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# STATE OF IOWA DEPARTMENT OF Health AND Human SERVICES

### Coverage & Billing Information for the Q2 2024 Quarterly Code Update

#### BACKGROUND

lowa Medicaid has reviewed the **Q2 2024** Billing Code Update to determine coverage and billing guidelines. The Iowa Medicaid coverage and billing information provided in this bulletin is effective **April I**, 2024. This bulletin serves as a notice of the following information:

#### Table I

 New Current Procedural Terminology (CPT<sup>®</sup>) and Healthcare Common Procedure Coding System (HCPCS) codes included in the Q1 2023 code update. Coverage and billing information for these codes applies to dates of service on or after April 1, 2024.

#### Table 2

 New Current Dental Terminology (CDT©) codes included in the Q1 2023 code update. Coverage and billing information for these codes applies to dates of service on or after N/A.

#### Table 3

 International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes. Coverage and billing for these codes applies to dates of service on or after N/A.

#### Table 4

 International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) codes. Coverage and billing for these codes applies to dates of service on or after April 1, 2024.

#### Table 5

 Modifiers included in the code update. Coverage and billing information for these codes applies to dates of service on or after N/A.

#### Table 6

 CPT<sup>®</sup>, CDT<sup>®</sup>, & HCPCS codes that would be considered Outpatient Hospital on or after April 1, 2024.

#### Table 7

 Non-Covered Codes - CPT<sup>©</sup>, CDT<sup>©</sup>, HCPCS, ICD-10-CM & ICD-10-PCS codes that have been thoroughly reviewed and Iowa Medicaid has decided not to cover effective April 1, 2024.

#### Table 8

 Deleted Codes - CPT©, CDT©, HCPCS, ICD-10-CM & ICD-10-PCS codes that have been discontinued effective April 1, 2024.

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Managed Care Organization (MCOs) establish and publish reimbursement, PA, and billing information within the managed care delivery system. Questions about managed care PA should be directed to the MCP with which the member is enrolled.

#### Iowa Medicaid Provider Services:

- Phone: I-800-338-7909
- Email: <u>imeproviderservices@dhs.state.ia.us</u>

#### Wellpoint Iowa, Inc.:

- Phone: 1-833-731-2143
- Email: ProviderSolutionsIA@wellpoint.com
- Website: <u>https://www.provider.wellpoint.com/iowa-provider/home</u>

#### Iowa Total Care:

- Phone: I-833-404-1061
- Email: providerrelations@iowatotalcare.com
- Website: <u>https://www.iowatotalcare.com</u>

#### Molina Healthcare of Iowa:

- Phone: I-844-236-1464
- Email: <u>iaproviderrelations@molinahealthcare.com</u>
- Website: <u>https://www.molinahealthcare.com/providers/ia/medicaid/home.aspx</u>
- Provider portal: https://www.availity.com/molinahealthcare

The **Q2 2024** code update may include modifications to descriptions for some existing HCPCS/CPT codes. These modifications are available for reference or download from the CMS website at <u>www.cms.gov</u>.

The **Q2** code update also includes a list of deleted codes. These codes are available for reference or download from the CMS website at cms.gov. If there is a replacement code, Iowa Medicaid has added the replacement code for which there were deleted codes effective as of **April 1, 2024**.

**Special Billing Information** in Table 1 shows if the code requires a Prior Authorization or if it suspends for claim review. If the column is blank, there is no special billing information.

Iowa Medicaid will update the fee schedule as rates become available.

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#### Table I – CPT<sup>©</sup> & HCPCS Codes

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|----|----|----|----|---|
|    |    |    |    |   |

