



Announcing a Unique **J9038**  
J-Code for Niktimvo

# Billing & Coding Guide

- ▶ Coverage, Coding, & Payment for Niktimvo
- ▶ Example Claims Forms – CMS-1500 & CMS-1450
- ▶ Best Practices for Timely Reimbursement
- ▶ IncyteCARES for Niktimvo – Patient Support Program Overview

**This Billing and Coding Guide is intended to provide an overview of coding and coverage information for Niktimvo. Please use this guide to support the reimbursement process and as a source of information on IncyteCARES for Niktimvo.**

While this guide provides information on navigating the reimbursement process, please note all enclosed coding information is for reference purposes only and is not intended to serve as guidance for specific coding, billing, and claims submissions. Decisions on which codes best describe the services provided must be made by individual providers based on specific payer guidance and requirements.

Incyte cannot guarantee payment of any claim and providers should contact third-party payers for specific information on their coding, coverage, and payment policies as needed.

**For questions regarding reimbursement and access for Niktimvo, please call  
IncyteCARES at 1-855-452-5234, M–F, 8 AM to 8 PM ET**

# Coverage & Payment for Niktimvo™ (axatilimab-csfr)

## Coverage and payment methodology for Niktimvo will vary by payer type.

For Medicare patients, Niktimvo will be covered under Medicare Part B when used for an FDA-approved indication and when medically reasonable and necessary.

For patients enrolled in a commercial health plan, Medicare Advantage, or Medicaid, coverage of Niktimvo will vary by payer. Some payers may also apply utilization restrictions for Niktimvo. However, providers should be prepared to possibly go through the prior authorization process when seeking coverage.

### Payment Methodology



#### Medicare

Until average sales price (ASP) is established, Medicare reimbursement for an approved product is typically wholesale acquisition cost (WAC) + 3% or 95% of average wholesale price (AWP). Once ASP has been established, reimbursement will be ASP +6%.\*

Niktimvo has received pass-through status under the Hospital Outpatient Prospective Payment System (OPPS), effective July 1, 2025 through June 20, 2028. Claims billed under the Hospital Outpatient Department will be reimbursed by Medicare at ASP + 6%, subject to sequestration.



#### Commercial Payers & Medicaid

Drug reimbursement will vary by payer but is generally the contracted reimbursement rate between the payer and provider.

Incyte cannot guarantee payment of any claim and providers should contact third-party payers for specific information on their coding, coverage, and payment policies as needed.

\*If Medicare sequestration is in effect, a statutory reduction to the payment is applied. Please visit CMS.gov for more information.

## Indication

Niktimvo is a colony stimulating factor-1 receptor (CSF-1R)-blocking antibody indicated for the treatment of chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy in adult and pediatric patients weighing at least 40 kg.

### IMPORTANT SAFETY INFORMATION

#### WARNINGS AND PRECAUTIONS

##### Infusion-Related Reactions

Niktimvo can cause infusion-related reactions. Infusion-related reactions, including hypersensitivity reactions, occurred in 18% of patients who received Niktimvo in the clinical trial (AGAVE-201), with Grade 3 or 4 reactions in 1.3%.

Premedicate with an antihistamine and an antipyretic for patients who have previously experienced an infusion-related reaction to Niktimvo. Monitor patients for signs and symptoms of infusion-related reactions, including fever, chills, rash, flushing, dyspnea, and hypertension. Interrupt or slow the rate of infusion or permanently discontinue Niktimvo based on severity of the reaction.

Please see additional Important Safety Information throughout.  
Please see [Full Prescribing Information](#).

 **Niktimvo™**  
(axatilimab-csfr)  
50 mg/mL for injection, for intravenous use

# Coding for Niktimvo™ (axatilimab-csfr)

Please refer to the coding information below to support appropriate claims processing for Niktimvo. Payer requirements for coding may vary. For the most accurate list of codes and billing requirements, please confirm with the individual payer.

## National Drug Codes (NDCs)

	10-Digit	11-Digit
<b>9 mg/0.18 mL Vial</b>	50881-034-12	50881-0034-12
<b>22 mg/0.44 mL Vial</b>	50881-023-11	50881-0023-11

## HCPCS Coding

<b>J9038</b>	Injection, axatilimab-csfr, 0.1 mg
--------------	------------------------------------

The permanent J-code for Niktimvo applies from April 1, 2025. For earlier dates of service, verify appropriate miscellaneous codes with individual payers.

