

How Supplied

CYANOKIT (hydroxocobalamin for injection) is supplied in a vial containing 5 g lyophilized hydroxocobalamin dark red crystalline powder for injection. After reconstitution (typically with 0.9% Sodium Chloride injection), the vial contains hydroxocobalamin for injection, 25 mg/mL.

Dosage and Administration

The starting dose for adults is 5 g CYANOKIT (hydroxocobalamin for injection) administered by IV infusion over 15 minutes (approximately 15 mL/min).

Depending upon the severity of the poisoning and the clinical response, a second dose of 5 g CYANOKIT (hydroxocobalamin for injection) may be administered by IV infusion up to a total dose of 10 g CYANOKIT (hydroxocobalamin for injection). The rate of infusion for a potential second dose may range from 15 minutes (for patients in extremis) to 2 hours, as clinically indicated.

NDC Number

- The 10-digit NDC for CYANOKIT is 50633-310-11.
- When providing the NDC on a claim form, the 11-digit format should be used: 50633031011

ICD-10-CM	Descriptor
T57.3X1	Toxic effect of hydrogen cyanide, accidental (unintentional)
T57.3X2	Toxic effect of hydrogen cyanide, intentional self-harm
T57.3X3	Toxic effect of hydrogen cyanide, assault
T57.3X4	Toxic effect of hydrogen cyanide, undetermined
T65.0X1	Toxic effect of cyanides, accidental (unintentional)
T65.0X2	Toxic effect of cyanides, intentional self-harm
T65.0X3	Toxic effect of cyanides, assault
T65.0X4	Toxic effect of cyanides, undetermined

The appropriate 7th character is to be added to each code rom category T57:

- A initial encounter
- D subsequent encounter
- S sequela

INDICATION

CYANOKIT is indicated for the treatment of known or suspected cyanide poisoning.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Emergency Patient Management

• In conjunction with CYANOKIT, treatment of cyanide poisoning must include immediate attention to airway patency, adequacy of oxygenation and hydration, cardiovascular support, and management of seizures. Consideration should be given to decontamination measures based on the route of exposure.

Risk of Anaphylaxis and Other Hypersensitivity Reactions

- Consider alternative therapies, if available, in patients with known anaphylactic reactions to hydroxocobalamin or cyanocobalamin.
- Allergic reactions may include: anaphylaxis, chest tightness, edema, urticaria, pruritus, dyspnea, and rash. Allergic reactions including angioneurotic edema have also been reported in postmarketing experience.

Risk of Renal Injury

• Acute renal failure with acute tubular necrosis, renal impairment and urine calcium oxalate crystals have been reported following CYANOKIT therapy. Monitor renal function for 7 days following CYANOKIT therapy.

Risk of Increased Blood Pressure

• Substantial increases in blood pressure may occur following CYANOKIT therapy. Monitor blood pressure during therapy.

Reimbursement Questions and Support

BTG@thepinnaclehealthgroup.com 1-844-293-0007 www.CYANOKIT.com

Hospital Outpatient Coding and Reimbursement



There is no specific HCPCS code to report CYANOKIT; providers may use either of the unclassified drugs HCPCS codes listed below.

HCPCS/CPT	Descriptor	
CYANOKIT		
C9399	Unclassified Drugs or Biologics	
J3490	Unclassified Drugs	
Related Procedures		
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour	
99281	ER visit; problem focused history & exam; straightforward medical decision making	
99282	ER visit; expanded problem focused history & exam; low complexity medical decision making	
99283	ER visit; expanded problem focused history & exam moderate complexity medical decision making	
99284	ER visit; detailed history & exam; moderate complexity decision making	
99285	ER visit; comprehensive history & exam; high complexity medical decision making	
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS

Laboratory Tests

- Because of its deep red color, hydroxocobalamin has been found to interfere with colorimetric determination of certain laboratory parameters (e.g., clinical chemistry, hematology, coagulation, and urine parameters). Be aware of this when reporting and interpreting laboratory results.
- While determination of blood cyanide concentration is not required for management of cyanide poisoning and should not delay treatment with CYANOKIT, collecting a pretreatment blood sample may be useful for documenting cyanide poisoning as sampling post-CYANOKIT use may be inaccurate.

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Inpatient Procedure Coding

ICD-10-PCS	Descriptor
3E0334Z	Introduction of Serum, Toxoid and Vaccine into Peripheral Vein, Percutaneous Approach

Inpatient Payment

Diagnostic Related Groups (DRGs) are assigned using the principal diagnosis and additional diagnoses, the principal procedure and additional procedures, sex, and discharge status. The DRGs provided represent the most likely assignment for a patient admitted for cyanide poisoning.

DRG	Descriptor
917	Poisoning and Toxic Effects of Drugs with MCC
918	Poisoning and Toxic Effects of Drugs without CC/MCC

Frequently Asked Questions

What revenue code should be billed for CYANOKIT?

Medicare requires OPPS claims for drugs and biologicals should be billed with revenue code 0636 (Pharmacy - drugs requiring detailed coding), whether they are separately payable or packaged. Providers should check with other payers to confirm their requirements.

When reporting J3490 or C9399 for CYANOKIT, what additional information should be provided in the remarks field (Field Locator 80) on the UB-04 (CMS 1450 form) or the equivalent 5010 electronic claims field?

The following information should be provided in the remarks field:

- CYANOKIT (hydroxocobalamin for injection)
- Administered via IV infusion
- 5 g (1 vial) *or* 10 g (2 vials)

- N450633031011UN1 (for a 5 g dose) or N450633031011UN2 (for a 10 g dose)
- The date the drug was furnished to the beneficiary

What quantity should be provided for J3450/C9399?

The unit dose/quantity reported should be "1"; total dose quantity administered needs to be indicated in the remarks field (Field Locator 80) on the UB-04 (CMS 1450 form) or the equivalent 5010 electronic claims field.

What is the NDC basis of measurement for CYANOKIT?

The NDC basis of measurement for CYANOKIT is "UN" even though it is a 5 g vial dose.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS

Clinical Methods

• Because of its deep red color, hydroxocobalamin may cause hemodialysis machines to shut down due to an erroneous detection of a "blood leak". This should be considered before hemodialysis is initiated in patients treated with hydroxocobalamin.

Photosensitivity

• Hydroxocobalamin absorbs visible light in the UV spectrum. It therefore has potential to cause photosensitivity. While it is not known if the skin redness predisposes to photosensitivity, patients should be advised to avoid direct sun while their skin remains discolored.

Pregnancy and Lactation

- Available data from cases reported in the published literature and postmarketing surveillance with CYANOKIT use in pregnant
 women are insufficient to identify a drug-associated risk for major birth defects, miscarriage, or adverse maternal and fetal
 outcomes. There are risks to the pregnant woman and fetus associated with untreated cyanide poisoning. In animal studies,
 hydroxocobalamin administered to pregnant rats and rabbits during the period of organogenesis caused skeletal and soft
 tissue abnormalities, including alterations in the central nervous system, at exposures similar to human exposures at the
 therapeutic dose.
- Breastfeeding is not recommended during treatment with CYANOKIT.

ADVERSE REACTIONS

• The most common adverse reactions (>5%) include transient chromaturia, erythema, oxalate crystals in urine, rash, increased blood pressure, nausea, headache and infusion site reactions.



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