UNLOXCYT™
(cosibelimab-ipdl) Injection 300mg

Billing & Coding Guide

Your comprehensive resource for billing, coding, and reimbursement for UNLOXCYT™

INDICATIONS AND USAGE

UNLOXCYT (cosibelimab-ipdl) is indicated for the treatment of adults with metastatic cutaneous squamous cell carcinoma (mCSCC) or locally advanced CSCC (laCSCC) who are not candidates for curative surgery or curative radiation.

It is not known if UNLOXCYT is safe and effective in children

The recommended dosage of UNLOXCYT is 1,200 mg as an intravenous infusion over 60 minutes every 3 weeks.

IMPORTANT SAFETY INFORMATION

WARNING AND PRECAUTIONS

Immune-mediated Adverse Reactions: Immune-mediated adverse reactions, which can be severe or fatal, can occur in any organ system or tissue, including immune-mediated pneumonitis, colitis, hepatitis, endocrinopathies, dermatologic adverse reactions, nephritis and renal dysfunction, and solid organ transplant rejection. Immune-mediated adverse reactions affecting more than one body system can occur simultaneously. While such adverse reactions usually manifest during treatment, they can also manifest after discontinuation of PD-1/PD-L1–blocking antibodies.

Monitor for early identification and management. Evaluate liver enzymes, creatinine, and thyroid function at baseline and periodically during treatment. Withhold or permanently discontinue UNLOXCYT based on the severity of reaction.

Please see additional Important Safety Information on page 15 and accompanying Full Prescribing Information.

Table of Contents

Please see Important Safety Information on page 15 and accompanying Full Prescribing Information.

Product information[1]

Indication

UNLOXCYT™ is indicated for the treatment of adults with metastatic cutaneous squamous cell carcinoma (mCSCC) or locally advanced CSCC (laCSCC) who are not candidates for curative surgery or curative radiation.

Dosage and administration

The recommended dosage of UNLOXCYT is 1200 mg as an intravenous infusion over 60 minutes every 3 weeks.

How supplied

UNLOXCYT is a clear to opalescent, colorless to yellow or slightly brown solution supplied in a carton containing one 300 mg/5 mL (60 mg/mL), single-dose vial.

UNLOXCYT™
(cosibelimab-ipdl) Injection 300mg

Relevant Codes for UNLOXCYT™

This section outlines coding considerations for UNLOXCYT to support healthcare providers with claims submission. The codes below may be used when filing a claim for UNLOXCYT.

National Drug Codes (NDC)[1-3]

NDC is a unique 10-digit, 3-segment number that identifies the labeler, product, and package of a drug. NDCs serve as universal identifiers for medications and are listed in the FDA's NDC Directory, which is updated daily. The directory includes prescription drugs, over-the-counter (OTC) medications, and insulin products that have been manufactured or processed by FDA-registered establishments for commercial distribution.

NDC	Code description	Code type
70095-130-01	Cosibelimab-ipdl injection, for intravenous use	10-digit ordering code
70095-0130-01	Cosibelimab-ipdl injection, for intravenous use	11-digit billing code

Current Procedural Terminology (CPT®) codes[4,5]

CPT® codes are standardized identifiers used to describe medical procedures and services provided by healthcare professionals. Each code is typically 5 digits long and may be numeric or alphanumeric. Maintained by the American Medical Association (AMA), CPT codes allow physicians, hospitals, and insurers to communicate using a consistent and uniform terminology.

CPT	Code description
96413	Chemotherapy administration, intravenous (IV) infusion technique, up to 1 hour, single or initial substance/drug
96415	Chemotherapy administration, intravenous infusion technique, each additional hour
96417	Chemotherapy administration, intravenous infusion technique, each additional sequential infusion (different substance/drug), up to 1 hour

Healthcare Common Procedure Coding System (HCPCS)[6,7]

HCPCS is a standardized coding structure used across the US healthcare system to describe medical procedures, products, and services for billing and reporting purposes. It consists of 2 main levels: Level I, which includes the CPT® codes maintained by the AMA for physician and clinical services, and Level II, which is maintained by the Centers for Medicare & Medicaid Services (CMS). HCPCS Level II codes are alphanumeric identifiers used to represent items and services not covered under CPT®.

HCPCS	Code description	Sites of service
J9275	Injection, cosibelimab-ipdl, 2 mg	Physicians' office, hospital outpatient center, hospital inpatient, ambulatory surgical center

Please see Important Safety Information on page 15 and accompanying Full Prescribing Information.

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)[8,9]

ICD-10 is a classification system that is divided into 2 primary code sets: ICD-10-CM and ICD-10-PCS. ICD-10-CM is maintained by the Centers for Disease Control and Prevention (CDC) and its National Center for Health Statistics (NCHS) and is used in all healthcare settings to classify and report diagnoses. ICD-10-PCS, developed and maintained by the CMS, is used by hospitals to code and report inpatient procedures.

ICD-10-CM	Code description
C44.02	Squamous cell carcinoma of skin of lip
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.320	Squamous cell carcinoma of skin of unspecified parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.92	Squamous cell carcinoma of skin, unspecified

Revenue codes[10]

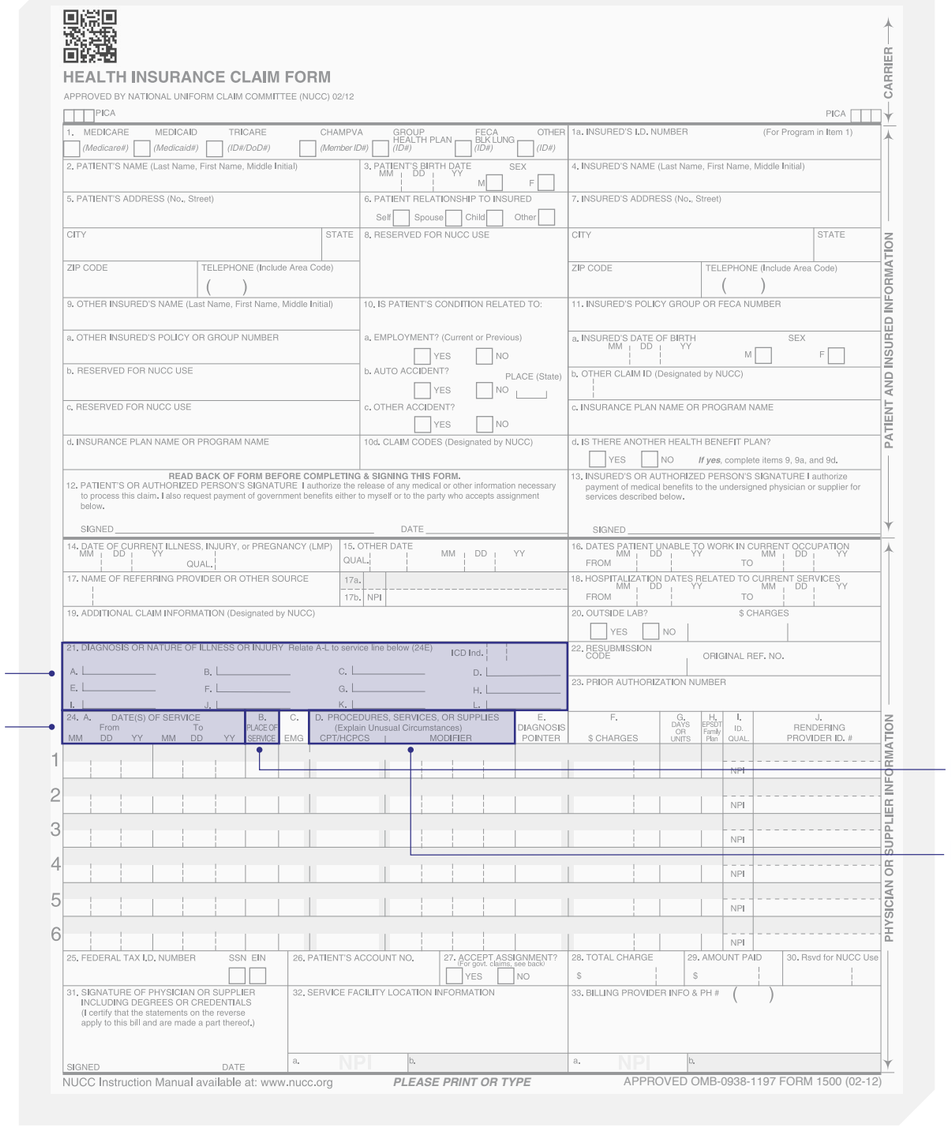
Revenue code	Code description
0335	Chemotherapy administration, IV
0510	Clinic
0636	Drugs requiring detailed coding
0761	Treatment room

ICD-10-PCS, *International Classification of Diseases, 10th Revision, Procedure Coding System.*

UNLOXCYT™ (cosibelimab-ipdl) Injection 300mg

Sample CMS-1500 Form

For physician's office



The sample claim forms included in this guide are provided for informational purposes only and intended solely as general examples of coding and billing practices. Accurate and complete claims submission is the responsibility of the healthcare provider. Reimbursement is not guaranteed. Healthcare providers should always verify current coding and coverage policies with each individual patient's health plan.

