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Data obtained through Sentinel are intended to complement other types of evidence such as preclinical studies, clinical trials, postmarket studies, and adverse event reports, all of which are used by FDA to inform regulatory decisions regarding medical product safety. The information contained in this report is provided as part of FDA's commitment to place knowledge acquired from Sentinel in the public domain as soon as possible. Any public health actions taken by FDA regarding products involved in Sentinel queries will continue to be communicated through existing channels.

FDA wants to emphasize that the fact that FDA has initiated a query involving a medical product and is reporting findings related to that query does not mean that FDA is suggesting health care practitioners should change their prescribing practices for the medical product or that patients taking the medical product should stop using it. Patients who have questions about the use of an identified medical product should contact their health care practitioners.

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Overview for Request cder_mpl1r_wp138

Request ID: cder_mpl1r_wp138_nsdp_v01

Request Description: The goal of this request was to describe the indication history of patients exposed to biologics and biosimilars for filgrastim, pegfilgrastim, and infliximab; uptake of these drugs over time; and coding patterns of these drugs in claims data in the Sentinel Distributed Database (SDD). This is report 1 of 2. Report 2 described biologics and biosimilars use and dispensing patterns among all patients in the Sentinel Distributed Database (SDD).

Sentinel Routine Querying Module: Cohort Identification and Descriptive Analysis (CIDA) module, version 7.2.1

Data Source: Data from January 1, 2015 to August 31, 2018 from 17 Data Partners contributing to the SDD were included in this report. This request was distributed to Data Partners on March 15, 2019¹. Please see Appendix A for a list of dates of available data for each Data Partner.

Two of the 17 Data Partners record National Drug Codes (NDCs) in the Procedure table in the SDD. We also reported results separately for these two Data Partners and for Data Partners who do not record NDCs in the Procedure table.

Study Design: This request was designed to identify background rates of the biologic and biosimilar exposures of interest. Results are presented overall, and further stratified by year and year-month.

Exposures of Interest: The exposures of interest in this request were filgrastim biologic (Neupogen) and biosimilars (Granix, Zarxio, Nivestym), pegfilgrastim biologic (Neulasta) and biosimilar (Fulphila), and infliximab biologic (Remicade) and biosimilars (Inflectra, Renflexis). We defined the exposures using non-proprietary and brand drug names, NDC codes, and Healthcare Common Procedure Coding System (HCPCS) to define exposures of interest. We assessed infliximab biosimilars separately and together in an overall group of 'Infliximab Biosimilar'. Please see Appendix B for a list of non-proprietary and brand names of medical products and Appendix C for a list of HCPCS codes used to define exposures.

Cohort Eligibility Criteria: We included individuals of all ages in the cohorts. We required groups assessed for drug-specific indications (Tables 1a-1j) to be continuously enrolled in plans with medical and drug coverage for at least 183 days prior to their first qualifying dispensing or procedure (index), during which gaps in coverage of 45 days were allowed, and only the first index date was included per patient. We required groups not assessed for indications (Tables 2-14) to have medical and drug coverage as of the index date, and all index dates were included.

Baseline Characteristics: We described the following baseline characteristics: age, sex, race, ethnicity, year, and Charlson/Elixhauser combined comorbidity score² for all exposures.

For filgrastim and pegfilgrastim, we described patient indications: Non-myeloid malignancy, chemotherapy, and bone marrow transplantation; Nonmyeloid malignancy and chemotherapy; Acute myeloid leukemia and chemotherapy; Bone Marrow Harvest; Neutropenia; or No labeled indication observed. Patients qualifying for more than one indication were assigned in the order presented and all indication categories were mutually exclusive. We assessed these indications during the following time periods:

- Non-Myeloid Malignancy: 183 days before index date to 10 days after index date
- Chemotherapy: 30 days before to 1 day before index date
- Bone Marrow Transplant: 30 days before to 1 day before index date
- Acute Myeloid Malignancy: 183 days before index date to 10 days after index date
- Bone Marrow Harvest: Index date to 10 days after index date
- Neutropenia: 30 days before to 1 day before index date

Overview for Request cder_mpl1r_wp138

Please refer to Appendix D for specific International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM); International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and HCPCS codes used to define these characteristics.

For infliximab, we described patient indications: Gastrointestinal (GI) Indications (Crohn's Disease, Ulcerative Colitis), Non-GI Indications (Ankylosing Spondylitis, Psoriatic Arthritis, Psoriasis, Rheumatoid Arthritis), both GI and Non-GI Indications, and No Indications in the 183 days prior to index date. All indication categories were mutually exclusive. Please refer to Appendix E for specific ICD-9-CM and ICD-10-CM codes used to define these characteristics and Appendix F for details on care setting and evaluation windows.

Please see Appendix G for specifications defining parameters in this request.

Limitations: Algorithms to define exposures and outcomes are imperfect and, thus, it is possible that there may be misclassification. Therefore, data should be interpreted with this limitation in mind.

Notes: Please contact the Sentinel Operations Center (info@sentinelssystem.org) for questions and to provide comments/suggestions for future enhancements to this document. For more information on Sentinel's routine querying modules, please refer to the documentation (<https://dev.sentinelssystem.org/projects/SENTINEL/repos/sentinel-routine-querying-tool-documentation/browse>).

¹This request was re-distributed to one data partner to get updated data on March 29, 2019; the request package was not changed in this second distribution.

²Gagne, J. J., Glynn, R. J., Avorn, J., Levin, R., Schneeweiss, S. (2011). "A combined comorbidity score predicted mortality in elderly patients better than existing scores." *J Clin Epidemiol* 64(7):749-759.

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**Glossary of Terms for Analyses Using
Cohort Identification and Descriptive Analysis (CIDA) Module***

Amount Supplied - number of units (pills, tablets, vials) dispensed. Net amount per NDC per dispensing.

Blackout Period - number of days at the beginning of a treatment episode that events are to be ignored. If an event occurs during the blackout period, the episode is excluded.

Care Setting - type of medical encounter or facility where the exposure, event, or condition code was recorded. Possible care settings include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA). For laboratory results, possible care settings include: Emergency Department (E), Home (H), Inpatient (I), Outpatient (O), or Unknown or Missing (U). The Care Setting, along with the Principal Diagnosis Indicator (PDX), forms the Care Setting/PDX parameter.

Ambulatory Visit (AV) - includes visits at outpatient clinics, same-day surgeries, urgent care visits, and other same-day ambulatory hospital encounters, but excludes emergency department encounters.

Emergency Department (ED) - includes ED encounters that become inpatient stays (in which case inpatient stays would be a separate encounter). Excludes urgent care visits.

Inpatient Hospital Stay (IP) - includes all inpatient stays, same-day hospital discharges, hospital transfers, and acute hospital care where the discharge is after the admission date.

Non-Acute Institutional Stay (IS) - includes hospice, skilled nursing facility (SNF), rehab center, nursing home, residential, overnight non-hospital dialysis and other non-hospital stays.

Other Ambulatory Visit (OA) - includes other non overnight AV encounters such as hospice visits, home health visits, skilled nursing facility visits, other non-hospital visits, as well as telemedicine, telephone and email consultations.

Charlson/Elixhauser Combined Comorbidity Score - calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (e.g., in the 183 days prior to index).

Code Days - the minimum number of times the diagnosis must be found during the evaluation period in order to fulfill the algorithm to identify the corresponding patient characteristic.

Cohort Definition (drug/exposure) - indicates how the cohort will be defined: 01: Cohort includes only the first valid treatment episode during the query period; 02: Cohort includes all valid treatment episodes during the query period; 03: Cohort includes all valid treatment episodes during the query period until an event occurs.

Computed Start Marketing Date - represents the first observed dispensing date among all valid users within a GROUP (scenario) within each Data Partner site.

Days Supplied - number of days supplied for all dispensings in qualifying treatment episodes.

Eligible Members - number of members eligible for an incident treatment episode (defined by the drug/exposure and event washout periods) with drug and medical coverage during the query period.

Enrollment Gap - number of days allowed between two consecutive enrollment periods without breaking a "continuously enrolled" sequence.

Episodes - treatment episodes; length of episode is determined by days supplied in one dispensing or consecutive dispensings bridged by the episode gap.

Episode Gap - number of days allowed between two (or more) consecutive exposures (dispensings/procedures) to be considered the same treatment episode.

Evaluation Period - number of days relative to index wherein a member is required to have evidence of a condition (diagnosis/procedure/drug dispensing).

Event Deduplication - specifies how events are counted by the Modular Program (MP) algorithm: 0: Counts all occurrences of a health outcome of interest (HOI) during an exposure episode; 1: de-duplicates occurrences of the same HOI code and code type on the same day; 2: de-duplicates occurrences of the same HOI group on the same day (e.g., de-duplicates at the group level).

Exposure Episode Length - number of days after exposure initiation that is considered "exposed time."

Exposure Extension Period - number of days post treatment period in which the outcomes/events are counted for a treatment episode. Extensions are added after any episode gaps have been bridged.

Lookback Period - number of days wherein a member is required to have evidence of pre-existing condition (diagnosis/procedure/drug dispensing).

Maximum Episode Duration - truncates exposure episodes after a requester-specified number of exposed days. Applied after any gaps are bridged and extension days added to the length of the exposure episode.

Member-Years - sum of all days of enrollment with medical and drug coverage in the query period preceded by an exposure washout period all divided by 365.25.

Minimum Days Supplied - specifies a minimum number of days in length of the days supplied for the episode to be considered.

Minimum Episode Duration - specifies a minimum number of days in length of the episode for it to be considered. Applied after any gaps are bridged and extension days added to the length of the exposure episode.

Monitoring Period - used to define time periods of interest for both sequential analysis and simple cohort characterization requests.

Principal Diagnosis (PDX) - diagnosis or condition established to be chiefly responsible for admission of the patient to the hospital. 'P' = principal diagnosis, 'S' = secondary diagnosis, 'X' = unspecified diagnosis, '.' = blank. Along with the Care Setting values, forms

Query Period - period in which the modular program looks for exposures and outcomes of interest.

Switch Evaluation Step Value - value used to differentiate evaluation step. Each switch pattern can support up to 2 evaluation steps (0 = switch pattern evaluation start; 1 = first evaluation; 2 = second evaluation).

Switch Gap Inclusion Indicator - indicator for whether gaps in treatment episodes that are included in a switch episode will be counted as part of the switch episode duration.

Switch Pattern Cohort Inclusion Date - indicates which date to use for inclusion into the switch pattern cohort of interest as well as optionally as the index date of the treatment episode initiating the switch pattern. Valid options are the product approval date, product marketing date, other requester defined date, or computed start marketing date.

