

**Highmark List of Procedure Codes Requiring NDC  
Effective 07/01/2024**

| HCPC  | Description                                                                                       |
|-------|---------------------------------------------------------------------------------------------------|
| 90378 | RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR USE, 50 MG, EACH |
| C9399 | UNCLASSIFIED DRUGS OR BIOLOGICALS                                                                 |
| J0121 | INJECTION, OMADACYCLINE, 1 MG                                                                     |
| J0122 | INJECTION, ERAVACYCLINE, 1 MG                                                                     |
| J0129 | INJECTION, ABATACEPT, 10 MG                                                                       |
| J0130 | INJECTION ABCIXIMAB, 10 MG                                                                        |
| J0131 | INJECTION, ACETAMINOPHEN, NOT OTHERWISE SPECIFIED,10 MG                                           |
| J0132 | INJECTION, ACETYLCYSTEINE, 100 MG                                                                 |
| J0133 | INJECTION, ACYCLOVIR, 5 MG                                                                        |
| J0134 | INJECTION, ACETAMINOPHEN (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J0131, 10 MG         |
| J0135 | INJECTION, ADALIMUMAB, 20 MG                                                                      |
| J0136 | INJECTION, ACETAMINOPHEN (B BRAUN), NOT THERAPEUTICALLY EQUIVALENT TO J0131, 10 MG                |
| J0137 | INJECTION, ACETAMINOPHEN (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0131, 10 MG                  |
| J0153 | INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)           |
| J0172 | INJECTION, ADUCANUMAB-AVWA, 2 MG                                                                  |
| J0173 | INJECTION, EPINEPHRINE (BELCHER), NOT THERAPEUTICALLY EQUIVALENT TO J0171, 0.1 MG                 |
| J0177 | INJECTION, AFLIBERCEPT HD, 1 MG                                                                   |
| J0178 | INJECTION, AFLIBERCEPT, 1 MG                                                                      |
| J0179 | INJECTION, BROLUCIZUMAB-DBLL, 1 MG                                                                |
| J0180 | INJECTION, AGALSIDASE BETA, 1MG                                                                   |
| J0184 | INJECTION, AMISULPRIDE, 1 MG                                                                      |
| J0185 | INJECTION, APREPITANT, 1 MG                                                                       |
| J0202 | INJECTION, ALEMTUZUMAB, 1 MG                                                                      |
| J0206 | INJECTION, ALLOPURINOL SODIUM, 1 MG                                                               |
| J0207 | INJECTION, AMIFOSTINE, 500 MG                                                                     |
| J0208 | INJECTION, SODIUM THIOSULFATE (PEDMARK), 100 MG                                                   |
| J0209 | INJECTION, SODIUM THIOSULFATE (HOPE), 100 MG                                                      |
| J0210 | INJECTION, METHYLDOPATE HCL, UP TO 250 MG                                                         |
| J0211 | INJECTION, SODIUM NITRITE 3 MG AND SODIUM THIOSULFATE 125 MG (NITHIODOTE)                         |
| J0216 | INJECTION, ALFENTANIL HYDROCHLORIDE, 500 MICROGRAMS                                               |
| J0217 | INJECTION, VELMANASE ALFA-TYCV, 1 MG                                                              |
| J0218 | INJECTION, OLIPUDASE ALFA-RPCP, 1 MG                                                              |
| J0219 | INJECTION, AVALGLUCOSIDASE ALFA-NGPT, 4 MG                                                        |
| J0220 | INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE CLASSIFIED                                    |

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| <u>HCPC</u> | <u>Description</u>                                                              |
|-------------|---------------------------------------------------------------------------------|
| J0221       | INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG                                |
| J0222       | INJECTION, PATISIRAN, 0.1 MG                                                    |
| J0223       | INJECTION, GIVOSIRAN, 0.5 MG                                                    |
| J0224       | INJECTION, LUMASIRAN, 0.5 MG                                                    |
| J0225       | INJECTION, VUTRISIRAN, 1 MG                                                     |
| J0248       | INJECTION, REMDESIVIR, 1 MG                                                     |
| J0256       | INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG |
| J0257       | INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG               |
| J0283       | INJECTION, AMIODARONE HYDROCHLORIDE (NEXTERONE), 30 MG                          |
| J0285       | INJECTION, AMPHOTERICIN B, 50 MG                                                |
| J0287       | INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG                                  |
| J0289       | INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG                                       |
| J0291       | INJECTION, PLAZOMICIN, 5 MG                                                     |
| J0295       | INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM                       |
| J0348       | INJECTION, ANIDULAFUNGIN, 1 MG                                                  |
| J0349       | INJECTION, REZAFUNGIN, 1 MG                                                     |
| J0364       | INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG                                      |
| J0391       | INJECTION, ARTESUNATE, 1 MG                                                     |
| J0401       | INJECTION, ARIPIRAZOLE (ABILIFY MAINTENA), 1 MG                                 |
| J0402       | INJECTION, ARIPIRAZOLE (ABILIFY ASIMTUFI), 1 MG                                 |
| J0456       | INJECTION, AZITHROMYCIN, 500 MG                                                 |
| J0457       | INJECTION, AZTREONAM, 100 MG                                                    |
| J0470       | INJECTION, DIMERCAPROL, PER 100 MG                                              |
| J0475       | INJECTION, BACLOFEN, 10 MG                                                      |
| J0476       | INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL                               |
| J0480       | INJECTION, BASILIXIMAB, 20 MG                                                   |
| J0485       | INJECTION, BELATACEPT, 1 MG                                                     |
| J0490       | INJECTION, BELIMUMAB, 10 MG                                                     |
| J0491       | INJECTION, ANIFROLUMAB-FNIA, 1 MG                                               |
| J0517       | INJECTION, BENRALIZUMAB, 1 MG                                                   |
| J0558       | INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS     |
| J0561       | INJECTION, PENICILLIN G BENZATHINE 100,000 UNITS                                |
| J0565       | INJECTION, BEZLOTOXUMAB, 10 MG                                                  |
| J0567       | INJECTION, CERLIPONASE ALFA, 1 MG                                               |
| J0571       | BUPRENORPHINE, ORAL, 1 MG                                                       |
| J0572       | BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG BUPRENORPHINE          |

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| HCPC  | Description                                                                                                                                                                  |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| J0573 | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 3.1 TO 6 MG                                                                                       |
| J0574 | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE                                                                               |
| J0575 | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG BUPRENORPHINE                                                                                                               |
| J0576 | INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG                                                                                                                    |
| J0577 | INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), LESS THAN OR EQUAL TO 7 DAYS OF THERAPY                                                                                 |
| J0578 | INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), GREATER THAN 7 DAYS AND UP TO 28 DAYS OF THERAPY                                                                        |
| J0583 | INJECTION, BIVALIRUDIN, 1 MG                                                                                                                                                 |
| J0584 | INJECTION, BUROSUMAB-TWZA 1 MG                                                                                                                                               |
| J0585 | INJECTION, ONABOTULINUMTOXINA, 1 UNIT                                                                                                                                        |
| J0586 | INJECTION, ABOBOTULINUMTOXINA, 5 UNITS                                                                                                                                       |
| J0587 | INJECTION, RIMABOTULINUMTOXINB, 100 UNITS                                                                                                                                    |
| J0588 | INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT                                                                                                                                      |
| J0589 | INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT                                                                                                                                  |
| J0591 | INJECTION, DEOXYCHOLIC ACID, 1 MG                                                                                                                                            |
| J0592 | INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG                                                                                                                               |
| J0593 | INJECTION, LANADELUMAB-FLYO, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED) |
| J0594 | INJECTION, BUSULFAN, 1 MG                                                                                                                                                    |
| J0596 | INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS                                                                                                           |
| J0597 | INJECTION, C1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS                                                                                                                 |
| J0598 | INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS                                                                                                                 |
| J0599 | INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), (HAEGARDA), 10 UNITS                                                                                                              |
| J0600 | INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG                                                                                                                           |
| J0604 | CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)                                                                                                                               |
| J0606 | INJECTION, ETELCALCETIDE, 0.1 MG                                                                                                                                             |
| J0610 | INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 ML                                                                                                                     |
| J0611 | INJECTION, CALCIUM GLUCONATE (WG CRITICAL CARE), PER 10 ML                                                                                                                   |
| J0612 | INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG                                                                                                                 |
| J0613 | INJECTION, CALCIUM GLUCONATE (WG CRITICAL CARE), NOT THERAPEUTICALLY EQUIVALENT TO J0612, 10 MG                                                                              |
| J0630 | INJECTION, CALCITONIN SALMON, UP TO 400 UNITS                                                                                                                                |
| J0636 | INJECTION, CALCITRIOL, 0.1 MCG                                                                                                                                               |
| J0637 | INJECTION, CASPOFUNGIN ACETATE, 5 MG                                                                                                                                         |
| J0638 | INJECTION, CANAKINUMAB, 1 MG                                                                                                                                                 |

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| HCPC  | Description                                                                                                                                                                        |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| J0640 | INJECTION, LEUCOVORIN CALCIUM, PER 50 MG                                                                                                                                           |
| J0641 | INJECTION, LEVOLEUCOVORIN, 0.5 MG                                                                                                                                                  |
| J0650 | INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG                                                                                                                   |
| J0651 | INJECTION, LEVOTHYROXINE SODIUM (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J0650, 10 MCG                                                                                  |
| J0652 | INJECTION, LEVOTHYROXINE SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0650, 10 MCG                                                                                           |
| J0665 | INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG                                                                                                                            |
| J0670 | INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML                                                                                                                                    |
| J0687 | INJECTION, CEFAZOLIN SODIUM (WG CRITICAL CARE), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG                                                                                    |
| J0688 | INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG                                                                                               |
| J0689 | INJECTION, CEFAZOLIN SODIUM (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG                                                                                              |
| J0690 | INJECTION, CEFAZOLIN SODIUM, 500 MG                                                                                                                                                |
| J0691 | INJECTION, LEFAMULIN, 1 MG                                                                                                                                                         |
| J0692 | INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG                                                                                                                                          |
| J0693 | INJECTION, CEFIDEROCOL, 5 MG                                                                                                                                                       |
| J0695 | INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG                                                                                                                                  |
| J0696 | INJECTION, CEFTRIAZONE SODIUM, PER 250 MG                                                                                                                                          |
| J0697 | INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG                                                                                                                                   |
| J0698 | INJECTION, CEFOTAXIME SODIUM, PER GM                                                                                                                                               |
| J0699 | INJECTION, CEFIDEROCOL, 10 MG                                                                                                                                                      |
| J0701 | INJECTION, CEFEPIME HYDROCHLORIDE (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO MAXIPIME, 500 MG                                                                                     |
| J0702 | INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG                                                                                                      |
| J0703 | INJECTION, CEFEPIME HYDROCHLORIDE (B BRAUN), NOT THERAPEUTICALLY EQUIVALENT TO MAXIPIME, 500 MG                                                                                    |
| J0706 | INJECTION, CAFFEINE CITRATE, 5 MG                                                                                                                                                  |
| J0712 | INJECTION, CEFTAROLINE FOSAMIL, 10 MG                                                                                                                                              |
| J0713 | INJECTION, CEFTAZIDIME, PER 500 MG                                                                                                                                                 |
| J0714 | INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G                                                                                                                                |
| J0717 | INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED) |
| J0720 | INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM                                                                                                                            |
| J0725 | INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS                                                                                                                             |
| J0735 | INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG                                                                                                                                           |