## HCPCS Modifiers

<b>JW</b>	Drug amount discarded/not administered to any patient
<b>JZ</b>	Zero drug amount discarded/not administered to any patient

## ICD-10-CM Diagnosis Codes

<b>D89.811</b>	Chronic graft-versus-host disease
<b>D89.812</b>	Acute on chronic graft-versus-host disease
<b>D89.813</b>	Graft-versus-host disease, unspecified
<b>T86.09</b>	Other complications of bone marrow transplant

## Revenue Codes

Administration	Drug
<b>0335</b> Chemotherapy Administration - IV	<b>0636</b> Drugs requiring detailed coding

## Drug Administration / CPT® Code

<b>96413</b>	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial drug
--------------	---

CPT®, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; IV, intravenous.

Please see Important Safety Information throughout.  
Please see [Full Prescribing Information](#).

# Effective April 1, 2025, Niktimvo™ (axatilimab-csfr) Has a Unique J-Code

## J9038

**Injection,  
axatilimab-csfr,  
0.1 mg**

### Billing Unit Conversion

J9038 Billing Unit = 0.1 mg

Single-Use Vial Sizes	9 mg	11 mg
Billing Units Per Vial	90 Units	220 Units

The total number of mg administered will vary based on patient weight.

When billing for Niktimvo, be sure to bill as milligram (mg) dosage for the number of units (e.g., 12 mg = 120 units, 17 mg = 170 units), not vials or mL.

The permanent J-code for Niktimvo is effective for dates of service on or after April 1, 2025. For dates of service prior to April 1, 2025, consult with the individual payer's policies to ensure you are using the appropriate miscellaneous codes for payer-specific reimbursement needs.



Payer requirements regarding detailed claim form information may vary. It is important to check with individual payers on their specific requirements and ensure accurate documentation of services and units of measure.

For questions regarding billing, coding, or reimbursement for Niktimvo, call IncyteCARES to be connected with a Field Access Manager

**1-855-452-5234**  
**M–F, 8 AM to 8 PM ET**

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS (Continued)

#### Embryo-Fetal Toxicity

Based on its mechanism of action, Niktimvo may cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to the fetus. Advise females of reproductive potential to use effective contraception during treatment with Niktimvo and for 30 days after the last dose.

### ADVERSE REACTIONS

Serious adverse reactions occurred in 44% of patients who received Niktimvo (N=79). Serious adverse reactions in > 2 patients included infection (pathogen unspecified) (14%), viral infection (14%), and respiratory failure (5.1%). Permanent discontinuation of Niktimvo due to an adverse reaction occurred in 10% of patients and dose reduction due to adverse reaction occurred in 8% of patients. Dose interruptions due to an adverse reaction occurred in 44% of patients. The adverse reactions leading to dose interruption in > 2 patients were viral infection, infection (pathogen unspecified), bacterial infection, musculoskeletal pain, and pyrexia.

Please see additional Important Safety Information throughout.  
Please see [Full Prescribing Information](#).

 **Niktimvo™**  
(axatilimab-csfr)  
50 mg/mL for injection, for intravenous use

# Using the JW & JZ Modifiers for Accurate Claims

**It is important to use the correct modifier to reflect any wastage.**

The JW and JZ modifiers are HCPCS Level II modifiers used for claims that bill for single-dose container drugs. Improper use or omission of the JW and JZ modifiers may result in returned claims, requiring resubmission.

While Niktimvo™ (axatilimab-csfr) is distributed in a single-dose vial, its dosage is based on the patient's weight, which may result in leftover medication that must be discarded, but is eligible for payment under the discarded drug policy. In these cases, the JW modifier is used to report wastage. When using the JW modifier to bill for discarded drugs, the amount administered should be rounded up to the next billing unit. In the event there is no wastage, the JZ modifier is used to indicate that no amount of drug was discarded or eligible for payment.

## JW Modifier: Reporting Wastage

Two claim lines will be used:

- 1 J9038 No Modifier Units Administered
- 2 J9038 JW Modifier Units Wasted

## JZ Modifier: Documenting No Wastage

Use a single claim line:

- 1 J9038 JZ Modifier Units Administered

### Example 1: 40 kg patient

Administered 0.3 mg/kg of Niktimvo, equal to 12 mg of Niktimvo, drawn from two 9 mg/0.18 mL single-use vials  
In this example, the JW modifier is used to report 6 mg (.12 mL) of wastage on the CMS-1500 Claim Form.