Switch Pattern Cohort Inclusion Strategy - indicates how the switch pattern cohort inclusion date will be used: 01: used only as a switch cohort entry date. First treatment episode dispensing date is used as index for computing time to first switch; 02: used as switch cohort entry date and as initial switch step index date for computing time to first switch.

Treatment Episode Truncation Indicator - indicates whether the exposure episode will be truncated at the occurrence of a requester-specified code.

Washout Period (drug/exposure) - number of days a user is required to have no evidence of prior exposure (drug dispensing/procedure) and continuous drug and medical coverage prior to an incident treatment episode.

Washout Period (event/outcome) - number of days before exposure episode that a user is required to have no evidence of a prior event (procedure/diagnosis) and continuous drug and medical coverage prior to an incident treatment episode.

Years at Risk - number of days supplied plus any episode gaps and exposure extension periods all divided by 365.25.

*all terms may not be used in this report

Table 1a. Baseline Characteristics for Neupogen Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	94,846	
Number of unique patients	94,846	
Demographics	Mean	Standard Deviation
Mean Age (years)	66.3	12.6
Age (years)	Number	Percent
0-17	1,257	1.3%
18-44	6,140	6.5%
45-64	23,686	25.0%
65-74	39,730	41.9%
75+	24,033	25.3%
Sex		
Female	54,228	57.2%
Male	*****	*****
Other	*****	*****
Race		
American Indian or Alaska Native	296	0.3%
Asian	2,306	2.4%
Black or African American	8,017	8.5%
Native Hawaiian or Other Pacific Islander	145	0.2%
Unknown	22,605	23.8%
White	61,477	64.8%
Hispanic Origin		
Year		
2015	46,674	49.2%
2016	26,620	28.1%
2017	17,605	18.6%
2018	3,947	4.2%
Recorded history in the 183 days prior to index:	Mean	Standard Deviation
Charlson/Elixhauser combined comorbidity score ²	6.2	3.6

¹All metrics are based on first eligible index date per patient.

²The Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 1a.1 Baseline Indications for Neupogen Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	94,846	
Number of unique patients	94,846	
Recorded history of^{2,3}:		
Nonmyeloid malignancy, chemotherapy, and bone marrow transplantation	32	0.0%
Nonmyeloid malignancy and chemotherapy	57,124	60.2%
Acute myeloid leukemia and chemotherapy	168	0.2%
Bone Marrow Harvest	47	0.0%
Neutropenia	9,565	10.1%
No labeled indication observed	27,910	29.4%

¹All metrics are based on first eligible index date per patient.

²Categories are mutually exclusive.

³History of indications assessed during the following time periods:

Non-Myeloid Malignancy: 183 days before index date to 10 days after index date

Chemotherapy: 30 days before to 1 day before index date

Bone Marrow Transplant: 30 days before to 1 day before index date

Acute Myeloid Malignancy: 183 days before index date to 10 days after index date

Bone Marrow Harvest: Index date to 10 days after index date

Neutropenia: 30 days before to 1 day before index date

Table 1b. Baseline Characteristics for Granix Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	27,143	
Number of unique patients	27,143	
Demographics	Mean	Standard Deviation
Mean Age (years)	67.7	11
Age (years)	Number	Percent
0-17	29	0.1%
18-44	1,455	5.4%
45-64	6,512	24.0%
65-74	12,103	44.6%
75+	7,044	26.0%
Sex		
Female	15,424	56.8%
Male	*****	*****
Other	*****	*****
Race		
American Indian or Alaska Native	85	0.3%
Asian	456	1.7%
Black or African American	2,259	8.3%
Native Hawaiian or Other Pacific Islander	30	0.1%
Unknown	5,717	21.1%
White	18,596	68.5%
Hispanic Origin	605	2.2%
Year		
2015	8,360	30.8%
2016	8,426	31.0%
2017	8,099	29.8%
2018	2,258	8.3%
Recorded history in the 183 days prior to index:	Mean	Standard Deviation
Charlson/Elixhauser combined comorbidity score ²	6.8	3.7

¹All metrics are based on first eligible index date per patient.

²The Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 1b.1 Baseline Indications for Granix Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	27,143	
Number of unique patients	27,143	
Recorded history of^{2,3}:		
Nonmyeloid malignancy, chemotherapy, and bone marrow transplantation	*****	*****
Nonmyeloid malignancy and chemotherapy	17,005	62.6%
Acute myeloid leukemia and chemotherapy	42	0.2%
Bone Marrow Harvest	*****	*****
Neutropenia	2,707	10.0%
No labeled indication observed	7,348	27.1%

¹All metrics are based on first eligible index date per patient.

²Categories are mutually exclusive.

³History of indications assessed during the following time periods:

Non-Myeloid Malignancy: 183 days before index date to 10 days after index date

Chemotherapy: 30 days before to 1 day before index date

Bone Marrow Transplant: 30 days before to 1 day before index date

Acute Myeloid Malignancy: 183 days before index date to 10 days after index date

Bone Marrow Harvest: Index date to 10 days after index date

Neutropenia: 30 days before to 1 day before index date

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 1c. Baseline Characteristics for Zorxio Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	38,264	
Number of unique patients	38,264	
Demographics	Mean	Standard Deviation
Mean Age (years)	66.6	11.3
Age (years)	Number	Percent
0-17	114	0.3%
18-44	2,478	6.5%
45-64	10,469	27.4%
65-74	15,667	40.9%
75+	9,536	24.9%
Sex		
Female	22,750	59.5%
Male	*****	*****
Other	*****	*****
Race		
American Indian or Alaska Native	133	0.3%
Asian	1,700	4.4%
Black or African American	3,002	7.8%
Native Hawaiian or Other Pacific Islander	211	0.6%
Unknown	7,131	18.6%
White	26,087	68.2%
Hispanic Origin	1,680	4.4%
Year		
2015	425	1.1%
2016	14,358	37.5%
2017	18,627	48.7%
2018	4,854	12.7%
Recorded history in the 183 days prior to index:	Mean	Standard Deviation
Charlson/Elixhauser combined comorbidity score ²	6.4	3.6

¹All metrics are based on first eligible index date per patient.

²The Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 1c.1 Baseline Indications for Zarxio Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	38,264	
Number of unique patients	38,264	
Recorded history of^{2,3}:		
Nonmyeloid malignancy, chemotherapy, and bone marrow transplantation	22	0.1%
Nonmyeloid malignancy and chemotherapy	21,373	55.9%
Acute myeloid leukemia and chemotherapy	53	0.1%
Bone Marrow Harvest	13	0.0%
Neutropenia	3,357	8.8%
No labeled indication observed	13,446	35.1%

¹All metrics are based on first eligible index date per patient.

²Categories are mutually exclusive.

³History of indications assessed during the following time periods:

Non-Myeloid Malignancy: 183 days before index date to 10 days after index date

Chemotherapy: 30 days before to 1 day before index date

Bone Marrow Transplant: 30 days before to 1 day before index date

Acute Myeloid Malignancy: 183 days before index date to 10 days after index date

Bone Marrow Harvest: Index date to 10 days after index date

Neutropenia: 30 days before to 1 day before index date

Table 1d. Baseline Characteristics for Nivestym Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	0	
Number of unique patients	0	
Demographics	Mean	Standard Deviation
Mean Age (years)	-	-
Age (years)	Number	Percent
0-17	-	-
18-44	-	-
45-64	-	-
65-74	-	-
75+	-	-
Sex		
Female	-	-
Male	-	-
Other	-	-
Race		
American Indian or Alaska Native	-	-
Asian	-	-
Black or African American	-	-
Native Hawaiian or Other Pacific Islander	-	-
Unknown	-	-
White	-	-
Hispanic Origin		
Year		
2015	-	-
2016	-	-
2017	-	-
2018	-	-
Recorded history in the 183 days prior to index:	Mean	Standard Deviation
Charlson/Elixhauser combined comorbidity score ²	-	-

¹All metrics are based on first eligible index date per patient.

²The Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

Data presented by a dash represent missing information. This table may not use all data representations.

Table 1d.1 Baseline Indications for Nivestym Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	0	
Number of unique patients	0	
Recorded history of^{2,3}:		
Nonmyeloid malignancy, chemotherapy, and bone marrow transplantation	-	-
Nonmyeloid malignancy and chemotherapy	-	-
Acute myeloid leukemia and chemotherapy	-	-
Bone Marrow Harvest	-	-
Neutropenia	-	-
No labeled indication observed	-	-

¹All metrics are based on first eligible index date per patient.

²Categories are mutually exclusive.

³History of indications assessed during the following time periods:

Non-Myeloid Malignancy: 183 days before index date to 10 days after index date

Chemotherapy: 30 days before to 1 day before index date

Bone Marrow Transplant: 30 days before to 1 day before index date

Acute Myeloid Malignancy: 183 days before index date to 10 days after index date

Bone Marrow Harvest: Index date to 10 days after index date

Neutropenia: 30 days before to 1 day before index date

Data presented by a dash represent missing information. This table may not use all data representations.

Table 1e. Baseline Characteristics for Neulasta Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	267,410	
Number of unique patients	267,410	
Demographics	Mean	Standard Deviation
Mean Age (years)	67.5	10.1
Age (years)	Number	Percent
0-17	977	0.4%
18-44	12,900	4.8%
45-64	64,060	24.0%
65-74	122,043	45.6%
75+	67,430	25.2%
Sex		
Female	165,885	62.0%
Male	101,512	38.0%
Other	13	0.0%
Race		
American Indian or Alaska Native	742	0.3%
Asian	2,930	1.1%
Black or African American	20,762	7.8%
Native Hawaiian or Other Pacific Islander	203	0.1%
Unknown	66,028	24.7%
White	176,745	66.1%
Hispanic Origin	3,457	1.3%
Year		
2015	99,600	37.2%
2016	77,497	29.0%
2017	71,634	26.8%
2018	18,679	7.0%
Recorded history in the 183 days prior to index:	Mean	Standard Deviation
Charlson/Elixhauser combined comorbidity score ²	6.2	3.6

¹All metrics are based on first eligible index date per patient.

²The Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 1e.1 Baseline Indications for Neulasta Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	267,410	
Number of unique patients	267,410	
Recorded history of^{2,3}:		
Nonmyeloid malignancy, chemotherapy, and bone marrow transplantation	*****	*****
Nonmyeloid malignancy and chemotherapy	170,163	63.6%
Acute myeloid leukemia and chemotherapy	*****	*****
Bone Marrow Harvest	*****	*****
Neutropenia	7,610	2.8%
No labeled indication observed	89,475	33.5%

¹All metrics are based on first eligible index date per patient.