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| <u>HCPC</u> | <u>Description</u>                                                                                                                                                           |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| J0736       | INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG                                                                                                                                     |
| J0737       | INJECTION, CLINDAMYCIN PHOSPHATE (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0736, 300 MG                                                                                   |
| J0739       | INJECTION, CABOTEGRAVIR, 1MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)                                     |
| J0740       | INJECTION, CIDOFOVIR, 375 MG                                                                                                                                                 |
| J0741       | INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2MG/3MG                                                                                                                             |
| J0742       | INJECTION, IMIPENEM 4 MG, CILASTATIN 4 MG AND RELEBACTAM 2 MG                                                                                                                |
| J0743       | INJECTION, CILASTATIN SODIUM, IMIPENEM, PER 250 MG                                                                                                                           |
| J0750       | EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV) |
| J0751       | EMTRICITABINE 200MG AND TENOFOVIR ALAFENAMIDE 25MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)          |
| J0770       | INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG                                                                                                                               |
| J0775       | INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG                                                                                                                    |
| J0791       | INJECTION, CRIZANLIZUMAB-TMCA, 5 MG                                                                                                                                          |
| J0795       | INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM                                                                                                                        |
| J0799       | FDA APPROVED PRESCRIPTION DRUG, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV), NOT OTHERWISE CLASSIFIED                                     |
| J0800       | INJECTION, CORTICOTROPIN, UP TO 40 UNITS                                                                                                                                     |
| J0801       | INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS                                                                                                                        |
| J0802       | INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS                                                                                                                               |
| J0833       | INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG                                                                                                                     |
| J0834       | INJECTION, COSYNTROPIN, 0.25 MG                                                                                                                                              |
| J0840       | INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM                                                                                                            |
| J0841       | INJECTION, CROTALIDAE IMMUNE F(AB') <sub>2</sub> (EQUINE), 120 MG                                                                                                            |
| J0850       | INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL                                                                                                     |
| J0872       | INJECTION, DAPTOMYCIN (XELLIA), UNREFRIGERATED, NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0873, 1 MG                                                                       |
| J0873       | INJECTION, DAPTOMYCIN (XELLIA), NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0872, 1 MG                                                                                       |
| J0874       | INJECTION, DAPTOMYCIN (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG                                                                                                |
| J0875       | INJECTION, DALBAVANCIN, 5MG                                                                                                                                                  |
| J0877       | INJECTION, DAPTOMYCIN (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG                                                                                               |
| J0878       | INJECTION, DAPTOMYCIN, 1 MG                                                                                                                                                  |
| J0879       | INJECTION, DIFELIKEFALIN, 0.1 MICROGRAM, (FOR ESRD ON DIALYSIS)                                                                                                              |
| J0881       | INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)                                                                                                                      |

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| <u>HCPC</u> | <u>Description</u>                                                                                                                              |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| J0882       | INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)                                                                                 |
| J0885       | INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS                                                                                         |
| J0887       | INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)                                                                                    |
| J0888       | INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)                                                                                        |
| J0889       | DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)                                                                                                 |
| J0891       | INJECTION, ARGATROBAN (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J0883, 1 MG (FOR NON-ESRD USE)                                                |
| J0892       | INJECTION, ARGATROBAN (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J0884, 1 MG (FOR ESRD ON DIALYSIS)                                            |
| J0893       | INJECTION, DECITABINE (SUN PHARMA), NOT THERAPEUTICALLY EQUIVALENT TO J0894, 1 MG                                                               |
| J0894       | INJECTION, DECITABINE, 1 MG                                                                                                                     |
| J0895       | INJECTION, DEFEROXAMINE MESYLATE, 500 MG                                                                                                        |
| J0896       | INJECTION, LUSPATERCEPT-AAMT, 0.25 MG                                                                                                           |
| J0897       | INJECTION, DENOSUMAB, 1 MG                                                                                                                      |
| J0898       | INJECTION, ARGATROBAN (AUROMEDICS), NOT THERAPEUTICALLY EQUIVALENT TO J0883, 1 MG (FOR NON-ESRD USE)                                            |
| J0899       | INJECTION, ARGATROBAN (AUROMEDICS), NOT THERAPEUTICALLY EQUIVALENT TO J0884, 1 MG (FOR ESRD ON DIALYSIS)                                        |
| J0911       | INSTILLATION, TAUROLIDINE 1.35 MG AND HEPARIN SODIUM 100 UNITS (CENTRAL VENOUS CATHETER LOCK FOR ADULT PATIENTS RECEIVING CHRONIC HEMODIALYSIS) |
| J1000       | INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG                                                                                                 |
| J1010       | INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG                                                                                                     |
| J1020       | INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG                                                                                                    |
| J1030       | INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG                                                                                                    |
| J1040       | INJECTION, METHYLPREDNISOLONE ACETATE. 80 MG                                                                                                    |
| J1050       | INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG                                                                                                    |
| J1071       | INJECTION, TESTOSTERONE CYPIONATE, 1MG                                                                                                          |
| J1095       | INJECTION, DEXAMETHASONE 9 PERCENT, INTRAOCULAR, 1 MICROGRAM                                                                                    |
| J1096       | DEXAMETHASONE, LACRIMAL OPHTHALMIC INSERT, 0.1 MG                                                                                               |
| J1097       | PHENYLEPHRINE 10.16 MG/ML AND KETOROLAC 2.88 MG/ML OPHTHALMIC IRRIGATION SOLUTION, 1 ML                                                         |
| J1105       | DEXMEDETOMIDINE, ORAL, 1 MCG                                                                                                                    |
| J1110       | INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG                                                                                                 |
| J1160       | INJECTION, DIGOXIN, UP TO 0.5 MG                                                                                                                |
| J1162       | INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL                                                                                                 |
| J1165       | INJECTION, PHENYTOIN SODIUM, PER 50 MG                                                                                                          |
| J1190       | INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG                                                                                                |
| J1201       | INJECTION, CETIRIZINE HYDROCHLORIDE, 0.5 MG                                                                                                     |
| J1202       | MIGLUSTAT, ORAL, 65 MG                                                                                                                          |

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| <u>HCPC</u> | <u>Description</u>                                                                                       |
|-------------|----------------------------------------------------------------------------------------------------------|
| J1203       | INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG                                                               |
| J1205       | INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG                                                             |
| J1212       | INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML                                                          |
| J1230       | INJECTION, METHADONE HCL, UP TO 10 MG                                                                    |
| J1260       | INJECTION, DOLASETRON MESYLATE, 10 MG                                                                    |
| J1267       | INJECTION, DORIPENEM, 10 MG                                                                              |
| J1270       | INJECTION, DOXERCALCIFEROL, 1 MCG                                                                        |
| J1290       | INJECTION, ECALLANTIDE, 1 MG                                                                             |
| J1300       | INJECTION, ECULIZUMAB, 10 MG                                                                             |
| J1301       | INJECTION, EDARAVONE, 1 MG                                                                               |
| J1302       | INJECTION, SUTIMLIMAB-JOME, 10 MG                                                                        |
| J1303       | INJECTION, RAVULIZUMAB-CWVZ, 10 MG                                                                       |
| J1304       | INJECTION, TOFERSEN, 1 MG                                                                                |
| J1305       | INJECTION, EVINACUMAB-DGNB, 5MG                                                                          |
| J1306       | INJECTION, INCLISIRAN, 1 MG                                                                              |
| J1322       | INJECTION, ELOSULFASE ALFA, 1MG                                                                          |
| J1323       | INJECTION, ELRANATAMAB-BCMM, 1 MG                                                                        |
| J1324       | INJECTION, ENFUVIRTIDE, 1 MG                                                                             |
| J1325       | INJECTION, EPOPROSTENOL, 0.5 MG                                                                          |
| J1327       | INJECTION, EPTIFIBATIDE, 5 MG                                                                            |
| J1335       | INJECTION, ERTAPENEM SODIUM, 500 MG                                                                      |
| J1364       | INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG                                                         |
| J1380       | INJECTION, ESTRADIOL VALERATE, UP TO 10 MG                                                               |
| J1410       | INJECTION, ESTROGEN CONJUGATED, PER 25 MG                                                                |
| J1411       | INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE                                          |
| J1412       | INJECTION, VALOCTOGENE ROXAPARVOVEC-RVOX, PER ML, CONTAINING NOMINAL 2 X 10 <sup>13</sup> VECTOR GENOMES |
| J1413       | INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE                                       |
| J1426       | INJECTION, CASIMERSEN, 10 MG                                                                             |
| J1427       | INJECTION, VILTOLARSEN, 10 MG                                                                            |
| J1428       | INJECTION, ETEPLIRSEN, 10 MG                                                                             |
| J1429       | INJECTION, GOLODIRSEN, 10 MG                                                                             |
| J1430       | INJECTION, ETHANOLAMINE OLEATE, 100 MG                                                                   |
| J1434       | INJECTION, FOSAPREPITANT (FOCINVEZ), 1 MG                                                                |
| J1437       | INJECTION, FERRIC DERISOMALTOSE, 10 MG                                                                   |

