Ancillary Medications Used in Cancer Treatment

With each publication, Managed Care Oncology’s Drug & Administration Compendia highlights a single medication or a group of medications that could be utilized in the management of one of the featured oncology diseases.

This section addresses such topics as:
- Associated ICD-9-CM codes
- Drugs that have been FDA-approved
- Reimbursement and coding information
- HCPCS/CPT® codes and code description
- Current code price (AWP-based pricing)
- Most recent Medicare allowable (ASP + 6%), if applicable
- Possible CPT® administration codes that can be utilized with each drug

**Associated ICD-9-CM Codes:**

787.0 Nausea and vomiting

Associated codes:
- Hematemesis NOS (578.0)
- Nausea and vomiting:
  - Biliary, following gastrointestinal surgery (564.3)
  - Cyclical (536.2)
  - Associated with migraine (346.2)
  - Psychogenic (306.4)
- Excessive, in pregnancy (643.0-643.9)
- Habit (536.2)
- Of newborn (779.3)
- Psychogenic NOS (307.54)

787.01 Nausea and vomiting
787.02 Nausea alone
787.03 Vomiting alone

280 Iron-deficiency anemias

Includes anemia:
- Aplastic (due to):
  - Chronic systemic disease
  - Drugs
  - Infection
  - Radiation
  - Toxic (paralytic)
  - Use additional E code to identify cause

284.8 Other specified aplastic anemias

284.89 Other specified aplastic anemias

285 Other and unspecified anemias

285.1 Acute posthemorrhagic anemia

Anemia due to acute blood loss
Excludes anemia due to chronic blood loss (280.0)

285.21 Anemia in chronic kidney disease

Anemia in end-stage renal disease

285.3 Antineoplastic chemotherapy-induced anemia

Excludes anemia due to drug NEC – code to type of anemia

288.0 Neutropenia

Decreased absolute neutrophil count (ANC)

Use additional code for any associated:
- Fever (780.61)
- Mucositis (478.11, 528.00-528.09, 538, 616.81)
- Excludes neutropenic splenomegaly (289.53)

288.00 Neutropenia, unspecified

288.01 Congenital neutropenia

- Congenital agranulocytosis
- Infantile genetic agranulocytosis
- Kostmann’s syndrome

288.02 Cyclic neutropenia

Cyclic hematopoiesis

Periodic neutropenia

288.03 Drug-induced neutropenia

Use additional E code to identify drug

288.04 Neutropenia due to infection

288.09 Other neutropenia

Agranulocytosis

Neutropenia: immune toxic

288.5 Decreased white blood cell count

Excludes neutropenia (288.01-288.09)

288.50 Leukocytopenia, unspecified

Decreased leukocytes, unspecified

Decreased white blood cell count, unspecified

Leukopenia NOS

288.59 Other decreased white blood cell count

Basophilic leukopenia

Eosinophilic leukopenia

Monocytopenia

Plasmacytopenia

E930.7 Antineoplastic antibiotics

- Actinomycins, such as:
  - Bleomycin
  - Cactinomycin
  - Dactinomycin
  - Daunorubicin
  - Mitomycin

Excludes other antineoplastic drugs (E933.1)

E933.1 Antineoplastic and immunosuppressive drugs

- Azathioprine
- Busulfan
- Chlorambucil
- Cyclophosphamide
- Cytarabine
- Fluorouracil
- Mechlorethamine HCl
- Mercaptopurine
- Thiethylpeni/hosfophamide (thio-TEPA)

Excludes antineoplastic antibiotics (E930.7)
## Ancillary Medications Used in Cancer Treatment