²Categories are mutually exclusive.

³History of indications assessed during the following time periods:

Non-Myeloid Malignancy: 183 days before index date to 10 days after index date

Chemotherapy: 30 days before to 1 day before index date

Bone Marrow Transplant: 30 days before to 1 day before index date

Acute Myeloid Malignancy: 183 days before index date to 10 days after index date

Bone Marrow Harvest: Index date to 10 days after index date

Neutropenia: 30 days before to 1 day before index date

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 1f. Baseline Characteristics for Fulphila Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	0	
Number of unique patients	0	
Demographics	Mean	Standard Deviation
Mean Age (years)	-	-
Age (years)	Number	Percent
0-17	-	-
18-44	-	-
45-64	-	-
65-74	-	-
75+	-	-
Sex		
Female	-	-
Male	-	-
Other	-	-
Race		
American Indian or Alaska Native	-	-
Asian	-	-
Black or African American	-	-
Native Hawaiian or Other Pacific Islander	-	-
Unknown	-	-
White	-	-
Hispanic Origin		
Year		
2015	-	-
2016	-	-
2017	-	-
2018	-	-
Recorded history in the 183 days prior to index:	Mean	Standard Deviation
Charlson/Elixhauser combined comorbidity score ²	-	-

¹All metrics are based on first eligible index date per patient.

²The Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

Data presented by a dash represent missing information. This table may not use all data representations.

Table 1f.1 Baseline Indications for Fulphila Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	0	
Number of unique patients	0	
Recorded history of^{2,3}:		
Nonmyeloid malignancy, chemotherapy, and bone marrow transplantation	-	-
Nonmyeloid malignancy and chemotherapy	-	-
Acute myeloid leukemia and chemotherapy	-	-
Bone Marrow Harvest	-	-
Neutropenia	-	-
No labeled indication observed	-	-

¹All metrics are based on first eligible index date per patient.

²Categories are mutually exclusive.

³History of indications assessed during the following time periods:

Non-Myeloid Malignancy: 183 days before index date to 10 days after index date

Chemotherapy: 30 days before to 1 day before index date

Bone Marrow Transplant: 30 days before to 1 day before index date

Acute Myeloid Malignancy: 183 days before index date to 10 days after index date

Bone Marrow Harvest: Index date to 10 days after index date

Neutropenia: 30 days before to 1 day before index date

Data presented by a dash represent missing information. This table may not use all data representations.

Table 1g. Baseline Characteristics for Remicade Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	125,412	
Number of unique patients	125,412	
Demographics	Mean	Standard Deviation
Mean Age (years)	57.1	14.7
Age (years)	Number	Percent
0-17	4,413	3.5%
18-44	28,138	22.4%
45-64	33,076	26.4%
65-74	41,604	33.2%
75+	18,181	14.5%
Sex		
Female	78,493	62.6%
Male	*****	*****
Other	*****	*****
Race		
American Indian or Alaska Native	450	0.4%
Asian	996	0.8%
Black or African American	6,729	5.4%
Native Hawaiian or Other Pacific Islander	89	0.1%
Unknown	45,936	36.6%
White	71,212	56.8%
Hispanic Origin		
Year		
2015	78,120	62.3%
2016	22,504	17.9%
2017	20,077	16.0%
2018	4,711	3.8%
Recorded history in the 183 days prior to index:	Mean	Standard Deviation
Charlson/Elixhauser combined comorbidity score ²	0.9	1.8

¹All metrics are based on first eligible index date per patient.

²The Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 1g.1. Baseline Indications for Remicade Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	125,412	
Number of unique patients	125,412	
Recorded history in the 183 days prior to index²:		
GI Indications	47,541	37.9%
Non-GI Indications	69,170	55.2%
GI and Non-GI Indications	5,111	4.1%
No Indications	3,590	2.9%

¹All metrics are based on first eligible index date per patient.

²Categories are mutually exclusive.

Table 1h. Baseline Characteristics for Inflectra Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	1,034	
Number of unique patients	1,034	
Demographics	Mean	Standard Deviation
Mean Age (years)	52.1	17.7
Age (years)	Number	Percent
0-17	16	1.5%
18-44	381	36.8%
45-64	317	30.7%
65-74	213	20.6%
75+	107	10.3%
Sex		
Female	596	57.6%
Male	438	42.4%
Other	0	0.0%
Race		
American Indian or Alaska Native	*****	*****
Asian	18	1.7%
Black or African American	36	3.5%
Native Hawaiian or Other Pacific Islander	*****	*****
Unknown	347	33.6%
White	613	59.3%
Hispanic Origin		
Year		
2015	0	0.0%
2016	0	0.0%
2017	471	45.6%
2018	563	54.4%
Recorded history in the 183 days prior to index:	Mean	Standard Deviation
Charlson/Elixhauser combined comorbidity score ²	0.9	1.7

¹All metrics are based on first eligible index date per patient.

²The Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 1h.1. Baseline Indications for Inflectra Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	1,034	
Number of unique patients	1,034	
Recorded history in the 183 days prior to index²:		
GI Indications	492	47.6%
Non-GI Indications	458	44.3%
GI and Non-GI Indications	37	3.6%
No Indications	47	4.5%

¹All metrics are based on first eligible index date per patient.

²Categories are mutually exclusive.

Table 1i. Baseline Characteristics for Renflexis Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	49	
Number of unique patients	49	
Demographics	Mean	Standard Deviation
Mean Age (years)	54.2	20.8
Age (years)	Number	Percent
0-17	*****	*****
18-44	15	30.6%
45-64	15	30.6%
65-74	*****	*****
75+	*****	*****
Sex		
Female	25	51.0%
Male	24	49.0%
Other	0	0.0%
Race		
American Indian or Alaska Native	0	0.0%
Asian	0	0.0%
Black or African American	*****	*****
Native Hawaiian or Other Pacific Islander	0	0.0%
Unknown	*****	*****
White	38	77.6%
Hispanic Origin	*****	*****
Year		
2015	0	0.0%
2016	0	0.0%
2017	0	0.0%
2018	49	100.0%
Recorded history in the 183 days prior to index:	Mean	Standard Deviation
Charlson/Elixhauser combined comorbidity score ²	1	1.8

¹All metrics are based on first eligible index date per patient.

²The Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 1i.1. Baseline Indications for Renflexis Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	49	
Number of unique patients	49	
Recorded history in the 183 days prior to index²:		
GI Indications	*****	*****
Non-GI Indications	21	42.9%
GI and Non-GI Indications	*****	*****
No Indications	*****	*****

¹All metrics are based on first eligible index date per patient.

²Categories are mutually exclusive.

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 1j. Baseline Characteristics for Infliximab Biosimilar Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	4,855	
Number of unique patients	4,855	
Demographics	Mean	Standard Deviation
Mean Age (years)	64.5	13.6
Age (years)	Number	Percent
0-17	15	0.3%
18-44	673	13.9%
45-64	968	19.9%
65-74	2,053	42.3%
75+	1,146	23.6%
Sex		
Female	3,140	64.7%
Male	1,715	35.3%
Other	0	0.0%
Race		
American Indian or Alaska Native	*****	*****
Asian	84	1.7%
Black or African American	307	6.3%
Native Hawaiian or Other Pacific Islander	*****	*****
Unknown	619	12.7%
White	3,798	78.2%
Hispanic Origin		
Year		
2015	0	0.0%
2016	20	0.4%
2017	3,598	74.1%
2018	1,237	25.5%
Recorded history in the 183 days prior to index:	Mean	Standard Deviation
Charlson/Elixhauser combined comorbidity score ²	1.2	2.1

¹All metrics are based on first eligible index date per patient.

²The Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 1j.1. Baseline Indications for Infliximab Biosimilar Patients With At Least 183 Days of Continuous Enrollment¹ in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Characteristic	Number	Percent
Number of episodes	4,855	
Number of unique patients	4,855	
Recorded history in the 183 days prior to index²:		
GI Indications	1,296	26.7%
Non-GI Indications	3,259	67.1%
GI and Non-GI Indications	166	3.4%
No Indications	134	2.8%

¹All metrics are based on first eligible index date per patient.

²Categories are mutually exclusive.

Table 2a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, Overall

	New Users	Eligible Members²	New Episodes	Adjusted Dispensings
Filgrastim				
Neupogen	105,533	118,193,531	713,921	759,029
Granix	30,033	118,193,531	177,704	186,475
Zarxio	41,697	118,193,531	283,658	298,833
Nivestym	0	118,193,531	0	0
Pegfilgrastim				
Neulasta	298,382	118,193,531	1,265,272	1,364,881
Fulphila	0	118,193,531	0	0
Infliximab				
Remicade	135,321	118,193,531	1,536,680	1,704,834
Inflectra ³	5,427	118,193,531	19,873	21,713
Renflexis ³	5,166	118,193,531	17,104	17,114
Infliximab Biosimilar ³	5,113	118,193,531	17,045	17,050

¹All metrics are based on all eligible index dates.

²Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

³These groups all include the HCPCS code Q5102 - Infliximab Biosimilar. No other codes are repeated between groups.

Table 2b. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, Overall

Level	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
Filgrastim				
Neupogen	18,438	42,689,411	125,330	169,185
Granix	5,003	42,689,411	32,254	40,803
Zarxio	5,394	42,689,411	37,320	52,204
Nivestym	0	42,689,411	0	0
Pegfilgrastim				
Neulasta	58,428	42,689,411	254,710	353,798
Fulphila	0	42,689,411	0	0
Infliximab				
Remicade	35,172	42,689,411	361,128	528,598
Inflectra ³	568	42,689,411	1,945	2,752
Renflexis ³	468	42,689,411	1,488	1,493
Infliximab Biosimilar ³	453	42,689,411	1,468	1,468

¹All metrics are based on all eligible index dates.

²Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

³These groups all include the HCPCS code Q5102 - Infliximab Biosimilar. No other codes are repeated between groups.

Table 2c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, Overall

Level	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
Filgrastim				
Neupogen	87,095	75,504,120	588,591	589,844
Granix	25,030	75,504,120	145,450	145,672
Zarxio	36,303	75,504,120	246,338	246,629
Nivestym	0	75,504,120	0	0
Pegfilgrastim				
Neulasta	239,954	75,504,120	1,010,562	1,011,083
Fulphila	0	75,504,120	0	0
Infliximab				
Remicade	100,149	75,504,120	1,175,552	1,176,236
Inflectra ³	4,859	75,504,120	17,928	18,961
Renflexis ³	4,698	75,504,120	15,616	15,621
Infliximab Biosimilar ³	4,660	75,504,120	15,577	15,582

¹All metrics are based on all eligible index dates.

²Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

³These groups all include the HCPCS code Q5102 - Infliximab Biosimilar. No other codes are repeated between groups.

Table 3a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, by Year

Year	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
Filgrastim				
Neupogen				
2015	51,539	79,976,105	322,466	339,270
2016	38,691	82,872,473	217,067	231,262
2017	25,667	81,859,010	142,649	153,425
2018	7,816	53,342,451	31,739	35,072
Granix				
2015	9,224	79,976,105	48,825	50,798
2016	10,798	82,872,473	57,321	60,038
2017	10,590	81,859,010	55,110	58,138
2018	3,870	53,342,451	16,448	17,501
Zarxio				
2015	459	79,976,105	1,894	1,928
2016	15,590	82,872,473	97,653	101,493
2017	23,830	81,859,010	145,009	152,679
2018	8,537	53,342,451	39,102	42,733
Nivestym				
2015	0	79,976,105	0	0
2016	0	82,872,473	0	0
2017	0	81,859,010	0	0
2018	0	53,342,451	0	0
Pegfilgrastim				
Neulasta				
2015	110,558	79,976,105	395,525	421,150
2016	110,649	82,872,473	399,096	430,139
2017	103,869	81,859,010	369,597	400,480
2018	41,156	53,342,451	101,054	113,112
Fulphila				
2015	0	79,976,105	0	0
2016	0	82,872,473	0	0
2017	0	81,859,010	0	0
2018	0	53,342,451	0	0
Infliximab				
Remicade				
2015	82,836	79,976,105	470,146	509,743
2016	85,649	82,872,473	488,388	537,385
2017	83,716	81,859,010	457,450	513,315
2018	56,837	53,342,451	120,696	144,391
Inflectra ³				
2015	0	79,976,105	0	0
2016	21	82,872,473	27	27

Table 3a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, by Year

Year	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
2017	4,090	81,859,010	12,109	12,509
2018	3,842	53,342,451	7,737	9,177
Renflexis³				
2015	0	79,976,105	0	0
2016	21	82,872,473	27	27
2017	3,746	81,859,010	11,044	11,046
2018	3,636	53,342,451	6,033	6,041
Infliximab Biosimilar³				
2015	0	79,976,105	0	0
2016	21	82,872,473	27	27
2017	3,746	81,859,010	11,044	11,046
2018	3,582	53,342,451	5,974	5,977

¹All metrics are based on all eligible index dates.

²Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

³These groups all include the HCPCS code Q5102 - Infliximab Biosimilar. No other codes are repeated between groups.

Table 3b. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year

Year	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
Filgrastim				
Neupogen				
2015	8,132	26,037,294	52,244	68,499
2016	6,561	26,656,708	38,432	52,189
2017	4,528	26,213,370	25,751	36,298
2018	1,911	22,142,463	8,903	12,199
Granix				
2015	1,535	26,037,294	9,407	11,321
2016	1,701	26,656,708	10,141	12,786
2017	1,588	26,213,370	9,091	12,040
2018	750	22,142,463	3,615	4,656
Zarxio				
2015	50	26,037,294	213	246
2016	1,553	26,656,708	10,009	13,767
2017	2,889	26,213,370	18,793	26,312
2018	1,571	22,142,463	8,305	11,879
Nivestym				
2015	0	26,037,294	0	0
2016	0	26,656,708	0	0
2017	0	26,213,370	0	0
2018	0	22,142,463	0	0
Pegfilgrastim				
Neulasta				
2015	20,839	26,037,294	78,444	103,949
2016	20,369	26,656,708	77,068	107,986
2017	18,894	26,213,370	70,738	101,411
2018	9,436	22,142,463	28,460	40,452
Fulphila				
2015	0	26,037,294	0	0
2016	0	26,656,708	0	0
2017	0	26,213,370	0	0
2018	0	22,142,463	0	0
Infliximab				
Remicade				
2015	18,600	26,037,294	101,749	141,153
2016	19,745	26,656,708	109,536	158,359
2017	19,387	26,213,370	106,667	162,354
2018	14,792	22,142,463	43,176	66,732
Inflectra ³				
2015	0	26,037,294	0	0
2016	*****	26,656,708	14	14

Table 3b. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year

Year	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
2017	334	26,213,370	969	1,366
2018	*****	22,142,463	962	1,372
Renflexis³				
2015	0	26,037,294	0	0
2016	*****	26,656,708	14	14
2017	331	26,213,370	957	957
2018	*****	22,142,463	517	522
Infliximab Biosimilar³				
2015	0	26,037,294	0	0
2016	*****	26,656,708	14	14
2017	331	26,213,370	957	957
2018	*****	22,142,463	497	497

¹All metrics are based on all eligible index dates.

²Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

³These groups all include the HCPCS code Q5102 - Infliximab Biosimilar. No other codes are repeated between groups.

Table 3c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year

Year	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
Filgrastim				
Neupogen				
2015	43,407	53,938,811	270,222	270,771
2016	32,130	56,215,765	178,635	179,073
2017	21,139	55,645,640	116,898	117,127
2018	5,905	31,199,988	22,836	22,873
Granix				
2015	7,689	53,938,811	39,418	39,477
2016	9,097	56,215,765	47,180	47,252
2017	9,002	55,645,640	46,019	46,098
2018	3,120	31,199,988	12,833	12,845
Zarxio				
2015	409	53,938,811	1,681	1,682
2016	14,037	56,215,765	87,644	87,726
2017	20,941	55,645,640	126,216	126,367
2018	6,966	31,199,988	30,797	30,854
Nivestym				
2015	0	53,938,811	0	0
2016	0	56,215,765	0	0
2017	0	55,645,640	0	0
2018	0	31,199,988	0	0
Pegfilgrastim				
Neulasta				
2015	89,719	53,938,811	317,081	317,201
2016	90,280	56,215,765	322,028	322,153
2017	84,975	55,645,640	298,859	299,069
2018	31,720	31,199,988	72,594	72,660
Fulphila				
2015	0	53,938,811	0	0
2016	0	56,215,765	0	0
2017	0	55,645,640	0	0
2018	0	31,199,988	0	0
Infliximab				
Remicade				
2015	64,236	53,938,811	368,397	368,590
2016	65,904	56,215,765	378,852	379,026
2017	64,329	55,645,640	350,783	350,961
2018	42,045	31,199,988	77,520	77,659
Inflectra ³				
2015	0	53,938,811	0	0
2016	*****	56,215,765	13	13

Table 3c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year

Year	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
2017	3,756	55,645,640	11,140	11,143
2018	*****	31,199,988	6,775	7,805
Renflexis³				
2015	0	53,938,811	0	0
2016	*****	56,215,765	13	13
2017	3,415	55,645,640	10,087	10,089
2018	*****	31,199,988	5,516	5,519
Infliximab Biosimilar³				
2015	0	53,938,811	0	0
2016	*****	56,215,765	13	13
2017	3,415	55,645,640	10,087	10,089
2018	*****	31,199,988	5,477	5,480

¹All metrics are based on all eligible index dates.

²Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

³These groups all include the HCPCS code Q5102 - Infliximab Biosimilar. No other codes are repeated between groups.

Table 4a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
Filgrastim				
Neupogen				
2015				
January	9,989	67,688,757	27,009	28,395
February	9,831	67,748,370	25,506	26,812
March	10,479	68,177,985	28,313	29,810
April	10,493	68,139,572	28,586	30,058
May	10,176	68,164,979	27,825	29,218
June	10,283	68,201,057	27,899	29,342
July	10,456	68,238,260	28,517	30,084
August	10,049	68,343,075	26,755	28,170
September	10,008	68,382,381	26,642	28,000
October	10,093	68,545,833	26,825	28,181
November	9,374	68,560,249	23,264	24,481
December	9,585	68,607,232	25,325	26,719
2016				
January	8,564	70,439,585	22,092	23,558
February	8,407	70,544,035	21,587	22,983
March	8,519	70,771,710	22,492	23,865
April	7,751	70,568,794	19,937	21,202
May	7,383	70,557,631	18,803	20,120
June	7,161	70,593,349	18,470	19,680
July	6,544	70,729,926	16,363	17,397
August	6,692	70,827,460	17,319	18,508
September	6,359	70,917,050	15,954	16,988
October	6,133	71,025,939	15,339	16,338
November	5,975	71,044,270	14,679	15,632
December	5,624	71,026,422	14,032	14,991
2017				
January	5,336	71,155,461	13,622	14,510
February	5,222	71,135,500	12,826	13,724
March	5,494	71,188,345	14,306	15,344
April	5,019	71,106,665	12,745	13,715
May	5,190	71,096,611	13,423	14,500
June	4,955	71,093,173	12,663	13,615
July	4,610	69,662,061	11,203	12,000
August	4,632	69,104,907	11,694	12,624
September	4,362	68,755,348	10,579	11,360
October	4,251	57,311,657	10,547	11,507
November	4,091	57,336,798	9,719	10,484

Table 4a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
December	3,830	57,295,852	9,322	10,042
2018				
January	3,681	51,081,362	9,082	9,718
February	3,551	51,015,364	8,767	9,427
March	3,679	50,973,765	9,245	9,862
April	862	26,661,441	2,157	2,704
May	687	22,404,514	1,788	2,373
June	*****	9,207,337	649	937
July	*****	693,919	32	32
August	*****	692,926	19	19
Granix				
2015				
January	1,239	67,688,757	3,193	3,357
February	1,230	67,748,370	3,164	3,312
March	1,366	68,177,985	3,713	3,807
April	1,480	68,139,572	3,842	3,947
May	1,575	68,164,979	4,133	4,303
June	1,636	68,201,057	4,461	4,639
July	1,709	68,238,260	4,531	4,735
August	1,688	68,343,075	4,270	4,440
September	1,651	68,382,381	4,362	4,536
October	1,726	68,545,833	4,452	4,692
November	1,650	68,560,249	4,289	4,463
December	1,743	68,607,232	4,415	4,567
2016				
January	1,725	70,439,585	4,260	4,440
February	1,778	70,544,035	4,345	4,547
March	1,894	70,771,710	4,801	5,007
April	1,838	70,568,794	4,746	4,965
May	1,837	70,557,631	4,736	4,902
June	1,910	70,593,349	4,984	5,239
July	1,925	70,729,926	5,091	5,361
August	1,955	70,827,460	5,379	5,619
September	1,835	70,917,050	4,975	5,221
October	1,747	71,025,939	4,881	5,112
November	1,697	71,044,270	4,580	4,830
December	1,666	71,026,422	4,543	4,795
2017				
January	1,723	71,155,461	4,593	4,885
February	1,759	71,135,500	4,413	4,641

