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

JZ MODIFIER
EFFECTIVE JULY 2023

Beginning July 1, 2023, providers are required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discarded amounts.

WHAT IS THE JZ MODIFIER AND HOW IS IT DIFFERENT FROM THE JW MODIFIER?

The JZ and JW modifiers are Healthcare Common Procedure Coding System (HCPCS) Level II modifiers used for claims that bill for single-dose container drugs.

The JZ modifier is required when there is no discarded amount of drug from a single-dose container. In the event of wastage or discarded drug, the JW modifier is required.

JZ MODIFIER	JW MODIFIER
Used to attest that no amount of drug was discarded and eligible for payment	Used to report the amount of drug that is discarded and eligible for payment under the discarded drug policy

Starting October 1, 2023, claims for drugs from single-dose containers that do not use the JZ or JW modifiers as appropriate may be returned as un-processable until claims are properly resubmitted.

Use of the JZ or the JW modifier can help with timely reimbursement, and failure to include a modifier can result in claim denials.

Questions? Contact your Field Access Manager or call My MISSION Support at 855-421-6172, M-F 8AM to 8PM ET

The information herein is provided for educational purposes only. Requirements for wastage / discarded units should be confirmed on a payer by payer basis. It is the sole responsibility of the healthcare provider to select the proper codes and ensure the accuracy of all statements used in seeking coverage and reimbursement for an individual patient.

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 fever, chills, rash, 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.

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

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While MONJUVI is a single-dose vial drug, its dosage is based on the patient's weight, often resulting in leftover medication that must be discarded. In these cases, the JW modifier is used to report wastage

In the event there is no wastage, the JZ modifier is used to indicate that no drug was discarded.

The example below shows an 83.33 kg patient who was administered 12 mg/kg of MONJUVI (five 200 mg single-use vials) resulting in no drug wastage.

In this example, the JZ modifier is reported to denote no drug was discarded.

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
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08	01	23	08	01	23	11		J9349	JZ			500		NPI	

FORMATION

See full Prescribing Information for additional details on dosing and administration including preparing the infusion, prophylaxis for infusion related reactions, and dose modifications for adverse reactions.

IMPORTANT SAFETY INFORMATION *(continued)*

Warnings and Precautions *(continued)*:

- **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 (51%), fatigue (38%), anemia (36%), diarrhea (36%), thrombocytopenia (31%), cough (26%), pyrexia (24%), peripheral edema (24%), respiratory tract infection (24%), and decreased appetite (22%).

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.

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