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| HCPC  | Description                                                                                                                                                                 |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| J1438 | INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED) |
| J1439 | INJECTION, FERRIC CARBOXYMALTOSE, 1MG                                                                                                                                       |
| J1440 | FECAL MICROBIOTA, LIVE - JSLM, 1 ML                                                                                                                                         |
| J1442 | INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM                                                                                                            |
| J1443 | INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION (TRIFERIC), 0.1 MG OF IRON                                                                                                 |
| J1444 | INJECTION, FERRIC PYROPHOSPHATE CITRATE POWDER, 0.1 MG OF IRON                                                                                                              |
| J1445 | INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION (TRIFERIC AVNU), 0.1 MG OF IRON                                                                                            |
| J1447 | INJECTION, TBO-FILGRASTIM, 1 MICROGRAM                                                                                                                                      |
| J1448 | INJECTION, TRILACICLIB, 1MG                                                                                                                                                 |
| J1449 | INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG                                                                                                                                       |
| J1450 | INJECTION FLUCONAZOLE, 200 MG                                                                                                                                               |
| J1451 | INJECTION, FOMEPIZOLE, 15 MG                                                                                                                                                |
| J1453 | INJECTION, FOSAPREPITANT, 1 MG                                                                                                                                              |
| J1454 | INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG                                                                                                                    |
| J1455 | INJECTION, FOSCARNET SODIUM, PER 1000 MG                                                                                                                                    |
| J1456 | INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG                                                                                              |
| J1458 | INJECTION, GALSULFASE, 1 MG                                                                                                                                                 |
| J1459 | INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUID), 500 MG                                                                                    |
| J1460 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC                                                                                                                              |
| J1551 | INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG                                                                                                                               |
| J1554 | INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG                                                                                                                                |
| J1555 | INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG                                                                                                                                |
| J1556 | INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG                                                                                                                                |
| J1557 | INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUID), 500 MG                                                                                  |
| J1558 | INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG                                                                                                                                |
| J1559 | INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG                                                                                                                               |
| J1561 | INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E. G.LIQUID), 500 MG                                                                                     |
| J1566 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG                                                                        |
| J1568 | INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG                                                                                  |
| J1569 | INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G., LIQUID), 500 MG                                                                                     |
| J1570 | INJECTION, GANCICLOVIR SODIUM, 500 MG                                                                                                                                       |



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| HCPC  | Description                                                                                                 |
|-------|-------------------------------------------------------------------------------------------------------------|
| J1571 | INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML                                   |
| J1572 | INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG |
| J1574 | INJECTION, GANCICLOVIR SODIUM (EXELA), NOT THERAPEUTICALLY EQUIVALENT TO J1570, 500 MG                      |
| J1575 | INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN                                   |
| J1576 | INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG                   |
| J1595 | INJECTION, GLATIRAMER ACETATE, 20 MG                                                                        |
| J1596 | INJECTION, GLYCOPYRROLATE, 0.1 MG                                                                           |
| J1597 | INJECTION, GLYCOPYRROLATE (GLYRX-PF), 0.1 MG                                                                |
| J1598 | INJECTION, GLYCOPYRROLATE (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J1596, 0.1 MG                 |
| J1599 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG     |
| J1602 | INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE                                                             |
| J1611 | INJECTION, GLUCAGON HYDROCHLORIDE (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J1610, PER 1 MG       |
| J1627 | INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG                                                            |
| J1628 | INJECTION, GUSELKUMAB, 1 MG                                                                                 |
| J1630 | INJECTION, HALOPERIDOL, UP TO 5MG                                                                           |
| J1631 | INJECTION, HALOPERIDOL DECANOATE, PER 50 MG                                                                 |
| J1632 | INJECTION, BREXANOLONE, 1 MG                                                                                |
| J1640 | INJECTION, HEMIN, 1 MG                                                                                      |
| J1643 | INJECTION, HEPARIN SODIUM (PFIZER), NOT THERAPEUTICALLY EQUIVALENT TO J1644, PER 1000 UNITS                 |
| J1645 | INJECTION, DALTEPARIN SODIUM, PER 2500 IU                                                                   |
| J1650 | INJECTION, ENOXAPARIN SODIUM, 10 MG                                                                         |
| J1652 | INJECTION, FONDAPARINUX SODIUM, 0.5 MG                                                                      |
| J1670 | INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS                                                  |
| J1700 | INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG                                                              |
| J1720 | INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG                                                    |
| J1725 | INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG                                                               |
| J1726 | INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG                                                    |
| J1729 | INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG                                     |
| J1738 | INJECTION, MELOXICAM, 1 MG                                                                                  |
| J1740 | INJECTION, IBANDRONATE SODIUM, 1 MG                                                                         |
| J1741 | INJECTION, IBUPROFEN, 100 MG                                                                                |
| J1742 | INJECTION, IBUTILIDE FUMARATE, 1 MG                                                                         |

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| <u>HCPC</u> | <u>Description</u>                                                                                                                                                                   |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| J1743       | INJECTION, IDURSULFASE, 1 MG                                                                                                                                                         |
| J1744       | INJECTION, ICATIBANT, 1 MG                                                                                                                                                           |
| J1745       | INJECTION INFLIXIMAB, 10 MG                                                                                                                                                          |
| J1746       | INJECTION, IBALIZUMAB-UIYK, 10 MG                                                                                                                                                    |
| J1747       | INJECTION, SPESOLIMAB-SBZO, 1 MG                                                                                                                                                     |
| J1748       | INJECTION, INFLIXIMAB-DYYB (ZYMFENTRA), 10 MG                                                                                                                                        |
| J1750       | INJECTION, IRON DEXTRAN, 50 MG                                                                                                                                                       |
| J1756       | INJECTION, IRON SUCROSE, 1 MG                                                                                                                                                        |
| J1786       | INJECTION, IMIGLUCERASE, 10 UNITS                                                                                                                                                    |
| J1790       | INJECTION, DROPERIDOL, UP TO 5 MG                                                                                                                                                    |
| J1800       | INJECTION, PROPRANOLOL HCL, UP TO 1 MG                                                                                                                                               |
| J1805       | INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG                                                                                                                                              |
| J1806       | INJECTION, ESMOLOL HYDROCHLORIDE (WG CRITICAL CARE), NOT THERAPEUTICALLY EQUIVALENT TO J1805, 10 MG                                                                                  |
| J1811       | INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS                                                                                                     |
| J1812       | INSULIN (FIASP), PER 5 UNITS                                                                                                                                                         |
| J1813       | INSULIN (LYUMJEV) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS                                                                                                   |
| J1814       | INSULIN (LYUMJEV), PER 5 UNITS                                                                                                                                                       |
| J1815       | INJECTION, INSULIN, PER 5 UNITS                                                                                                                                                      |
| J1817       | INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS                                                                                                             |
| J1823       | INJECTION, INEBILIZUMAB-CDON, 1 MG                                                                                                                                                   |
| J1826       | INJECTION, INTERFERON BETA-1A, 30 MCG                                                                                                                                                |
| J1830       | INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED) |
| J1833       | INJECTION, ISAVUCONAZONIUM, 1 MG                                                                                                                                                     |
| J1836       | INJECTION, METRONIDAZOLE, 10 MG                                                                                                                                                      |
| J1920       | INJECTION, LABETALOL HYDROCHLORIDE, 5 MG                                                                                                                                             |
| J1921       | INJECTION, LABETALOL HYDROCHLORIDE (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J1920, 5 MG                                                                                            |
| J1930       | INJECTION, LANREOTIDE, 1 MG                                                                                                                                                          |
| J1931       | INJECTION, LARONIDASE, 0.1 MG                                                                                                                                                        |
| J1932       | INJECTION, LANREOTIDE, (CIPLA), 1 MG                                                                                                                                                 |
| J1939       | INJECTION, BUMETANIDE, 0.5 MG                                                                                                                                                        |
| J1941       | INJECTION, FUROSEMIDE (FUROSCIX), 20 MG                                                                                                                                              |
| J1943       | INJECTION, ARIPIRAZOLE LAUROXIL, (ARISTADA INITIO), 1 MG                                                                                                                             |
| J1944       | INJECTION, ARIPIRAZOLE LAUROXIL, (ARISTADA), 1 MG                                                                                                                                    |
| J1950       | INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG                                                                                                                    |

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| <u>HCPC</u> | <u>Description</u>                                                                                       |
|-------------|----------------------------------------------------------------------------------------------------------|
| J1951       | INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG                                   |
| J1952       | LEUPROLIDE INJECTABLE, CAMCEVI, 1 MG                                                                     |
| J1953       | INJECTION, LEVETIRACETAM, 10 MG                                                                          |
| J1954       | INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (CIPLA), 7.5 MG                                       |
| J1955       | INJECTION, LEVOCARNITINE, PER 1 GM                                                                       |
| J1956       | INJECTION, LEVOFLOXACIN, 250 MG                                                                          |
| J1961       | INJECTION, LENACAPAVIR, 1 MG                                                                             |
| J1980       | INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG                                                            |
| J2010       | INJECTION, LINCOMYCIN HCL, UP TO 300 MG                                                                  |
| J2020       | INJECTION, LINEZOLID, 200MG                                                                              |
| J2021       | INJECTION, LINEZOLID (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J2020, 200 MG                          |
| J2170       | INJECTION, MECASERMIN, 1 MG                                                                              |
| J2182       | INJECTION, MEPOLIZUMAB, 1 MG                                                                             |
| J2183       | INJECTION, MEROPENEM (WG CRITICAL CARE), NOT THERAPEUTICALLY EQUIVALENT TO J2185, 100 MG                 |
| J2184       | INJECTION, MEROPENEM (B. BRAUN), NOT THERAPEUTICALLY EQUIVALENT TO J2185, 100 MG                         |
| J2185       | INJECTION, MEROPENEM, 100 MG                                                                             |
| J2186       | INJECTION, MEROPENEM AND VABORBACTAM, 10MG/10MG, (20MG)                                                  |
| J2212       | INJECTION, METHYLNALTREXONE, 0. 1 MG                                                                     |
| J2246       | INJECTION, MICAfungin IN SODIUM (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J2248, 1 MG                  |
| J2247       | INJECTION, MICAfungin SODIUM (PAR PHARM) NOT THEREAPEUTICALLY EQUIVALENT TO J2248, 1 MG                  |
| J2248       | INJECTION, MICAfungin SODIUM, 1 MG                                                                       |
| J2249       | INJECTION, REMIMAZOLAM, 1 MG                                                                             |
| J2251       | INJECTION, MIDAZOLAM HYDROCHLORIDE (WG CRITICAL CARE), NOT THERAPEUTICALLY EQUIVALENT TO J2250, PER 1 MG |
| J2260       | INJECTION, MILRINONE LACTATE, 5 MG                                                                       |
| J2265       | INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG                                                               |
| J2267       | INJECTION, MIRIKIZUMAB-MRKZ, 1 MG                                                                        |
| J2272       | INJECTION, MORPHINE SULFATE (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J2270, UP TO 10 MG       |
| J2277       | INJECTION, MOTIXAFORTIDE, 0.25 MG                                                                        |
| J2278       | INJECTION, ZICONOTIDE, 1 MICROGRAM                                                                       |
| J2280       | INJECTION, MOXIFLOXACIN, 100 MG                                                                          |
| J2281       | INJECTION, MOXIFLOXACIN (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J2280, 100 MG                |
| J2305       | INJECTION, NITROGLYCERIN, 5 MG                                                                           |
| J2311       | INJECTION, NALOXONE HYDROCHLORIDE (ZIMHI), 1 MG                                                          |