Table 4a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
March	1,867	71,188,345	4,897	5,165
April	1,749	71,106,665	4,476	4,729
May	1,862	71,096,611	4,737	4,988
June	1,868	71,093,173	4,813	5,105
July	1,760	69,662,061	4,294	4,557
August	1,932	69,104,907	5,009	5,290
September	1,789	68,755,348	4,393	4,646
October	1,815	57,311,657	4,711	4,957
November	1,823	57,336,798	4,505	4,745
December	1,716	57,295,852	4,269	4,430
2018				
January	1,737	51,081,362	4,463	4,651
February	1,689	51,015,364	4,403	4,588
March	1,772	50,973,765	4,672	4,907
April	434	26,661,441	1,332	1,520
May	255	22,404,514	822	996
June	146	9,207,337	438	521
July	44	693,919	151	151
August	43	692,926	167	167
Zarxio				
2015				
January	0	67,688,757	0	0
February	0	67,748,370	0	0
March	0	68,177,985	0	0
April	0	68,139,572	0	0
May	0	68,164,979	0	0
June	0	68,201,057	0	0
July	*****	68,238,260	*****	*****
August	*****	68,343,075	*****	*****
September	*****	68,382,381	73	75
October	118	68,545,833	342	348
November	186	68,560,249	518	531
December	305	68,607,232	926	939
2016				
January	1,011	70,439,585	2,490	2,530
February	1,457	70,544,035	3,930	4,020
March	2,044	70,771,710	5,714	5,849
April	2,427	70,568,794	6,614	6,807
May	2,841	70,557,631	7,896	8,186
June	3,056	70,593,349	8,804	9,146

Table 4a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
July	3,343	70,729,926	9,326	9,699
August	3,743	70,827,460	10,853	11,308
September	3,797	70,917,050	10,569	11,061
October	3,866	71,025,939	10,576	11,074
November	3,890	71,044,270	10,315	10,787
December	3,845	71,026,422	10,566	11,026
2017				
January	4,127	71,155,461	11,104	11,638
February	4,164	71,135,500	10,959	11,485
March	4,580	71,188,345	12,474	13,105
April	4,382	71,106,665	11,336	11,966
May	4,707	71,096,611	12,656	13,375
June	4,808	71,093,173	12,658	13,357
July	4,681	69,662,061	11,838	12,423
August	4,900	69,104,907	12,985	13,677
September	4,568	68,755,348	11,850	12,494
October	4,611	57,311,657	12,780	13,517
November	4,592	57,336,798	12,260	12,909
December	4,504	57,295,852	12,109	12,733
2018				
January	3,842	51,081,362	10,877	11,563
February	3,855	51,015,364	10,212	10,790
March	4,080	50,973,765	11,335	11,986
April	1,154	26,661,441	3,187	3,892
May	720	22,404,514	1,972	2,645
June	407	9,207,337	1,056	1,389
July	97	693,919	213	216
August	101	692,926	250	252
Nivestym				
2015				
January	0	67,688,757	0	0
February	0	67,748,370	0	0
March	0	68,177,985	0	0
April	0	68,139,572	0	0
May	0	68,164,979	0	0
June	0	68,201,057	0	0
July	0	68,238,260	0	0
August	0	68,343,075	0	0
September	0	68,382,381	0	0
October	0	68,545,833	0	0

Table 4a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
November	0	68,560,249	0	0
December	0	68,607,232	0	0
2016				
January	0	70,439,585	0	0
February	0	70,544,035	0	0
March	0	70,771,710	0	0
April	0	70,568,794	0	0
May	0	70,557,631	0	0
June	0	70,593,349	0	0
July	0	70,729,926	0	0
August	0	70,827,460	0	0
September	0	70,917,050	0	0
October	0	71,025,939	0	0
November	0	71,044,270	0	0
December	0	71,026,422	0	0
2017				
January	0	71,155,461	0	0
February	0	71,135,500	0	0
March	0	71,188,345	0	0
April	0	71,106,665	0	0
May	0	71,096,611	0	0
June	0	71,093,173	0	0
July	0	69,662,061	0	0
August	0	69,104,907	0	0
September	0	68,755,348	0	0
October	0	57,311,657	0	0
November	0	57,336,798	0	0
December	0	57,295,852	0	0
2018				
January	0	51,081,362	0	0
February	0	51,015,364	0	0
March	0	50,973,765	0	0
April	0	26,661,441	0	0
May	0	22,404,514	0	0
June	0	9,207,337	0	0
July	0	693,919	0	0
August	0	692,926	0	0

Table 4a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infiximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
Pegfilgrastim				
Neulasta				
2015				
January	26,657	67,688,757	33,682	35,673
February	25,377	67,748,370	30,182	32,048
March	26,804	68,177,985	33,075	35,254
April	26,910	68,139,572	34,069	36,350
May	26,249	68,164,979	32,787	35,020
June	26,359	68,201,057	32,637	34,665
July	27,026	68,238,260	35,149	37,383
August	26,028	68,343,075	31,853	33,897
September	26,252	68,382,381	32,670	34,759
October	26,897	68,545,833	34,784	37,014
November	25,032	68,560,249	29,720	31,713
December	26,237	68,607,232	34,917	37,374
2016				
January	26,393	70,439,585	32,456	34,876
February	26,635	70,544,035	32,319	34,762
March	27,837	70,771,710	36,119	38,896
April	27,071	70,568,794	33,847	36,527
May	26,687	70,557,631	32,873	35,422
June	27,014	70,593,349	34,728	37,451
July	26,187	70,729,926	32,686	35,193
August	26,749	70,827,460	34,321	37,015
September	26,288	70,917,050	33,677	36,282
October	25,603	71,025,939	31,453	33,836
November	25,331	71,044,270	31,650	34,178
December	25,253	71,026,422	32,967	35,701
2017				
January	25,216	71,155,461	31,259	33,729
February	24,818	71,135,500	30,076	32,406
March	26,106	71,188,345	34,441	37,255
April	24,669	71,106,665	30,039	32,452
May	25,061	71,096,611	31,958	34,604
June	25,349	71,093,173	32,814	35,629
July	24,035	69,662,061	29,378	31,842
August	25,003	69,104,907	32,406	35,070
September	23,961	68,755,348	29,748	32,260
October	23,585	57,311,657	29,469	31,981
November	23,328	57,336,798	29,756	32,430

Table 4a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
December	22,579	57,295,852	28,253	30,822
2018				
January	23,008	51,081,362	29,390	31,674
February	22,373	51,015,364	26,964	29,066
March	22,805	50,973,765	29,284	31,618
April	5,784	26,661,441	7,436	9,512
May	4,125	22,404,514	5,759	8,049
June	1,580	9,207,337	2,127	3,099
July	35	693,919	43	43
August	35	692,926	51	51
Fulphila				
2015				
January	0	67,688,757	0	0
February	0	67,748,370	0	0
March	0	68,177,985	0	0
April	0	68,139,572	0	0
May	0	68,164,979	0	0
June	0	68,201,057	0	0
July	0	68,238,260	0	0
August	0	68,343,075	0	0
September	0	68,382,381	0	0
October	0	68,545,833	0	0
November	0	68,560,249	0	0
December	0	68,607,232	0	0
2016				
January	0	70,439,585	0	0
February	0	70,544,035	0	0
March	0	70,771,710	0	0
April	0	70,568,794	0	0
May	0	70,557,631	0	0
June	0	70,593,349	0	0
July	0	70,729,926	0	0
August	0	70,827,460	0	0
September	0	70,917,050	0	0
October	0	71,025,939	0	0
November	0	71,044,270	0	0
December	0	71,026,422	0	0
2017				
January	0	71,155,461	0	0
February	0	71,135,500	0	0

Table 4a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
March	0	71,188,345	0	0
April	0	71,106,665	0	0
May	0	71,096,611	0	0
June	0	71,093,173	0	0
July	0	69,662,061	0	0
August	0	69,104,907	0	0
September	0	68,755,348	0	0
October	0	57,311,657	0	0
November	0	57,336,798	0	0
December	0	57,295,852	0	0
2018				
January	0	51,081,362	0	0
February	0	51,015,364	0	0
March	0	50,973,765	0	0
April	0	26,661,441	0	0
May	0	22,404,514	0	0
June	0	9,207,337	0	0
July	0	693,919	0	0
August	0	692,926	0	0
Infliximab				
Remicade				
2015				
January	37,601	67,688,757	38,395	41,474
February	33,609	67,748,370	34,279	37,161
March	39,910	68,177,985	41,024	44,440
April	38,958	68,139,572	40,168	43,522
May	36,672	68,164,979	37,600	40,720
June	39,435	68,201,057	40,644	44,003
July	40,286	68,238,260	41,509	44,924
August	37,485	68,343,075	38,428	41,685
September	38,866	68,382,381	39,998	43,394
October	38,468	68,545,833	39,642	43,078
November	35,659	68,560,249	36,469	39,674
December	40,629	68,607,232	41,990	45,668
2016				
January	37,606	70,439,585	38,322	41,826
February	37,231	70,544,035	38,213	41,835
March	42,470	70,771,710	43,968	48,091
April	38,387	70,568,794	39,366	43,245
May	39,755	70,557,631	40,879	44,925

Table 4a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
June	41,506	70,593,349	42,863	47,091
July	38,131	70,729,926	38,979	43,029
August	42,342	70,827,460	43,757	48,168
September	40,087	70,917,050	41,195	45,473
October	38,280	71,025,939	39,141	43,159
November	40,000	71,044,270	41,153	45,471
December	39,399	71,026,422	40,552	45,072
2017				
January	39,622	71,155,461	40,460	44,759
February	35,534	71,135,500	36,250	40,283
March	41,698	71,188,345	43,131	47,937
April	36,697	71,106,665	37,469	41,765
May	40,988	71,096,611	42,394	47,200
June	39,705	71,093,173	40,883	45,792
July	36,493	69,662,061	37,230	41,766
August	39,554	69,104,907	40,839	45,803
September	35,952	68,755,348	36,685	41,285
October	33,936	57,311,657	34,873	39,702
November	34,126	57,336,798	35,061	40,087
December	31,529	57,295,852	32,175	36,936
2018				
January	34,001	51,081,362	34,844	39,279
February	28,881	51,015,364	29,448	33,367
March	32,644	50,973,765	33,524	38,012
April	9,323	26,661,441	9,630	13,834
May	8,799	22,404,514	9,159	13,697
June	3,378	9,207,337	3,521	5,631
July	279	693,919	281	281
August	287	692,926	289	290
Inflectra³				
2015				
January	0	67,688,757	0	0
February	0	67,748,370	0	0
March	0	68,177,985	0	0
April	0	68,139,572	0	0
May	0	68,164,979	0	0
June	0	68,201,057	0	0
July	0	68,238,260	0	0
August	0	68,343,075	0	0
September	0	68,382,381	0	0