<table>
<thead>
<tr>
<th>Generic (Brand) Name</th>
<th>HCPCS Code – Code Description</th>
<th>Current Code Price (AWP-Based Pricing) Effective 10/1/10</th>
<th>Medicare Allowable (ASP + 6%) – Effective 10/1/10-12/31/10</th>
<th>CPT® Administration Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>aprepitant (Emend)</td>
<td>J8501 – aprepitant, oral, 5 mg</td>
<td>$7.12 $5.84</td>
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<td>darbepoetin α (Aranesp)</td>
<td>J0881 – injection, darbepoetin α (non-ESRD use)</td>
<td>$6.44 $2.90</td>
<td>96372, 96374</td>
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<tr>
<td>darbepoetin α (Aranesp)</td>
<td>J0882 – injection, darbepoetin α, 1 μg (for ESRD on dialysis)</td>
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<tr>
<td>epoetin α (Procrit, Epogen)</td>
<td>J0885 – injection, epoetin α, 1,000 units (for non-ESRD use)</td>
<td>$15.34 $9.68</td>
<td>96372, 96374</td>
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<tr>
<td>epoetin α (Procrit, Epogen)</td>
<td>J0886 – injection, epoetin α, 1,000 units (for ESRD on dialysis) (Renal dialysis facilities and hospitals must use code Q4081 effective 1/1/07.)</td>
<td>$15.34 $9.68</td>
<td>96372, 96374</td>
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<tr>
<td>epoetin α (Procrit, Epogen)</td>
<td>Q4081 – injection, epoetin α, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)</td>
<td>$1.53 $0.97</td>
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<td>filgrastim (Neupogen)</td>
<td>J1440 – injection, filgrastim (G-CSF), 300 μg</td>
<td>$283.02 $233.43</td>
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<td>filgrastim (Neupogen)</td>
<td>J1441 – injection, filgrastim (G-CSF), 480 μg</td>
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<td>granisetron (Kytril)</td>
<td>J1626 – injection, granisetron hydrochloride, 100 μg</td>
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<td>granisetron (Kytril)</td>
<td>Q0166 – granisetron hydrochloride, 1 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at time of chemotherapy treatment, not to exceed a 24-hour dosage regimen</td>
<td>$59.01 $3.45</td>
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<td>granisetron (Kytril)</td>
<td>S0091 – granisetron hydrochloride, 1 mg (For circumstances falling under the Medicare statute, use Q0166.)</td>
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<td>S0091 – not payable by Medicare</td>
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<td>ondansetron (Zofran)</td>
<td>J2405 – injection, ondansetron hydrochloride, per 1 mg</td>
<td>$0.60 $0.18</td>
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<tr>
<td>ondansetron (Zofran)</td>
<td>Q0179 – ondansetron hydrochloride, 8 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at time of chemotherapy treatment, not to exceed a 48-hour dosage regimen (Code price is per 8 mg.)</td>
<td>$39.36 $4.97</td>
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<tr>
<td>ondansetron (Zofran)</td>
<td>S0181 – ondansetron hydrochloride, 4 mg, oral (For circumstances falling under the Medicare statute, use Q0179.)</td>
<td>$23.98</td>
<td>S0181 – not payable by Medicare</td>
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<td>palonosetron (Aloxi)</td>
<td>J2469 – injection, palonosetron hydrochloride, 25 μg</td>
<td>$43.20 $18.41</td>
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<td>pegfilgrastim (Neulasta)</td>
<td>J2505 – injection, pegfilgrastim, 6 mg</td>
<td>$3,984.00 $2,465.21</td>
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## CPT® Administration Code Descriptions

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<tr>
<th>Code Description</th>
<th>CPT® Administration Code</th>
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<tr>
<td>Chemotherapy administration, subcutaneous or intramuscular; nonhormonal antineoplastic</td>
<td>96401</td>
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<tr>
<td>Chemotherapy administration, subcutaneous or intramuscular; hormonal antineoplastic</td>
<td>96402</td>
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<tr>
<td>Chemotherapy administration; intravenous, push technique, single or initial substance/drug</td>
<td>96409</td>
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<tr>
<td>Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug</td>
<td>96413</td>
</tr>
<tr>
<td>Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure.) (Use 96415 in conjunction with 96413.)</td>
<td>96415</td>
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<tr>
<td>Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to one hour</td>
<td>96365</td>
</tr>
<tr>
<td>Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure.) (Use 96366 in conjunction with 96365, 96367.)</td>
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<tr>
<td>Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)</td>
<td>96369</td>
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<tr>
<td>Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure.) (Use 96370 in conjunction with 96369.)</td>
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<tr>
<td>Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular</td>
<td>96372</td>
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<tr>
<td>Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug</td>
<td>96374</td>
</tr>
</tbody>
</table>

### References
- FDA-approved indication [product-prescribing information].
- CMS (Centers for Medicare & Medicaid Services) – Medicare-Allowable Fourth Quarter – Effective Dates 10/1/10-12/31/10.

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# Oncology-Related HCPCS Codes

This reference chart will assist the Oncology Office (office manager, oncology nurse, physician, and ancillary staff) and payor with the appropriate codes to utilize when billing or reimbursing for medication(s).