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| <u>HCPC</u> | <u>Description</u>                                                                                    |
|-------------|-------------------------------------------------------------------------------------------------------|
| J2315       | INJECTION, NALTREXONE, DEPOT FORM, 1 MG                                                               |
| J2323       | INJECTION, NATALIZUMAB, 1 MG                                                                          |
| J2325       | INJECTION, NESIRITIDE, 0.1 MG                                                                         |
| J2326       | INJECTION, NUSINERSEN, 0.1 MG                                                                         |
| J2327       | INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG                                                       |
| J2329       | INJECTION, UBLITUXIMAB-XIIY, 1MG                                                                      |
| J2350       | INJECTION, OCRELIZUMAB, 1 MG                                                                          |
| J2353       | INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG                                   |
| J2354       | INJECTION, OCTREOTIDE, ON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG                |
| J2355       | INJECTION, OPRELVEKIN, 5 MG                                                                           |
| J2356       | INJECTION, TEZEPelumAB-EKKO, 1 MG                                                                     |
| J2357       | INJECTION, OMALIZUMAB, 5 MG                                                                           |
| J2358       | INJECTION, OLANZAPINE, LONG-ACTING, 1 MG                                                              |
| J2359       | INJECTION, OLANZAPINE, 0.5 MG                                                                         |
| J2371       | INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS                                                 |
| J2372       | INJECTION, PHENYLEPHRINE HYDROCHLORIDE (BIORPHEN), 20 MICROGRAMS                                      |
| J2373       | INJECTION, PHENYLEPHRINE HYDROCHLORIDE (IMMPHENTIV), 20 MICROGRAMS                                    |
| J2400       | INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML                                                    |
| J2401       | INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 1 MG                                                     |
| J2402       | INJECTION, CHLOROPROCAINE HYDROCHLORIDE (CLOROTEKAL), PER 1 MG                                        |
| J2403       | CHLOROPROCAINE HCL OPHTHALMIC, 3% GEL, 1 MG                                                           |
| J2404       | INJECTION, NICARDIPINE, 0.1 MG                                                                        |
| J2405       | INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG                                                        |
| J2406       | INJECTION, ORITAVANCIN (KIMYRSA), 10 MG                                                               |
| J2407       | INJECTION, ORITAVANCIN (ORBACTIV), 10 MG                                                              |
| J2410       | INJECTION, OXYMORPHONE HCL, UP TO 1 MG                                                                |
| J2425       | INJECTION, PALIFERMIN, 50 MICROGRAMS                                                                  |
| J2426       | INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (INVEGA SUSTENNA), 1 MG                            |
| J2427       | INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (INVEGA HAFYERA, OR INVEGA TRINZA), 1 MG           |
| J2430       | INJECTION, PAMIDRONATE DISODIUM, PER 30 MG                                                            |
| J2440       | INJECTION, PAPAVERINE HCL, UP TO 60 MG                                                                |
| J2468       | INJECTION, PALONOSETRON HYDROCHLORIDE (AVYXA), NOT THERAPEUTICALLY EQUIVALENT TO J2469, 25 MICROGRAMS |
| J2469       | INJECTION, PALONOSETRON HCL, 25 MCG                                                                   |
| J2470       | INJECTION, PANTOPRAZOLE SODIUM, 40 MG                                                                 |
| J2471       | INJECTION, PANTOPRAZOLE (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J2470, 40 MG                       |

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| <u>HCPC</u> | <u>Description</u>                                                                                                                             |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| J2501       | INJECTION, PARICALCITOL, 1 MCG                                                                                                                 |
| J2502       | INJECTION, PASIREOTIDE LONG ACTING, 1 MG                                                                                                       |
| J2503       | INJECTION, PEGAPTANIB SODIUM, 0.3 MG                                                                                                           |
| J2504       | INJECTION, PEGADEMASE BOVINE, 25 IU                                                                                                            |
| J2505       | INJECTION, PEGFILGRASTIM, 6 MG                                                                                                                 |
| J2506       | INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG                                                                                          |
| J2507       | INJECTION, PEGLOTICASE, 1 MG                                                                                                                   |
| J2508       | INJECTION, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG                                                                                                     |
| J2510       | INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS                                                                                 |
| J2515       | INJECTION, PENTOBARBITAL SODIUM, PER 50 MG                                                                                                     |
| J2540       | INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS                                                                                         |
| J2543       | INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)                                                             |
| J2545       | PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG |
| J2547       | INJECTION, PERAMIVIR, 1 MG                                                                                                                     |
| J2560       | INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG                                                                                                  |
| J2561       | INJECTION, PHENOBARBITAL SODIUM (SEZABY), 1 MG                                                                                                 |
| J2562       | INJECTION, PLERIXAFOR, 1 MG                                                                                                                    |
| J2597       | INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG                                                                                                     |
| J2598       | INJECTION, VASOPRESSIN, 1 UNIT                                                                                                                 |
| J2599       | INJECTION, VASOPRESSIN (AMERICAN REGENT), NOT THERAPEUTICALLY EQUIVALENT TO J2598, 1 UNIT                                                      |
| J2650       | INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML                                                                                                    |
| J2675       | INJECTION, PROGESTERONE, PER 50 MG                                                                                                             |
| J2679       | INJECTION, FLUPHENAZINE HCL, 1.25 MG                                                                                                           |
| J2680       | INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG                                                                                                 |
| J2690       | INJECTION, PROCAINAMIDE HCL, UP TO 1 GM                                                                                                        |
| J2700       | INJECTION, OXACILLIN SODIUM, UP TO 250 MG                                                                                                      |
| J2724       | INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU                                                                                    |
| J2730       | INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM                                                                                                    |
| J2760       | INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG                                                                                                   |
| J2770       | INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)                                                                                         |
| J2777       | INJECTION, FARICIMAB-SVOA, 0.1 MG                                                                                                              |
| J2778       | INJECTION, RANIBIZUMAB, 0.1 MG                                                                                                                 |
| J2779       | INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG                                                                             |
| J2780       | INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG                                                                                                     |
| J2781       | INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG                                                                                                   |

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| <u>HCPC</u> | <u>Description</u>                                                                                                                                                                |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| J2782       | INJECTION, AVACINCAPTAD PEGOL, 0.1 MG                                                                                                                                             |
| J2783       | INJECTION, RASBURICASE, 0.5 MG                                                                                                                                                    |
| J2785       | INJECTION, REGADENOSON, 0.1 MG                                                                                                                                                    |
| J2786       | INJECTION, RESLIZUMAB, 1 MG                                                                                                                                                       |
| J2787       | RIBOFLAVIN 5'-PHOSPHATE, OPHTHALMIC SOLUTION, UP TO 3 ML                                                                                                                          |
| J2788       | INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG                                                                                                                         |
| J2790       | INJECTION, RHO (D) IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG                                                                                                                     |
| J2791       | INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU                                                                                      |
| J2792       | INJECTION, RHO (D) IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU                                                                                                 |
| J2793       | INJECTION, RILONACEPT, 1 MG                                                                                                                                                       |
| J2794       | INJECTION, RISPERIDONE (RISPERDAL CONSTA), 0.5 MG                                                                                                                                 |
| J2796       | INJECTION, ROMIPLOSTIM, 10 MICROGRAMS                                                                                                                                             |
| J2797       | INJECTION, ROLAPITANT, 0.5 MG                                                                                                                                                     |
| J2798       | INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG                                                                                                                                        |
| J2799       | INJECTION, RISPERIDONE (UZEDY), 1 MG                                                                                                                                              |
| J2800       | INJECTION, METHOCARBAMOL, UP TO 10 ML                                                                                                                                             |
| J2801       | INJECTION, RISPERIDONE (RYKINDO), 0.5 MG                                                                                                                                          |
| J2805       | INJECTION, SINCALIDE, 5 MICROGRAMS                                                                                                                                                |
| J2806       | INJECTION, SINCALIDE (MAIA), NOT THERAPEUTICALLY EQUIVALENT TO J2805, 5 MICROGRAMS                                                                                                |
| J2810       | INJECTION, THEOPHYLLINE, PER 40 MG                                                                                                                                                |
| J2820       | INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG                                                                                                                                          |
| J2840       | INJECTION, SEBELIPASE ALFA, 1 MG                                                                                                                                                  |
| J2850       | INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM                                                                                                                                |
| J2860       | INJECTION, SILTUXIMAB, 10 MG                                                                                                                                                      |
| J2916       | INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG                                                                                                          |
| J2919       | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG                                                                                                                              |
| J2930       | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG                                                                                                                      |
| J2941       | INJECTION, SOMATROPIN, 1MG                                                                                                                                                        |
| J2997       | INJECTION, ALTEPLASE RECOMBINANT, 1 MG                                                                                                                                            |
| J2998       | INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG                                                                                                                                          |
| J3000       | INJECTION, STREPTOMYCIN, UP TO 1 GM                                                                                                                                               |
| J3031       | INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED) |
| J3032       | INJECTION, EPTINEZUMAB-JJMR, 1 MG                                                                                                                                                 |
| J3055       | INJECTION, TALQUETAMAB-TGVS, 0.25 MG                                                                                                                                              |

