

## Specialty Injectable Drug Program

HCPBS Billing Code	Drug Name	Discount
J0476	LIORESAL INTRATHECAL	AWP- 15%
J0205	CEREDASE	AWP- 1%
J0585	BOTOX	AWP- 15%
J0587	MYOBLOC	AWP- 15%
J0725	CHORIONIC GONADOTROPIN	AWP- 30%
J0740	VISTIDE	AWP- 15%
J0880	ARANESP	AWP- 15%
J1050, J1055	DEPO-PROVERA *	AWP - 15%
J1260	ANZEMET	AWP- 15%
J1438	ENBREL	AWP- 16%
J1440	NEUPOGEN	AWP- 15%
J1550	BAYGAM	AWP- 30%
J1561, J1563	GAMIMUNE N GAMMAGARD S/D GAMMAR-P IVEEGAM SANDOGLOBULIN PANGLOBULIN POLYGAM S/D* VENOGLOBULIN	AWP- 15%
J1565	RESPIGAM	AWP- 20%
J1620	FACTREL	AWP- 15%
J1626	KYTRIL	AWP- 15%
J1645	FRAGMIN	AWP- 15%
J1650	LOVENOX	AWP- 15%
J1655	INNOHEP	AWP- 15%
J1745	REMICADE	AWP
J1785	CEREZYME	AWP- 2%
J1825	AVONEX REBIF*	AWP- 16%
J1830	BETASERON	AWP- 15%
J1950	LUPRON	AWP- 15%
J2352, S0079	SANDOSTATIN	AWP- 15%
J2355	NEUMEGA	AWP- 20%
J2405, S0181	ZOFRAN	AWP- 18%
J2430	ARELIA	AWP- 15%
J2500	ZEMPLAR	AWP- 15%
J2790	RHOGAM* BAYRHO-D*	AWP – 16%
J2820	LEUKINE	AWP- 20%

AWP is the average wholesale price as published by MediSpan.

**\*Drug available from McKesson Specialty Pharmaceuticals 1/6/03 however, discount pricing for reimbursement will not be effective until 3/15/03\***

The information contained herein is confidential. This is not a guaranty of payment for a service or that the reimbursement will be accurate on the date of service. Providing this schedule does not create a contractual obligation to reimburse at the indicated level. Reimbursement levels and codes are subject to change.



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J2940	PROTROPIN	AWP- 15%
J2941	GENOTROPIN GENOTROPIN MINIQUICK HUMATROPE NORDITROPIN NUTROPIN NUTROPIN AQ NUTROPIN DEPOT SAIZEN SEROSTIM	AWP- 15%
J3240	THYROGEN	AWP- 15%
J3490	CETROTIDE COPAXONE FERTINEX FOLLISTIM GONAL-F KINERET ORGARAN OVIDREL PEG-INTRON PERGONAL PEGASYS* REBETRON REPRONEX SYNAGIS VIADUR KIT ZOMETA	AWP- 15% AWP- 15% AWP- 15% AWP- 15% AWP- 15% AWP- 15% AWP- 15% AWP- 15% AWP- 18% AWP- 15% AWP- 16% AWP- 15% AWP- 20% AWP- 19% AWP- 15% AWP- 15%
J7190	ALPHANATE HEMOFIL-M KOATE-DVI* KOGENATE FS MONARC-M MONOCLATE-P	AWP- 15%
J7192	HELIXATE* HELIXATE-FS* RECOMBINATE REFACTO*	AWP- 10%
J7193	ALPHANINE SD* MONONINE*	AWP-20%

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J7195	PROFILNINE SD* PROPLEX T* BENEFIX	AWP-25%
J7316	HYALGAN BIOLON PROVISC VITRAX	AWP- 15%
J7320	SYNVISC*	AWP-15%
J9202	ZOLADEX	AWP- 20%
J9212	INFERGEN	AWP- 15%
J9213	ROFERON-A	AWP- 15%
J9214	INTRON A	AWP- 15%
J9216	ACTIMMUNE	AWP- 15%
J9217	LUPRON	AWP- 15%
J9218	LEUPROLIDE LUPRON	AWP- 15%
Q0136, Q9920-Q9940	EPOGEN PROCRIT	AWP- 15%
Q2021	REFLUDAN	AWP- 15%

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