

# Besponsa (inotuzumab ozogamicin) — HCPCS J9229

CARECOST ESTIMATE · BILLING CHEAT SHEET

Pfizer 0.9 mg lyophilized single-dose vial IV infusion 1 hr (Day 1, 8, 15) Reviewed: May 2, 2026 ASP: Q2 2026

## HCPCS

**J9229**

1 unit = 0.1 mg

## C1 TOTAL DOSE

**1.8 mg/m<sup>2</sup>**

0.8 + 0.5 + 0.5 (D1/8/15)

## MODIFIER

**JZ + JW**

0.9 mg vial / BSA dose

## ADMIN CPT

**96413**

Chemo IV (1 hr)

## MEDICARE ASP+6%

**\$2,816.77**

/0.1 mg unit · \$28,167.67/mg

**BOXED WARNING — Hepatotoxicity (incl. fatal VOD/SOS) & post-HSCT non-relapse mortality.** Severe hepatic veno-occlusive disease / sinusoidal obstruction syndrome (sometimes fatal). Risk increases with prior or subsequent HSCT. **LFTs at baseline + before each dose.** Increased non-relapse mortality after Besponsa → HSCT.

## CODES & NDC

HCPCS	J9229 — "Inj inotuzumab ozogam 0.1 mg" (permanent). <b>1 unit = 0.1 mg</b> — biller error trap.
NDC	0008-0100-01 (10) / 00008-0100-01 (11) — N4 qualifier
VIAL	0.9 mg Iyo SDV; reconstitute w/ 4 mL SWFI → 0.25 mg/mL
APPROVAL	Aug 17, 2017 (BLA 761040) — first FDA-approved CD22 ADC
BENEFIT	Medical (provider buy-and-bill); typically inpatient or comprehensive cancer center

**UNIT TRAP:** J9229 = **0.1 mg per unit**, NOT 1 mg. A 1.5 mg dose = **15 units**. Most common error: billing 1 unit/mg understates by 10x.

## CYCLE DOSING (R/R B-CELL PRECURSOR ALL)

CYCLE	DAY 1	DAY 8	DAY 15	TOTAL	LENGTH
<b>C1 (all pts)</b>	0.8 mg/m <sup>2</sup>	0.5 mg/m <sup>2</sup>	0.5 mg/m <sup>2</sup>	1.8 mg/m <sup>2</sup>	21 d
C2+ w/ CR/CRi	0.5 mg/m <sup>2</sup>	0.5 mg/m <sup>2</sup>	0.5 mg/m <sup>2</sup>	1.5 mg/m <sup>2</sup>	28 d
C2+ no CR/CRi	0.8 mg/m <sup>2</sup>	0.5 mg/m <sup>2</sup>	0.5 mg/m <sup>2</sup>	1.8 mg/m <sup>2</sup>	28 d

**Max 6 cycles.** Bridge to HSCT recommended; if HSCT: max 2 cycles before transplant. Hold/reduce per LFTs & counts.

## ADMINISTRATION & MODIFIERS

CODE	WHEN
96413	Chemo IV, initial up to 1 hr (each dose D1/8/15)
96415	Each addl hr (rare — standard infusion is 1 hr)
96365	<b>NOT appropriate</b> — Besponsa is chemo admin (ADC, calicheamicin payload)
96372	Premeds (steroid, antipyretic, antihistamine)

**JZ + JW on same claim:** 0.9 mg fixed vial + BSA dose = waste virtually every dose. JZ on administered units (24G); JW on discarded units (separate line). Required since 7/1/2023.