|           | ble I – CPI® & HCPCS Codes  |           | <u>Back to to</u> |
|-----------|---|-----------|-------------------|
| Code      | Description (Table 1)   | Effective | Special Billing   |
| A 4 5 / 4 |   | Date      | Information       |
| A4564     | Pessary, disposable, any type   | 4/1/2024  | DA                |
| C9166     | Injection, secukinumab, intravenous, 1 mg   | 4/1/2024  | PA                |
| C9167     | Injection, apadamtase alfa, 10 units  | 4/1/2024  | PA                |
| C9168     | Injection, mirikizumab-mrkz, I mg   | 4/1/2024  | PA                |
| C9797     | Vascular embolization or occlusion procedure with use of a pressure-generating catheter, inclusive of all radiological S & I, intraprocedural roadmapping, and imaging guidance necessary | 4/1/2024  |                   |
| E0468     | Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions            | 4/1/2024  |                   |
| E2298     | Complex rehabilitative power wheelchair accessory, power seat elevation system, any type  | 4/1/2024  |                   |
| G0138     | Intravenous infusion of cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical   | 4/1/2024  |                   |
|           | supervision of oral administration of miglustat in preparation of receipt of cipaglucosidase alfa-atga  |           |                   |
| J0177     | Injection, aflibercept hd, I mg   | 4/1/2024  |                   |
| J0577     | Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy  | 4/1/2024  |                   |
| J0578     | Injection, buprenorphine extended-release (brixadi), greater than 7 days of therapy   | 4/1/2024  |                   |
| J0589     | Injection, daxibotulinumtoxina-lanm, I unit   | 4/1/2024  | PA                |
| J0650     | Injection, levothyroxine sodium, not otherwise specified, 10 mcg  | 4/1/2024  |                   |
| J065 I    | Injection, levothyroxine sodium (fresenius kabi) not therapeutically equivalent to J0650, 10 mcg  | 4/1/2024  |                   |
| J0652     | Injection, levothyroxine sodium (hikma) not therapeutically equivalent to J0650, 10 mcg   | 4/1/2024  |                   |
| J1010     | Injection, methylprednisolone acetate, I mg   | 4/1/2024  |                   |
| JI 202    | Miglustat, oral, 65 mg  | 4/1/2024  | PA                |
| JI 203    | Injection, cipaglucosidase alfa-atga, 5 mg  | 4/1/2024  | PA                |
| JI 323    | Injection, elranatamab-bcmm, I mg   | 4/1/2024  | PA                |
| J2277     | Injection, motixafortide, 0.25 mg   | 4/1/2024  |                   |
| J2782     | Injection, avacincaptad pegol, 0.1 mg   | 4/1/2024  | PA                |
| J2801     | Injection, risperidone (rykindo), 0.5 mg  | 4/1/2024  |                   |
| J2919     | Injection, methylprednisolone sodium succinate, 5 mg  | 4/1/2024  |                   |
| J3055     | Injection, talquetamab-tgvs, 0.25 mg  | 4/1/2024  | PA                |
| J3424     | Injection, hydroxocobalamin, intravenous, 10 grams  | 4/1/2024  |                   |
| J7165     | Injection, prothrombin complex concentrate (human), balfaxar, per i.u. of factor ix activity  | 4/1/2024  |                   |
| J7354     | Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)  | 4/1/2024  | PA                |

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| J9073        | Injection, cyclophosphamide (ingenus), 5 mg   | 4/1/2024 |             |
|--------------|---|----------|-------------|
| J9074        | Injection, cyclophosphamide (sandoz), 5 mg  | 4/1/2024 |             |
| J9075        | Injection, cyclophosphamide, not otherwise specified, 5 mg                                      | 4/1/2024 |             |
| J9249        | Injection, melphalan (apotex), I mg   | 4/1/2024 | PA          |
| J9376        | Injection, pozelimab-bbfg, I mg   | 4/1/2024 | PA          |
| L5841        | Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control | 4/1/2024 |             |
| Q5133        | Injection, tocilizumab-bavi (tofidence), biosimilar, I mg                                       | 4/1/2024 |             |
| Q5134        | Injection, natalizumab-sztn (tyruko), biosimilar, I mg  | 4/1/2024 | PA          |
| *Covid Relat | Covid Related Code  |          | Back to top |

#### Table 2 – CDT©

| Table 2 – CD | T©                           | Back to top        |
|--------------|------------------------------|--------------------|
| Code         | <b>Description</b> (Table 2) | Effective<br>Date  |
| N/A          | N/A                          | N/A                |
|              |                              | <u>Back to top</u> |

#### Table 3 - ICD-10-CM Codes

| Code | Description (Table 3) | Effective Date |  |
|------|-----------------------|----------------|--|
| N/A  | N/A                   | N/A            |  |