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| HCPC  | Description                                                                                            |
|-------|--------------------------------------------------------------------------------------------------------|
| J3060 | INJECTION, TALIGLUCERACE ALFA, 10 UNITS                                                                |
| J3070 | INJECTION, PENTAZOCINE, 30 MG                                                                          |
| J3090 | INJECTION, TEDIZOLID PHOSPHATE, 1 MG                                                                   |
| J3095 | INJECTION, TELEVANCIN, 10MG                                                                            |
| J3101 | INJECTION, TENECTEPLASE, 1 MG                                                                          |
| J3110 | INJECTION, TERIPARATIDE, 10 MCG                                                                        |
| J3111 | INJECTION, ROMOSUZUMAB-AQQG, 1 MG                                                                      |
| J3121 | INJECTION, TESTOSTERONE ENANTHATE, 1MG                                                                 |
| J3145 | INJECTION, TESTOSTERONE UNDECANOATE, 1 MG                                                              |
| J3230 | INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG                                                             |
| J3240 | INJECTION, THYROTROPIN ALFA, 0.9 MG, PROVIDED IN 1.1 MG VIAL                                           |
| J3241 | INJECTION, TEPROTUMUMAB-TRBW, 10 MG                                                                    |
| J3243 | INJECTION, TIGECYCLINE, 1 MG                                                                           |
| J3244 | INJECTION, TIGECYCLINE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J3243, 1 MG                         |
| J3245 | INJECTION, TILDRAKIZUMAB, 1 MG                                                                         |
| J3246 | INJECTION, TIROFIBAN, 0.25 MG                                                                          |
| J3247 | INJECTION, SECUKINUMAB, INTRAVENOUS, 1 MG                                                              |
| J3250 | INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG                                                         |
| J3262 | INJECTION, TOCILIZUMAB, 1 MG                                                                           |
| J3263 | INJECTION, TORIPALIMAB-TPZI, 1 MG                                                                      |
| J3285 | INJECTION, TREPROSTINIL, 1 MG                                                                          |
| J3299 | INJECTION, TRIAMCINOLONE ACETONIDE (XIPERE), 1 MG                                                      |
| J3300 | INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG                                            |
| J3301 | INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG                                     |
| J3302 | INJECTION TRIAMCINOLONE DIACETATE, PER 5MG                                                             |
| J3303 | INJECTION TRIAMCINOLONE HEXACETONIDE, PER 5MG                                                          |
| J3304 | INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG |
| J3315 | INJECTION, TRIPTORELIN PAMOATE, 3.75 MG                                                                |
| J3316 | INJECTION, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG                                                      |
| J3355 | INJECTION, UROFOLLITROPIN, 75 IU                                                                       |
| J3357 | INJECTION, USTEKINUMAB, 1 MG                                                                           |
| J3358 | USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG                                                           |
| J3370 | INJECTION, VANCOMYCIN HCL, 500 MG                                                                      |
| J3371 | INJECTION, VANCOMYCIN HCL (MYLAN), NOT THERAPEUTICALLY EQUIVALENT TO J3370, 500 MG                     |
| J3372 | INJECTION, VANCOMYCIN HCL (XELLIA), NOT THERAPEUTICALLY EQUIVALENT TO J3370, 500 MG                    |

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| <u>HCPC</u> | <u>Description</u>                                                                                                              |
|-------------|---------------------------------------------------------------------------------------------------------------------------------|
| J3380       | INJECTION, VEDOLIZUMAB, INTRAVENOUS, 1 MG                                                                                       |
| J3385       | INJECTION, VELAGLUCERASE ALFA, 100 UNITS                                                                                        |
| J3393       | INJECTION, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT                                                                              |
| J3394       | INJECTION, LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT                                                                            |
| J3396       | INJECTION, VERTEPORFIN, 0.1 MG                                                                                                  |
| J3397       | INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG                                                                                         |
| J3398       | INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOMES                                                                 |
| J3399       | INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP TO 5X10 <sup>15</sup> VECTOR GENOMES                                |
| J3401       | BEREMAGENE GEPERPAVEC-SVDT FOR TOPICAL ADMINISTRATION, CONTAINING NOMINAL 5 X 10 <sup>9</sup> PFU/ML VECTOR GENOMES, PER 0.1 ML |
| J3424       | INJECTION, HYDROXOCOBALAMIN, INTRAVENOUS, 25 MG                                                                                 |
| J3425       | INJECTION, HYDROXOCOBALAMIN, INTRAMUSCULAR, 10 MCG                                                                              |
| J3430       | INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG                                                                                   |
| J3465       | INJECTION, VORICONAZOLE, 10 MG                                                                                                  |
| J3470       | INJECTION, HYALURONIDASE, UP TO 150 UNITS                                                                                       |
| J3471       | INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)                                        |
| J3485       | INJECTION, ZIDOVUDINE, 10 MG                                                                                                    |
| J3486       | INJECTION, ZIPRASIDONE MESYLATE, 10 MG                                                                                          |
| J3489       | INJECTION, ZOLEDRONIC ACID, 1 MG                                                                                                |
| J3490       | UNCLASSIFIED DRUGS                                                                                                              |
| J3590       | UNCLASSIFIED BIOLOGICS                                                                                                          |
| J3591       | UNCLASSIFIED DRUG OR BIOLOGICAL USED FOR ESRD ON DIALYSIS                                                                       |
| J7030       | INFUSION, NORMAL SALINE SOLUTION , 1000 CC                                                                                      |
| J7070       | INFUSION, D5W, 1000 CC                                                                                                          |
| J7100       | INFUSION, DEXTRAN 40, 500 ML                                                                                                    |
| J7131       | HYPERTONIC SALINE SOLUTION, 1 ML                                                                                                |
| J7165       | INJECTION, PROTHROMBIN COMPLEX CONCENTRATE, HUMAN-LANS, PER I.U. OF FACTOR IX ACTIVITY                                          |
| J7168       | PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER I.U. OF FACTOR IX ACTIVITY                                                |
| J7169       | INJECTION, COAGULATION FACTOR XA (RECOMBINANT), INACTIVATED-ZHZO (ANDEXXA), 10 MG                                               |
| J7170       | INJECTION, EMICIZUMAB-KXWH, 0.5 MG                                                                                              |
| J7171       | INJECTION, ADAMTS13, RECOMBINANT-KRHN, 10 IU                                                                                    |
| J7175       | INJECTION, FACTOR X, (HUMAN), 1 I.U.                                                                                            |
| J7177       | INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG                                                                         |
| J7178       | INJECTION, HUMAN FIBRINOGEN CONCENTRATE, NOT OTHERWISE SPECIFIED, 1 MG                                                          |



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| HCPC  | Description                                                                                          |
|-------|------------------------------------------------------------------------------------------------------|
| J7179 | INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 I.U. VWF:RCO                           |
| J7180 | INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.                                        |
| J7181 | INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU                                              |
| J7182 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU                    |
| J7183 | INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO                             |
| J7185 | INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.                       |
| J7186 | INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII IU      |
| J7187 | INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO                                  |
| J7188 | INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U.                      |
| J7189 | FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOSEVEN RT), 1 MICROGRAM                        |
| J7190 | FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.                                                  |
| J7192 | FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED                   |
| J7193 | FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT), PER I.U.                               |
| J7194 | FACTOR IX, COMPLEX, PER I.U.                                                                         |
| J7195 | INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED            |
| J7197 | ANTITHROMBIN III (HUMAN), PER I.U.                                                                   |
| J7198 | ANTI-INHIBITOR, PER I.U.                                                                             |
| J7200 | INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU                          |
| J7201 | INJECTION, FACTOR IX, FC FUSION PROTEIN (RECOMBINANT), PER IU                                        |
| J7202 | INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.                        |
| J7203 | INJECTION FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED, (REBINYN), 1 IU           |
| J7204 | INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR (RECOMBINANT), (ESPEROCT), GLYCOPEGYLATED-EXEI, PER IU |
| J7205 | INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU                                               |
| J7207 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.                      |
| J7208 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.         |
| J7209 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.                        |
| J7210 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U.                      |
| J7211 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 I.U.                     |
| J7212 | FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT)-JNCW (SEVENFACT), 1 MICROGRAM                       |
| J7213 | INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 I.U.                                      |
| J7214 | INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIIO), PER FACTOR VIII I.U. |
| J7294 | SEGESTERONE ACETATE AND ETHINYL ESTRADIOL 0.15MG, 0.013MG PER 24 HOURS; YEARLY VAGINAL SYSTEM, EACH  |

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| HCPC  | Description                                                                                    |
|-------|------------------------------------------------------------------------------------------------|
| J7295 | ETHINYL ESTRADIOL AND ETONOGESTREL 0.015MG, 0.12MG PER 24 HOURS; MONTHLY VAGINAL RING, EACH    |
| J7296 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG                 |
| J7300 | INTRAUTERINE COPPER CONTRACEPTIVE                                                              |
| J7303 | CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH                                    |
| J7307 | ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES                    |
| J7308 | AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354 MG)      |
| J7309 | METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM                         |
| J7311 | INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (RETISERT), 0.01 MG                    |
| J7312 | INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG                                         |
| J7313 | INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (ILUVIEN), 0.01 MG                     |
| J7314 | INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG                       |
| J7316 | INJECTION, OCRIPLASMIN, 0.125 MG                                                               |
| J7318 | HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG                        |
| J7320 | HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG                     |
| J7321 | HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE |
| J7322 | HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG                         |
| J7323 | HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE                    |
| J7324 | HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE                   |
| J7325 | HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG        |
| J7326 | HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE                     |
| J7327 | HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE                    |
| J7328 | HYALURONAN OR DERIVATIVE, GELSYN-3, FOR INTRA-ARTICULAR INJECTION, 0.1 MG                      |
| J7329 | HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1 MG                         |
| J7331 | HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJECTION, 1 MG                       |
| J7332 | HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 MG                        |
| J7333 | HYALURONAN OR DERIVATIVE, VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE                     |
| J7336 | CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER                                                      |
| J7340 | CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION                                               |
| J7345 | AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG                             |
| J7351 | INJECTION, BIMATOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM                                      |
| J7352 | AFAMELANOTIDE IMPLANT, 1 MG                                                                    |
| J7353 | ANACAULASE-BCDB, 8.8% GEL, 1 GRAM                                                              |
| J7354 | CANTHARIDIN FOR TOPICAL ADMINISTRATION, 0.7%, SINGLE UNIT DOSE APPLICATOR (3.2 MG)             |
| J7355 | INJECTION, TRAVOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM                                       |