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTNER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY			CPT/HCPCS		MODIFIER								
N450881003412 ML0.24								J9038										
MM	DD	YY	MM	DD	YY	11		J9038										
N450881003412 ML0.12								J9038		JW								
MM	DD	YY	MM	DD	YY	11		J9038		JW								

### Example 2: 70 kg patient

Administered 0.3 mg/kg of Niktimvo, equal to 21 mg of Niktimvo, drawn from one 22 mg/0.44 mL single-use vial  
In this example, the JW modifier is used to report 1 mg (.02 mL) of wastage on the CMS-1450 Claim Form.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 0636	N450881002311 ML0.42	J9038	MM-DD-YY	210	\$		1
2							2
3 0636	N450881002311 ML0.02	J9038 - JW	MM-DD-YY	10	\$		3

### Example 3: 60 kg patient

Administered 0.3 mg/kg of Niktimvo, equal to 18 mg of Niktimvo, drawn from two 9 mg/0.18 mL single-use vials  
In this example, the JZ modifier is reported to denote no drug was discarded on the CMS-1450 Claim Form.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 0636	N450881003412 ML0.18	J9038 - JZ	MM-DD-YY	180	\$		1

**Inclusion of the JZ or JW modifier is required for timely reimbursement and approval of claims.**

**Questions? Contact your Field Access Manager or call IncyteCARES for Niktimvo at 1-855-452-5234, M-F, 8 AM to 8 PM ET**

The permanent J-code for Niktimvo applies from April 1, 2025. For earlier dates, verify coding with payers.  
HCPCS, Healthcare Common Procedure Coding System.

**Please see Important Safety Information throughout.**  
**Please see Full Prescribing Information.**

**Niktimvo™**  
(axatilimab-csfr)  
50 mg/mL for injection, for intravenous use

This example form is provided for guidance and reference only.

The following example form is completed for a 70 kg patient, administered 0.3 mg/kg of Niktimvo (equal to 21 mg), drawn from one 22 mg/0.44 mL single-use vial, in the physician office setting.

Some payers may require additional information for proper processing. This may include\*: *Drug name, strength, route of administration, dosage administered, amount wasted (if applicable), and NDC*

Enter the ICD-10-CM diagnosis code

Enter the date of service and appropriate place of service code. Each unique NDC used should be listed as its own line item. If NDC reporting is required, include the following in the shaded portion of Box 24A\*: *N4+11-Digit NDC+ML+Unit Quantity (administered or discarded)*

Enter the appropriate HCPCS, modifier, and CPT® codes. For example:

- ▶ Drug - J9038 (Injection, axatilimab-csfcr, 0.1 mg)<sup>†</sup>
- ▶ Modifier - JW (Discarded product should be reported on a separate line with the JW modifier. If no wastage, include the JZ modifier inline with the HCPCS code)
- ▶ Administration - 96413

Refer to the diagnosis (Box 21), relating to the drug or procedure listed in Box 24D

Enter number of units for each line item. If a separate line was created for wastage, clearly indicate number of units discarded

- ▶ J9038 Billing Unit = 0.1 mg
- ▶ Single Dose Vial = 9 mg or 22 mg
- ▶ 9 mg Vial = 90 Units
- ▶ 22 mg Vial = 220 Units