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>HCPCS Code – Code Description</th>
<th>FDA-Approved Uses</th>
<th>Compndia-Listed Off-Label Uses</th>
<th>Current Code Price (AWP-Based Pricing)*</th>
<th>Medicare Allowable (ASP + 6%) **</th>
<th>CPT® Admin Code(s)</th>
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</thead>
<tbody>
<tr>
<td>azacitidine (Vidaza)</td>
<td>J9025 – injection, azacitidine, 1 mg</td>
<td>Myeloid leukemia – chronic (205.1) &lt;br&gt; Low-grade myelodysplastic syndrome lesions (238.72) &lt;br&gt; High-grade myelodysplastic syndrome lesions (238.73) &lt;br&gt; Myelodysplastic syndrome with 5q deletion (238.74) &lt;br&gt; Myelodysplastic syndrome, unspecified (238.75)</td>
<td>Malignant neoplasm of retroperitoneum and peritoneum – specified parts of peritoneum (158.8) &lt;br&gt; Malignant neoplasm of retroperitoneum and peritoneum – peritoneum, unspecified (158.9) &lt;br&gt; Malignant neoplasm of pleura (163.3) &lt;br&gt; Malignant neoplasm of thymus, heart, and mediastinum – heart (164.1) &lt;br&gt; Myeloid leukemia – acute (205.0) &lt;br&gt; Hereditary hemolytic anemias – other thalassemia (282.49) &lt;br&gt; Sickle-cell disease (282.6)</td>
<td>$5.88</td>
<td>$5.13</td>
<td>96401 96409 96413</td>
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<tr>
<td>cetuximab (Erbitux)</td>
<td>J9055 – injection, cetuximab, 10 mg</td>
<td>Malignant neoplasm of lip (140.3) &lt;br&gt; Malignant neoplasm of tongue (141.3) &lt;br&gt; Malignant neoplasm of major salivary glands (142.3) &lt;br&gt; Malignant neoplasm of gum (143.3) &lt;br&gt; Malignant neoplasm of floor of mouth (144.3) &lt;br&gt; Malignant neoplasm of other and unspecified parts of mouth (145.3) &lt;br&gt; Malignant neoplasm of oropharynx (146.3) &lt;br&gt; Malignant neoplasm of nasopharynx (147.3) &lt;br&gt; Malignant neoplasm of hypopharynx (148.3) &lt;br&gt; Malignant neoplasm of other and ill-defined sites within the lip, oral cavity, and pharynx (149.3)</td>
<td>Malignant neoplasm of trachea, bronchus, and lung (162.3)</td>
<td>$57.60</td>
<td>$49.74</td>
<td>96413 96415</td>
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<tr>
<td>clofarabine (Clolar)</td>
<td>J9027 – injection, clofarabine, 1 mg</td>
<td>Lymphoid leukemia – acute (204.0) &lt;br&gt; Myeloid leukemia – acute (205.0) &lt;br&gt; Low-grade myelodysplastic syndrome lesions (238.72) &lt;br&gt; High-grade myelodysplastic syndrome lesions (238.73) &lt;br&gt; Myelodysplastic syndrome with 5q deletion (238.74) &lt;br&gt; Myelodysplastic syndrome, unspecified (238.75)</td>
<td>$135.00</td>
<td>$115.41</td>
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<td>generic (Brand) Name</td>
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<td>daunorubicin (Cerubidine)</td>
<td>J9150 – injection, daunorubicin, 10 mg</td>
<td>Lymphoid leukemia – acute (204.0)</td>
<td>Malignant neoplasm of bone and articular cartilage (170.9)</td>
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<td>Myeloid leukemia – acute (205.0)</td>
<td>Malignant neoplasm of kidney and other unspecified urinary organs – kidney, except pelvis (189.0)</td>
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<td>Acute erythremia and erythroleukemia (207.0)</td>
<td>Reticulosarcoma (200.0)</td>
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<td>Megakaryocytic leukemia (207.2)</td>
<td>Lymphosarcoma (200.1)</td>
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<td>Leukemia of unspecified cell type – acute (208.0)</td>
<td>Burkitt’s tumor or lymphoma (200.2)</td>
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<td>Primary central nervous system lymphoma (200.5)</td>
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<td>Sézary’s disease (202.2)</td>
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<td>Malignant histiocytosis (202.3)</td>
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<td>Leukemic reticuloendotheliosis (202.4)</td>
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<td>Letterer-Siwe disease (202.5)</td>
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<td>Malignant mast cell tumors (202.6)</td>
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<td>Lymphoid leukemia – acute (204.0)</td>
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<td>Malignant neoplasm of kidney and other unspecified urinary organs – kidney, except pelvis (189.0)</td>
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<td>Reticulosarcoma (200.0)</td>
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<td>Lymphosarcoma (200.1)</td>
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<td>Burkitt’s tumor or lymphoma (200.2)</td>
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<td>Primary central nervous system lymphoma (200.5)</td>
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<td>Leukemic reticuloendotheliosis (202.4)</td>
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<td>Letterer-Siwe disease (202.5)</td>
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<td>Malignant mast cell tumors (202.6)</td>
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<td>Peripheral T-cell lymphoma (202.7)</td>
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<td>Other lymphomas (202.8)</td>
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<td></td>
<td>Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue (202.9)</td>
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<td></td>
<td>Myeloid leukemia – chronic (205.1)</td>
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<td></td>
<td>Low-grade myelodysplastic syndrome lesions (238.72)</td>
<td></td>
<td>$35.50</td>
<td>$30.74</td>
<td>96413 96415</td>
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<tr>
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<td>High-grade myelodysplastic syndrome lesions (238.73)</td>
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<td>Myelodysplastic syndrome with 5q deletion (238.74)</td>
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<td>Myelodysplastic syndrome, unspecified (238.75)</td>
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<td>Malignant neoplasm of prostate (185)</td>
<td>N/A</td>
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<td>Secondary and unspecified malignant neoplasm of lymph nodes – lymph nodes of head, face, and neck (195.0)</td>
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<td>Malignant neoplasm without specification of site – disseminated (199.0)</td>
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<td></td>
<td>Malignant neoplasm without specification of site – other (199.1)</td>
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</tbody>
</table>