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| <u>HCPC</u> | <u>Description</u>                                                                                                                            |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| J7401       | MOMETASONE FUROATE SINUS IMPLANT, 10 MICROGRAMS                                                                                               |
| J7402       | MOMETASONE FUROATE SINUS IMPLANT, (SINUVA), 10 MICROGRAMS                                                                                     |
| J7500       | AZATHIOPRINE, ORAL, 50 MG                                                                                                                     |
| J7501       | AZATHIOPRINE, PARENTERAL, 100 MG                                                                                                              |
| J7502       | CYCLOSPORINE, ORAL, 100 MG                                                                                                                    |
| J7503       | TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL, 0.25 MG                                                                                     |
| J7504       | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG                                                                |
| J7507       | TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG                                                                                                     |
| J7508       | TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG                                                                                     |
| J7509       | METHYLPREDNISOLONE ORAL, PER 4 MG                                                                                                             |
| J7510       | PREDNISOLONE ORAL, PER 5 MG                                                                                                                   |
| J7511       | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG                                                                  |
| J7515       | CYCLOSPORINE, ORAL, 25 MG                                                                                                                     |
| J7516       | INJECTION, CYCLOSPORINE, 250 MG                                                                                                               |
| J7517       | MYCOPHENOLATE MOFETIL, ORAL, 250 MG                                                                                                           |
| J7518       | MYCOPHENOLIC ACID, ORAL, 180 MG                                                                                                               |
| J7519       | INJECTION, MYCOPHENOLATE MOFETIL, 10 MG                                                                                                       |
| J7520       | SIROLIMUS, ORAL, 1 MG                                                                                                                         |
| J7525       | TACROLIMUS, PARENTERAL, 5 MG                                                                                                                  |
| J7527       | EVEROLIMUS, ORAL, 0. 25 MG                                                                                                                    |
| J7599       | IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED                                                                                              |
| J7605       | ARFORMOTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS        |
| J7606       | FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS |
| J7608       | ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM           |
| J7612       | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG            |
| J7614       | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUND ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG                       |
| J7626       | BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG            |
| J7631       | CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS |
| J7639       | DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM        |
| J7665       | MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG                                                                                               |

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| HCPC  | Description                                                                                                                              |
|-------|------------------------------------------------------------------------------------------------------------------------------------------|
| J7674 | METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG                                                  |
| J7677 | REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, 1 MICROGRAM                       |
| J7682 | TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS |
| J7686 | TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG         |
| J7699 | NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME                                                                                  |
| J7799 | NOC DRUGS, OTHER THAN INHALATION DRUGS ADMINISTERED THROUGH DME                                                                          |
| J8499 | PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS                                                                                       |
| J8501 | APREPITANT, ORAL, 5 MG                                                                                                                   |
| J8510 | BUSULFAN; ORAL, 2 MG                                                                                                                     |
| J8515 | CABERGOLINE, ORAL, 0.25 MG                                                                                                               |
| J8520 | CAPECITABINE, ORAL, 150 MG                                                                                                               |
| J8521 | CAPECITABINE, ORAL, 500 MG                                                                                                               |
| J8530 | CYCLOPHOSPHAMIDE; ORAL, 25 MG (PER TABLET)                                                                                               |
| J8560 | ETOPOSIDE; ORAL, 50 MG (PER TABLET)                                                                                                      |
| J8565 | GEFITNIB, ORAL, 250 MG                                                                                                                   |
| J8597 | ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED                                                                                           |
| J8600 | MELPHALAN; ORAL, 2 MG                                                                                                                    |
| J8610 | METHOTREXATE; ORAL, 2.5 MG                                                                                                               |
| J8611 | METHOTREXATE (JYLAMVO), ORAL, 2.5 MG                                                                                                     |
| J8612 | METHOTREXATE (XATMEP), ORAL, 2.5 MG                                                                                                      |
| J8650 | NABILONE, ORAL, 1 MG                                                                                                                     |
| J8655 | NETUPITANT 300 MG AND PALONOSETRON 0.5 MG, ORAL                                                                                          |
| J8700 | TEMOZOLMIDE, ORAL, 5 MG                                                                                                                  |
| J8705 | TOPOTECAN, ORAL, 0.25 MG                                                                                                                 |
| J8999 | PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS                                                                                           |
| J9000 | DOXORUBICIN HCL, 10 MG                                                                                                                   |
| J9015 | INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL                                                                                              |
| J9017 | ARSENIC TRIOXIDE, 1MG                                                                                                                    |
| J9019 | INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU                                                                                             |
| J9020 | INJECTION, ASPARAGINASE, 10,000 UNITS                                                                                                    |
| J9021 | INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1 MG                                                                                   |
| J9022 | INJECTION, ATEZOLIZUMAB, 10 MG                                                                                                           |
| J9023 | INJECTION, AVELUMAB, 10 MG                                                                                                               |
| J9025 | INJECTION, AZACITIDINE, 1 MG                                                                                                             |

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| <u>HCPC</u> | <u>Description</u>                                                                      |
|-------------|-----------------------------------------------------------------------------------------|
| J9027       | INJECTION, CLOFARABINE, 1 MG                                                            |
| J9029       | INTRAVESICAL INSTILLATION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DOSE          |
| J9030       | BCG LIVE INTRAVESICAL INSTILLATION, 1 MG                                                |
| J9031       | BCG (INTRAVESICAL) PER INSTALLATION                                                     |
| J9032       | INJECTION, BELINOSTAT, 10 MG                                                            |
| J9033       | INJECTION, BENDAMUSTINE HCL, 1 MG                                                       |
| J9034       | INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG                                             |
| J9035       | INJECTION, BEVACIZUMAB 10 MG                                                            |
| J9036       | INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO), 1 MG                                 |
| J9037       | INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG                                           |
| J9039       | INJECTION, BLINATUMOMAB, 1 MICROGRAM                                                    |
| J9040       | INJECTION, BLEOMYCIN SULFATE, 15 UNITS                                                  |
| J9041       | INJECTION, BORTEZOMIB, 0.1 MG                                                           |
| J9042       | INJECTION, BRENTUXIMAB VEDOTIN, 1 MG                                                    |
| J9043       | INJECTION, CABAZITAXEL, 1 MG                                                            |
| J9045       | INJECTION, CARBOPLATIN, 50 MG                                                           |
| J9046       | INJECTION, BORTEZOMIB (DR. REDDY'S), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG    |
| J9047       | INJECTION, CARFILZOMIB, 1 MG                                                            |
| J9048       | INJECTION, BORTEZOMIB (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG |
| J9049       | INJECTION, BORTEZOMIB (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG        |
| J9050       | INJECTION, CARMUSTINE, 100 MG                                                           |
| J9051       | INJECTION, BORTEZOMIB (MAIA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG           |
| J9052       | INJECTION, CARMUSTINE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9050, 100 MG         |
| J9055       | INJECTION, CETUXIMAB, 10 MG                                                             |
| J9056       | INJECTION, BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA), 1 MG                                 |
| J9057       | INJECTION, COPANLISIB, 1 MG                                                             |
| J9058       | INJECTION, BENDAMUSTINE HYDROCHLORIDE (APOTEX), 1 MG                                    |
| J9059       | INJECTION, BENDAMUSTINE HYDROCHLORIDE (BAXTER), 1 MG                                    |
| J9060       | CISPLATIN, POWDER OR SOLUTION, PER 10 MG                                                |
| J9061       | INJECTION, AMIVANTAMAB-VMJW, 2 MG                                                       |
| J9063       | INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG                                         |
| J9064       | INJECTION, CABAZITAXEL (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9043, 1 MG          |
| J9065       | INJECTION, CLADRIBINE, PER 1 MG                                                         |
| J9070       | CYCLOPHOSPHAMIDE, 100 MG                                                                |
| J9071       | INJECTION, CYCLOPHOSPHAMIDE (AUROMEDICS), 5 MG                                          |

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| HCPC  | Description                                                                                    |
|-------|------------------------------------------------------------------------------------------------|
| J9072 | INJECTION, CYCLOPHOSPHAMIDE (DR. REDDY'S), 5 MG                                                |
| J9073 | INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG                                                    |
| J9074 | INJECTION, CYCLOPHOSPHAMIDE (SANDOZ), 5 MG                                                     |
| J9075 | INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG                                     |
| J9098 | INJECTION, CYTARABINE LIPOSOME, 10 MG                                                          |
| J9100 | INJECTION, CYTARABINE, 100 MG.                                                                 |
| J9118 | INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS                                                   |
| J9119 | INJECTION, CEMIPILIMAB-RWLC, 1 MG                                                              |
| J9120 | DACTINOMYCIN, 0.5 MG                                                                           |
| J9130 | DACARBAZINE, 100 MG                                                                            |
| J9144 | INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ                                           |
| J9145 | INJECTION, DARATUMUMAB, 10 MG                                                                  |
| J9150 | INJECTION, DAUNORUBICIN, 10 MG                                                                 |
| J9151 | DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG                                             |
| J9153 | INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE                                 |
| J9155 | INJECTION, DEGARELIX, 1 MG                                                                     |
| J9171 | INJECTION, DOCETAXEL, 1 MG                                                                     |
| J9172 | INJECTION, DOCETAXEL (INGENUS), NOT THERAPEUTICALLY EQUIVALENT TO J9171, 1 MG                  |
| J9173 | INJECTION, DURVALUMAB, 10 MG                                                                   |
| J9175 | INJECTION, ELLIOTTS' B SOLUTION, 1 ML                                                          |
| J9176 | INJECTION, ELOTUZUMAB, 1 MG                                                                    |
| J9177 | INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG                                                    |
| J9178 | INJECTION, EPIRUBICIN HCL, 2 MG                                                                |
| J9179 | INJECTION, ERIBULIN MESYLATE, 0.1 MG                                                           |
| J9181 | INJECTION, ETOPOSIDE, 10 MG                                                                    |
| J9185 | INJECTION, FLUDARABINE PHOSPHATE, 50 MG                                                        |
| J9190 | INJECTION, FLUOROURACIL, 500 MG                                                                |
| J9196 | INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG |
| J9198 | INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG                                        |
| J9199 | INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG                                         |
| J9200 | INJECTION, FLOXURIDINE, 500 MG                                                                 |
| J9201 | INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG                          |
| J9202 | GOSERELIN ACETATE IMPLANT, PER 3.6 MG                                                          |
| J9203 | INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG                                                       |
| J9204 | INJECTION, MOGAMULIZUMAB-KPKC, 1 MG                                                            |
| J9205 | INJECTION, IRINOTECAN LIPOSOME, 1 MG                                                           |

