NON-MEDICARE

MONJUVI®
tafasitamab-cxix | 200mg
for injection, for intravenous use

MISCELLANEOUS CODING & BILLING REFERENCE GUIDE

SAMPLE CMS-1450 CLAIM FORM - HOSPITAL OUTPATIENT SETTING

MONJUVI and the associated services provided in a hospital outpatient setting are billed on the CMS-1450 claim form or its electronic equivalent. A sample non-Medicare CMS-1450 claim form for billing MONJUVI is provided below as an example. It is always the provider's responsibility to determine the appropriate healthcare setting, and to submit true and correct claims for the products and services rendered. **Providers should contact third-party payers for specific information on their coding, coverage, and payment policies as needed.**

Box 42
List the appropriate revenue code for each service provided. Drugs that are billed with HCPCS codes usually require revenue code 0636 (drugs requiring detailed coding)[1]

Box 43
For each item, enter the description of the revenue code used

Box 44
Enter the appropriate HCPCS codes, for example:

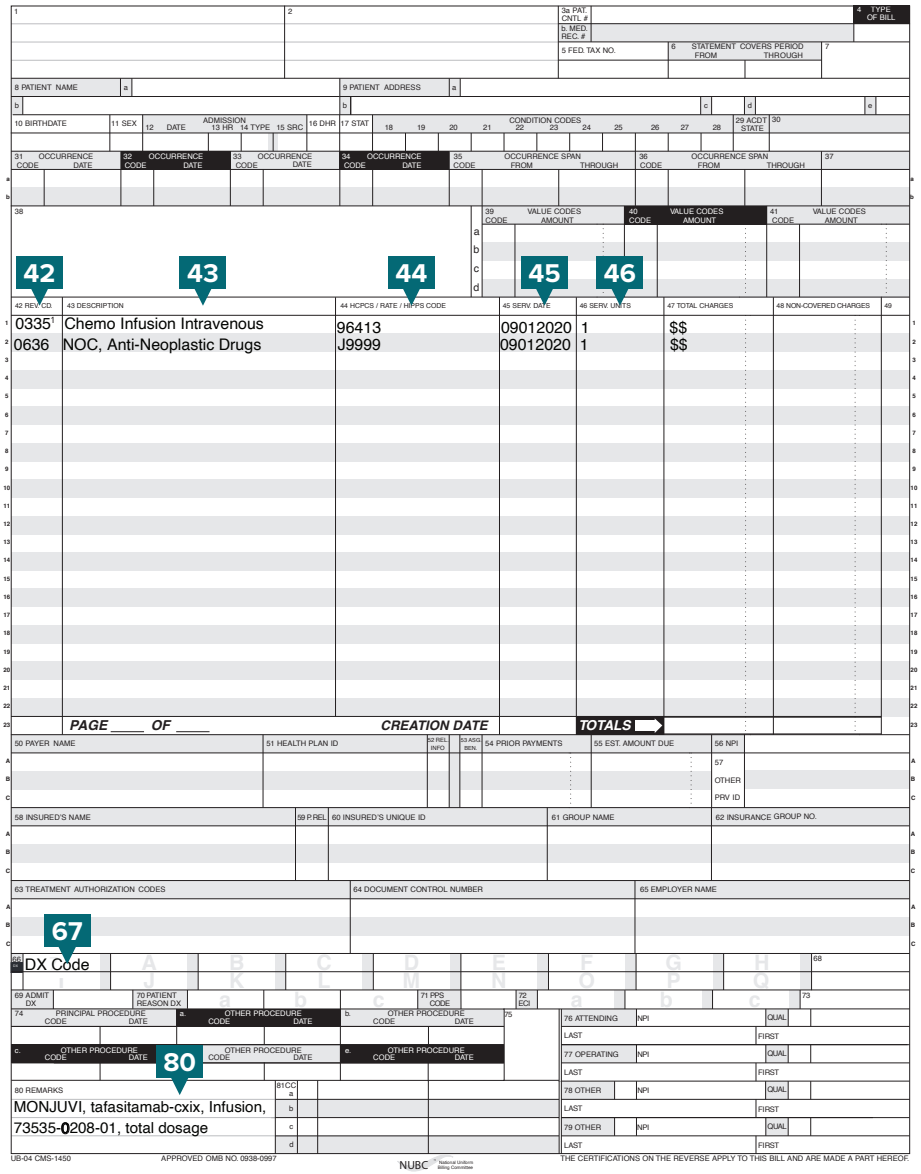
- Drug - J9999 (not otherwise classified, anti-neoplastic drugs)[2]
- Administration - 96413 (chemo infusion for 1st hour, single or initial drug) and 96415 (chemo infusion for each additional hour, 1-8 hours)[3]

