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# Immunosuppressive Agents: Monoclonal Antibodies (Gamifant®)

**WA.PHAR.76 Immunosuppressive Agents: Monoclonal Antibodies  
(Gamifant®)** Effective Date: July 1, 2019

## Background:

Monoclonal antibody therapy for hemophagocytic lymphohistiocytosis (HLH) using emapalumab-lzsg, marketed as Gamifant®, is managed and paid by the Health Care Authority for Medicaid members.

***All requests for authorization or payment must be referred to the Health Care Authority.***

## Coding:

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Code	Description
J9210	INJECTION EMAPALUMAB-LZSG 1 MG

## History

Date	Action and Summary of Changes
06/24/2020	Added effective date of policy. Removed NDC numbers as new JCODE now available. Added disclaimer regarding the HCPCS Codes. Removed diagnosis codes C9050, J3490, and J3590. Added diagnosis code J9210.