## ICD-10 — B-CELL PRECURSOR ALL

CODE	FOR
C91.00	ALL not having achieved remission (most common)
C91.01	ALL in remission (post-CR/CRi maintenance phase)
C91.02	ALL in relapse
Z51.11	Encounter for chemo (admin line)
Z85.6	Personal hx leukemia (post-tx surveillance)

**CD22 IHC required pre-tx (CPT 88341/88342).** Document CD22+ B-ALL in PA.

## ADC CLASS COMPARISON (CALICHEAMICIN SISTER DRUGS)

ADC	HCPCS	TARGET	PAYLOAD
<b>Besponsa</b>	J9229	CD22	<b>Calicheamicin</b>
Mylotarg	J9203	CD33	<b>Calicheamicin</b>
Adcetris	J9042	CD30	MMAE
Polivy	J9309	CD79b	MMAE
Padcev	J9177	Nectin-4	MMAE
Enhertu	J9358	HER2	Deruxtecan (DXd)
Trodelyv	J9317	Trop-2	Govitecan (SN-38)

**Calicheamicin class effect:** hepatic VOD/SOS risk shared with Mylotarg. MMAE peers carry peripheral neuropathy instead. Distinct toxicity profiles by payload.

### WORKED EXAMPLE (BSA 1.8 M<sup>2</sup>, C1 D1)

- Dose:  $0.8 \text{ mg/m}^2 \times 1.8 \text{ m}^2 = 1.44 \text{ mg}$
- Vials:  $2 \times 0.9 \text{ mg} = 1.8 \text{ mg}$  (waste 0.36 mg)
- Bill J9229  $\times 14.4$  units + JZ (line 1, administered)
- Bill J9229  $\times 3.6$  units + JW (line 2, waste)
- Reimbursement (Q2 2026):  $14.4 \times \$2,816.77 = \sim\$40,562$  (admin) +  $\sim\$10,140$  (waste) =  $\sim\$50,702/\text{dose}$

### PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	DOCUMENTATION FOCUS
UnitedHealthcare	Yes	R/R CD22+ B-cell precursor ALL + CD22 IHC + prior $\geq 1$ multi-agent regimen
Aetna	Yes	NCCN-aligned R/R B-ALL; CD22+ confirmation
BCBS plans	Yes	NCCN Cat 1 in R/R B-ALL; CD22 IHC + prior tx
Medicare LCDs	Yes	Label indication + NCCN compendium

**NCCN Cat 1** for R/R B-ALL bridge to allo-HSCT. Site of care: typically inpatient or comprehensive cancer center for hepatotoxicity monitoring.

### MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6% (per 0.1 mg unit)	<b>\$2,816.767</b> (eff 4/1 – 6/30/2026)
Per mg equivalent	$\sim\$28,167.67/\text{mg}$
1.44 mg dose (BSA 1.8, 0.8 mg/m <sup>2</sup> )	$\sim\$40,561.44$ (administered) + waste
0.9 mg dose (BSA 1.8, 0.5 mg/m <sup>2</sup> )	$\sim\$25,350.90$ (no waste — 1 vial)
C1 (3 doses) drug only	$\sim\$91,263$ + waste reimbursement
Full course (avg 3–4 cycles)	$\sim\$300\text{K}–\$400\text{K}$ (drug only, pre-HSCT)

### PREMEDICATION (REQUIRED EACH DOSE)

- **Corticosteroid** (e.g., dexamethasone)
- **Antipyretic** (acetaminophen)
- **Antihistamine** (diphenhydramine)
- Cyto-reduction with hydroxyurea if circulating lymphoblasts  $\geq 10,000/\mu\text{L}$  (TLS prevention)
- LFT monitoring: baseline + before each dose
- QT/electrolyte ECG monitoring on tx

### PATIENT ASSISTANCE — PFIZER ONCOLOGY TOGETHER

- **Phone:** 1-877-744-5675 (Pfizer Oncology Together)
- **Besponsa Co-Pay Card:** commercial \$0 first dose
- **Pfizer Patient Assistance Foundation:** free drug uninsured/underinsured
- **Foundations (Medicare):** PAF, HealthWell, CancerCare, LLS — verify open leukemia funds quarterly
- **Web:** [besponsa.com](https://besponsa.com) / [pfizeroncologytogether.com](https://pfizeroncologytogether.com)