Please see Important Safety Information on page 15 and accompanying Full Prescribing Information.

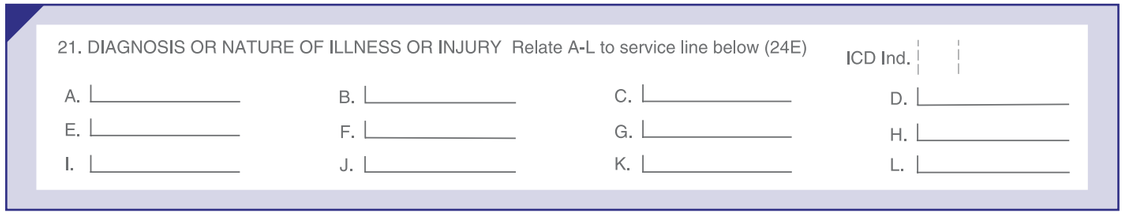
Sample CMS-1500 Form: Selected Fields

Field 21

Diagnosis or nature of illness or injury

Enter all appropriate ICD-10-CM diagnosis codes accurately.

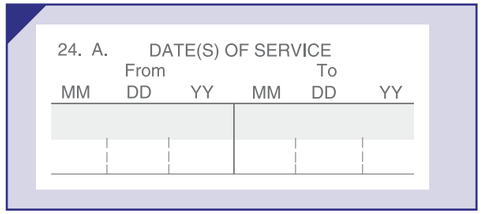
Example: Use C44.622 for squamous cell carcinoma of skin of right upper limb, including shoulder.



Field 24A

Date(s) of service

Enter all dates of service for drug and/or procedure.

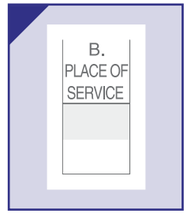


Field 24B

Place of service (POS)

Enter appropriate POS code to indicate the location of procedure or service.

Example: Enter 11 for a doctor's office.



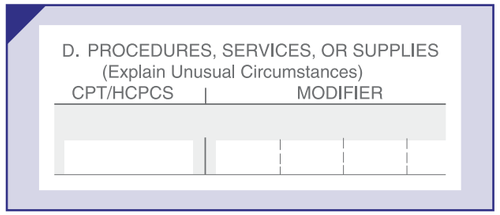
Field 24D

Procedures, services, or supplies

Enter the appropriate HCPCS and CPT® codes and any relevant modifiers.

Example: Use CPT code 96413 for drug administration.

- HCPCS code J9275 for UNLOXCYT™
- If drug wastage occurs, append modifier **JW** for discarded drug when applicable. If no wastage occurs, append modifier **JZ**. Total units billed plus discarded units must equal the amount prepared.

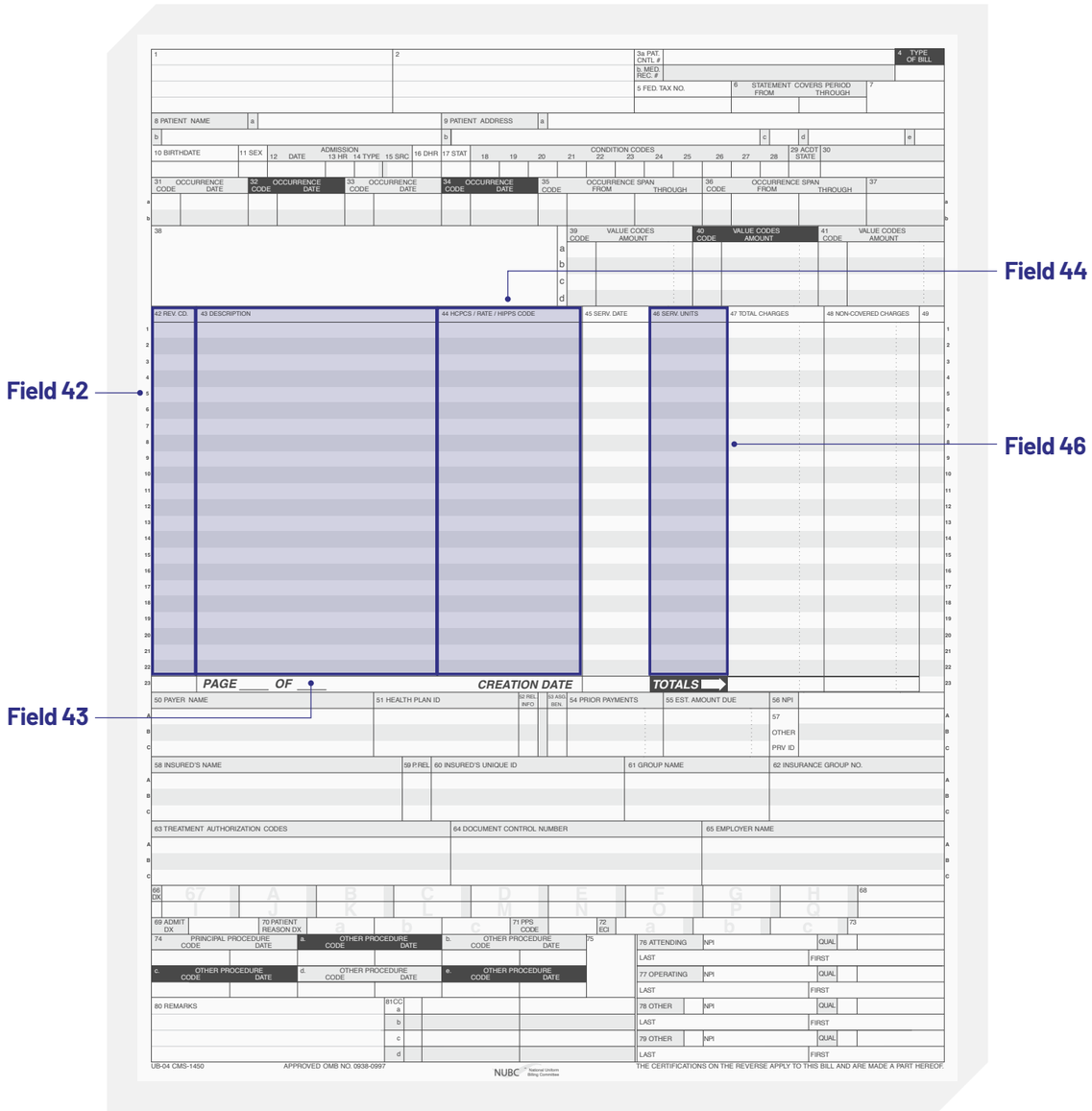


CPT® is a registered trademark of the American Medical Association.

UNLOXCYT™ (cosibelimab-ipdl) Injection 300 mg

Sample CMS-1450 Form (UB-04)

For hospital outpatient department (HOPD)



The sample claim forms included in this guide are provided for informational purposes only and intended solely as general examples of coding and billing practices. Accurate and complete claims submission is the responsibility of the healthcare provider. Reimbursement is not guaranteed. Healthcare providers should always verify current coding and coverage policies with each individual patient's health plan.

Please see Important Safety Information on page 15 and accompanying Full Prescribing Information.

Sample CMS-1450 Form (UB-04): Selected Fields

Field 42

Revenue codes

Enter all appropriate revenue codes.

Example: Enter revenue code 0335 for IV chemotherapy administration and 0510 for clinic.

Field 43

Description

Enter descriptions for revenue codes.

Field 44

HCPCS/Rate/HIPPS code

Enter the appropriate HCPCS and CPT® codes and any relevant modifiers.

Example: Use CPT code 96413 for drug administration.

- HCPCS code J9275 for UNLOXCYT
- If drug wastage occurs, append modifier **JW** for discarded drug when applicable. If no wastage occurs, append modifier **JZ**. Total units billed plus discarded units must equal the amount prepared.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE

Field 46

Service units

Enter appropriate units of service.

Example: For code J9275, 1 billing unit = 2mg; 600 billable units every 3 weeks

46 SERV. UNITS

HIPPS, Health Insurance Prospective Payment System.

CPT® is a registered trademark of the American Medical Association.

UNLOXCYT™ (cosibelimab-ipdl) Injection 300mg

UNLOXCYT™ Patient Support Services

Begin your patient's UNLOXCYT journey by enrolling them in UNLOXCYT SUPPORT™

UNLOXCYT SUPPORT is dedicated to supporting healthcare professionals with comprehensive resources for starting patients on UNLOXCYT

Enrollment

Ways to enroll

- Visit https//unloxcytsupport.com to enroll your patients online
  - A seamless e-enrollment period that does not require a log-in or password
- Fax the form to 1-855-786-7458

Patient Enrollment Form
Scan here to access the form from a mobile device

Electronic consent
Consent can be obtained from a mobile device

Verification

Streamlined results from the benefit investigation are delivered quickly with the benefit verification

- UNLOXCYT SUPPORT has a team of skilled Benefit Verification Specialists (BVS)
- Results are faxed to your office the same or next day*

Coordination

Patient Navigators help guide the UNLOXCYT treatment journey

- Initiate electronic prior authorization (PA) and provide appeals support
- Provide reimbursement claims support
- Offer support throughout the financial assistance process, such as the UNLOXCYT Copay Program or the Patient Assistance Program

Patient Access Liaison (PAL) support

Optional 1:1 patient support

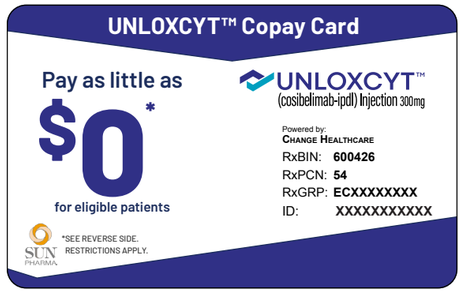
- A dedicated PAL can help your patient throughout their journey
- Review benefits, coverage, and next steps through the authorization process
- Track authorization expirations on your behalf
- Nonprofit assistance navigation

*Most completed enrollment forms received before 1:00 PM ET receive verification of benefits (VOB) the same day or the next day; most completed forms received after 1:00 PM ET receive VOB the next day.

