

HCPCS for GSK Products

| GSK Product Name | HCPCS Code* | HCPCS Code Description |
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| ARGATROBAN® (argatroban) Injection | C9121 (eff. 1/1/03 Medicare OPPS use only) | INJECTION, ARGATROBAN, PER 5 MG |
| ARIXTRA® (fondaparinux sodium) Injection | J1652 | INJECTION, FONDAPARINUX SODIUM, 0.5 MG |
| BEXXAR® (tositumomab and iodine I-131 tositumomab)*** | A9544 (eff. 1/1/06) | IODINE I-131 TOSITUMOMAB, DIAGNOSTIC, PER STUDY DOSE |
| | A9545 (eff. 1/1/06) | IODINE I-131 TOSITUMOMAB, THERAPEUTIC, PER TREATMENT DOSE |
| | G3001 | ADMINISTRATION AND SUPPLY OF TOSITUMOMAB, 450 MG |
| BONIVA® (ibandronate sodium) Injection (<i>Boniva is co-promoted by Roche Laboratories Inc. and GSK</i>) | J1740 (eff. 1/1/07) | INJECTION, IBANDRONATE SODIUM, PER 1 MG |
| BOOSTRIX® (Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed) | 90715 | TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (Tdap), FOR USE IN INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE |
| DIGIBIND® Digoxin Immune Fab (ovine) | J1162 (eff. 1/1/06) | INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL |
| ENGERIX-B® [Hepatitis B Vaccine (Recombinant)] | 90740 | HEPATITIS B VACCINE, DIALYSIS OR IMMUONSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE |
| | 90746 | HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE |
| | 90744 | HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE |
| | 90747 | HEPATITIS B VACCINE, DIALYSIS OR IMMUONSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE |
| FLOLAN® for Injection (epoprostenol sodium) | J1325 | INJECTION, EPOPROSTENOL, 0.5 MG |
| Sterile Diluent for FLOLAN® | S0155** | STERILE DILUTANT FOR EPOPROSTENOL, 50ML |
| Infusion Pump for FLOLAN® | K0455 | INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, EPOPROSTENOL OR TREPROSTINIL. |
| FLUARIX™ (Influenza Virus Vaccine) | 90656 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR USE IN INDIVIDUALS 3 YEARS AND ABOVE, FOR INTRAMUSCULAR USE |
| FORTAZ® (ceftazidime for injection) | J0713 | INJECTION, CEFTAZIDIME, PER 500 MG |
| HAVRIX® (Hepatitis A Vaccine, Inactivated) | 90632 | HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE |
| | 90633 | HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE |
| | 90634 | HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE |
| HYCANTIN® for Injection brand of topotecan hydrochloride | J9350 | TOPOTECAN, 4 MG |
| IMITREX® Injection (sumatriptan succinate) | J3030 | INJECTION, SUMATRIPTAN SUCCINATE, 6 MG |

Source: HCPCS Information from Centers for Medicare and Medicaid Services (<http://www.cms.hhs.gov/MedHCPCSGenInfo/>); America Medical Association, CPT is a registered trademark of the AMA. rev. 7/19/06

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| INFANRIX® (Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed) | 90700 | DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTaP), FOR USE IN INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE |
| LANOXIN® Injection (digoxin) | J1160 | INJECTION, DIGOXIN, UP TO 0.5 MG |
| LEUKERAN® Tablets (chlorambucil) | S0172** | CHLORAMBUCIL, ORAL, 2MG |
| MYLERAN® Tablets (busulfan) | J8510 | BUSULFAN; ORAL, 2MG |
| PEDIARIX™ [Diphtheria and Tetanus Toxoids, Acellular Pertussis, Hepatitis B (Recombinant) and Inactivated Poliovirus] Vaccine | 90723 | DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND POLIOVIRUS VACCINE, INACTIVATED (DtaP-HepB-IPV), FOR INTRAMUSCULAR USE |
| RELENZA® (zanamivir for inhalation) | G9034 (eff. 1/1/05 for Influenza Medicare Demonstration Project Only) | ZANAMIVIR, INHALATION POWDER, ADMINISTERED THROUGH INHALER, BRAND, PER 10 MG (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT) |
| RETROVIR® IV Infusion (zidovudine) | J3485 | INJECTION, ZIDOVUDINE, 10 MG |
| RETROVIR® Tablets (zidovudine) | S0104** (eff. 10/1/02) | ZIDOVUDINE, ORAL, 100 MG |
| TIMENTIN® (sterile ticarcillin disodium and clavulanate potassium) | S0040** | INJECTION, TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, 3.1 GRAMS |
| TWINRIX® [Hepatitis A Inactivated & Hepatitis B (Recombinant) Vaccine | 90636 | HEPATITIS A AND HEPATITIS B VACCINE (HepA-HepB), ADULT DOSAGE, FOR INTRAMUSCULAR USE |
| WELLBUTRIN SR Tablets (bupropion) | S0106** | BUPROPRION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE OF 60 TABLETS |
| ZANTAC® Injection (ranitidine hydrochloride) | J2780 | INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG |
| ZINACEF® (cefuroxime for injection) | J0697 | INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG |

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| ZOFRAN® Injection (ondansetron hydrochloride) | J2405 | INJECTION, ONDANSETRON HCL, PER 1 MG |
| ZOFRAN® Tablets (ondansetron hydrochloride) | Q0179 | ONDANSETRON HYDROCHLORIDE 8 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 |
| | S0181** | ONDANSETRON HYDROCHLORIDE, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0179) |
| ZOVIRAX® for Injection (acyclovir sodium) | J0133 (eff. 1/1/06) | INJECTION, ACYCLOVIR, 5 MG |
| | | <p>* IMPORTANT NOTICE: GlaxoSmithKline does not guarantee or provide any explicit or implicit warranty of coding, coverage, or reimbursement. Coding, coverage and reimbursement policies vary significantly by payer, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. GSK strongly recommends verifying coverage, coding, and reimbursement guidelines on a payer and patient-specific basis.</p> |
| | | <p>** "S" codes are not used by Medicare. "S" codes are used by certain private payers and Medicaid programs. Before using "S" codes to bill a payer, providers should contact each payer to verify specific coding requirements.</p> |
| | | <p>*** The Bexxar codes listed in this document represent supply codes only, and do not represent codes for related services such as dosimetry and scanning. Please call the GSK Reimbursement Resource Center for coverage, coding, and billing questions related to Bexxar.</p> |

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