Table 4a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infiximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
October	0	68,545,833	0	0
November	0	68,560,249	0	0
December	0	68,607,232	0	0
2016				
January	0	70,439,585	0	0
February	0	70,544,035	0	0
March	0	70,771,710	0	0
April	0	70,568,794	0	0
May	*****	70,557,631	*****	*****
June	*****	70,593,349	*****	*****
July	11	70,729,926	11	11
August	*****	70,827,460	*****	*****
September	*****	70,917,050	*****	*****
October	*****	71,025,939	*****	*****
November	0	71,044,270	0	0
December	*****	71,026,422	*****	*****
2017				
January	*****	71,155,461	*****	*****
February	*****	71,135,500	*****	*****
March	309	71,188,345	316	327
April	427	71,106,665	441	461
May	782	71,096,611	806	833
June	1,089	71,093,173	1,135	1,174
July	1,197	69,662,061	1,237	1,274
August	1,446	69,104,907	1,508	1,560
September	1,451	68,755,348	1,483	1,533
October	1,612	57,311,657	1,670	1,709
November	1,737	57,336,798	1,787	1,854
December	1,618	57,295,852	1,659	1,716
2018				
January	1,967	51,081,362	2,035	2,299
February	1,730	51,015,364	1,778	1,977
March	2,177	50,973,765	2,260	2,518
April	507	26,661,441	536	780
May	509	22,404,514	537	802
June	359	9,207,337	377	586
July	99	693,919	102	103
August	108	692,926	112	112

Table 4a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
Renflexis³				
2015				
January	0	67,688,757	0	0
February	0	67,748,370	0	0
March	0	68,177,985	0	0
April	0	68,139,572	0	0
May	0	68,164,979	0	0
June	0	68,201,057	0	0
July	0	68,238,260	0	0
August	0	68,343,075	0	0
September	0	68,382,381	0	0
October	0	68,545,833	0	0
November	0	68,560,249	0	0
December	0	68,607,232	0	0
2016				
January	0	70,439,585	0	0
February	0	70,544,035	0	0
March	0	70,771,710	0	0
April	0	70,568,794	0	0
May	*****	70,557,631	*****	*****
June	*****	70,593,349	*****	*****
July	11	70,729,926	11	11
August	*****	70,827,460	*****	*****
September	*****	70,917,050	*****	*****
October	*****	71,025,939	*****	*****
November	0	71,044,270	0	0
December	*****	71,026,422	*****	*****
2017				
January	*****	71,155,461	*****	*****
February	*****	71,135,500	*****	*****
March	308	71,188,345	315	315
April	427	71,106,665	441	441
May	740	71,096,611	761	761
June	995	71,093,173	1,035	1,035
July	1,106	69,662,061	1,142	1,142
August	1,360	69,104,907	1,415	1,415
September	1,291	68,755,348	1,318	1,318
October	1,433	57,311,657	1,479	1,480
November	1,547	57,336,798	1,589	1,590
December	1,450	57,295,852	1,483	1,483

Table 4a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
2018				
January	1,948	51,081,362	2,002	2,003
February	1,716	51,015,364	1,758	1,759
March	2,153	50,973,765	2,215	2,216
April	44	26,661,441	45	45
May	*****	22,404,514	*****	*****
June	*****	9,207,337	*****	*****
July	0	693,919	0	0
August	0	692,926	0	0
Infliximab Biosimilar³				
2015				
January	0	67,688,757	0	0
February	0	67,748,370	0	0
March	0	68,177,985	0	0
April	0	68,139,572	0	0
May	0	68,164,979	0	0
June	0	68,201,057	0	0
July	0	68,238,260	0	0
August	0	68,343,075	0	0
September	0	68,382,381	0	0
October	0	68,545,833	0	0
November	0	68,560,249	0	0
December	0	68,607,232	0	0
2016				
January	0	70,439,585	0	0
February	0	70,544,035	0	0
March	0	70,771,710	0	0
April	0	70,568,794	0	0
May	*****	70,557,631	*****	*****
June	*****	70,593,349	*****	*****
July	11	70,729,926	11	11
August	*****	70,827,460	*****	*****
September	*****	70,917,050	*****	*****
October	*****	71,025,939	*****	*****
November	0	71,044,270	0	0
December	*****	71,026,422	*****	*****
2017				
January	*****	71,155,461	*****	*****
February	*****	71,135,500	*****	*****
March	308	71,188,345	315	315

Table 4a. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
April	427	71,106,665	441	441
May	740	71,096,611	761	761
June	995	71,093,173	1,035	1,035
July	1,106	69,662,061	1,142	1,142
August	1,360	69,104,907	1,415	1,415
September	1,291	68,755,348	1,318	1,318
October	1,433	57,311,657	1,479	1,480
November	1,547	57,336,798	1,589	1,590
December	1,450	57,295,852	1,483	1,483
2018				
January	1,948	51,081,362	2,002	2,003
February	1,716	51,015,364	1,758	1,759
March	2,152	50,973,765	2,214	2,215
April	0	26,661,441	0	0
May	0	22,404,514	0	0
June	0	9,207,337	0	0
July	0	693,919	0	0
August	0	692,926	0	0

¹All metrics are based on all eligible index dates.

²Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

³These groups all include the HCPCS code Q5102 - Infliximab Biosimilar. No other codes are repeated between groups.

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 4b. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
Filgrastim				
Neupogen				
2015				
January	1,417	21,448,060	4,252	5,593
February	1,454	21,443,381	4,277	5,544
March	1,548	21,592,145	4,684	6,136
April	1,528	21,573,952	4,609	6,044
May	1,489	21,521,149	4,682	6,029
June	1,526	21,483,105	4,607	6,010
July	1,504	21,414,965	4,596	6,100
August	1,451	21,392,488	4,299	5,659
September	1,459	21,350,136	4,221	5,526
October	1,461	21,310,787	4,223	5,533
November	1,328	21,292,914	3,630	4,814
December	1,402	21,227,677	4,164	5,511
2016				
January	1,336	22,032,047	3,799	5,225
February	1,350	22,056,792	3,851	5,204
March	1,369	22,139,426	3,873	5,207
April	1,290	22,123,326	3,596	4,822
May	1,251	22,087,665	3,489	4,771
June	1,200	22,050,099	3,358	4,523
July	1,082	22,015,538	3,013	4,014
August	1,067	22,014,130	3,069	4,226
September	1,056	22,025,494	2,832	3,836
October	1,018	22,005,454	2,735	3,704
November	970	21,991,570	2,483	3,395
December	888	21,824,150	2,334	3,262
2017				
January	818	21,849,722	2,179	3,043
February	831	21,836,570	2,142	3,016
March	911	21,812,727	2,474	3,490
April	847	21,748,168	2,303	3,258
May	875	21,710,198	2,487	3,545
June	815	21,686,613	2,168	3,107
July	760	21,616,506	1,959	2,737
August	824	21,630,263	2,224	3,133
September	755	21,606,010	1,916	2,672
October	777	21,555,019	2,182	3,121
November	752	21,554,091	1,921	2,672

Table 4b. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
December	721	21,498,072	1,796	2,504
2018				
January	625	20,658,540	1,635	2,260
February	600	20,599,597	1,608	2,253
March	649	20,554,743	1,736	2,343
April	636	20,526,617	1,629	2,175
May	652	20,493,802	1,704	2,289
June	*****	7,299,064	591	879
Granix				
2015				
January	202	21,448,060	652	812
February	198	21,443,381	672	818
March	203	21,592,145	723	815
April	227	21,573,952	698	800
May	247	21,521,149	840	1,006
June	236	21,483,105	783	955
July	234	21,414,965	849	1,047
August	254	21,392,488	786	950
September	241	21,350,136	789	956
October	270	21,310,787	894	1,125
November	234	21,292,914	856	1,024
December	281	21,227,677	865	1,013
2016				
January	274	22,032,047	802	973
February	255	22,056,792	811	1,008
March	277	22,139,426	857	1,058
April	268	22,123,326	815	1,032
May	259	22,087,665	769	932
June	283	22,050,099	909	1,158
July	282	22,015,538	942	1,201
August	264	22,014,130	907	1,141
September	264	22,025,494	860	1,097
October	268	22,005,454	832	1,059
November	248	21,991,570	872	1,115
December	220	21,824,150	765	1,012
2017				
January	255	21,849,722	822	1,109
February	263	21,836,570	777	998
March	242	21,812,727	766	1,024
April	221	21,748,168	692	934

Table 4b. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
May	242	21,710,198	726	973
June	251	21,686,613	831	1,121
July	222	21,616,506	701	958
August	269	21,630,263	825	1,094
September	266	21,606,010	768	1,014
October	225	21,555,019	731	975
November	255	21,554,091	784	1,019
December	239	21,498,072	668	821
2018				
January	237	20,658,540	671	856
February	244	20,599,597	717	900
March	243	20,554,743	743	973
April	218	20,526,617	642	828
May	199	20,493,802	591	765
June	94	7,299,064	251	334
Zarxio				
2015				
January	0	21,448,060	0	0
February	0	21,443,381	0	0
March	0	21,592,145	0	0
April	0	21,573,952	0	0
May	0	21,521,149	0	0
June	0	21,483,105	0	0
July	*****	21,414,965	*****	*****
August	*****	21,392,488	*****	*****
September	*****	21,350,136	24	26
October	17	21,310,787	51	57
November	16	21,292,914	45	58
December	26	21,227,677	73	85
2016				
January	47	22,032,047	134	173
February	69	22,056,792	255	344
March	122	22,139,426	406	538
April	191	22,123,326	577	765
May	237	22,087,665	797	1,079
June	270	22,050,099	955	1,286
July	290	22,015,538	1,007	1,368
August	314	22,014,130	1,120	1,566
September	342	22,025,494	1,227	1,710
October	377	22,005,454	1,229	1,719

