Billing and Coding Guide Quick Reference

together with EXDENSUR (depemokimab-ulaa)

For physician offices prescribing EXDENSUR for in-office administration

INDICATION

EXDENSUR is indicated for the add-on maintenance treatment of severe asthma, characterized by an eosinophilic phenotype, in adult and pediatric patients aged 12 years and older. EXDENSUR is not indicated for the relief of acute bronchospasm or status asthmaticus.

Coding Quick Reference

NDC	Description
0173-0927-42 00173-0927-42	100 mg/mL, single-dose, pre-filled syringe with attached 29-gauge, half-inch needle with a needle guard in cartons of 1

Product (HCPCS)[1]	Description
J3490	Unclassified drugs
J3590	Unclassified biologics
C9399	Unclassified drug or biologic used by Hospital Outpatient Department (Outpatient Prospective Payment System)

Procedure (CPT®)[2]	Description
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); SC or IM
96401	Chemotherapy administration, SC or IM; non-hormonal anti-neoplastic

CPT is a registered trademark of the American Medical Association (AMA). The AMA has recognized the use of the 96401 administration code for some non-chemotherapy substances, such as certain monoclonal antibody agents and other biologic response modifiers. Since EXDENSUR is a human monoclonal antibody agent, this CPT code may be applicable. However, recognition of chemotherapy administration codes for non-chemotherapy drugs may vary by payer, and the documentation must support the use of these codes.

Modifiers[3]	
JZ	Zero drug amount discarded/not administered to any patient

Diagnosis (ICD-10-CM)[4]	
Severe Asthma	
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbations. X=0 uncomplicated, X=1 with exacerbation
J82.83	Eosinophilic asthma

NOTE: The coding, coverage, reimbursement, and related information presented in this guide is from various third-party sources and is subject to change without notice. GSK cannot guarantee the accuracy or timeliness of these data. This information should not be considered a guarantee of success in obtaining third-party insurance payment for any product and should not be relied upon without confirmation. The decision by a payer to pay for a specific product is based on many factors. It is always the prescriber's responsibility to determine the appropriate treatment and submit appropriate codes, charges, and modifiers for treatments provided. Providers should contact a third-party payer for specific information on their policies.

CPT®=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; IM=intramuscular; SC=subcutaneous.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions, including anaphylaxis, can occur following administration of EXDENSUR. If a hypersensitivity reaction occurs, discontinue EXDENSUR and initiate appropriate therapy.

Please see additional Important Safety Information for EXDENSUR on previous page.
Please see full Prescribing Information, including Patient Information, for EXDENSUR.

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Together with EXDENSUR

Together with EXDENSUR is a centralized program that offers resources and services for patients and healthcare professionals, including information about access and reimbursement. If you need additional information, please contact your Access and Reimbursement Manager (ARM) for EXDENSUR or call **Together with EXDENSUR at 1-844-CALL-TwGSK (1-844-225-5894) Monday through Friday, 8 AM to 8 PM ET.**

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Acute Asthma Symptoms or Deteriorating Disease

EXDENSUR should not be used to treat acute asthma symptoms or acute exacerbations.

Risk Associated with Abrupt Reduction of Corticosteroid Dosage

Upon initiation of EXDENSUR therapy, do not abruptly discontinue systemic or inhaled corticosteroids. Reductions in corticosteroid dose, if appropriate, should be gradual and under the supervision of a healthcare provider. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

Parasitic (Helminth) Infection

Patients with pre-existing helminth infections should be treated for their infection prior to initiation of EXDENSUR therapy. If patients become infected while receiving EXDENSUR and do not respond to anti-helminth treatment, discontinue EXDENSUR until the infection resolves.

ADVERSE REACTIONS

In patients receiving EXDENSUR, the most common adverse reactions (≥4%) were upper respiratory tract infection, allergic rhinitis, influenza, arthralgia, and pharyngitis. Injection site reactions have also occurred.

USE IN SPECIFIC POPULATIONS

The data in pregnant women are insufficient to identify a drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. Transport of endogenous IgG antibodies and monoclonal antibodies, such as depemokimab-ulaa, across the placenta increases as pregnancy progresses and peaks during the third trimester.

EXDENSUR can cross the placenta during pregnancy and the presence of the YTE modification may prolong and increase exposure to the infant exposed in utero. The impact of transmission to the fetus should be considered. Pregnant women exposed to EXDENSUR, or their healthcare providers, should report EXDENSUR exposure by calling 1-888-825-5249.

To report SUSPECTED ADVERSE REACTIONS, contact GSK at gsk.public.reportum.com or 1-888-825-5249 or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

References: 1. Centers for Medicare and Medicaid Services. HCPCS Quarterly Update. October 2025 Alpha-Numeric HCPCS File. Accessed October 28, 2025. https://www.cms.gov/files/zip/october-2025-alpha-numeric-hcpcs-file.zip **2.** Find-A-Code. Find-A-Code Comprehensive Search. Accessed October 28, 2025. https://www.findacode.com/search/search.php **3.** Centers for Medicare and Medicaid Services. ICD-10 Code Lists. October 28, 2025. https://www.cms.gov/files/zip/2026-code-descriptions-tabular-order.zip **4.** Centers for Medicare & Medicaid Services. Medicare program discarded drugs and biologicals—JW modifier and JZ modifier policy. Accessed October 28, 2025. https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf

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