPG=Enhanced Ambulatory Patient Group; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=*International Classification of Diseases, Tenth Revision, Clinical Modification*; NDC=National Drug Code.

Indication and Usage

Gamifant® (emapalumab-lzsg) is an interferon gamma (IFNγ)-blocking antibody indicated for the treatment of adult and pediatric (newborn and older) patients with primary hemophagocytic lymphohistiocytosis (HLH) with refractory, recurrent, or progressive disease or intolerance with conventional HLH therapy.

Important Safety Information

Before initiating Gamifant, patients should be evaluated for infection, including latent tuberculosis (TB). Prophylaxis for TB should be administered to patients who are at risk for TB or known to have positive purified protein derivative (PPD) test result or positive IFNγ release assay.

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Summary of Relevant Codes *(continued)*

CPT Code Examples

Procedure Type	CPT Code[5]	Indications for Testing
Administration	**96365**	Therapeutic, prophylactic, and diagnostic injections and infusions
Monitoring or Treatment Observation Codes		
Platelet counts	**85049**	Monitoring – Lab test
WBC and differential	**85004** **85048**	Monitoring – Lab test
Ferritin	**82728**	Monitoring – Lab test
Coagulopathy (D-dimer or fibrinogen)	**85610**	Monitoring – PT/INR lab test
	85730	Monitoring – APTT lab test
	85379	Monitoring – D-dimer lab test
	85384	Monitoring – Fibrinogen lab test
Splenomegaly	**76700**	Ultrasound abdomen
	74160	Computerized tomography (CT) scan of the abdomen with contrast
	74150	CT scan of the abdomen without contrast
Fever (WBC)	**85025** **85027**	Complete blood count (CBC) with differential
		CBC without differential
Tuberculosis	**86580**	Skin test for tuberculosis (PPD)
	86480	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response
Adenovirus	**87798**	Adenovirus DNA, qualitative, real-time PCR
Epstein Barr Virus (EBV)	**86664**	EBV immunoassay
Cytomegalovirus (CMV)	**87252** **87254**	CMV, conventional and rapid, culture

APTT=activated partial thromboplastin time; CPT=*Current Procedural Terminology*; PCR=polymerase chain reaction; PPD=purified protein derivative; PT/INR=prothrombin time/international normalized ratio; WBC=white blood cell count.

Important Safety Information *(continued)*

During Gamifant treatment, patients should be monitored for TB, adenovirus, Epstein-Barr virus (EBV), and cytomegalovirus (CMV) every 2 weeks and as clinically indicated.

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Summary of Relevant Codes *(continued)*

DRG/APR-DRG Codes

DRG Codes[6]	Description
814	Reticuloendothelial & immunity disorders W MCC
815	Reticuloendothelial & immunity disorders W CC
816	Reticuloendothelial & immunity disorders W/O CC/MCC

Medicaid APR-DRG Codes[7]	Description
660-1– 660-4	Major hematologic/immunologic diagnosis, except sickle cell crisis & coagulation
663-1– 663-4	Other anemias and disorders of blood and blood-forming organs

APR-DRG=All Patient Refined Diagnosis-Related Groups; DRG=Diagnosis-Related Group; W MCC=with major complications; W CC=with complications; W/O CC/MCC=without complications/major complications.

Important Safety Information *(continued)*

Patients should be administered prophylaxis for herpes zoster, *Pneumocystis jirovecii*, and fungal infections prior to Gamifant administration.

Do not administer live or live attenuated vaccines to patients receiving Gamifant and for at least 4 weeks after the last dose of Gamifant. The safety of immunization with live vaccines during or following Gamifant therapy has not been studied.

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References:

1. ICD-10 Code for hemophagocytic lymphohistiocytosis D76.1. AAPC Coder website. https://coder.aapc.com/icd-10-codes/D76. Accessed July 24, 2020.
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3. Alpha-Numeric HCPCS 2020. https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2020-Alpha-Numeric-HCPCS-File. Accessed July 24, 2020.
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7. Final APR-DRG Weights Effective July 1, 2018 (v34). New York State Department of Health website. https://www.health.ny.gov/facilities/hospital/reimbursement/apr-drg/weights/2018-07-01_final_weights.htm. Accessed July 24, 2020.

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Patients should be administered prophylaxis for herpes zoster, *Pneumocystis jirovecii*, and fungal infections prior to Gamifant administration.

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Infusion-Related Reactions

Infusion-related reactions, including drug eruption, pyrexia, rash, erythema, and hyperhidrosis, were reported with Gamifant treatment in 27% of patients. In one-third of these patients, the infusion-related reaction occurred during the first infusion.

Adverse Reactions

In the pivotal trial, the most commonly reported adverse reactions (≥10%) for Gamifant included infection (56%), hypertension (41%), infusion-related reactions (27%), pyrexia (24%), hypokalemia (15%), constipation (15%), rash (12%), abdominal pain (12%), CMV infection (12%), diarrhea (12%), lymphocytosis (12%), cough (12%), irritability (12%), tachycardia (12%), and tachypnea (12%).

Additional selected adverse reactions (all grades) that were reported in less than 10% of patients treated with Gamifant included vomiting, acute kidney injury, asthenia, bradycardia, dyspnea, gastro-intestinal hemorrhage, epistaxis, and peripheral edema.

Please see the full Prescribing Information for Gamifant.

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