Table 4b. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
November	366	21,991,570	1,153	1,618
December	360	21,824,150	1,149	1,601
2017				
January	411	21,849,722	1,319	1,840
February	427	21,836,570	1,397	1,915
March	510	21,812,727	1,700	2,319
April	466	21,748,168	1,481	2,100
May	505	21,710,198	1,679	2,387
June	520	21,686,613	1,614	2,299
July	504	21,616,506	1,562	2,141
August	540	21,630,263	1,672	2,355
September	510	21,606,010	1,542	2,166
October	543	21,555,019	1,738	2,455
November	515	21,554,091	1,571	2,202
December	524	21,498,072	1,518	2,133
2018				
January	503	20,658,540	1,560	2,236
February	506	20,599,597	1,428	1,990
March	544	20,554,743	1,586	2,222
April	528	20,526,617	1,522	2,218
May	531	20,493,802	1,585	2,258
June	208	7,299,064	624	955
Nivestym				
2015				
January	0	21,448,060	0	0
February	0	21,443,381	0	0
March	0	21,592,145	0	0
April	0	21,573,952	0	0
May	0	21,521,149	0	0
June	0	21,483,105	0	0
July	0	21,414,965	0	0
August	0	21,392,488	0	0
September	0	21,350,136	0	0
October	0	21,310,787	0	0
November	0	21,292,914	0	0
December	0	21,227,677	0	0
2016				
January	0	22,032,047	0	0
February	0	22,056,792	0	0
March	0	22,139,426	0	0

Table 4b. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
April	0	22,123,326	0	0
May	0	22,087,665	0	0
June	0	22,050,099	0	0
July	0	22,015,538	0	0
August	0	22,014,130	0	0
September	0	22,025,494	0	0
October	0	22,005,454	0	0
November	0	21,991,570	0	0
December	0	21,824,150	0	0
2017				
January	0	21,849,722	0	0
February	0	21,836,570	0	0
March	0	21,812,727	0	0
April	0	21,748,168	0	0
May	0	21,710,198	0	0
June	0	21,686,613	0	0
July	0	21,616,506	0	0
August	0	21,630,263	0	0
September	0	21,606,010	0	0
October	0	21,555,019	0	0
November	0	21,554,091	0	0
December	0	21,498,072	0	0
2018				
January	0	20,658,540	0	0
February	0	20,599,597	0	0
March	0	20,554,743	0	0
April	0	20,526,617	0	0
May	0	20,493,802	0	0
June	0	7,299,064	0	0
Pegfilgrastim				
Neulasta				
2015				
January	4,895	21,448,060	6,557	8,535
February	4,778	21,443,381	6,029	7,886
March	4,978	21,592,145	6,553	8,721
April	5,082	21,573,952	6,832	9,100
May	4,982	21,521,149	6,657	8,882
June	4,939	21,483,105	6,510	8,527
July	4,983	21,414,965	6,930	9,154
August	4,795	21,392,488	6,288	8,323

Table 4b. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
September	4,844	21,350,136	6,377	8,458
October	4,983	21,310,787	6,932	9,152
November	4,653	21,292,914	5,853	7,838
December	4,850	21,227,677	6,926	9,373
2016				
January	4,741	22,032,047	6,175	8,592
February	4,745	22,056,792	6,169	8,604
March	4,939	22,139,426	6,888	9,658
April	4,861	22,123,326	6,527	9,203
May	4,845	22,087,665	6,373	8,911
June	4,893	22,050,099	6,819	9,531
July	4,821	22,015,538	6,454	8,950
August	4,999	22,014,130	6,875	9,562
September	4,819	22,025,494	6,578	9,164
October	4,554	22,005,454	6,009	8,380
November	4,501	21,991,570	5,976	8,489
December	4,398	21,824,150	6,225	8,942
2017				
January	4,327	21,849,722	5,671	8,127
February	4,312	21,836,570	5,626	7,945
March	4,593	21,812,727	6,555	9,356
April	4,303	21,748,168	5,608	8,002
May	4,453	21,710,198	6,106	8,733
June	4,550	21,686,613	6,434	9,228
July	4,237	21,616,506	5,549	7,993
August	4,361	21,630,263	6,087	8,730
September	4,189	21,606,010	5,641	8,137
October	4,240	21,555,019	5,696	8,189
November	4,341	21,554,091	6,005	8,663
December	4,257	21,498,072	5,760	8,308
2018				
January	3,962	20,658,540	5,387	7,648
February	3,877	20,599,597	4,962	7,052
March	4,035	20,554,743	5,640	7,948
April	3,850	20,526,617	5,076	7,148
May	3,950	20,493,802	5,516	7,805
June	1,409	7,299,064	1,879	2,851

Table 4b. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
Fulphila				
2015				
January	0	21,448,060	0	0
February	0	21,443,381	0	0
March	0	21,592,145	0	0
April	0	21,573,952	0	0
May	0	21,521,149	0	0
June	0	21,483,105	0	0
July	0	21,414,965	0	0
August	0	21,392,488	0	0
September	0	21,350,136	0	0
October	0	21,310,787	0	0
November	0	21,292,914	0	0
December	0	21,227,677	0	0
2016				
January	0	22,032,047	0	0
February	0	22,056,792	0	0
March	0	22,139,426	0	0
April	0	22,123,326	0	0
May	0	22,087,665	0	0
June	0	22,050,099	0	0
July	0	22,015,538	0	0
August	0	22,014,130	0	0
September	0	22,025,494	0	0
October	0	22,005,454	0	0
November	0	21,991,570	0	0
December	0	21,824,150	0	0
2017				
January	0	21,849,722	0	0
February	0	21,836,570	0	0
March	0	21,812,727	0	0
April	0	21,748,168	0	0
May	0	21,710,198	0	0
June	0	21,686,613	0	0
July	0	21,616,506	0	0
August	0	21,630,263	0	0
September	0	21,606,010	0	0
October	0	21,555,019	0	0
November	0	21,554,091	0	0
December	0	21,498,072	0	0

Table 4b. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
2018				
January	0	20,658,540	0	0
February	0	20,599,597	0	0
March	0	20,554,743	0	0
April	0	20,526,617	0	0
May	0	20,493,802	0	0
June	0	7,299,064	0	0
Infliximab				
Remicade				
2015				
January	8,014	21,448,060	8,216	11,279
February	7,338	21,443,381	7,546	10,407
March	8,464	21,592,145	8,731	12,123
April	8,339	21,573,952	8,621	11,956
May	7,895	21,521,149	8,164	11,269
June	8,484	21,483,105	8,787	12,135
July	8,609	21,414,965	8,931	12,337
August	8,083	21,392,488	8,346	11,594
September	8,206	21,350,136	8,536	11,915
October	8,410	21,310,787	8,749	12,175
November	7,736	21,292,914	7,973	11,158
December	8,777	21,227,677	9,149	12,805
2016				
January	8,129	22,032,047	8,326	11,816
February	8,280	22,056,792	8,547	12,152
March	9,260	22,139,426	9,660	13,767
April	8,706	22,123,326	8,995	12,858
May	8,776	22,087,665	9,104	13,135
June	9,181	22,050,099	9,561	13,777
July	8,628	22,015,538	8,884	12,923
August	9,465	22,014,130	9,857	14,249
September	9,008	22,025,494	9,319	13,583
October	8,562	22,005,454	8,796	12,803
November	8,928	21,991,570	9,242	13,548
December	8,896	21,824,150	9,245	13,748
2017				
January	8,524	21,849,722	8,731	13,012
February	7,910	21,836,570	8,116	12,127
March	9,162	21,812,727	9,566	14,357
April	8,100	21,748,168	8,317	12,595

Table 4b. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
May	8,952	21,710,198	9,333	14,119
June	9,030	21,686,613	9,348	14,240
July	8,329	21,616,506	8,573	13,086
August	8,988	21,630,263	9,355	14,307
September	8,486	21,606,010	8,728	13,319
October	8,608	21,555,019	8,920	13,740
November	8,695	21,554,091	9,005	14,022
December	8,399	21,498,072	8,675	13,430
2018				
January	8,093	20,658,540	8,353	12,760
February	7,102	20,599,597	7,303	11,195
March	8,132	20,554,743	8,443	12,909
April	7,580	20,526,617	7,844	12,027
May	8,099	20,493,802	8,439	12,958
June	2,673	7,299,064	2,794	4,883
Inflectra³				
2015				
January	0	21,448,060	0	0
February	0	21,443,381	0	0
March	0	21,592,145	0	0
April	0	21,573,952	0	0
May	0	21,521,149	0	0
June	0	21,483,105	0	0
July	0	21,414,965	0	0
August	0	21,392,488	0	0
September	0	21,350,136	0	0
October	0	21,310,787	0	0
November	0	21,292,914	0	0
December	0	21,227,677	0	0
2016				
January	0	22,032,047	0	0
February	0	22,056,792	0	0
March	0	22,139,426	0	0
April	0	22,123,326	0	0
May	0	22,087,665	0	0
June	0	22,050,099	0	0
July	*****	22,015,538	*****	*****
August	*****	22,014,130	*****	*****
September	*****	22,025,494	*****	*****
October	*****	22,005,454	*****	*****

Table 4b. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
November	0	21,991,570	0	0
December	0	21,824,150	0	0
2017				
January	*****	21,849,722	*****	*****
February	*****	21,836,570	*****	*****
March	*****	21,812,727	*****	*****
April	35	21,748,168	37	57
May	60	21,710,198	64	91
June	77	21,686,613	85	124
July	91	21,616,506	97	133
August	113	21,630,263	127	179
September	123	21,606,010	128	178
October	103	21,555,019	105	143
November	155	21,554,091	161	227
December	131	21,498,072	135	192
2018				
January	167	20,658,540	173	249
February	139	20,599,597	142	200
March	178	20,554,743	187	262
April	172	20,526,617	184	271
May	197	20,493,802	206	283
June	67	7,299,064	70	107
Renflexis³				
2015				
January	0	21,448,060	0	0
February	0	21,443,381	0	0
March	0	21,592,145	0	0
April	0	21,573,952	0	0
May	0	21,521,149	0	0
June	0	21,483,105	0	0
July	0	21,414,965	0	0
August	0	21,392,488	0	0
September	0	21,350,136	0	0
October	0	21,310,787	0	0
November	0	21,292,914	0	0
December	0	21,227,677	0	0
2016				
January	0	22,032,047	0	0
February	0	22,056,792	0	0
March	0	22,139,426	0	0

Table 4b. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
April	0	22,123,326	0	0
May	0	22,087,665	0	0
June	0	22,050,099	0	0
July	*****	22,015,538	*****	*****
August	*****	22,014,130	*****	*****
September	*****	22,025,494	*****	*****
October	*****	22,005,454	*****	*****
November	0	21,991,570	0	0
December	0	21,824,150	0	0
2017				
January	*****	21,849,722	*****	*****
February	*****	21,836,570	*****	*****
March	*****	21,812,727	*****	*****
April	35	21,748,168	37	37
May	60	21,710,198	64	64
June	75	21,686,613	83	83
July	91	21,616,506	97	97
August	112	21,630,263	124	124
September	123	21,606,010	127	127
October	103	21,555,019	105	105
November	155	21,554,091	160	160
December	128	21,498,072	132	132
2018				
January	166	20,658,540	171	171
February	136	20,599,597	139	139
March	178	20,554,743	187	187
April	*****	20,526,617	*****	*****
May	*****	20,493,802	*****	*****
June	*****	7,299,064	*****	*****
Infliximab Biosimilar³				
2015				
January	0	21,448,060	0	0
February	0	21,443,381	0	0
March	0	21,592,145	0	0
April	0	21,573,952	0	0
May	0	21,521,149	0	0
June	0	21,483,105	0	0
July	0	21,414,965	0	0
August	0	21,392,488	0	0
September	0	21,350,136	0	0