**Notes:**
- AWP: Average Wholesale Price
- ASP: Average Sales Price
- **: Indicating the allowable Medicare reimbursement
- *: Price for the current code

*Disclaimer: The information provided is for educational purposes only and should not be used as a substitute for professional medical advice.*
<table>
<thead>
<tr>
<th>Brand Name</th>
<th>HCPCS Code – Code Description</th>
<th>FDA-Approved Uses</th>
<th>Compendia-Listed Off-Label Uses</th>
<th>Current Code Price (AWP-Based Pricing) *</th>
<th>Medicare Allowable (ASP + 6%) **</th>
<th>CPT® Admin Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>fludarabine (Fludara)</td>
<td>J9185 – injection, fludarabine phosphate, 50 mg</td>
<td>Lymphoid leukemia – chronic (204.1)</td>
<td>Reticulosarcoma (200.0), Burkitt's tumor or lymphoma (200.2), Marginal zone lymphoma (200.3), Mantle cell lymphoma (200.4), Primary central nervous system lymphoma (200.5), Anaplastic large-cell lymphoma (200.6), Large-cell lymphoma (200.7), Other named variants (200.8), Nodular lymphoma (202.0), Mycosis fungoides (202.1), Sézary's disease (202.2), Malignant histiocytosis (202.3), Leukemic reticuloendotheliosis (202.4), Letterer-Siwe disease (202.5), Malignant mast cell tumors (202.6), Peripheral T-cell lymphoma (202.7), Other lymphomas (202.8), Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue (202.9), Lymphoid leukemia – acute (204.0), Myeloid leukemia – acute (205.0), Low-grade myelodysplastic syndrome lesions (238.72), High-grade myelodysplastic syndrome lesions (238.73), Myelodysplastic syndrome with 5q deletion (238.74), Myelodysplastic syndrome, unspecified (238.75), Monoclonal paraproteinemia (273.1), Macroglobulinemia (273.3), Acute glomerulonephritis – with other specified pathological lesion in kidney – acute glomerulonephritis in diseases classified elsewhere (580.81), Nephrotic syndrome – with lesion of membranous glomerulonephritis (581.1), Chronic glomerulonephritis – with lesion of membranes glomerulonephritis (582.1), Chronic glomerulonephritis – with other specified pathological lesion in kidney – chronic glomerulonephritis in diseases classified elsewhere (582.81), Nephritis and nephropathy, not specified as acute or chronic – with lesion of membranes glomerulonephritis (583.1), Nephritis and nephropathy, not specified as acute or chronic – with other specified pathological lesion in kidney – nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere (583.81), Systemic lupus erythematosus (710.0), Enlargement of lymph nodes (785.6)</td>
<td>$285.16</td>
<td>$139.57</td>
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<tr>
<td>idarubicin (Idamycin)</td>
<td>J9211 – injection, idarubicin hydrochloride, 5 mg</td>
<td>Myeloid leukemia – acute (205.0)</td>
