

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

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, 10 MG
J0132	INJECTION, ACETYLCYSTEINE, 100 MG
J0133	INJECTION, ACYCLOVIR, 5 MG
J0135	INJECTION, ADALIMUMAB, 20 MG
J0153	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
J0172	INJECTION, ADUCANUMAB-AVWA, 2 MG
J0178	INJECTION, AFLIBERCEPT, 1 MG
J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG
J0180	INJECTION, AGALSIDASE BETA, 1MG
J0185	INJECTION, APREPITANT, 1 MG
J0202	INJECTION, ALEMTUZUMAB, 1 MG
J0207	INJECTION, AMIFOSTINE, 500 MG
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG
J0220	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE CLASSIFIED
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
J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 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
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG
J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG
J0456	INJECTION, AZITHROMYCIN, 500 MG
J0470	INJECTION, DIMERCAPROL, PER 100 MG

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

HCPC	Description
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
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
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
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
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
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS
J0636	INJECTION, CALCITRIOL, 0.1 MCG

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

<u>HCPC</u>	<u>Description</u>
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG
J0638	INJECTION, CANAKINUMAB, 1 MG
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
J0641	INJECTION, LEVOLEUCOVORIN, 0.5 MG
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML
J0691	INJECTION, LEFAMULIN, 1 MG
J0693	INJECTION, CEFIDEROCOL, 5 MG
J0695	INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG
J0698	INJECTION, CEFOTAXIME SODIUM, PER GM
J0699	INJECTION, CEFIDEROCOL, 10 MG
J0702	INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 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
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
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
J0800	INJECTION, CORTICOTROPIN, 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') ₂ (EQUINE), 120 MG
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL
J0875	INJECTION, DALBAVANCIN, 5MG

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

<u>HCPC</u>	<u>Description</u>
J0878	INJECTION, DAPTOMYCIN, 1 MG
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
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)
J0894	INJECTION, DECITABINE, 1 MG
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG
J0896	INJECTION, LUSPATERCEPT-AAMT, 0.25 MG
J0897	INJECTION, DENOSUMAB, 1 MG
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 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, INTRAOCCULAR, 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
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
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
J1303	INJECTION, RAVULIZUMAB-CVVZ, 10 MG
J1305	INJECTION, EVINACUMAB-DGNB, 5MG
J1322	INJECTION, ELOSULFASE ALFA, 1MG

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

HCPC	Description
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
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
J1437	INJECTION, FERRIC DERISOMALTOSE, 10 MG
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
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
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
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
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

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

HCPC	Description
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
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
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN
J1595	INJECTION, GLATIRAMER ACETATE, 20 MG
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG
J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE
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
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
J1743	INJECTION, IDURSULFASE, 1 MG
J1744	INJECTION, ICATIBANT, 1 MG

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

<u>HCPC</u>	<u>Description</u>
J1745	INJECTION INFLIXIMAB, 10 MG
J1746	INJECTION, IBALIZUMAB-UIYK, 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
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
J1930	INJECTION, LANREOTIDE, 1 MG
J1931	INJECTION, LARONIDASE, 0.1 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
J1951	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG
J1952	LEUPROLIDE INJECTABLE, CAMCEVI, 1 MG
J1953	INJECTION, LEVETIRACETAM, 10 MG
J1955	INJECTION, LEVOCARNITINE, PER 1 GM
J1956	INJECTION, LEVOFLOXACIN, 250 MG
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG
J2020	INJECTION, LINEZOLID, 200MG
J2170	INJECTION, MECASERMIN, 1 MG
J2182	INJECTION, MEPOLIZUMAB, 1 MG
J2185	INJECTION, MEROPENEM, 100 MG
J2186	INJECTION, MEROPENEM AND VABORBACTAM, 10MG/10MG, (20MG)
J2212	INJECTION, METHYLNALTREXONE, 0. 1 MG
J2248	INJECTION, MICAUFUNGIN SODIUM, 1 MG
J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG
J2278	INJECTION, ZICONOTIDE, 1 MICROGRAM
J2280	INJECTION, MOXIFLOXACIN, 100 MG
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

<u>HCPC</u>	<u>Description</u>
J2323	INJECTION, NATALIZUMAB, 1 MG
J2325	INJECTION, NESIRITIDE, 0.1 MG
J2326	INJECTION, NUSINERSEN, 0.1 MG
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
J2357	INJECTION, OMALIZUMAB, 5 MG
J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML
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, 1MG
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG
J2469	INJECTION, PALONOSETRON HCL, 25 MCG
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
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
J2562	INJECTION, PLERIXAFOR, 1 MG
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

<u>HCPC</u>	<u>Description</u>
J2675	INJECTION, PROGESTERONE, PER 50 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)
J2778	INJECTION, RANIBIZUMAB, 0.1 MG
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 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
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML
J2805	INJECTION, SINCALIDE, 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
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
J2941	INJECTION, SOMATROPIN, 1MG
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