#### Table 4 - ICD-10-PCS Codes

| Code    | Description (Table 4)   | Effective Date |
|---------|---|----------------|
| 00H005Z | Insertion of Radioactive Element, Palladium-103 Collagen Implant into Brain, Open Approach    | 4/1/2024       |
| 02583ZF | Destruction of Conduction Mechanism using Irreversible Electroporation, Percutaneous Approach | 4/1/2024       |
| 07TP4ZG | Resection of Spleen, Percutaneous Endoscopic Approach, Hand-Assisted                          | 4/1/2024       |
| 097N0ZZ | Dilation of Nasopharynx, Open Approach  | 4/1/2024       |
| 097N7ZZ | Dilation of Nasopharynx, Via Natural or Artificial Opening                                    | 4/1/2024       |
| 097N8ZZ | Dilation of Nasopharynx, Via Natural or Artificial Opening Endoscopic                         | 4/1/2024       |
| 0DBF4ZG | Excision of Right Large Intestine, Percutaneous Endoscopic Approach, Hand-Assisted            | 4/1/2024       |
| 0DBG4ZG | Excision of Left Large Intestine, Percutaneous Endoscopic Approach, Hand-Assisted             | 4/1/2024       |
| 0DBJ4ZG | Excision of Appendix, Percutaneous Endoscopic Approach, Hand-Assisted                         | 4/1/2024       |
| 0DBL4ZG | Excision of Transverse Colon, Percutaneous Endoscopic Approach, Hand-Assisted                 | 4/1/2024       |
| 0DBM4ZG | Excision of Descending Colon, Percutaneous Endoscopic Approach, Hand-Assisted                 | 4/1/2024       |
| 0DBN4ZG | Excision of Sigmoid Colon, Percutaneous Endoscopic Approach, Hand-Assisted                    | 4/1/2024       |
| 0DTF4ZG | Resection of Right Large Intestine, Percutaneous Endoscopic Approach, Hand-Assisted           | 4/1/2024       |

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|----------|---|-------------------------|
| 0DTG4ZG  | Resection of Left Large Intestine, Percutaneous Endoscopic Approach, Hand-Assisted                        | 4/1/2024                |
| 0DTJ4ZG  | Resection of Appendix, Percutaneous Endoscopic Approach, Hand-Assisted                                    | 4/1/2024                |
| 0DTL4ZG  | Resection of Transverse Colon, Percutaneous Endoscopic Approach, Hand-Assisted                            | 4/1/2024                |
| 0DTM4ZG  | Resection of Descending Colon, Percutaneous Endoscopic Approach, Hand-Assisted                            | 4/1/2024                |
| 0DTN4ZG  | Resection of Sigmoid Colon, Percutaneous Endoscopic Approach, Hand-Assisted                               | 4/1/2024                |
| 0DXU0ZV  | Transfer Omentum to Thoracic Region, Open Approach  | 4/1/2024                |
| 0DXU0ZW  | Transfer Omentum to Abdominal Region, Open Approach   | 4/1/2024                |
| 0DXU0ZX  | Transfer Omentum to Pelvic Region, Open Approach  | 4/1/2024                |
| 0DXU0ZY  | Transfer Omentum to Inguinal Region, Open Approach  | 4/1/2024                |
| 0DXU4ZV  | Transfer Omentum to Thoracic Region, Percutaneous Endoscopic Approach                                     | 4/1/2024                |
| 0DXU4ZW  | Transfer Omentum to Abdominal Region, Percutaneous Endoscopic Approach                                    | 4/1/2024                |
| 0DXU4ZX  | Transfer Omentum to Pelvic Region, Percutaneous Endoscopic Approach                                       | 4/1/2024                |
| 0DXU4ZY  | Transfer Omentum to Inguinal Region, Percutaneous Endoscopic Approach                                     | 4/1/2024                |
| 0FB04ZG  | Excision of Liver, Percutaneous Endoscopic Approach, Hand-Assisted  | 4/1/2024                |
| 0FB14ZG  | Excision of Right Lobe Liver, Percutaneous Endoscopic Approach, Hand-Assisted                             | 4/1/2024                |
| 0FB24ZG  | Excision of Left Lobe Liver, Percutaneous Endoscopic Approach, Hand-Assisted                              | 4/1/2024                |
| 0FBG4ZG  | Excision of Pancreas, Percutaneous Endoscopic Approach, Hand-Assisted                                     | 4/1/2024                |
| 0FT04ZG  | Resection of Liver, Percutaneous Endoscopic Approach, Hand-Assisted                                       | 4/1/2024                |
| 0FT14ZG  | Resection of Right Lobe Liver, Percutaneous Endoscopic Approach, Hand-Assisted                            | 4/1/2024                |
| 0FT24ZG  | Resection of Left Lobe Liver, Percutaneous Endoscopic Approach, Hand-Assisted                             | 4/1/2024                |
| 0FT44ZG  | Resection of Gallbladder, Percutaneous Endoscopic Approach, Hand-Assisted                                 | 4/1/2024                |
| 0FTG4ZG  | Resection of Pancreas, Percutaneous Endoscopic Approach, Hand-Assisted                                    | 4/1/2024                |
| 0TT04ZG  | Resection of Right Kidney, Percutaneous Endoscopic Approach, Hand-Assisted                                | 4/1/2024                |
| 0TT14ZG  | Resection of Left Kidney, Percutaneous Endoscopic Approach, Hand-Assisted                                 | 4/1/2024                |
| 0TT24ZG  | Resection of Bilateral Kidneys, Percutaneous Endoscopic Approach, Hand-Assisted                           | 4/1/2024                |
| 3E0L317  | Introduction of Other Thrombolytic into Pleural Cavity, Percutaneous Approach                             | 4/1/2024                |
| XW01329  | Introduction of Talquetamab Antineoplastic into Subcutaneous Tissue, Percutaneous Approach, New           | 4/1/2024                |
|          | Technology Group 9  |                         |
| XX2KXP9  | Monitoring of Interstitial Fluid Volume, Sub-Epidermal Moisture using Electrical Biocapacitance, External | 4/1/2024                |
|          | Approach, New Technology Group 9  |                         |
| 00H005Z  | Insertion of Radioactive Element, Palladium-103 Collagen Implant into Brain, Open Approach                | 4/1/2024<br>Back to top |