<td>Reticulosarcoma (200.0), Lymphosarcoma (200.1), Burkitt's tumor or lymphoma (200.2), Marginal zone lymphoma (200.3), Mantle cell lymphoma (200.4), Primary central nervous system lymphoma (200.5), Anaplastic large-cell lymphoma (200.6), Large-cell lymphoma (200.7), Other named variants (200.8), Nodular lymphoma (202.0), Mycosis fungoides (202.1), Sézary's disease (202.2), Malignant histiocytosis (202.3), Leukemic reticuloendotheliosis (202.4), Letterer-Siwe disease (202.5), Malignant mast cell tumors (202.6), Peripheral T-cell lymphoma (202.7), Other lymphomas (202.8), Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue (202.9), Lymphoid leukemia – acute (204.0), Lymphoid leukemia – chronic (204.1), Myeloid leukemia – chronic (205.1)</td>
<td>$300.00</td>
<td>$103.96</td>
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<tr>
<td>Brand Name</td>
<td>HCPCS Code – Code Description</td>
<td>FDA-Approved Uses</td>
<td>Compliance-Listed Off-Label Uses</td>
<td>Current Code Price (AWP-Based Pricing)</td>
<td>Medicare Allowable (ASP + 6%)</td>
<td>CPT® Admin Code(s)</td>
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</tbody>
</table>
| nelarabine (Arranon) | J9261 – nelarabine, 50 mg | Anaplastic large-cell lymphoma (200.6_)
Other named variants (200.8_)
Mycosis fungoides (202.1_)
Sézary's disease (202.2_)
Peripheral T-cell lymphoma (202.7_)
Other lymphomas (202.8_)
Lymphoid leukemia – acute (204.0_)
Lymphoid leukemia – chronic (204.1_)
 | | | | $127.50 | $109.45 | 96413 96415 |
| pegaspargase (Oncaspar) | J9266 – injection, pegaspargase, per single-dose vial | Lymphoid leukemia – acute (204.0_)
Reticulosarcoma (200.0_)
Lymphosarcoma (200.1_)
Burkitt's tumor or lymphoma (200.2_)
Marginal zone lymphoma (200.3_)
Mantle cell lymphoma (200.4_)
Primary central nervous system lymphoma (200.5_)
Anaplastic large-cell lymphoma (200.6_)
Large-cell lymphoma (200.7_)
Other named variants (200.8_)
Nodular lymphoma (202.0_)
Mycosis fungoides (202.1_)
Sézary's disease (202.2_)
Malignant histiocytosis (202.3_)
Leukemic reticuloendotheliosis (202.4_)
Letterer-Siwe disease (202.5_)
Malignant mast cell tumors (202.6_)
Peripheral T-cell lymphoma (202.7_)
Other lymphomas (202.8_)
Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue (202.9_)
Myeloid leukemia – chronic (205.1_)
 | | | $3,280.00 | $2,483.56 | 96401 96413 96415 |
| trastuzumab (Herceptin) | J9355 – injection, trastuzumab, 10 mg | Malignant neoplasm of female breast (174._)
Malignant neoplasm of male breast (175._)
Malignant neoplasm of stomach (151._)
Malignant neoplasm of trachea, bronchus, and lung (162._)
Malignant neoplasm of prostate (185)
Secondary malignant neoplasm of other specified sites – other parts of nervous system (198.4) | | $78.26 | $68.28 | 96413 96415 |

* The code price is based on the Healthcare Common Procedure Coding System (HCPCS) code description. HCPCS codes are a component of CMS (Centers for Medicare & Medicaid Services). The code price is an AWP-based pricing methodology developed by RJ Health Systems International, LLC, Wethersfield, Conn.

** Effective 10/1/10-12/31/10

Oncology-Related J-Code References

- Full prescribing information for each drug listed.
- CMS (Centers for Medicare & Medicaid Services) – Medicare-Allowable Fourth Quarter – Effective Dates: 10/1/10-12/31/10.
- Current code prices are effective as of 10/1/10.

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