Please see Important Safety Information on page 15 and accompanying Full Prescribing Information.

Financial Support

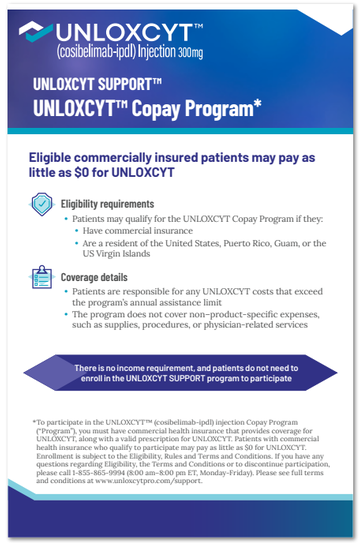
UNLOXCYT™ Copay Program*



- Patients with commercial insurance may pay as little as $0 with the UNLOXCYT Copay Program
- Enrollment in UNLOXCYT SUPPORT is not required to obtain the UNLOXCYT Copay Card

Patient Assistance Program (PAP)†

- Patients who are underinsured or uninsured may be eligible to receive free medication


UNLOXCYT™
(cosibelimab-ipdl) Injection 300mg

UNLOXCYT SUPPORT™
UNLOXCYT™ Copay Program*

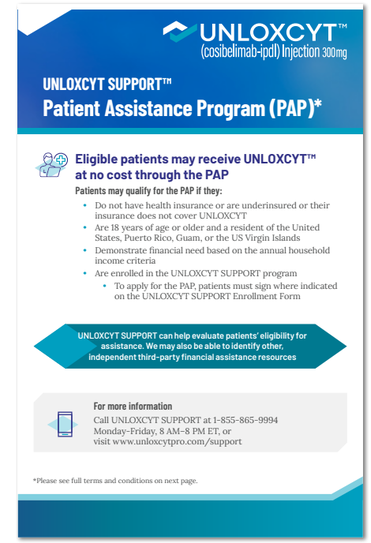
Eligible commercially insured patients may pay as little as $0 for UNLOXCYT

Eligibility requirements
- Patients may qualify for the UNLOXCYT Copay Program if they:
  - Have commercial insurance
  - Are a resident of the United States, Puerto Rico, Guam, or the US Virgin Islands

Coverage details
- Patients are responsible for any UNLOXCYT costs that exceed the program's annual assistance limit
- The program does not cover non–product-specific expenses, such as supplies, procedures, or physician-related services

There is no income requirement, and patients do not need to enroll in the UNLOXCYT SUPPORT program to participate

*To participate in the UNLOXCYT™ (cosibelimab-ipdl) injection Copay Program ("Program"), you must have commercial health insurance that provides coverage for UNLOXCYT, along with a valid prescription for UNLOXCYT. Patients with commercial health insurance who qualify to participate may pay as little as $0 for UNLOXCYT. Enrollment is subject to the Eligibility, Rules and Terms and Conditions. If you have any questions regarding Eligibility, the Terms and Conditions or to discontinue participation, please call 1-855-865-9994 (8:00 am–8:00 pm ET, Monday-Friday). Please see full terms and conditions at www.unloxcytpro.com/support.


UNLOXCYT™
(cosibelimab-ipdl) Injection 300mg

UNLOXCYT SUPPORT™
Patient Assistance Program (PAP)*

Eligible patients may receive UNLOXCYT™ at no cost through the PAP

Patients may qualify for the PAP if they:
- Do not have health insurance or are underinsured or their insurance does not cover UNLOXCYT
- Are 18 years of age or older and a resident of the United States, Puerto Rico, Guam, or the US Virgin Islands
- Demonstrate financial need based on the annual household income criteria
- Are enrolled in the UNLOXCYT SUPPORT program
  - To apply for the PAP, patients must sign where indicated on the UNLOXCYT SUPPORT Enrollment Form

UNLOXCYT SUPPORT can help evaluate patients' eligibility for assistance. We may also be able to identify other, independent third-party financial assistance resources

For more information
Call UNLOXCYT SUPPORT at 1-855-865-9994
Monday-Friday, 8 AM–8 PM ET, or
visit www.unloxcytpro.com/support

*Please see full terms and conditions on next page.

Download UNLOXCYT financial support resources at www.unloxcytpro.com/support

*See full Terms and Conditions of the UNLOXCYT Copay Program on page 13.
†See full Terms and Conditions of the UNLOXCYT PAP on page 14.

UNLOXCYT™
(cosibelimab-ipdl) Injection 300mg

Specialty Distribution Network

UNLOXCYT™ is available through our limited distribution network

Specialty distributors

Amerisource Bergen Specialty Distribution
Phone: 1-800-746-6273
Web: asdhealthcare.com

Cardinal Health Specialty Distribution
Phone: 1-877-453-3972
Web: specialtyonline.cardinalhealth.com

McKesson Specialty Health
Phone: 1-800-482-6700
Web: oncology.mckessonspecialtyhealth.com

McKesson Plasma and Biologics
Phone: 1-877-625-2566
Web: connect.mckesson.com

Oncology Supply
Phone: 1-800-633-7555
Web: oncologysupply.com

CuraScript SD
Phone: 1-877-599-7748
Web: curascriptsd.com/contact-us

Contracted specialty pharmacy

Onco360
Phone: 1-877-662-6633
Web: onco360.com

Sun Pharma does not recommend the use of any particular distributor or specialty pharmacy.

Copay Terms and Conditions

To participate in the UNLOXCYT™ (cosibelimab-ipdl) injection Copay Program ("Program"), you must have commercial health insurance that provides coverage for UNLOXCYT, along with a valid prescription for UNLOXCYT. Patients with commercial health insurance who qualify to participate may pay as little as $0 for UNLOXCYT. Enrollment is subject to the Eligibility Rules and Terms and Conditions stated below. If you have any questions regarding Eligibility, the Terms and Conditions or to discontinue participation, please call 1-855-865-9994 (8:00 am–8:00 pm ET, Monday-Friday).

Eligibility Rules

- To participate in this Program, you must have commercial health insurance and be a resident of the United States, Puerto Rico, Guam, or the Virgin Islands
- Patients who are members of health plans (often termed "maximizer" plans) that claim to reduce their patients' out-of-pocket costs may have a reduced maximum program benefit of $10,000 per calendar year. Out-of-pocket costs may be copay, coinsurance, or deductible
- The following patients are *ineligible* for this Program:
  - Patients covered under Medicaid (including Medicaid patients enrolled in a Medicaid Managed Care Plan or a qualified health plan purchased through a health insurance exchange marketplace established by a state government or the federal government)
  - Patients covered by a Medicare or Medicare Part D or Medicare Advantage plan (regardless of whether a specific prescription is covered)
  - Patients covered by TRICARE, CHAMPUS, Puerto Rico Government Health Insurance Plan, or any other state or federal medical or pharmaceutical benefit program or pharmaceutical assistance program
  - Patients who are members of health plans that claim to eliminate their out-of-pocket costs are not eligible for cost support. If you are a member of one of these plans, please call 1-855-865-9994
  - Patients with no insurance

Terms and Conditions

- You agree not to seek any reimbursement for all or any part of the copay assistance received through the Program. By using this card, you are certifying that you understand the Eligibility Rules and Terms and Conditions, that you have responded truthfully to questions when activating the Card, and that you will disclose and report your receipt of any Program benefits to your insurer, health plan, or any third party that pays or reimburses you for the cost of medications, if required
- This offer may be rescinded, revoked, or cancelled at any time, without further notice, and the rules may be amended at any time, without further notice

Disclosures

- This Program is not insurance
- This Program is void where prohibited by law, taxed, or restricted. Any benefit provided is not transferable and cannot be combined with any other program, free trial, discount, prescription savings card, or other offer. No purchase, other than for an UNLOXCYT prescription, is required to participate
- Personal data that you provide to the Program may be collected, analyzed, and shared with the program sponsor for market research and other lawful purposes, but only in aggregated and de-identified form

UNLOXCYT™
(cosibelimab-ipdl) Injection 300mg

Patient Assistance Program Terms and Conditions

The UNLOXCYT™ (cosibelimab-ipdl) injection Patient Assistance Program (PAP) ("Program") is designed to support patients who are underinsured or uninsured. Patients may be eligible to receive free medication. To participate in the Patient Assistance Program, patients must be a resident of the United States, Puerto Rico, Guam, or the Virgin Islands. Eligibility ends each year on December 31st and requires annual enrollment. If you have any questions regarding Eligibility or the Terms and Conditions or to discontinue participation, please call 1-855-865-9994 (8:00 AM–8:00 PM ET, Monday-Friday).