<u>HCPC</u>	<u>Description</u>
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
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, ROMOSOZUMAB-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
J3245	INJECTION, TILDRAKIZUMAB, 1 MG
J3246	INJECTION, TIROFIBAN, 0.25 MG
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG
J3262	INJECTION, TOCILIZUMAB, 1 MG
J3285	INJECTION, TREPROSTINIL, 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
J3380	INJECTION, VEDOLIZUMAB, 1 MG
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS
J3396	INJECTION, VERTEPORFIN, 0.1 MG
J3397	INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG
J3398	INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOMES

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

<u>HCPC</u>	<u>Description</u>
J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP TO 5X10 ¹⁵ VECTOR GENOMES
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
J7070	INFUSION, D5W, 1000 CC
J7100	INFUSION, DEXTRAN 40, 500 ML
J7131	HYPERTONIC SALINE SOLUTION, 1 ML
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
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
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.

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

HCPC	Description
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
J7294	SEGESTERONE ACETATE AND ETHINYL ESTRADIOL 0.15MG, 0.013MG PER 24 HOURS; YEARLY VAGINAL SYSTEM, EACH
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

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

<u>HCPC</u>	<u>Description</u>
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
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, (ENVARUSUS 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	CYCLOSPORIN, PARENTERAL, 250 MG
J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
J7518	MYCOPHENOLIC ACID, ORAL, 180 MG
J7520	SIROLIMUS, ORAL, 1 MG
J7525	TACROLIMUS, PARENTERAL, 5 MG
J7527	EVEROLIMUS, ORAL, 0. 25 MG
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

HCPC	Description
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
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
J8650	NABILONE, ORAL, 1 MG
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG, ORAL
J8700	TEMOZOLMIDE, ORAL, 5 MG

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

<u>HCPC</u>	<u>Description</u>
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
J9027	INJECTION, CLOFARABINE, 1 MG
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 (VELCADE), 0.1 MG
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG
J9043	INJECTION, CABAZITAXEL, 1 MG
J9044	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG
J9045	INJECTION, CARBOPLATIN, 50 MG
J9047	INJECTION, CARFILZOMIB, 1 MG
J9050	INJECTION, CARMUSTINE, 100 MG
J9055	INJECTION, CETUXIMAB, 10 MG
J9057	INJECTION, COPANLISIB, 1 MG
J9060	CISPLATIN, POWDER OR SOLUTION, PER 10 MG
J9061	INJECTION, AMIVANTAMAB-VMJW, 2 MG
J9065	INJECTION, CLADRIBINE, PER 1 MG
J9070	CYCLOPHOSPHAMIDE, 100 MG
J9098	INJECTION, CYTARABINE LIPOSOME, 10 MG
J9100	INJECTION, CYTARABINE, 100 MG.

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

<u>HCPC</u>	<u>Description</u>
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
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
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
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

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

HCPC	Description
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
J9250	METHOTREXATE SODIUM, 5 MG
J9260	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
J9269	INJECTION, TAGRAXOFUSP-ERZS, 10 MICROGRAMS
J9271	INJECTION, PEMBROLIZUMAB, 1 MG
J9272	INJECTION, DOSTARLIMAB-GXLY, 10 MG
J9280	MITOMYCIN, 5 MG
J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION, 1 MG
J9285	INJECTION, OLARATUMAB, 10 MG
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG
J9295	INJECTION, NECITUMUMAB, 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

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

<u>HCPC</u>	<u>Description</u>
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, ROMIDEPSIN, NON-LYOPHILIZED (E.G. LIQUID), 0.1 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
J9325	INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS
J9328	INJECTION, TEMOZOLOMIDE, 1 MG
J9330	INJECTION, TEMSIROLIMUS, 1 MG
J9340	INJECTION, THIOTEPA, 15 MG
J9348	INJECTION, NAXITAMAB-GQGK, 1 MG
J9349	INJECTION, TAFASITAMAB-CXIX, 2 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
J9360	INJECTION, VINBLASTINE SULFATE, 1 MG
J9370	VINCRISTINE SULFATE, 1 MG
J9371	INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG
J9390	VINORELBINE TARTRATE, PER 10 MG
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)

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

HCPC	Description
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
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
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	TISAGENLEUCCEL, 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
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

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

<u>HCPC</u>	<u>Description</u>
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, BIOSIMILAR, (FULPHILA), 0.5 MG
Q5109	INJECTION, INFLIXIMAB-QBTX, BIOSIMILAR, (IXIFI), 10 MG
Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM
Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.
Q5112	INJECTION, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG
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, BIOSIMILAR, (ZIEXTENZO), 0.5 MG
Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG
Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG
Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 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
S0109	METHADONE, ORAL 5 MG
S0122	INJECTION, MENOTROPINS, 75 IU
S0126	INJECTION, FOLLITROPIN ALFA, 75 IU

**Highmark List of Procedure Codes Requiring NDC
Effective 01/01/2022**

<u>HCPC</u>	<u>Description</u>
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