

## 2008 SAD Exclusion List Coding Table Information

CPT/HCPCS Codes - Table Format	Code	Descriptor Generic Name	Descriptor Brand Name	Exclusion Effective Date	Exclusion End Date	Comments
	J0135	INJECTION, ADALIMUMAB, 20 MG	Humira	01/01/2005	N/A	<b>Rationale for Determination</b> Subcutaneous injection once every other week for more than two weeks. Can be administered every week. Prior to 1/1/2005, use J3490.
	J0270	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Caverjet, Edex	03/15/2003	N/A	<b>Rationale for Determination</b> Apparent on its face.
	J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	Apokyn	01/01/2007	N/A	<b>Rationale for Determination</b> For subcutaneous administration only.
	J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	Calcimar, Miacalcin	03/15/2003	N/A	<b>Rationale for Determination</b> Subcutaneous injection daily for more than two weeks.
J1324	INJECTION,	Fuzeon	01/01/2007	N/A	<b>Rationale for</b>	

	ENFUVRTIDE, 1 MG				<b>Determination</b> Subcutaneous injection twice daily. Prior to 2007 use J3490.
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)	Enbrel	03/15/2003	N/A	<b>Rationale for Determination</b> Subcutaneous injection daily for more than two weeks.
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	Vivaglobin	01/01/2007	N/A	<b>Rationale for Determination</b> Apparent on its face.
J1595	INJECTION, GLATIRAMER ACETATE, 20 MG	Copaxone	01/01/2004	N/A	<b>Rationale for Determination</b> Subcutaneous injection daily.
J1675	INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS	Supprelin	01/01/2006	N/A	<b>Rationale for Determination</b> Subcutaneous injection daily.
J1815	INJECTION, INSULIN, PER 5 UNITS	Humalog, Regular, NPH, Lente, Ultralente	03/15/2003	N/A	<b>Rationale for Determination</b> Subcutaneous injection daily for more than two weeks.
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	Humalog	01/01/2003	N/A	<b>Rationale for Determination</b> Subcutaneous injection daily for more than two weeks. Replaced

					K0548. Humalog also identified under code J1815.
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)	Betaseron	03/15/2003	N/A	<b>Rationale for Determination</b> Subcutaneous injection every other day for more than two weeks.
J2170	INJECTION, MECASERMIN, 1 MG	Increlex	01/01/2007	N/A	<b>Rationale for Determination</b> Subcutaneous injection twice daily.
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	Sandostatin	01/01/2007	N/A	<b>Rationale for Determination</b> Subcutaneous injection is the usual route of administration.
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	-	03/15/2003	N/A	<b>Rationale for Determination</b> Apparent on its face.
J2940	INJECTION, SOMATREM, 1 MG	Protopin	03/15/2003	N/A	<b>Rationale for Determination</b> Subcutaneous injection several times per week for more than two weeks.
J2941	INJECTION, SOMATROPIN, 1	Gentropin, Humatrope,	03/15/2003	N/A	<b>Rationale for Determination</b>

	MG	Norditropin, Nutropin, Saizen, Serostim			Subcutaneous injection several times per week for more than two weeks.
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 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)	Imitrex	03/15/2003	N/A	<b>Rationale for Determination</b> Apparent on its face.
J3110	INJECTION, TERIPARATIDE, 10 MCG	Forteo	01/01/2005	N/A	<b>Rationale for Determination</b> Subcutaneous injection daily for more than two weeks. Prior to 2005, J3490.
J3355	INJECTION, UROFOLLITROPIN, 75 IU	Fertinex, Metrodin	01/01/2006	N/A	<b>Rationale for Determination</b> Subcutaneous injection or Intramuscular injection once a day for seven or more days.
J3490	UNCLASSIFIED DRUGS	Peginterferon Alfa 2-b, PEG-Intron, Pegylated Interferon Alfa 2-b	03/15/2003	N/A	<b>Rationale for Determination</b> Subcutaneous injection once per week for more than two weeks.
J3490	UNCLASSIFIED DRUGS	Byetta (Exenatide)	01/01/2007	N/A	<b>Rationale for Determination</b> Subcutaneous

					injection twice a day within 60 minutes before the morning and evening meals.
J3490	UNCLASSIFIED DRUGS	Kineret (Anakinra)	01/01/2007	N/A	<b>Rationale for Determination</b> Subcutaneous injection daily.
J3490	UNCLASSIFIED DRUGS	Pegasys (Peginterferon Alfa-2a)	01/01/2007	N/A	<b>Rationale for Determination</b> Subcutaneous injection once per week from 24-48 weeks.
J3490	UNCLASSIFIED DRUGS	Symlin (Pramlintide acetate)	01/01/2007	N/A	<b>Rationale for Determination</b> Subcutaneous injection administered immediately prior to each major meal.
J9212	INJECTION, INTERFERON ALFA-1, RECOMBINANT, 1 MCG	Infergen	03/15/2003	N/A	<b>Rationale for Determination</b> Subcutaneous injection thrice weekly for more than two weeks.
J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	Roferon-A	03/15/2003	N/A	<b>Rationale for Determination</b> Subcutaneous injection thrice weekly for more than two weeks. Data submitted does not show that more than 50% of Medicare patients do not usually self-inject.
J9216	INTERFERON, GAMMA 1-B, 3	Actimmune	03/15/2003	N/A	<b>Rationale for Determination</b>

	MILLION UNITS				Subcutaneous injection thrice a week for more than two weeks.
J9218	LEUPROLIDE ACETATE, PER 1 MG	Lupron	03/15/2003	N/A	<b>Rationale for Determination</b> Dose form for subcutaneous injection daily for more than two weeks.
Q0515	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	Geref	01/01/2006	N/A	<b>Rationale for Determination</b> Subcutaneous injection once daily for greater than three weeks.