This program is intended for:

- Patients who are noninsured, meaning who do not have insurance coverage due to coverage terminated
- Patients who have no insurance
- Patients who are functionally uninsured, meaning insurance does not cover UNLOXCYT
  - Patients who have no prescription coverage
  - Patients who have emergency-only coverage
  - Patients who have a discount card only
  - Patients who have exceeded the yearly cap, who have generic coverage only, whose insurance does not have product on formulary (no nonformulary exception available or nonformulary exception not approved)
- Patients who are functionally underinsured, in that the patient is unable to afford the medication after exhausting other options, not limited to UNLOXCYT Copay Program, alternate funding resources, or available state programs
- The provision of free product as part of the PAP is not contingent on any future purchase of UNLOXCYT

Eligibility criteria include:

- Requires the patient to provide, on the enrollment form, authorization to UNLOXCYT SUPPORT to obtain necessary information from consumer credit agencies for the sole purpose of determining the patient's financial qualification for PAP
- Income must be at or below 400% of the Federal Poverty Level, and cost of drug to the patient must exceed 10% of the patient's annual household income
- Noninsured or uninsured patients must present a letter of attestation from the prescriber that the patient is under their care and has been prescribed the medication
- This offer may be rescinded, revoked, or cancelled at any time, without further notice, and the rules may be amended at any time, without further notice

Further documentation may be required to determine eligibility, such as proof of income. Neither the prescriber nor the patient may seek reimbursement or credit from or submit a claim for UNLOXCYT provided through the PAP to any third-party insurer, health plan, or government program (such as Medicare and Medicaid); nor may the patient seek to have any part of the cost or value of any free UNLOXCYT provided by the PAP count toward any applicable out-of-pocket insurance spending calculations for drugs (e.g., deductible, out-of-pocket cap, or True Out of Pocket ["TrOOP"]).

The following patients are *ineligible* for this program:

- Patient is not at least 18 years of age
- Diagnosis is not an on-label ICD-10-CM code
- Patients are excluded if there is secondary coverage, including with the US Department of Veterans Affairs (VA), Department of Defense (DoD), Medicaid, or LIS

Please see Important Safety Information on page 15 and accompanying Full Prescribing Information.

Important Safety Information

WARNINGS AND PRECAUTIONS

Immune-mediated Adverse Reactions: Immune-mediated adverse reactions, which can be severe or fatal, can occur in any organ system or tissue, including immune-mediated pneumonitis, colitis, hepatitis, endocrinopathies, dermatologic adverse reactions, nephritis and renal dysfunction, and solid organ transplant rejection. Immune-mediated adverse reactions affecting more than one body system can occur simultaneously. While such adverse reactions usually manifest during treatment, they can also manifest after discontinuation of PD-1/PD-L1–blocking antibodies.

Monitor for early identification and management. Evaluate liver enzymes, creatinine, and thyroid function at baseline and periodically during treatment. Withhold or permanently discontinue UNLOXCYT based on the severity of reaction.

Infusion-Related Reactions: Infusion-related reactions were reported in 11% (24/223) of patients, including Grade 2 in 5.8% (13/223) of patients receiving UNLOXCYT. Monitor patients for signs and symptoms of infusion-related reactions. Interrupt or slow the rate of infusion or permanently discontinue UNLOXCYT based on severity of reaction. Consider premedication with an antipyretic and/or an antihistamine for patients who have had previous systemic reactions to infusions of therapeutic proteins.

Complications of Allogeneic HSCT: Fatal and other serious complications can occur in patients who receive allogeneic Hematopoietic Stem Cell Transplantation (HSCT) before or after being treated with a PD-1/PDL1 blocking antibody. Follow patients closely for evidence of transplant-related complications and intervene promptly. Consider the benefit versus risks of treatment with a PD-1/PD-L1–blocking antibody prior to or after an allogeneic HSCT.

Embryo-Fetal Toxicity/Females and Males of Reproductive Potential: UNLOXCYT can cause fetal harm when administered to a pregnant woman. Verify pregnancy status in females of reproductive potential prior to initiating UNLOXCYT. Females should use effective contraception during treatment with UNLOXCYT and for 4 months after the last dose. Advise female patients not to breastfeed during treatment with UNLOXCYT and for 4 months after the last dose.

ADVERSE REACTIONS

The most common adverse reactions (≥10%) were fatigue, musculoskeletal pain, rash, diarrhea, hypothyroidism, constipation, nausea, headache, pruritus, edema, localized infection, and urinary tract infection.

To report side effects of UNLOXCYT to FDA: visit www.fda.gov/medwatch or call 1-800-FDA-1088. Report SUSPECTED ADVERSE REACTIONS or any side effects or ADEs (adverse drug events) to our Drug Safety Department at 1-800-406-7984 or DrugSafety.USoperations@sunpharma.com (preferred) with as much information as available.

References: 1. UNLOXCYT (cosibelimab-ipdl). Prescribing information. Sun Pharmaceutical Industries, Inc; 2025. **2.** US Food and Drug Administration. National Drug Code database background information. Accessed October 30, 2025. https://www.fda.gov/drugs/development-approval-process-drugs/national-drug-code-database-background-information **3.** US Food and Drug Administration. National Drug Code directory. Accessed October 30, 2025. https://www.fda.gov/drugs/drug-approvals-and-databases/national-drug-code-directory **4.** American Medical Association. CPT® overview and code approval. Accessed September 29, 2025. https://www.ama-assn.org/practice-management/cpt/cpt-overview-and-code-approval **5.** American Medical Association. CPT® 2025 Professional Edition. American Medical Association; 2024. **6.** Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System (HCPCS) application summaries and coding determinations first quarter, 2025 HCPCS coding cycle. Accessed September 29, 2025. https://www.cms.gov/files/document/2025-hcpcs-application-summary-quarter-1-2025-drugs-and-biologicals.pdf **7.** What is HCPCS? AAPC. Accessed October 30, 2025. https://www.aapc.com/resources/what-is-hcpcs **8.** Centers for Disease Control and Prevention. ICD-10-CM tabular list of diseases and injuries. Accessed September 29, 2025. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2025-Update/icd10cm-table-index-April-2025.zip **9.** Centers for Medicare & Medicaid Services. Overview of coding and classification systems. Accessed October 30, 2025. https://www.cms.gov/cms-guide-medical-technology-companies-and-other-interested-parties/coding/overview-coding-classification-systems **10.** Noridian Healthcare Services. Revenue codes. Accessed September 29, 2025. https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes

UNLOXCYT™
(cosibelimab-ipdl) Injection 300mg

Please see accompanying Full Prescribing Information.

UNLOXCYT™
(cosibelimab-ipdl) Injection 300mg

FOR MORE INFORMATION
PLEASE VISIT
www.unloxcytpro.com

SUN PHARMA

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use UNLOXCYT safely and effectively. See full prescribing information for UNLOXCYT.

UNLOXCYT (cosibelimab-ipdl) injection, for intravenous use
Initial U.S. Approval: 2024

----------INDICATIONS AND USAGE----------
UNLOXCYT is a programmed death ligand-1 (PD-L1) blocking antibody indicated for the treatment of adults with metastatic cutaneous squamous cell carcinoma (mCSCC) or locally advanced CSCC (laCSCC) who are not candidates for curative surgery or curative radiation. (1.1)

----------DOSAGE AND ADMINISTRATION----------
The recommended dosage of UNLOXCYT is 1,200 mg as an intravenous infusion over 60 minutes every 3 weeks. (2.1)

----------DOSAGE FORMS AND STRENGTHS----------
Injection: 300 mg/5 mL (60 mg/mL) solution in a single-dose vial. (3)

----------CONTRAINDICATIONS----------
None. (4)

----------WARNINGS AND PRECAUTIONS----------
- Immune-Mediated Adverse Reactions (5.1)
  - Immune-mediated adverse reactions can occur in any organ system or tissue, including the following: immune-mediated pneumonitis, immune-mediated colitis, immune-mediated hepatitis, immune-mediated endocrinopathies, immune-mediated dermatologic adverse reactions, immune-mediated nephritis and renal dysfunction, and solid organ transplant rejection.
  - Monitor for early identification and management. Evaluate liver enzymes, creatinine, and thyroid function at baseline and periodically during treatment.
  - Withhold or permanently discontinue UNLOXCYT based on the severity of reaction. (2.2)
- Infusion-Related Reactions: Interrupt, slow the rate of infusion, or permanently discontinue based on severity of reaction. (2.2, 5.2)
- Complications of Allogeneic Hematopoietic Stem Cell Transplantation (HSCT): Fatal and other serious complications can occur in patients who receive allogeneic HSCT before or after being treated with a PD-1/PD-L1 blocking antibody. (5.3)
- Embryo-Fetal Toxicity: Can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception. (5.4, 8.1, 8.3)

----------ADVERSE REACTIONS----------
The most common adverse reactions (≥10%) were fatigue, musculoskeletal pain, rash, diarrhea, hypothyroidism, constipation, nausea, headache, pruritus, edema, localized infection, and urinary tract infection. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Sun Pharmaceutical Industries, Inc. at 1-800-818-4555 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

----------USE IN SPECIFIC POPULATIONS----------
Lactation: Advise not to breastfeed. (8.2)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised date: 11/2025

FULL PRESCRIBING INFORMATION: CONTENTS*

***Sections or subsections omitted from the full prescribing information are not listed.**

1

FULL PRESCRIBING INFORMATION

1. INDICATIONS AND USAGE

UNLOXCYT is indicated for the treatment of adults with metastatic cutaneous squamous cell carcinoma (mCSCC) or locally advanced CSCC (laCSCC) who are not candidates for curative surgery or curative radiation.