## NUCC INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA (BLK/LONG) <input type="checkbox"/> OTHER <input type="checkbox"/>				1a. INSURED'S I.D. NUMBER (For Program in Item 1)							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)					
5. PATIENT'S ADDRESS (No., Street)				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)					
CITY				STATE		CITY					
ZIP CODE				TELEPHONE (Include Area Code)		ZIP CODE					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER					
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>		a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>					
b. RESERVED FOR NUCC USE				b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State)		b. OTHER CLAIM ID (Designated by NUCC)					
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		c. INSURANCE PLAN NAME OR PROGRAM NAME					
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, complete items 9, 9a, and 9d.					
<b>READ BACK OF FORM BEFORE COMPLETING &amp; SIGNING THIS FORM.</b>											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNED _____ DATE _____										SIGNED _____	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY MM DD YY QUAL. <b>19</b>				OTHER DATE MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <b>17b. NPI</b>						18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) Niktimvo (axatilimab-csfr), 22 mg/.44 ml, IV, 21 mg administered, 1 mg waste, 50881002311										20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Relate A-L to service line below (24E) ICD-10 Ind. _____										22. RESUBMISSION REF. NO. _____	
A. DX Code <b>24 A-B</b>				C. ICD-10 Ind. <b>24 D</b>		E. REF. AUTH. <b>24 E</b>		G. REF. AUTH. <b>24 G</b>			
I. 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) OPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER			
F. \$ CHARGES		G. DATE ON UNITS		H. POST Family Fee		I. ID. QUAL		J. RENDERING PROVIDER ID. #			
1 N450881002311 ML0.42		11		J9038		A		\$ 210			
2 N450881002311 ML0.02		11		J9038		JW		A \$ 10			
3 MM DD YY MM DD YY		11		96413		A		\$ 1			
4								NPI			
5								NPI			
6								NPI			
7								NPI			
8								NPI			
9								NPI			
10								NPI			
11								NPI			
12								NPI			
13								NPI			
14								NPI			
15								NPI			
16								NPI			
17								NPI			
18								NPI			
19								NPI			
20								NPI			
21								NPI			
22								NPI			
23								NPI			
24								NPI			
25								NPI			
26								NPI			
27								NPI			
28								NPI			
29								NPI			
30								NPI			
31								NPI			
32								NPI			
33								NPI			
34								NPI			
35								NPI			
36								NPI			
37								NPI			
38								NPI			
39								NPI			
40								NPI			
41								NPI			
42								NPI			
43								NPI			
44								NPI			
45								NPI			
46								NPI			
47								NPI			
48								NPI			
49								NPI			
50								NPI			
51								NPI			
52											

\*Always refer to specific payer policies as billing requirements may vary by payer, including use of the 10- or 11-digit NDC.

†The permanent J-code for Niktimvo applies from April 1, 2025. For earlier dates, verify coding with payers.

CPT®, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; NDC, National Drug Code.

**Please see Important Safety Information throughout.**

**Please see Full Prescribing Information.**

# Niktimvo™ (axatilimab-csfr) Example CMS-1450 Claim Form Hospital Outpatient Setting

This example form is provided for guidance and reference only.

Niktimvo and the associated services provided in a hospital outpatient setting are billed on the CMS-1450 Claim Form (or UB-40). 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. **Incyte cannot guarantee payment of any claim and providers should contact third-party payers for specific information on their coding, coverage, and payment policies as needed.**

The following example form is completed for a 70 kg patient administered 0.3 mg/kg of Niktimvo (equal to 21 mg), drawn from one 22 mg/0.44 mL single-use vial, in the hospital outpatient setting.

## Box 42

List the appropriate revenue code for each service provided. Drugs billed with HCPCS codes usually require revenue code 0636 (drugs requiring detailed coding)

## Box 43

Enter a description for each revenue code. Each unique NDC used should be listed as its own line item

If NDC reporting is required, include the following\*: *N4+11-Digit NDC+ML+Unit Quantity (administered or discarded)*

## Box 44

Enter the appropriate HCPCS, modifier, and CPT® codes. For example:

- ▶ Drug - J9038 (Injection, axatilimab-csfr, 0.1 mg)†
- ▶ Modifier - JW (Discarded product should be reported on a separate line with the JW modifier. If no wastage, include the JZ modifier inline with the HCPCS code)
- ▶ Administration - 96413

## Box 45

Enter the date of service

## Box 46

Enter number of units for each line item. If a separate line was created for wastage, clearly indicate number of units discarded

- ▶ J9038 Billing Unit = 0.1 mg
- ▶ 1 Single Dose Vial = 9 mg or 22 mg
- ▶ 9 mg Vial = 90 Units
- ▶ 22 mg Vial = 220 Units