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| <u>HCPC</u> | <u>Description</u>                                                                                             |
|-------------|----------------------------------------------------------------------------------------------------------------|
| J9206       | INJECTION, IRINOTECAN, 20 MG                                                                                   |
| J9207       | INJECTION, IXABEPILONE, 1 MG                                                                                   |
| J9208       | INJECTION, IFOSFAMIDE, 1 GM                                                                                    |
| J9209       | MESNA, 200 MG                                                                                                  |
| J9210       | INJECTION, EMAPALUMAB-LZSG, 1 MG                                                                               |
| J9211       | INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG                                                                      |
| J9214       | INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS                                                   |
| J9215       | INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU                                          |
| J9216       | INTERFERON, GAMMA 1-B, 3 MILLION UNITS                                                                         |
| J9217       | LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG                                                              |
| J9218       | LEUPROLIDE ACETATE, PER 1 MG                                                                                   |
| J9223       | INJECTION, LURBINECTEDIN, 0.1 MG                                                                               |
| J9225       | HISTRELIN IMPLANT (VANTAS), 50 MG                                                                              |
| J9226       | HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG                                                                        |
| J9227       | INJECTION, ISATUXIMAB-IRFC, 10 MG                                                                              |
| J9228       | INJECTION, IPILIMUMAB, 1 MG                                                                                    |
| J9229       | INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG                                                                       |
| J9230       | INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG                                            |
| J9245       | INJECTION, MELPHALAN HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 50 MG                                             |
| J9246       | INJECTION, MELPHALAN (EVOMELA), 1 MG                                                                           |
| J9247       | INJECTION, MELPHALAN FLUFENAMIDE, 1MG                                                                          |
| J9248       | INJECTION, MELPHALAN (HEPZATO), 1 MG                                                                           |
| J9249       | INJECTION, MELPHALAN (APOTEX), 1 MG                                                                            |
| J9250       | METHOTREXATE SODIUM, 5 MG                                                                                      |
| J9255       | INJECTION, METHOTREXATE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9260, 50 MG                               |
| J9258       | INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J9264, 1 MG            |
| J9259       | INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES (AMERICAN REGENT), NOT THERAPEUTICALLY EQUIVALENT TO J9264, 1 MG |
| J9260       | INJECTION, METHOTREXATE SODIUM, 50 MG                                                                          |
| J9261       | INJECTION, NELARABINE, 50 MG                                                                                   |
| J9262       | INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG                                                                  |
| J9263       | INJECTION, OXALIPLATIN, 0.5 MG                                                                                 |
| J9264       | INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG                                                            |
| J9266       | INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL                                                                  |
| J9267       | INJECTION, PACLITAXEL, 1 MG                                                                                    |
| J9268       | PENTOSTATIN, PER 10 MG                                                                                         |

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| HCPC  | Description                                                                     |
|-------|---------------------------------------------------------------------------------|
| J9269 | INJECTION, TAGRAXOFUSP-ERZS, 10 MICROGRAMS                                      |
| J9271 | INJECTION, PEMBROLIZUMAB, 1 MG                                                  |
| J9272 | INJECTION, DOSTARLIMAB-GXLY, 10 MG                                              |
| J9273 | INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG                                         |
| J9274 | INJECTION, TEBENTAFUSP-TEBN, 1 MICROGRAM                                        |
| J9280 | MITOMYCIN, 5 MG                                                                 |
| J9281 | MITOMYCIN PYELOCALYCEAL INSTILLATION, 1 MG                                      |
| J9285 | INJECTION, OLARATUMAB, 10 MG                                                    |
| J9286 | INJECTION, GLOFITAMAB-GXBM, 2.5 MG                                              |
| J9293 | INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG                                 |
| J9294 | INJECTION, PEMETREXED (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG |
| J9295 | INJECTION, NECITUMUMAB, 1 MG                                                    |
| J9296 | INJECTION, PEMETREXED (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG  |
| J9297 | INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG  |
| J9298 | INJECTION, NIVOLUMAB AND RELATLIMAB-RMBW, 3 MG/1 MG                             |
| J9299 | INJECTION, NIVOLUMAB, 1 MG                                                      |
| J9301 | INJECTION, OBINUTUZUMAB, 10 MG                                                  |
| J9302 | INJECTION, OFATUMUMAB, 10 MG                                                    |
| J9303 | INJECTION, PANITUMUMAB, 10 MG                                                   |
| J9304 | INJECTION, PEMETREXED (PEMFEXY), 10 MG                                          |
| J9305 | INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG                           |
| J9306 | INJECTION, PERTUZUMAB, 1 MG                                                     |
| J9307 | INJECTION, PARLATREXATE, 1MG                                                    |
| J9308 | INJECTION, RAMUCIRUMAB, 5 MG                                                    |
| J9309 | INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG                                       |
| J9310 | INJECTION, RITUXIMAB, 100 MG                                                    |
| J9311 | INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE                                    |
| J9312 | INJECTION, RITUXIMAB, 10 MG                                                     |
| J9313 | INJECTION, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG                                  |
| J9314 | INJECTION, PEMETREXED (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG    |
| J9315 | INJECTION, ROMIDEPSIN, 1MG                                                      |
| J9316 | INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG           |
| J9317 | INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG                                   |
| J9318 | INJECTION, ROMIDEPSIN, NON-LYOPHILIZED, 0.1 MG                                  |
| J9319 | INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG                                      |
| J9320 | STREPTOZOCIN, 1 GM                                                              |



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| HCPC  | Description                                                                            |
|-------|----------------------------------------------------------------------------------------|
| J9321 | INJECTION, EPCORITAMAB-BYSP, 0.16 MG                                                   |
| J9322 | INJECTION, PEMETREXED (BLUEPOINT), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG      |
| J9323 | INJECTION, PEMETREXED DITROMETHAMINE, 10 MG                                            |
| J9324 | INJECTION, PEMETREXED (PEMRYDI RTU), 10 MG                                             |
| J9325 | INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS                |
| J9328 | INJECTION, TEMOZOLOMIDE, 1 MG                                                          |
| J9330 | INJECTION, TEMSIROLIMUS, 1 MG                                                          |
| J9331 | INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG                                     |
| J9332 | INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG                                                |
| J9333 | INJECTION, ROZANOLIXIZUMAB-NOLI, 1 MG                                                  |
| J9334 | INJECTION, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC                              |
| J9340 | INJECTION, THIOTEPA, 15 MG                                                             |
| J9345 | INJECTION, RETIFANLIMAB-DLWR, 1 MG                                                     |
| J9347 | INJECTION, TREMELIMUMAB-ACTL, 1 MG                                                     |
| J9348 | INJECTION, NAXITAMAB-GQGK, 1 MG                                                        |
| J9349 | INJECTION, TAFASITAMAB-CXIX, 2 MG                                                      |
| J9350 | INJECTION, MOSUNETUZUMAB-AXGB, 1 MG                                                    |
| J9351 | INJECTION, TOPOTECAN, 0.1 MG                                                           |
| J9352 | INJECTION, TRABECTEDIN, 0.1 MG                                                         |
| J9353 | INJECTION, MARGETUXIMAB-CMKB, 5 MG                                                     |
| J9354 | INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG                                             |
| J9355 | INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG                                     |
| J9356 | INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK                                   |
| J9357 | INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG                                            |
| J9358 | INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG                                       |
| J9359 | INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG                                       |
| J9360 | INJECTION, VINBLASTINE SULFATE, 1 MG                                                   |
| J9361 | INJECTION, EFBEMALENOGRASTIM ALFA-VUXW, 0.5 MG                                         |
| J9370 | VINCRISTINE SULFATE, 1 MG                                                              |
| J9371 | INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG                                          |
| J9376 | INJECTION, POZELIMAB-BBFG, 1 MG                                                        |
| J9380 | INJECTION, TECLISTAMAB-CQYV, 0.5 MG                                                    |
| J9381 | INJECTION, TEPLIZUMAB-MZWV, 5 MCG                                                      |
| J9390 | VINORELBINE TARTRATE, PER 10 MG                                                        |
| J9393 | INJECTION, FULVESTRANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J9395, 25 MG          |
| J9394 | INJECTION, FULVESTRANT (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J9395, 25 MG |