2. DOSAGE AND ADMINISTRATION

2.1. Recommended Dosage

The recommended dosage of UNLOXCYT is 1,200 mg administered as an intravenous infusion over 60 minutes every 3 weeks until disease progression or unacceptable toxicity.

2.2. Dose Modifications for Adverse Reactions

No dose reductions of UNLOXCYT are recommended. In general, withhold UNLOXCYT for severe (Grade 3) immune-mediated adverse reactions. Permanently discontinue UNLOXCYT for life-threatening (Grade 4) immune-mediated adverse reactions, recurrent severe (Grade 3) immune-mediated reactions that require systemic immunosuppressive treatment, or an inability to reduce corticosteroid dose to a prednisone equivalent of 10 mg or less per day within 12 weeks of initiating steroids.

Dosage modifications for UNLOXCYT for adverse reactions that require management different from these general guidelines are summarized in Table 1.

Table 1: Recommended Dose Modifications for Adverse Reactions

Adverse Reaction	**Severity[a]**	**UNLOXCYT Dosage Modifications**
Immune-Mediated Adverse Reactions *[see Warnings and Precautions (5.1)]*		
Pneumonitis	Grade 2	Withhold[b]
	Grade 3 or 4	Permanently discontinue
Colitis	Grade 2 or 3	Withhold[b]
	Grade 4	Permanently discontinue
Hepatitis with no tumor involvement of the liver	AST or ALT increases to more than 3 and up to 8 times ULN or Total bilirubin increases to more than 1.5 and up to 3 times ULN	Withhold[b]
	AST or ALT increases to more than 8 times ULN or Total bilirubin increases to more than 3 times ULN	Permanently discontinue
Hepatitis with tumor involvement of the liver[c]	Baseline AST or ALT is more than 1 and up to 3 times ULN and increases to	Withhold[b]

Adverse Reaction	Severity[a]	UNLOXCYT Dosage Modifications
	more than 5 and up to 10 times ULN or Baseline AST or ALT is more than 3 and up to 5 times ULN and increases to more than 8 and up to 10 times ULN	
	AST or ALT increases to more than 10 times ULN or Total bilirubin increases to more than 3 times ULN	Permanently discontinue
Endocrinopathies[d]	Grade 3 or 4	Withhold until clinically stable or permanently discontinue, depending on severity[b]
Nephritis with renal dysfunction	Grade 2 or 3 increased blood creatinine	Withhold[b]
	Grade 4 increased blood creatinine	Permanently discontinue
Exfoliative dermatologic conditions	Suspected SJS, TEN, or DRESS	Withhold[b]
	Confirmed SJS, TEN, or DRESS	Permanently discontinue
Myocarditis	Grade 2, 3 or 4	Permanently discontinue
Neurological toxicities	Grade 2	Withhold[b]
	Grade 3 or 4	Permanently discontinue
Other Adverse Reactions		
Infusion-related reactions *[see Warnings and Precautions (5.2)]*	Grade 1 or 2	Interrupt or slow the rate of infusion
	Grade 3 or 4	Permanently discontinue

ALT = alanine aminotransferase; AST = aspartate aminotransferase; DRESS: drug rash with eosinophilia and systemic symptoms; SJS: Stevens-Johnson Syndrome; TEN: toxic epidermal necrolysis; ULN: upper limit of normal.

[a] Based on National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), Version 5.

[b] Resume in patients with complete or partial resolution (Grade 0 to 1) after corticosteroid taper. Permanently discontinue if no complete or partial resolution within 12 weeks of initiating steroids or inability to reduce corticosteroid to a prednisone equivalent of 10 mg/day or less within 12 weeks of initiating steroids.

[c] If AST and ALT are less than or equal to ULN at baseline in patients with liver involvement, withhold or permanently discontinue UNLOXCYT based on recommendations for hepatitis with no tumor involvement of the liver.

[d] Depending on clinical severity, consider withholding for Grade 2 endocrinopathy until symptom improvement with hormone replacement. Resume once acute symptoms have resolved.

2.3. Preparation and Administration

Visually inspect the vial for particulate matter and discoloration. UNLOXCYT is clear to opalescent, colorless to yellow or slightly brown. Discard the vial if visible particles are observed.

Do not shake the vial.

Preparation for Intravenous Infusion:

- Add 20 mL (1,200 mg) of UNLOXCYT to a 250 mL intravenous infusion bag containing 0.9% Sodium Chloride Injection. UNLOXCYT is compatible with an infusion bag made of polyolefin or polyvinyl chloride.
- Mix diluted solution by gentle inversion. **Do not shake**.
- Discard any unused portion left in the vial.

Storage of Infusion Solution:

The prepared infusion solution may be stored either:

- At room temperature up to 25°C (77°F) for no more than 24 hours from the time of preparation until the end of infusion.
- Under refrigeration at 2°C to 8°C (36°F to 46°F) for no more than 24 hours from time of preparation until end of infusion. If refrigerated, allow the diluted solution to come to room temperature prior to administration.
- Discard after 24 hours.
- Do not freeze.

Administration:

- Visually inspect the infusion bag for particulate matter and discoloration prior to administration. Discard if the solution is discolored or contains particulate matter.
- Administer by intravenous infusion over 60 minutes through an intravenous line containing a sterile, in-line or add-on of 0.2-micron to 0.22-micron filter.
- Do not administer UNLOXCYT as an intravenous push or bolus injection.
- Do not co-administer other drugs through the same infusion line.

3. DOSAGE FORMS AND STRENGTHS

Injection: 300 mg/5 mL (60 mg/mL), clear to opalescent, colorless to yellow or slightly brown solution in a single-dose vial.

4. CONTRAINDICATIONS

None.

5. WARNINGS AND PRECAUTIONS

5.1. Severe and Fatal Immune-Mediated Adverse Reactions

UNLOXCYT is a monoclonal antibody that belongs to a class of drugs that bind to either the programmed death receptor-1 (PD-1) or PD-ligand 1 (PD-L1), blocking the PD-1/PD-L1 pathway, thereby removing inhibition of the immune response, potentially breaking peripheral tolerance and inducing immune-mediated adverse reactions. Important immune-mediated adverse reactions listed in WARNINGS AND PRECAUTIONS may not include all possible severe and fatal immune-mediated reactions.

Immune-mediated adverse reactions, which can be severe or fatal, can occur in any organ system or tissue. Immune-mediated adverse reactions can occur at any time after starting a PD-1/PD-L1–blocking antibody. While immune-mediated adverse reactions usually manifest during treatment with PD-1/PD-L1–blocking antibodies, they can also manifest after discontinuation of PD-1/PD-L1–blocking antibodies. Immune-mediated adverse reactions affecting more than one body system can occur simultaneously.

Early identification and management of immune-mediated adverse reactions are essential to ensure safe use of PD-1/PD-L1–blocking antibodies. Monitor closely for symptoms and signs that may be clinical manifestations of underlying immune-mediated adverse reactions. Evaluate liver enzymes, creatinine, and thyroid function tests at baseline and periodically during treatment. In cases of suspected immune-mediated adverse reactions, initiate appropriate workup to exclude alternative etiologies, including infection. Institute medical management promptly, including specialty consultation as appropriate.

Withhold or permanently discontinue UNLOXCYT depending on severity *[see Dosage and Administration (2.2)]*. In general, if UNLOXCYT requires interruption or discontinuation, administer systemic corticosteroids (1 to 2 mg/kg/day prednisone or equivalent) until improvement to Grade 1 or less. Upon improvement to Grade 1 or less, initiate corticosteroid taper and continue to taper over at least 1 month. Consider administration of other systemic immunosuppressants in patients whose immune-mediated adverse reaction is not controlled with corticosteroids.

Toxicity management guidelines for adverse reactions that do not necessarily require systemic steroids (e.g., endocrinopathies, dermatologic reactions) are discussed below.

Immune-Mediated Pneumonitis

UNLOXCYT can cause immune-mediated pneumonitis. In patients treated with other PD-1/PD-L1–blocking antibodies, the incidence of pneumonitis is higher in patients who have received prior thoracic radiation.