## Box 67

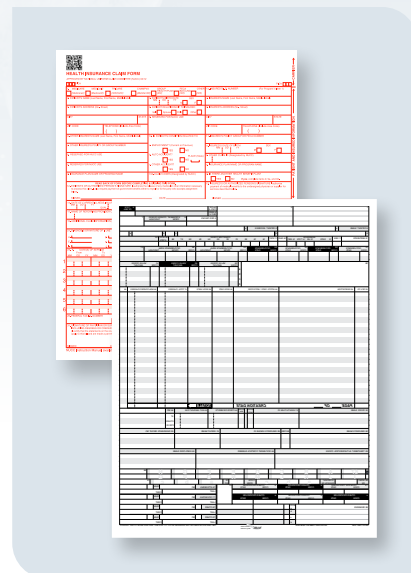
Enter the ICD-10-CM diagnosis code

1		2		3a PAT CONT # 3b MED REC #		4 TYPE OF BILL	
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM THROUGH			
8 PATIENT NAME				9 PATIENT ADDRESS			
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	
54		55		56		57	
58		59		60		61	
62		63		64		65	
66		67		68		69	
70		71		72		73	
74		75		76		77	
78		79		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		100		101	
102		103		104		105	
106		107		108		109	
110		111		112		113	
114		115		116		117	
118		119		120		121	
122		123		124		125	
126		127		128		129	
130		131		132		133	
134		135		136		137	
138		139		140		141	
142		143		144		145	
146		147		148		149	
150		151		152		153	
154		155		156		157	
158		159		160		161	
162		163		164		165	
166		167		168		169	
170		171		172		173	
174		175		176		177	
178		179		180		181	
182		183		184		185	
186		187		188		189	
190		191		192		193	
194		195		196		197	
198		199		200		201	
202		203		204		205	
206		207		208		209	
210		211		212		213	
214		215		216		217	
218		219		220		221	
222		223		224		225	
226		227		228		229	
230		231		232		233	
234		235		236		237	
238		239		240		241	
242		243		244		245	
246		247		248		249	
250		251		252		253	
254		255		256		257	
258		259		260		261	
262		263		264		265	
266		267		268		269	
270		271		272		273	
274		275		276		277	
278		279		280		281	
282		283		284		285	
286		287		288		289	
290		291		292		293	
294		295		296		297	
298		299		300		301	
302		303		304		305	
306		307		308		309	
310		311		312		313	
314		315		316		317	
318		319		320		321	
322		323		324		325	
326		327		328		329	
330		331		332		333	
334		335		336		337	
338		339		340		341	
342		343		344		345	
346		347		348		349	
350		351		352		353	
354		355		356		357	
358		359		360		361	
362		363		364		365	
366		367		368		369	
370		371		372		373	
374		375		376		377	
378		379		380		381	
382		383		384		385	
386		387		388		389	
390		391		392		393	
394		395		396		397	
398		399		400		401	
402		403		404		405	
406		407		408		409	
410		411		412		413	
414		415		416		417	
418		419		420		421	
422		423		424		425	
426		427		428		429	
430		431		432		433	
434		435		436		437	
438		439		440		441	
442		443		444		445	
446		447		448		449	
450		451		452		453	
454		455		456		457	
458		459		460		461	
462		463		464		465	
466		467		468		469	
470		471		472		473	
474		475		476		477	
478		479		480		481	
482		483		484		485	
486		487		488		489	
490		491		492		493	
494		495		496		497	
498		499		500		501	
502		503		504		505	
506		507		508		509	
510		511		512		513	
514		515		516		517	
518		519		520		521	
522		523		524		525	
526		527		528		529	
530		531		532		533	
534		535		536		537	
538		539		540		541	
542		543		544		545	
546		547		548		549	
550		551		552		553	
554		555		556		557	
558		559		560		561	
562		563		564		565	
566		567		568		569	
570		571		572		573	
574		575		576		577	
578		579		580		581	
582		583		584		585	
586		587		588		589	
590		591		592		593	
594		595		596		597	
598		599		600		601	
602		603		604		605	
606		607		608		609	
610		611		612		613	
614		615		616		617	
618		619		620		621	
622		623		624		625	
626		627		628		629	
630		631		632		633	
634		635		636		637	
638		639		640		641	
642		643		644		645	
646		647		648		649	
650		651		652		653	
654		655		656		657	
658		659		660		661	
662		663		664		665	
666		667		668		669	
670		671		672		673	
674		675		676		677	
678		679		680		681	
682		683		684		685	
686		687		688		689	
690		691		692		693	
694		695		696		697	
698		699		700		701	
702		703		704		705	
706		707		708		709	
710		711		712		713	
714		715		716		717	
718		719		720		721	
722		723		724		725	
726		727		728		729	
730		731		732		733	
734		735		736		737	
738		739		740		741	
742		743		744		745	
746		747		748		749	
750		751		752		753	
754		755		756		757	
758		759		760		761	
762		763		764		765	
766		767		768		769	
770		771		772		773	
774		775		776		777	
778		779		780		781	
782		783		784		785	
786		787		788		789	
790		791		792		793	
794		795		796		797	
798		799		800		801	
802		803		804		805	
806		807		808		809	
810		811		812		813	
814		815		816			