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| <u>HCPC</u> | <u>Description</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| J9395       | INJECTION, FULVESTRANT, 25 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| J9400       | INJECTION, ZIV-AFLIBERCEPT, 1 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| J9600       | INJECTION, PORFIMER SODIUM, 75 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| J9999       | NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Q0138       | INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)                                                                                                                                                                                                                                                                                                                                                                                              |
| Q0139       | INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)                                                                                                                                                                                                                                                                                                                                                                                      |
| Q0166       | GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANIT-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24-HOUR DOSAGE REGIMEN                                                                                                                                                                                                                                                    |
| Q0167       | DRONABINOL 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN                                                                                                                                                                                                                                                                  |
| Q0180       | DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANIT-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN                                                                                                                                                                                                                                                        |
| Q0220       | INJECTION, TIXAGEVIMAB AND CILGAVIMAB, FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY, FOR CERTAIN ADULTS AND PEDIATRIC INDIVIDUALS (12 YEARS OF AGE AND OLDER WEIGHING AT LEAST 40KG) WITH NO KNOWN SARS-COV-2 EXPOSURE, WHO EITHER HAVE MODERATE TO SEVERELY COMPROMISED IMMUNE SYSTEMS OR FOR WHOM VACCINATION WITH ANY AVAILABLE COVID-19 VACCINE IS NOT RECOMMENDED DUE TO A HISTORY OF SEVERE ADVERSE REACTION TO A COVID-19 VACCINE(S) AND/OR COVID-19 VACCINE COMPONENT(S), 300 MG |
| Q0221       | INJECTION, TIXAGEVIMAB AND CILGAVIMAB, FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY, FOR CERTAIN ADULTS AND PEDIATRIC INDIVIDUALS (12 YEARS OF AGE AND OLDER WEIGHING AT LEAST 40KG) WITH NO KNOWN SARS-COV-2 EXPOSURE, WHO EITHER HAVE MODERATE TO SEVERELY COMPROMISED IMMUNE SYSTEMS OR FOR WHOM VACCINATION WITH ANY AVAILABLE COVID-19 VACCINE IS NOT RECOMMENDED DUE TO A HISTORY OF SEVERE ADVERSE REACTION TO A COVID-19 VACCINE(S) AND/OR COVID-19 VACCINE COMPONENT(S), 600 MG |
| Q0222       | INJECTION, BEBTELOVIMAB, 175 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Q0224       | INJECTION, PEMIVIBART, FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY, FOR CERTAIN ADULTS AND ADOLESCENTS (12 YEARS OF AGE AND OLDER WEIGHING AT LEAST 40 KG) WITH NO KNOWN SARS-COV-2 EXPOSURE, AND WHO EITHER HAVE MODERATE-TO-SEVERE IMMUNE COMPROMISE DUE TO A MEDICAL CONDITION OR RECEIPT OF IMMUNOSUPPRESSIVE MEDICATIONS OR TREATMENTS, AND ARE UNLIKELY TO MOUNT AN ADEQUATE IMMUNE RESPONSE TO COVID-19 VACCINATION, 4500 MG                                                     |
| Q0239       | INJECTION, BAMLANIVIMAB-XXXX, 700 MG                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Q0240       | INJECTION, CASIRIVIMAB AND IMDEVIMAB, 600 MG                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Q0243       | INJECTION, CASIRIVIMAB AND IMDEVIMAB, 2400 MG                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Q0244       | INJECTION, CASIRIVIMAB AND IMDEVIMAB, 1200 MG                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Q0245       | INJECTION, BAMLANIVIMAB AND ETESEVIMAB, 2100 MG                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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| HCPC  | Description                                                                                                                                                                                                                                                    |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Q0249 | INJECTION, TOCILIZUMAB, FOR HOSPITALIZED ADULTS AND PEDIATRIC PATIENTS (2 YEARS OF AGE AND OLDER) WITH COVID-19 WHO ARE RECEIVING SYSTEMIC CORTICOSTEROIDS AND REQUIRE SUPPLEMENTAL OXYGEN, NON-INVASIVE OR INVASIVE MECHANICAL VENTILATION, OR EXTRACORPOREAL |
| Q2009 | INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT                                                                                                                                                                                                            |
| Q2017 | INJECTION, TENIPOSIDE, 50 MG                                                                                                                                                                                                                                   |
| Q2041 | INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO                                                                                                                                                                                       |
| Q2042 | TISAGENLEUCEL, UP TO 600 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE                                                                                                                    |
| Q2043 | SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION                                                                                               |
| Q2049 | INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG                                                                                                                                                                                       |
| Q2050 | INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10MG                                                                                                                                                                                 |
| Q2053 | BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE                                                                                   |
| Q2054 | LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE                                                                                    |
| Q2055 | IDECABTAGENE VICLEUCEL, UP TO 460 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE                                                             |
| Q2056 | CILTACABTAGENE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE                                                          |
| Q3027 | INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE                                                                                                                                                                                                     |
| Q3028 | INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE                                                                                                                                                                                                      |
| Q4074 | ILOPROST, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 20 MICROGRAMS                                                                                                                       |
| Q5101 | INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM                                                                                                                                                                                                  |
| Q5103 | INJECTION, INFLECTRA                                                                                                                                                                                                                                           |
| Q5104 | INJECTION, RENFLEXIS                                                                                                                                                                                                                                           |
| Q5105 | INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR ESRD ON DIALYSIS), 100 UNITS                                                                                                                                                                         |
| Q5106 | INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS                                                                                                                                                                            |
| Q5107 | INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG                                                                                                                                                                                                        |
| Q5108 | INJECTION, PEGFILGRASTIM-JMDB (FULPHILA), BIOSIMILAR, 0.5 MG                                                                                                                                                                                                   |
| Q5109 | INJECTION, INFlixIMAB-QBTX, BIOSIMILAR, (IXIFI), 10 MG                                                                                                                                                                                                         |
| Q5110 | INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM                                                                                                                                                                                                |
| Q5111 | INJECTION, PEGFILGRASTIM-CBQV (UDENYCA), BIOSIMILAR, 0.5 MG                                                                                                                                                                                                    |
| Q5112 | INJECTION, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG                                                                                                                                                                                                    |

## Highmark List of Procedure Codes Requiring NDC Effective 07/01/2024

| HCPC  | Description                                                                         |
|-------|-------------------------------------------------------------------------------------|
| Q5113 | INJECTION, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MG                           |
| Q5114 | INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG                            |
| Q5115 | INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG                                        |
| Q5116 | INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG                         |
| Q5117 | INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG                          |
| Q5118 | INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG                           |
| Q5119 | INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG                            |
| Q5120 | INJECTION, PEGFILGRASTIM-BMEZ (ZIEXTENZO), BIOSIMILAR, 0.5 MG                       |
| Q5121 | INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG                             |
| Q5122 | INJECTION, PEGFILGRASTIM-APGF (NYVEPRIA), BIOSIMILAR, 0.5 MG                        |
| Q5123 | INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG                              |
| Q5124 | INJECTION, RANIBIZUMAB-NUNA, BIOSIMILAR, (BYOOVIZ), 0.1 MG                          |
| Q5125 | INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MICROGRAM                      |
| Q5126 | INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYSYS), 10 MG                            |
| Q5127 | INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG                       |
| Q5128 | INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG                           |
| Q5129 | INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG                           |
| Q5130 | INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG                        |
| Q5131 | INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MG                              |
| Q5132 | INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG                            |
| Q5133 | INJECTION, TOCILIZUMAB-BAVI (TOFIDENCE), BIOSIMILAR, 1 MG                           |
| Q5134 | INJECTION, NATALIZUMAB-SZTN (TYRUKO), BIOSIMILAR, 1 MG                              |
| Q5137 | INJECTION, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, SUBCUTANEOUS, 1 MG               |
| Q5138 | INJECTION, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, INTRAVENOUS, 1 MG                |
| Q9957 | INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML                                    |
| Q9985 | INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG             |
| Q9986 | INJECTION, HYDROXYPROGESTERONE CAPROATE (MAKENA), 10 MG                             |
| Q9989 | USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG                                        |
| Q9991 | INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), LESS THAN OR EQUAL TO 100 MG |
| Q9992 | INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREATER THAN 100 MG          |
| S0013 | ESKETAMINE, NASAL SPRAY, 1 MG                                                       |
| S0032 | INJECTION, NAFCILLIN SODIUM, 2 GRAMS                                                |
| S0073 | INJECTION, AZTREONAM, 500 MG                                                        |
| S0104 | ZIODVUDINE, ORAL, 100MG                                                             |
| S0106 | BUPROPION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE OF 60 TABLETS            |
| S0108 | MERCAPTOPYRINE, ORAL, 50 MG                                                         |

**Highmark List of Procedure Codes Requiring NDC  
Effective 07/01/2024**

| <u>HCPC</u> | <u>Description</u>                                                                                    |
|-------------|-------------------------------------------------------------------------------------------------------|
| S0109       | METHADONE, ORAL 5 MG                                                                                  |
| S0122       | INJECTION, MENOTROPINS, 75 IU                                                                         |
| S0126       | INJECTION, FOLLITROPIN ALFA, 75 IU                                                                    |
| S0128       | INJECTION, FOLLITROPIN BETA, 75 IU                                                                    |
| S0132       | INJECTION, GANIRELIX ACETATE, 250 MCG                                                                 |
| S0136       | CLOZAPINE, 25 MG                                                                                      |
| S0137       | DIDANOSINE (DDI), 25 MG                                                                               |
| S0138       | FINASTERIDE, 5 MG                                                                                     |
| S0139       | MINOXIDIL, 10 MG                                                                                      |
| S0140       | SAQUINAVIR, 200 MG                                                                                    |
| S0145       | INJECTION, PEGYLATED INTERFERON ALFA-2A                                                               |
| S0148       | INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG                                                       |
| S0155       | STERILE DILUTANT FOR EPOPROSTENOL, 50ML                                                               |
| S0157       | BECAPLERMIN GEL 0.01%, 0.5 GM                                                                         |
| S0160       | DEXTROAMPHETAMINE SULFATE, 5 MG                                                                       |
| S0166       | INJECTION, OLANZAPINE, 2.5 MG                                                                         |
| S0170       | ANASTROZOLE, ORAL, 1MG                                                                                |
| S0171       | INJECTION, BUMETANIDE, 0.5MG                                                                          |
| S0172       | CHLORAMBUCIL, ORAL, 2MG                                                                               |
| S0174       | DOLASETRON MESYLATE, ORAL 50MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0180)      |
| S0175       | FLUTAMIDE, ORAL 125MG                                                                                 |
| S0176       | HYDROXYUREA, ORAL, 500MG                                                                              |
| S0178       | LOMUSTINE, ORAL, 10MG                                                                                 |
| S0179       | MEGESTROL ACETATE, ORAL 20MG                                                                          |
| S0182       | PROCARBAZINE HYDROCHLORIDE, ORAL, 50MG                                                                |
| S0183       | PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) |
| S0187       | TOMOXIFEN CITRATE, ORAL, 10MG                                                                         |
| S0189       | TESTOSTERONE PELLET, 75MG                                                                             |
| S0190       | MIFEPRISTONE, ORAL, 200 MG                                                                            |
| S5550       | INSULIN, RAPID ONSET; 5 UNITS                                                                         |
| S5551       | INSULIN, MOST RAPID ONSET (LISPRO OR ASPART); 5 UNITS                                                 |
| S5552       | INSULIN, INTERMEDIATE ACTING (NPH OR LENTE); 5 UNITS                                                  |
| S5553       | INSULIN, LONG ACTING; 5 UNITS                                                                         |