Immune-mediated pneumonitis occurred in 1% (3/223, Grade 2) of patients receiving UNLOXCYT. Pneumonitis led to withholding of UNLOXCYT in 0.4% (1/223) of patients. All 3 patients required systemic corticosteroids and pneumonitis did not resolve. One patient in whom UNLOXCYT was withheld for pneumonitis, had UNLOXCYT reinitiated after symptom improvement and had recurrence of pneumonitis.

Immune-Mediated Colitis

UNLOXCYT can cause immune-mediated colitis, which may present with diarrhea, abdominal pain, and lower gastrointestinal (GI) bleeding. Cytomegalovirus infection/reactivation has

occurred in patients with corticosteroid-refractory immune-mediated colitis treated with PD-1/PD-L1–blocking antibodies. In cases of corticosteroid-refractory colitis, consider repeating infectious workup to exclude alternative etiologies.

Immune-mediated colitis occurred in 0.4% (1/223, Grade 1) of patients receiving UNLOXCYT. Systemic corticosteroids were required in the patient experiencing colitis. The event of colitis did not resolve, and UNLOXCYT was not reinitiated.

Immune-Mediated Hepatitis

UNLOXCYT can cause immune-mediated hepatitis, defined as requiring the use of systemic corticosteroids and the absence of a clear alternate etiology.

Immune-Mediated Endocrinopathies

Adrenal Insufficiency

UNLOXCYT can cause primary or secondary adrenal insufficiency. For Grade 2 or higher adrenal insufficiency, initiate symptomatic treatment per institutional guidelines, including hormone replacement as clinically indicated. Withhold or permanently discontinue UNLOXCYT depending on severity *[see Dosage and Administration (2.2)]*.

Adrenal insufficiency occurred in 0.9% (2/223) of patients receiving UNLOXCYT, including Grade 2 in 0.4% (1/223) of patients. UNLOXCYT was withheld for adrenal insufficiency in one of these patients and was reinitiated after symptom improvement. Systemic corticosteroids were required in both patients with adrenal insufficiency.

Hypophysitis

UNLOXCYT can cause immune-mediated hypophysitis. Hypophysitis can present with acute symptoms associated with mass effect such as headache, photophobia, or visual field cuts. Hypophysitis can cause hypopituitarism. Initiate hormone replacement as clinically indicated. Withhold or permanently discontinue UNLOXCYT depending on severity *[see Dosage and Administration (2.3)]*.

Thyroid Disorders

UNLOXCYT can cause immune-mediated thyroid disorders. Thyroiditis can present with or without endocrinopathy. Hypothyroidism can follow hyperthyroidism. Initiate hormone replacement or medical management of hyperthyroidism as clinically indicated. Withhold or permanently discontinue UNLOXCYT depending on severity *[see Dosage and Administration (2.2)]*.

Hypothyroidism: Hypothyroidism occurred in 10% (22/223) of patients receiving UNLOXCYT, including Grade 2 in 5% (10/223) of patients. Hypothyroidism resolved in 7 of the 22 patients.

Hyperthyroidism: Hyperthyroidism occurred in 5% (12/223) of patients receiving UNLOXCYT, including Grade 2 in 0.4% (1/223) of patients. Hyperthyroidism resolved in 10 of the 12 patients.

Type 1 Diabetes Mellitus, *which can present with diabetic ketoacidosis*

UNLOXCYT can cause type 1 diabetes mellitus, which can present with diabetic ketoacidosis. Monitor patients for hyperglycemia or other signs and symptoms of diabetes. Initiate treatment with insulin as clinically indicated. Withhold or permanently discontinue UNLOXCYT depending on severity *[see Dosage and Administration (2.2)]*.

Immune-Mediated Nephritis with Renal Dysfunction

UNLOXCYT can cause immune-mediated nephritis, defined as the required use of systemic corticosteroids or other immunosuppressants and the absence of a clear alternate etiology.

Immune-Mediated Dermatologic Adverse Reactions

UNLOXCYT can cause immune-mediated rash or dermatitis. Bullous and exfoliative dermatitis, including Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), and drug rash with eosinophilia and systemic symptoms (DRESS), have occurred with PD-1/PD-L1–blocking antibodies. Topical emollients and/or topical corticosteroids may be adequate to treat mild to moderate non-bullous/exfoliative rashes. Withhold or permanently discontinue UNLOXCYT depending on severity *[see Dosage and Administration (2.2)]*.

Immune-mediated dermatologic adverse reactions occurred in 7% (15/223) of patients receiving UNLOXCYT, including Grade 3 in 0.9% (2/223) of patients and Grade 2 in 4% (9/223) of patients. Dermatologic adverse reactions led to permanent discontinuation of UNLOXCYT in 0.4% (1/223) of patients and withholding of UNLOXCYT in 0.9% (2/223) of patients. Systemic corticosteroids were required in 33% (5/15) of patients with dermatologic adverse reactions. Dermatologic adverse reactions resolved in 7 of the 15 patients. Of the 2 patients in whom UNLOXCYT was withheld for dermatologic adverse reactions, 1 patient reinitiated UNLOXCYT after symptom improvement and had recurrence of the dermatologic adverse reaction, which resolved after UNLOXCYT was withheld a second time.

Other Immune-Mediated Adverse Reactions

The following clinically significant immune-mediated adverse reactions occurred in <1% of the 223 patients who received UNLOXCYT *[see Adverse Reactions (6.1)]* or were reported with the use of other PD-1/PD-L1–blocking antibodies. Severe or fatal cases have been reported for some of these adverse reactions.

Cardiac/Vascular: Myocarditis, pericarditis, vasculitis.

Nervous System: Meningitis, encephalitis, myelitis and demyelination, myasthenic syndrome/myasthenia gravis (including exacerbation), Guillain-Barre syndrome, nerve paresis, autoimmune neuropathy.

Ocular: Uveitis, iritis, other ocular inflammatory toxicities. Some cases can be associated with retinal detachment. Various grades of visual impairment to include blindness can occur. If uveitis occurs in combination with other immune-mediated adverse reactions, consider a Vogt-Koyanagi-Harada–like syndrome, as this may require treatment with systemic steroids to reduce the risk of permanent vision loss.

Gastrointestinal: Pancreatitis, including increases in serum amylase and lipase levels, gastritis, duodenitis.

Musculoskeletal and Connective Tissue: Myositis/polymyositis, rhabdomyolysis and associated sequelae including renal failure, arthritis, polymyalgia rheumatica.

Endocrine: Hypoparathyroidism.

Other (Hematologic/Immune): Autoimmune hemolytic anemia, aplastic anemia, hemophagocytic lymphohistiocytosis, systemic inflammatory response syndrome, histiocytic necrotizing

lymphadenitis (Kikuchi lymphadenitis), sarcoidosis, immune thrombocytopenia, solid organ transplant rejection, other transplant (including corneal graft) rejection.

5.2. Infusion-Related Reactions

UNLOXCYT can cause severe or life-threatening infusion-related reactions. Infusion-related infusion reactions were reported in 11% (24/223) of patients, including Grade 2 in 5.8% (13/223) of patients receiving UNLOXCYT.

Monitor patients for signs and symptoms of infusion-related reactions. Interrupt or slow the rate of infusion or permanently discontinue UNLOXCYT based on severity of reaction *[see Dosage and Administration (2.2)]*. Consider premedication with an antipyretic and/or an antihistamine for patients who have had previous systemic reactions to infusions of therapeutic proteins.

5.3. Complications of Allogeneic HSCT

Fatal and other serious complications can occur in patients who receive allogeneic hematopoietic stem cell transplantation (HSCT) before or after being treated with a PD-1/PD-L1–blocking antibody. Transplant-related complications include hyperacute graft-versus-host disease (GVHD), acute GVHD, chronic GVHD, hepatic veno-occlusive disease after reduced intensity conditioning, and steroid-requiring febrile syndrome (without an identified infectious cause). These complications may occur despite intervening therapy between PD-1/PD-L1 blockade and allogeneic HSCT.

Follow patients closely for evidence of transplant-related complications and intervene promptly. Consider the benefit versus risks of treatment with a PD-1/PD-L1–blocking antibody prior to or after an allogeneic HSCT.

5.4. Embryo-Fetal Toxicity

Based on its mechanism of action, UNLOXCYT can cause fetal harm when administered to a pregnant woman. Animal studies have demonstrated that inhibition of the PD-1/PD-L1 pathway can lead to increased risk of immune-mediated rejection of the developing fetus, resulting in fetal death. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with UNLOXCYT and for 4 months after the last dose *[see Use in Specific Populations (8.1, 8.3)]*.

6. ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in the labeling:

- Severe and fatal immune-mediated adverse reactions *[see Warnings and Precautions (5.1)]*
- Infusion-related reactions *[see Warnings and Precautions (5.2)]*
- Complications of Allogeneic HSCT *[see Warnings and Precautions (**Error! Reference source not found.**)]*

6.1. Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The pooled safety population described in WARNINGS AND PRECAUTIONS reflects exposure to UNLOXCYT as a single agent in 223 patients in two open-label, single-arm, multicohort studies, including 141 patients with advanced CSCC and 82 patients with other solid tumors and hematologic malignancies. UNLOXCYT was administered intravenously at doses of 800 mg every 2 weeks (n=174), 1,200 mg every 3 weeks (n=35), or other doses (n=14). Among the 223 patients, 54% were exposed for ≥24 weeks and 17% were exposed for ≥72 weeks.