# Best Practices for Timely Claims Reimbursement

For an efficient claims and reimbursement process, employ the following strategies:

- ▶ **Verify accuracy** of patient information
- ▶ **Use the Niktimvo™ (axatilimab-csfr) specific J-code:**  
J9038 (Injection, axatilimab-csfr, 0.1 mg) when completing the 1450 or 1500 Claims Form for claims on or after April 1, 2025
- ▶ **Ensure accurate coding** - refer to the Niktimvo Billing & Coding Guide for appropriate codes and modifiers (e.g., CPT®, HCPCS, ICD-10-CM)
  - > Reference the included Example Claims Forms for guidance on accurately recording appropriate codes and supplemental information
- ▶ **Include correct number** of units administered and discarded (when applicable)
  - > 9 mg single-use vial is equal to 90 billing units
  - > 22 mg single-use vial is equal to 220 units
- ▶ **Include correct modifier** to report product wastage / no product discarded
  - > JW modifier must be reported on a separate line in the event of wastage
  - > If no product was discarded, record the JZ Modifier on the same line as the HCPCS code
- ▶ **Ensure accuracy** of information needed to process the claim
  - > Correct NDC Format – use 10- or 11-digit format based on payer requirements
  - > Prior Authorization Number, if applicable
- ▶ **Check your payer agreements** to ensure you understand any specific reimbursement needs for Niktimvo, and follow the payer's recommendations for providing additional information (e.g., medical records)
- ▶ **Make sure** electronic claims are successfully submitted
- ▶ **Stay up to date** with payer coverage policies



To request assistance with billing, coding, or reimbursement questions, contact IncyteCARES to be connected with a Field Access Manager

**Call 1-855-452-5234, M–F, 8 AM to 8 PM ET**

The information herein is provided for educational purposes only. Insurance coverage and reimbursement are not guaranteed. Coverage and reimbursement may vary significantly by payer, plan, patient, and setting of care. 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.

\*The permanent J-code for Niktimvo applies from April 1, 2025. For earlier dates, verify coding with payers.

CPT®, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; NDC, National Drug Code.

Please see Important Safety Information throughout.  
Please see [Full Prescribing Information](#).

 **Niktimvo™**  
(axatilimab-csfr)  
50 mg/mL for injection, for intravenous use

# IncyteCARES for Niktimvo™ (axatilimab-csfr) Patient Support Program Overview

## When You Enroll a Patient, an IncyteCARES for Niktimvo Representative Will:

- ▶ Call your patient to welcome them and explain their insurance coverage for Niktimvo
- ▶ Assess your patient's eligibility for savings or financial assistance programs,\* and help them enroll
- ▶ Explain the additional support and resources available to them during treatment

\*Terms and conditions apply. Program terms may change at any time.



**IncyteCARES for Niktimvo  
Supports Your Eligible Patients  
During Treatment.**

Our mission is to help patients start and stay on therapy by assisting with access and as-needed support.



## For Eligible Patients With Commercial Health Insurance IncyteCARES for Niktimvo Savings Program

### Eligible Patients Can Receive Niktimvo for As Little As \$15, Subject to Certain Limits†

#### To qualify, patients must:

- ▶ Have commercial healthcare coverage. Patients insured under federal or state government healthcare programs—including Medicare Part B, Medicare Advantage, Medicaid, TRICARE, or any state medical or pharmaceutical assistance program—are not eligible. Patients without healthcare coverage are also not eligible
- ▶ Be a resident of the United States or Puerto Rico
- ▶ Have a valid prescription for Niktimvo for an FDA-approved use

†Uninsured, cash-paying, or Alternate Funding Program (AFP) patients are not eligible. Not valid for patients insured through Medicare Part B, Medicare Advantage, Medicaid, TRICARE, or any state medical or pharmaceutical assistance program. Patient enrollment in a copay adjustment program, such as a maximizer or accumulator program, may impact the value of this offer. Annual benefit maximum applies, as may other restrictions. Program benefit applies to medication cost only and does not cover any costs to administer the medication. Valid prescription for Niktimvo™ (axatilimab-csfr) for an FDA-approved indication or compendia-recognized use is required. Please see the full [Patient Terms and Conditions](#) or call IncyteCARES for Niktimvo at 1-855-452-5234. Update effective as of September 1, 2024.

