

**Emapalumab-lzsg (Gamifant®)**

Place of Service  
Office Administration  
Infusion Center Administration  
Home Infusion Administration  
Outpatient Facility Administration

HCPCS: J9210 per 1 mg

**Condition listed in policy (see criteria for details)**

- [Primary hemophagocytic lymphohistiocytosis](#)

**AHFS therapeutic class:** Immunosuppressive agent

**Mechanism of action:** interferon gamma blocking antibody

**(1) Special Instructions and pertinent Information**

**Covered under the medical benefit,** please submit clinical information for prior authorization review via fax.

**(2) Prior Authorization/Medical Review is required for the following condition(s)**

**All requests for emapalumab-lzsg (Gamifant®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.**

**Primary hemophagocytic lymphohistiocytosis**

1. Diagnosis of primary hemophagocytic lymphohistiocytosis (HLH) by hematologist, **AND**
2. Prescribed by or in consultation with hematologist, **AND**
3. Refractory, recurrent, or progressive disease or intolerance with conventional HLH therapy (dexamethasone, etoposide, cyclosporine, and/or anti-thymocyte globulin), **AND**
4. Being initiated concomitantly with dexamethasone

**Covered Dose**

Up to 10 mg/kg IV twice per week (every three to four days)

**Coverage Period**

Indefinite

**ICD-10:**

D76.1

**(3) The following condition(s) DO NOT require Prior Authorization/Preservice**

**All requests for emapalumab-lzsg (Gamifant®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.**

**(4) This Medication is NOT medically necessary for the following condition(s)**

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

PHP Medi-Cal

emapalumab-lzsg (Gamifant®)

Please refer to the Provider Manual and User Guide for more information.

### **(5) Additional Information**

How supplied:

- 10 mg/2mL (5mg/mL concentration in single-dose vial)
- 50 mg/10mL (5 mg/mL concentration in single-dose vial)
- 100 mg/20 mL (5 mg/mL concentration in single-dose vial)

### **(6) References**

- AHFS<sup>®</sup>. Available by subscription at <http://www.lexi.com>
- DrugDex<sup>®</sup>. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Gamifant<sup>®</sup> (emapalumab-lzsg) [Prescribing information]. Waltham, MA: Sobi Inc.; 6/2020.

### **(7) Policy Update**

Date of last review: 3Q2021

Date of next review: 3Q2022

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity  
Reviewed by P&T Committee*