The safety of UNLOXCYT was evaluated in Study CK-301-101 in 141 patients with metastatic or locally advanced disease CSCC *[see Clinical Studies (14)]*. Patients received UNLOXCYT 800 mg every 2 weeks (n=115) or 1,200 mg every 3 weeks (n=26) as an intravenous infusion until disease progression or unacceptable toxicity. The median duration of exposure was 36 weeks (2 weeks to 3.7 years).

Serious adverse reactions occurred in 31% of advanced patients with CSCC who received UNLOXCYT. The most frequent serious adverse reactions (≥ 2% of patients) were sepsis (2.8%), pneumonia (2.8%) and pyrexia (2.1%).

Permanent discontinuation of UNLOXCYT due to an adverse reaction occurred in 8% of patients. Adverse reactions resulting in permanent discontinuation of UNLOXCYT were COVID-19, COVID-19 pneumonia, sepsis, ulcerative keratitis, tumor thrombosis, axillary pain, paresthesia, cholestasis, hepatic cytolysis, wound hemorrhage, neck pain, pemphigoid, and eye pain (1 patient each).

Dosage interruptions due to an adverse reaction occurred in 36% of patients who received UNLOXCYT. The adverse reaction that required dosage interruption in ≥ 2% of patients who received UNLOXCYT was COVID-19 (2%).

The most common (≥ 10%) adverse reactions were fatigue, musculoskeletal pain, rash, diarrhea, hypothyroidism, constipation, nausea, headache, pruritus, edema, localized infection, and urinary tract infection.

Table 2 and Table 3 summarize adverse reactions and laboratory abnormalities, respectively in CK-301-101.

Table 2: Adverse Reactions in ≥ 10% of Patients with Metastatic or Locally Advanced CSCC Receiving UNLOXCYT in Study CK-301-101

	UNLOXCYT N = 141 %	
System Organ Class Preferred Term	**All Grades %**	**Grade 3 or 4 %**
General disorders and administrative site conditions		
Fatigue*	33	3
Edema*	11	0
Musculoskeletal and connective tissue disorders		
Musculoskeletal pain*	25	3
Skin and subcutaneous tissue disorders		
Rash*	23	1
Pruritus*	12	0
Endocrine disorder		
Hypothyroidism*	14	0
Gastrointestinal disorders		
Diarrhea	14	0
Nausea	13	0
Constipation	13	0
Nervous system disorders		
Headache*	12	0
Infections and infestations		
Localized infection	10	0.7
Urinary tract infection*	10	0

Toxicity was graded per National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) v.4.03 (or later version)

* Represents a composite of multiple related terms

Table 3: Laboratory Abnormalities that Worsened from Baseline to Grade 3 or 4 Occurring in ≥ 1% of Patients with Metastatic or Locally Advanced CSCC Receiving UNLOXCYT in Study CK-301-101

Laboratory Abnormality	UNLOXCYT (N = 141)	
	All Grades %[a]	Grade 3 or 4 %[a]
Hematology		
Hemoglobin decreased	45	4
Lymphocytes decreased	41	6
Platelets decreased	14	1
Leukocytes decreased	10	1
Chemistry		
Sodium decreased	38	5
Alkaline phosphatase increased	26	1
Alanine transferase increased	25	4
Lipase increased	25	3
Aspartate transaminase increased	24	3
Potassium increased	23	3
Calcium increased	14	2

Toxicity graded per NCI CTCAE v5

[a] The denominator used to calculate the rate varied from 122-140 based on the number of patients with a baseline value and at least one post-treatment value.

8. USE IN SPECIFIC POPULATIONS

8.1. Pregnancy

Risk Summary

Based on its mechanism of action, UNLOXCYT can cause fetal harm when administered to a pregnant woman *[see Clinical Pharmacology (12.1)]*. There are no available data on the use of UNLOXCYT in pregnant women. Animal studies have demonstrated that inhibition of the PD-1/PD-L1 pathway can lead to increased risk of immune-mediated rejection of the developing fetus resulting in fetal death *(see Data)*. Human IgG1 immunoglobulins (IgG1) are known to cross the placental barrier; therefore, cosibelimab-ipdl has the potential to be transmitted from the mother to the developing fetus. Advise women of the potential risk to a fetus.

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data

Animal Data: Animal reproduction studies have not been conducted with cosibelimab-ipdl to evaluate its effect on reproduction and fetal development. A central function of the PD-1/PD-L1 pathway is to preserve pregnancy by maintaining maternal immune tolerance to the fetus. In murine models of pregnancy, blockade of PD-L1 signaling has been shown to disrupt tolerance to the fetus and to result in an increase in fetal loss; therefore, potential risks of administering UNLOXCYT during pregnancy include increased rates of abortion or stillbirth. As reported in the

literature, there were no malformations related to the blockade of PD-1/PD-L1 signaling in the offspring of these animals; however, immune-mediated disorders occurred in PD-1 and PD-L1 knockout mice. Based on its mechanism of action, fetal exposure to UNLOXCYT may increase the risk of developing immune-mediated disorders or altering the normal immune response.

8.2. Lactation

Risk Summary

There is no information regarding the presence of cosibelimab-ipdl in human milk or its effects on the breastfed child or on milk production. Because of the potential for serious adverse reactions in a breastfed child, advise women not to breastfeed during treatment and for 4 months after the last dose of UNLOXCYT.

8.3. Females and Males of Reproductive Potential

UNLOXCYT can cause fetal harm when administered to a pregnant woman *[see Use in Specific Populations (8.1)]*.

Pregnancy Testing

Verify pregnancy status in females of reproductive potential prior to initiating UNLOXCYT *[see Use in Specific Populations (8.1)]*.

Contraception

Females: Advise females of reproductive potential to use effective contraception during treatment with UNLOXCYT and for 4 months after the last dose.

8.4. Pediatric Use

The safety and effectiveness of UNLOXCYT have not been established in pediatric patients.

8.5. Geriatric Use

Of the 141 patients treated with UNLOXCYT as a single agent, 21% (29) were younger than 65 years, 31% (44) were aged 65 through 75 years, and 48% (68) were 75 years or older. No overall differences in safety or effectiveness were observed between these patients and younger patients.

11. DESCRIPTION

Cosibelimab-ipdl is a human programmed death ligand-1 (PD-L1) blocking antibody. Cosibelimab-ipdl is a human IgG1 lambda monoclonal antibody. Cosibelimab-ipdl is produced in Chinese hamster ovary (CHO) cells and has a calculated molecular weight of approximately 147 kDa.

UNLOXCYT (cosibelimab-ipdl) injection for intravenous use is a sterile, preservative-free, clear to opalescent, colorless to yellow or slightly brown solution. It is supplied in single-dose vials.

Each vial contains 300 mg of UNLOXCYT in 5 mL of solution with a pH of 5.3. Each mL of solution contains 60 mg of cosibelimab-ipdl, acetic acid (0.24 mg), mannitol (37.35 mg), polysorbate 80 (1.1 mg), sodium acetate (1.31 mg), sodium chloride (4.09 mg), and Water for Injection, USP.

12. CLINICAL PHARMACOLOGY

12.1. Mechanism of Action

PD-L1 may be expressed on tumor cells and tumor-infiltrating immune cells and can contribute to the inhibition of the anti-tumor immune response in the tumor microenvironment. Binding of PD-L1 to the PD-1 and B7.1 receptors found on T cells and antigen presenting cells suppresses cytotoxic T-cell activity, T-cell proliferation, and cytokine production. Cosibelimab-ipdl binds PD-L1 and blocks the interaction between PD-L1 and its receptors PD-1 and B7.1. This interaction releases the inhibitory effects of PD-L1 on the anti-tumor immune response. Cosibelimab-ipdl has also been shown to induce antibody-dependent cell-mediated cytotoxicity (ADCC) in vitro.

12.2. Pharmacodynamics

Cosibelimab-ipdl exposure-response relationships and the time course of pharmacodynamic responses have not been fully characterized.

12.3. Pharmacokinetics

Cosibelimab-ipdl pharmacokinetic parameters are presented as geometric mean (coefficient of variation) unless otherwise stated. At the recommended dosage, the cosibelimab-ipdl steady-state maximum plasma concentration (C_{max}) is 492 µg/mL (24.3%) and area under curve (AUC) is 112000 µg*h/mL (39.6%). Cosibelimab-ipdl C_{max} and AUC increased proportionally over the dose range of 800 mg to 1,200 mg following single dosing. Steady-state concentrations of cosibelimab-ipdl are reached by 12 weeks.

At 1,200 mg every 3 weeks, the mean cosibelimab-ipdl concentrations (coefficient of variation, CV%) at steady-state ranged between a minimum concentration of 120 µg/L (46.3%) and a maximum concentration of 453 µg/L (22.2%). Steady-state exposure was achieved after 84 days of treatment.

In patients with CSCC, cosibelimab-ipdl steady-state exposure at 1,200 mg every 3 weeks (the recommended dosage) was comparable to the exposure at 800 mg every 2 weeks.

Distribution

Cosibelimab-ipdl steady state volume of distribution is approximately 5.67 L (19.7%).