## IMPORTANT SAFETY INFORMATION

### ADVERSE REACTIONS (Continued)

The most common ( $\geq 15\%$ ) adverse reactions, including laboratory abnormalities, were increased aspartate aminotransferase (AST), infection (pathogen unspecified), increased alanine aminotransferase (ALT), decreased phosphate, decreased hemoglobin, viral infection, increased gamma glutamyl transferase (GGT), musculoskeletal pain, increased lipase, fatigue, increased amylase, increased calcium, increased creatine phosphokinase (CPK), increased alkaline phosphatase (ALP), nausea, headache, diarrhea, cough, bacterial infection, pyrexia, and dyspnea.

Please see Important Safety Information throughout.  
Please see [Full Prescribing Information](#).

 **Niktimvo™**  
(axatilimab-csfr)  
50 mg/mL for injection, for intravenous use

# IncyteCARES for Niktimvo™ (axatilimab-csfr) Patient Support Program Overview

## Enroll Your Eligible Patient in IncyteCARES for Niktimvo



Completing the enrollment form takes about 15 minutes.  
Simply download and complete the form, then fax it to **1-866-870-6241**.

Visit [HCP.IncyteCARES.com/Niktimvo](https://HCP.IncyteCARES.com/Niktimvo) for more information

## Other Financial Assistance and Support Options

When you enroll your patient in IncyteCARES for Niktimvo, we will also review their eligibility for the following programs:



*For Eligible Patients Who Are Uninsured  
or Underinsured for Niktimvo*

**IncyteCARES for Niktimvo  
Patient Assistance Program**



*For All Patients*

**Information About Nonprofit or  
Other Support Organizations**

## The IncyteCARES Team Is Available by Phone Every Weekday



**Call 1-855-452-5234, M–F, 8 AM to 8 PM ET**

**Visit [HCP.IncyteCARES.com/Niktimvo](https://HCP.IncyteCARES.com/Niktimvo) to learn more**

## IMPORTANT SAFETY INFORMATION

### ADVERSE REACTIONS (Continued)

Clinically relevant adverse reactions in < 10% of patients who received Niktimvo included:

- *Eye disorders:* periorbital edema
- *Skin and subcutaneous skin disorders:* pruritus
- *Vascular disorders:* hypertension

### *Immunogenicity: Anti-Drug Antibody–Associated Adverse Reactions*

Across treatment arms in patients with cGVHD who received Niktimvo in clinical trials, among the patients who developed anti-drug antibodies (ADAs), hypersensitivity reactions occurred in 26% (13/50) of patients with neutralizing antibodies (NAb) and in 4% (2/45) of those without NAb.

**Please see additional Important Safety Information throughout.  
Please see [Full Prescribing Information](#).**

 **Niktimvo™**  
(axatilimab-csfr)  
50 mg/mL for injection, for intravenous use

## IMPORTANT SAFETY INFORMATION

### USE IN SPECIFIC POPULATIONS

#### **Lactation**

Because of the potential for serious adverse reactions in a breastfed child, advise women not to breastfeed during treatment and for 30 days after the last dose of Niktimvo.

#### **Females and Males of Reproductive Potential**

##### Pregnancy Testing

Verify pregnancy status in females of reproductive potential prior to initiating Niktimvo.

##### Contraception

##### *Females*

Advise females of reproductive potential to use effective contraception during treatment with Niktimvo and for 30 days after the last dose of Niktimvo.

### DOSAGE AND ADMINISTRATION

#### **Dosage Modifications for Adverse Reactions**

Monitor aspartate aminotransferase (AST), alanine aminotransferase (ALT), alkaline phosphatase (ALP), creatine phosphokinase (CPK), amylase, and lipase prior to the start of Niktimvo therapy, every 2 weeks for the first month, and every 1 to 2 months thereafter until abnormalities are resolved. See Table 1 in the Prescribing Information for more recommendations.

Please see [Full Prescribing Information](#) for Niktimvo.



Niktimvo and the Niktimvo logo are trademarks of Incyte.  
Incyte and the Incyte logo are registered trademarks of Incyte.  
All other trademarks are the property of their respective owners.  
Niktimvo (axatilimab) is licensed to Incyte from Syndax.  
© 2025, Incyte. MAT-AXA-00255 08/25