Box 45
Enter the service date

Box 46
Enter the number of service units for each line item. Use the JW modifier to report discarded units as required by Medicare or other payers

Box 67
Enter the primary diagnosis code

Box 80
Payers require drug name, route of administration, NDC, and total dosage. Check with your payer to verify requirements



References: 1. Cigna. Revenue Code List - CPT - HCPCS. https://static.cigna.com/assets/chcp/pdf/resourceLibrary/medical/revenue-code-list-requiring-cpt-and-hcps-codes-for-outpatient-facility-claims.pdf. Accessed October 16, 2020. **2.** Centers and Medicare and Medicaid. 2020 HCPCS NOC Codes. https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2020-HCPCS-NOC-Codes. Accessed October 16, 2020. **3.** Centers for Medicare and Medicaid Services. CMS Manual System Pub 100-04 Medicare Claims Processing. https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R826CP.pdf. Accessed October 16, 2020.

HCPCS – Healthcare Common Procedure Coding System; NDC – National Drug Code, NOC – Not Otherwise Classified.

Please see Indication and Important Safety Information on next page and full Prescribing Information.

INDICATION

MONJUVI® (tafasitamab-cxix), in combination with lenalidomide, is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) not otherwise specified, including DLBCL arising from low grade lymphoma, and who are not eligible for autologous stem cell transplant (ASCT).

This indication is approved under accelerated approval based on overall response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

IMPORTANT SAFETY INFORMATION

Contraindications:

None.

Warnings and Precautions:

- **Infusion-Related Reactions (IRRs).** MONJUVI can cause IRRs, including chills, flushing, dyspnea, and hypertension. Premedicate patients and monitor frequently during infusion. Based on the severity of the IRR, interrupt or discontinue MONJUVI and institute appropriate medical management.
- **Myelosuppression.** MONJUVI can cause serious or severe myelosuppression, including neutropenia, thrombocytopenia, and anemia. Monitor complete blood counts (CBC) prior to administration of each treatment cycle and throughout treatment. Monitor patients with neutropenia for signs of infection. Consider granulocyte colony-stimulating factor administration. Withhold MONJUVI based on the severity of the adverse reaction. Refer to the lenalidomide prescribing information for dosage modifications.
- **Infections.** Fatal and serious infections, including opportunistic infections, occurred in patients during treatment with MONJUVI and following the last dose. 73% of the 81 patients developed an infection. The most frequent infections were respiratory tract infection, urinary tract infection, bronchitis, nasopharyngitis and pneumonia. Grade 3 or higher infection occurred (30% of 81 patients). The most frequent grade 3 or higher infection was pneumonia. Infection-related deaths were reported (2.5% of 81 patients). Monitor patients for signs and symptoms of infection and manage infections as appropriate.
- **Embryo-Fetal Toxicity.** Based on its mechanism of action, MONJUVI may cause fetal B-cell depletion when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus and women of reproductive potential to use effective contraception during treatment with MONJUVI and for at least 3 months after the last dose. The combination of MONJUVI with lenalidomide is contraindicated in pregnant women. Refer to the lenalidomide prescribing information on use during pregnancy.

Adverse Reactions:

The most common adverse reactions (≥20%) were neutropenia, fatigue, anemia, diarrhea, thrombocytopenia, cough, pyrexia, peripheral edema, respiratory tract infection, and decreased appetite.

You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to MORPHOSYS US INC. at (844) 667-1992.

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