Elimination

Cosibelimab-ipdl steady state elimination half-life is 17.8 days (43.8%), and the clearance is 0.256 L/day (41%).

Specific Populations

No clinically significant differences in the pharmacokinetics of cosibelimab-ipdl were observed based on age (24.8 to 95.0 years), sex, race (79.6% White, 10.7% Asian, 0.5% African American, and 1.5% other), ethnicity (76.9% Not Hispanic/Latino and 4.9% Hispanic/Latino), ADA and nAb status, albumin (22 to 51 g/L), tumor type, tumor diameter, and renal impairment (CLcr 15 mL/min and higher). The effect of severe hepatic impairment (bilirubin > 3 x ULN and any AST) on cosibelimab-ipdl pharmacokinetics is unknown.

12.6 Immunogenicity

The observed incidence of anti-drug antibodies is highly dependent on the sensitivity and specificity of the assay. Differences in assay methods preclude meaningful comparisons of the incidence of anti-drug antibodies in the studies described below with the incidence of anti-drug antibodies in other studies, including those of UNLOXCYT or of other cosibelimab products.

Anti-drug antibody (ADA) and neutralizing antibody (nAb) responses were monitored throughout the treatment period where the benefit to risk ratio was assessed. ADAs were detected in 65/133 (49%) of patients treated with UNLOXCYT and nAbs were detected in 2/65 (3.0%) of the patients. UNLOXCYT-treated patients who developed anti-cosibelimab antibodies had reduced UNLOXCYT concentrations (20% lower compared to UNLOXCYT-treated subjects who did not develop anti-cosibelimab-ipdl antibodies).

There was no clinically significant effect of anti-cosibelimab-ipdl antibodies on the efficacy or safety of cosibelimab-ipdl.

13. NONCLINICAL TOXICOLOGY

13.1. Carcinogenesis, Mutagenesis, Impairment of Fertility

No studies have been performed to assess the potential of cosibelimab-ipdl for carcinogenicity or genotoxicity.

Fertility studies have not been conducted with cosibelimab-ipdl in animals. In 1- and 3-month repeat-dose toxicology studies in monkeys, there were no notable effects in the male and female reproductive organs up to the highest dose tested of 100 mg/kg/dose; however, many animals in these studies were not sexually mature.

13.2. Animal Toxicology and/or Pharmacology

In animal models, inhibition of PD-L1/PD-1 signaling increased the severity of some infections and enhanced inflammatory responses. *Mycobacterium tuberculosis*-infected PD-1 knockout mice exhibit markedly decreased survival compared with wild-type controls, which correlated with increased bacterial proliferation and inflammatory responses in these animals. PD-L1 and PD-1 knockout mice and mice receiving PD-L1–blocking antibody have also shown decreased survival following infection with lymphocytic choriomeningitis virus.

14. CLINICAL STUDIES

14.1. Cutaneous Squamous Cell Carcinoma (CSCC)

The efficacy of UNLOXCYT was evaluated in Study CK-301-101 (NCT03212404), a multicenter, multicohort, open-label study in patients with metastatic CSCC (mCSCC) or locally advanced CSCC (laCSCC) who were not candidates for curative surgery or curative radiation. Patients were excluded if they had the following: active or suspected autoimmune disease, allogeneic transplant within 6 months prior to treatment, prior treatment with anti–PD-1/PD-L1 blocking antibodies or other immune checkpoint inhibitor therapy, uncontrolled or significant cardiovascular disease, ECOG PS $\geq$ 2, or infection with HIV, hepatitis B or hepatitis C.

Patients received UNLOXCYT 800 mg every 2 weeks until disease progression or unacceptable toxicity. Tumor response assessments were performed every 8 weeks for the first 8 months and

every 12 weeks thereafter.

The major efficacy outcomes were objective response rate (ORR) and duration of response (DOR) as assessed by an independent central review committee (ICR) according to Response Evaluation Criteria in Solid Tumors (RECIST) version 1.1. For patients with laCSCC with externally visible target lesions not assessable by radiologic imaging, ORR was determined by ICR assessments of digital photography (WHO criteria).

The efficacy population consisted of 109 patients. The median age was 75 years (range 37-95); 78% were ≥ 65 years; 72% were male; 85% were White; 6% were Asian; 1% were Black or African American; 7% were race unknown or missing; 34% had ECOG performance status of 0, and 66% had ECOG performance score of 1. Seven percent of patients received at least one prior anti-cancer systemic therapy, 66% of patients had prior surgery, and 69% of patients had prior radiotherapy. Efficacy results are summarized in Table 4.

Table 4: Efficacy Results for Study CK-301-101

Efficacy Endpoints	**mCSCC N = 78**	**laCSCC N = 31**
Objective Response Rate (ORR)		
ORR, n (%) (95% CI)	39 (50) (38, 62)	17 (55) (36, 73)
Complete response, n (%)	10 (13)	8 (26)
Partial response, n (%)	29 (37)	9 (29)
Duration of Response (DOR)[a]		
Number of responders	N=39	N=17
Median DOR in months[b] (Range)	NR (1.4+, 45.3+)	NR (8.3, 31.3+)
Responders with observed DOR ≥ 6 months, n (%)[c]	33 (85)	17 (100)
Responders with observed DOR ≥ 12 months, n (%)[c]	26 (67)	15 (88)

CI: confidence interval; NR: not reached; +: Denotes ongoing at last assessment.

[a] Median follow up time: mCSCC: 29.3 months; laCSCC: 24.1 months.

[b] Based on Kaplan-Meier estimate.

[c] The numerator includes the number of patients whose observed DOR reached at least the specified times of 6 or 12 months. Patients who did not have the opportunity to reach the specified timepoint were included in the denominator only.

16. HOW SUPPLIED/STORAGE AND HANDLING

UNLOXCYT (cosibelimab-ipdl) injection is a clear to opalescent, colorless to yellow or slightly brown solution supplied in a carton containing one 300 mg/5 mL (60 mg/mL), single-dose vial (NDC 70095-130-01).

Store in a refrigerator at 2°C to 8°C (36°F to 46°F) in original carton to protect from light.

Do not freeze or shake.

17. PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Medication Guide).

Immune-Mediated Adverse Reactions

Advise patients that UNLOXCYT can cause immune-mediated adverse reactions that may require corticosteroid treatment and interruption or discontinuation of UNLOXCYT including the following [*see Warnings and Precautions (5.1)*]:

- Pneumonitis: Advise patients to contact their healthcare provider immediately for signs or symptoms of pneumonitis, including new or worsening symptoms of cough, chest pain, or shortness of breath.
- Colitis: Advise patients to contact their healthcare provider immediately for signs or symptoms of colitis, including diarrhea, blood or mucus in stools, or severe abdominal pain.
- Hepatitis: Advise patients to contact their healthcare provider immediately for signs or symptoms of hepatitis.
- Endocrinopathies: Advise patients to contact their healthcare provider immediately for signs or symptoms of hypothyroidism, hyperthyroidism, adrenal insufficiency, hypophysitis, or type 1 diabetes mellitus.
- Nephritis: Advise patients to contact their healthcare provider immediately for signs or symptoms of nephritis.
- Dermatologic Adverse Reactions: Advise patients to contact their healthcare provider immediately if they develop a new rash.
- Other Immune-Mediated Adverse Reactions:
    - Advise patients that immune-mediated adverse reactions can occur and may involve any organ system, and to contact their healthcare provider immediately for any new signs or symptoms *[see Warnings and Precautions (5.1)]*.
    - Advise patients of the risk of solid organ transplant rejection and other transplant (including corneal graft) rejection. Advise patients to contact their healthcare provider immediately for signs or symptoms of organ transplant (including corneal graft) rejection *[see Warnings and Precautions (5.1)]*.

Infusion-Related Reactions

Advise patients to contact their healthcare provider immediately for signs or symptoms of infusion-related reactions [*see Warnings and Precautions (5.2)*].

Complications of Allogeneic HSCT or Solid Organ Transplant Rejection

Advise patients to contact their healthcare provider immediately if they develop signs or symptoms of post-allogeneic HSCT complications or of solid organ transplant rejection [*see Warnings and Precautions (5.1, 5.3)*].

Embryo-Fetal Toxicity

- Advise females of reproductive potential that UNLOXCYT can cause harm to a fetus and to inform their healthcare provider of a known or suspected pregnancy [*see Warnings and Precautions (5.4)* and *Use in Specific Populations (8.1, 8.3)*].
- Advise females of reproductive potential to use effective contraception during treatment with UNLOXCYT and for 4 months after the last dose [*see Use in Specific Populations (8.3)*].

Lactation

- Advise female patients not to breastfeed during treatment with UNLOXCYT and for 4 months after the last dose [*see Use in Specific Populations (8.2)*].

Trademarks are owned by or licensed to Checkpoint Therapeutics, Inc.

Manufactured for:

Checkpoint Therapeutics, Inc.

Waltham, MA 02453

U.S. License No. 2275

Product of Korea

Distributed by:

Sun Pharmaceutical Industries, Inc.

Cranbury, NJ 08512

UNLOXCYT is a trademark of Checkpoint Therapeutics, Inc.

Rev. NOV 2025