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#### Table 5 – Modifiers

| Modifier | Description (Table 5) | Effective Date |
|----------|-----------------------|----------------|
| N/A      | N/A                   | N/A            |
|          |                       | Back to top    |

#### Table 6 – Outpatient Hospital

| Code  | Description (Table 6)   | Effective Date |
|-------|---|----------------|
| C9166 | Injection, secukinumab, intravenous, 1 mg   | 4/1/2024       |
| C9167 | Injection, apadamtase alfa, 10 units  | 4/1/2024       |
| C9168 | Injection, mirikizumab-mrkz, I mg   | 4/1/2024       |
| C9796 | Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine | 4/1/2024       |
|       | small intestine submucosa [sis])  |                |
| C9797 | Vascular embolization or occlusion procedure with use of a pressure-generating catheter, inclusive of all         | 4/1/2024       |
|       | radiological S & I, intraprocedural roadmapping, and imaging guidance necessary                                   |                |

#### Table 7 – Non-covered codes

| Code   | Description (Table 7)   |  |  |
|--|---|--|--|
| 0439U  | Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms and digital PCR, whole blood, algorithm             |  |  |
|  | reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD  |  |  |
| 0440U  | Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms and digital PCR, whole blood, algorithm            |  |  |
|  | reported as detected or not detected for CHD  |  |  |
| 044IU  | Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, |  |  |
|  | with algorithmic analysis and result reported as an index   |  |  |
| 0442U  | Infectious disease (respiratory infection), myxovirus resistance protein a (mxa) and c-reactive protein (crp), fingerstick whole blood specimen,  |  |  |
|  | each biomarker reported as present or absent  |  |  |
| 0443U  | Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid  |  |  |
| 0444U Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, |   |  |  |
|  | other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)            |  |  |
| 0445U  | <b>U</b> B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported |  |  |
|  | as positive or negative for amyloid pathology   |  |  |
| 0446U  | Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 10 cytokine soluble mediator biomarkers by immunoassay, plasma,             |  |  |
|  | individual components reported with an algorithmic risk score for current disease activity  |  |  |
| 0447U  | Autoimmune diseases (SLE), analysis of 11 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported             |  |  |
|  | with an algorithmic prognostic risk score for developing a clinical flare   |  |  |

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| 0448U    | Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin-embedded (FFPE) solid tumor samples |
| 0449U    | Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), must include analysis of 5 genes           |
| A2026    | Restrata minimatrix, 5 mg  |
| A4271    | Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month   |
| A4438    | Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each  |
| A4593    | Neuromodulation stimulator system, adjunct to rehabilitation therapy regime  |
| A4594    | Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each   |
| A9293    | Fertility cycle (contraception & conception) tracking software application, fda cleared, per month, includes accessories (e.g., thermometer)   |
| C9796    | Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [sis])   |
| E0152    | Walker, battery powered, wheeled, folding, adjustable or fixed height  |
| E0736    | Transcutaneous tibial nerve stimulator   |
| E0738    | Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components  |
|          | and accessories  |
| E0739    | Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors,  |
|          | microprocessors, sensors   |
| E2104    | Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge  |
| H0051    | Traditional healing service  |
| J0209    | Injection, sodium thiosulfate (hope), 100 mg   |
| JI 434   | Injection, fosaprepitant (focinvez), I mg  |
| J9248    | Injection, melphalan (hepzato), I mg   |
| K1037    | Docking station for use with oral device/appliance used to reduce upper airway collapsibility  |
| L1320    | Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated  |
| L5783    | Addition to lower extremity, user adjustable, mechanical, residual limb volume management system   |
| Q4305    | American amnion ac tri-layer, per square centimeter  |
| Q4306    | American amnion ac, per square centimeter  |
| Q4307    | American amnion, per square centimeter   |
| Q4308    |  |
| Q4309    |  |
| Q4310    |  |
| S4988    | Penile contracture device, manual, greater than 3 lbs traction force   |
| S9002    | Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device   |
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 Table 8 – Deleted Codes

| Code    | Description (Table 8)  | Effective | Replacement          |
|---------|--|-----------|----------------------|
|         |  | Date      | Code (if applicable) |
| 0X6L0Z2 | Detachment at Right Thumb, Mid, Open Approach  | 3/31/2024 |                      |
| 0X6M0Z2 | Detachment at Left Thumb, Mid, Open Approach   | 3/31/2024 |                      |
| 0Y6P0Z2 | Detachment at Right 1st Toe, Mid, Open Approach  | 3/31/2024 |                      |
| 0Y6Q0Z2 | Detachment at Left 1st Toe, Mid, Open Approach   | 3/31/2024 |                      |
| GZBIZZZ | Electroconvulsive Therapy, Unilateral-Multiple Seizure                                       | 3/31/2024 |                      |
| GZB3ZZZ | Electroconvulsive Therapy, Bilateral-Multiple Seizure  | 3/31/2024 |                      |
| 0354U   | Human papilloma virus (HPV) by quantitative polymerase chain reaction (qPCR)                 | 3/31/2024 |                      |
| 0416U   | Detection of DNA of 20 organisms in urine  | 3/31/2024 |                      |
| C9159   | Injection, prothrombin complex concentrate (human), balfaxar, per i.u. of factor ix activity | 3/31/2024 | J7165                |
| C9160   | Injection, daxibotulinumtoxina-lanm, I unit  | 3/31/2024 | J0589                |
| C9161   | Injection, aflibercept hd, 1 mg  | 3/31/2024 | J0177                |
| C9162   | Injection, avacincaptad pegol, 0.1 mg  | 3/31/2024 | J2782                |
| C9163   | Injection, talquetamab-tgvs, 0.25 mg   | 3/31/2024 | J3055                |
| C9164   | Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)           | 3/31/2024 | J7354                |
| C9165   | Injection, elranatamab-bcmm, I mg  | 3/31/2024 | JI 323               |
| E2300   | Wheelchair accessory, power seat elevation system, any type                                  | 3/31/2024 |                      |
| J0576   | Injection, buprenorphine extended-release (brixadi), 1 mg                                    | 3/31/2024 | J0577, J0578         |
| J1020   | Injection, methylprednisolone acetate, 20 mg   | 3/31/2024 | J1010                |
| J1030   | Injection, methylprednisolone acetate, 40 mg   | 3/31/2024 | J1010                |
| J1040   | Injection, methylprednisolone acetate, 80 mg   | 3/31/2024 | J1010                |
| J1840   | Injection, kanamycin sulfate, up to 500 mg   | 3/31/2024 |                      |
| J1850   | Injection, kanamycin sulfate, up to 75 mg  | 3/31/2024 |                      |
| J2920   | Injection, methylprednisolone sodium succinate, up to 40 mg                                  | 3/31/2024 | J2919                |
| J2930   | Injection, methylprednisolone sodium succinate, up to 125 mg                                 | 3/31/2024 | J2919                |
| J9070   | Cyclophosphamide, 100 mg   | 3/31/2024 |                      |
| J9250   | Methotrexate sodium, 5 mg  | 3/31/2024 |                      |
| Q4244   | Procenta, per 200 mg   | 3/31/2024 |                      |