Table 4b. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
October	0	21,310,787	0	0
November	0	21,292,914	0	0
December	0	21,227,677	0	0
2016				
January	0	22,032,047	0	0
February	0	22,056,792	0	0
March	0	22,139,426	0	0
April	0	22,123,326	0	0
May	0	22,087,665	0	0
June	0	22,050,099	0	0
July	*****	22,015,538	*****	*****
August	*****	22,014,130	*****	*****
September	*****	22,025,494	*****	*****
October	*****	22,005,454	*****	*****
November	0	21,991,570	0	0
December	0	21,824,150	0	0
2017				
January	*****	21,849,722	*****	*****
February	*****	21,836,570	*****	*****
March	*****	21,812,727	*****	*****
April	35	21,748,168	37	37
May	60	21,710,198	64	64
June	75	21,686,613	83	83
July	91	21,616,506	97	97
August	112	21,630,263	124	124
September	123	21,606,010	127	127
October	103	21,555,019	105	105
November	155	21,554,091	160	160
December	128	21,498,072	132	132
2018				
January	166	20,658,540	171	171
February	136	20,599,597	139	139
March	178	20,554,743	187	187
April	0	20,526,617	0	0
May	0	20,493,802	0	0
June	0	7,299,064	0	0

¹All metrics are based on all eligible index dates.

²Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

³These groups all include the HCPCS code Q5102 - Infliximab Biosimilar. No other codes are repeated between groups.

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 4c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
Filgrastim				
Neupogen				
2015				
January	8,572	46,240,697	22,757	22,802
February	8,377	46,304,989	21,229	21,268
March	8,931	46,585,840	23,629	23,674
April	8,965	46,565,620	23,977	24,014
May	8,687	46,643,830	23,143	23,189
June	8,757	46,717,952	23,292	23,332
July	8,952	46,823,295	23,921	23,984
August	8,598	46,950,587	22,456	22,511
September	8,549	47,032,245	22,421	22,474
October	8,632	47,235,046	22,602	22,648
November	8,046	47,267,335	19,634	19,667
December	8,183	47,379,555	21,161	21,208
2016				
January	7,228	48,407,538	18,293	18,333
February	7,057	48,487,243	17,736	17,779
March	7,150	48,632,284	18,619	18,658
April	6,461	48,445,468	16,341	16,380
May	6,132	48,469,966	15,314	15,349
June	5,961	48,543,250	15,112	15,157
July	5,462	48,714,388	13,350	13,383
August	5,625	48,813,330	14,250	14,282
September	5,303	48,891,556	13,122	13,152
October	5,115	49,020,485	12,604	12,634
November	5,005	49,052,700	12,196	12,237
December	4,736	49,202,272	11,698	11,729
2017				
January	4,518	49,305,739	11,443	11,467
February	4,391	49,298,930	10,684	10,708
March	4,583	49,375,618	11,832	11,854
April	4,172	49,358,497	10,442	10,457
May	4,315	49,386,413	10,936	10,955
June	4,140	49,406,560	10,495	10,508
July	3,850	48,045,555	9,244	9,263
August	3,808	47,474,644	9,470	9,491
September	3,607	47,149,338	8,663	8,688
October	3,474	35,756,638	8,365	8,386
November	3,339	35,782,707	7,798	7,812

Table 4c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
December	3,109	35,797,780	7,526	7,538
2018				
January	3,056	30,422,822	7,447	7,458
February	2,951	30,415,767	7,159	7,174
March	3,030	30,419,022	7,509	7,519
April	226	6,134,824	528	529
May	35	1,910,712	84	84
June	*****	1,908,273	58	58
July	*****	693,919	32	32
August	*****	692,926	19	19
Granix				
2015				
January	1,037	46,240,697	2,541	2,545
February	1,032	46,304,989	2,492	2,494
March	1,163	46,585,840	2,990	2,992
April	1,253	46,565,620	3,144	3,147
May	1,328	46,643,830	3,293	3,297
June	1,400	46,717,952	3,678	3,684
July	1,475	46,823,295	3,682	3,688
August	1,434	46,950,587	3,484	3,490
September	1,410	47,032,245	3,573	3,580
October	1,456	47,235,046	3,558	3,567
November	1,416	47,267,335	3,433	3,439
December	1,462	47,379,555	3,550	3,554
2016				
January	1,451	48,407,538	3,458	3,467
February	1,523	48,487,243	3,534	3,539
March	1,617	48,632,284	3,944	3,949
April	1,570	48,445,468	3,931	3,933
May	1,578	48,469,966	3,967	3,970
June	1,627	48,543,250	4,075	4,081
July	1,643	48,714,388	4,149	4,160
August	1,691	48,813,330	4,472	4,478
September	1,571	48,891,556	4,115	4,124
October	1,479	49,020,485	4,049	4,053
November	1,449	49,052,700	3,708	3,715
December	1,446	49,202,272	3,778	3,783
2017				
January	1,468	49,305,739	3,771	3,776
February	1,496	49,298,930	3,636	3,643

Table 4c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
March	1,625	49,375,618	4,131	4,141
April	1,528	49,358,497	3,784	3,795
May	1,620	49,386,413	4,011	4,015
June	1,617	49,406,560	3,982	3,984
July	1,538	48,045,555	3,593	3,599
August	1,663	47,474,644	4,184	4,196
September	1,523	47,149,338	3,625	3,632
October	1,590	35,756,638	3,980	3,982
November	1,568	35,782,707	3,721	3,726
December	1,477	35,797,780	3,601	3,609
2018				
January	1,500	30,422,822	3,792	3,795
February	1,445	30,415,767	3,686	3,688
March	1,529	30,419,022	3,929	3,934
April	216	6,134,824	690	692
May	56	1,910,712	231	231
June	52	1,908,273	187	187
July	44	693,919	151	151
August	43	692,926	167	167
Zarxio				
2015				
January	0	46,240,697	0	0
February	0	46,304,989	0	0
March	0	46,585,840	0	0
April	0	46,565,620	0	0
May	0	46,643,830	0	0
June	0	46,717,952	0	0
July	0	46,823,295	0	0
August	*****	46,950,587	*****	*****
September	*****	47,032,245	49	49
October	101	47,235,046	291	291
November	170	47,267,335	473	473
December	279	47,379,555	853	854
2016				
January	964	48,407,538	2,356	2,357
February	1,388	48,487,243	3,675	3,676
March	1,922	48,632,284	5,308	5,311
April	2,236	48,445,468	6,037	6,042
May	2,604	48,469,966	7,099	7,107
June	2,786	48,543,250	7,849	7,860

Table 4c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
July	3,053	48,714,388	8,319	8,331
August	3,429	48,813,330	9,733	9,742
September	3,455	48,891,556	9,342	9,351
October	3,489	49,020,485	9,347	9,355
November	3,524	49,052,700	9,162	9,169
December	3,485	49,202,272	9,417	9,425
2017				
January	3,716	49,305,739	9,785	9,798
February	3,737	49,298,930	9,562	9,570
March	4,070	49,375,618	10,774	10,786
April	3,916	49,358,497	9,855	9,866
May	4,202	49,386,413	10,977	10,988
June	4,288	49,406,560	11,044	11,058
July	4,177	48,045,555	10,276	10,282
August	4,360	47,474,644	11,313	11,322
September	4,058	47,149,338	10,308	10,328
October	4,068	35,756,638	11,042	11,062
November	4,077	35,782,707	10,689	10,707
December	3,980	35,797,780	10,591	10,600
2018				
January	3,339	30,422,822	9,317	9,327
February	3,349	30,415,767	8,784	8,800
March	3,536	30,419,022	9,749	9,764
April	626	6,134,824	1,665	1,674
May	189	1,910,712	387	387
June	199	1,908,273	432	434
July	97	693,919	213	216
August	101	692,926	250	252
Nivestym				
2015				
January	0	46,240,697	0	0
February	0	46,304,989	0	0
March	0	46,585,840	0	0
April	0	46,565,620	0	0
May	0	46,643,830	0	0
June	0	46,717,952	0	0
July	0	46,823,295	0	0
August	0	46,950,587	0	0
September	0	47,032,245	0	0
October	0	47,235,046	0	0

Table 4c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
November	0	47,267,335	0	0
December	0	47,379,555	0	0
2016				
January	0	48,407,538	0	0
February	0	48,487,243	0	0
March	0	48,632,284	0	0
April	0	48,445,468	0	0
May	0	48,469,966	0	0
June	0	48,543,250	0	0
July	0	48,714,388	0	0
August	0	48,813,330	0	0
September	0	48,891,556	0	0
October	0	49,020,485	0	0
November	0	49,052,700	0	0
December	0	49,202,272	0	0
2017				
January	0	49,305,739	0	0
February	0	49,298,930	0	0
March	0	49,375,618	0	0
April	0	49,358,497	0	0
May	0	49,386,413	0	0
June	0	49,406,560	0	0
July	0	48,045,555	0	0
August	0	47,474,644	0	0
September	0	47,149,338	0	0
October	0	35,756,638	0	0
November	0	35,782,707	0	0
December	0	35,797,780	0	0
2018				
January	0	30,422,822	0	0
February	0	30,415,767	0	0
March	0	30,419,022	0	0
April	0	6,134,824	0	0
May	0	1,910,712	0	0
June	0	1,908,273	0	0
July	0	693,919	0	0
August	0	692,926	0	0

Table 4c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
Pegfilgrastim				
Neulasta				
2015				
January	21,762	46,240,697	27,125	27,138
February	20,599	46,304,989	24,153	24,162
March	21,826	46,585,840	26,522	26,533
April	21,828	46,565,620	27,237	27,250
May	21,267	46,643,830	26,130	26,138
June	21,420	46,717,952	26,127	26,138
July	22,043	46,823,295	28,219	28,229
August	21,233	46,950,587	25,565	25,574
September	21,408	47,032,245	26,293	26,301
October	21,914	47,235,046	27,852	27,862
November	20,379	47,267,335	23,867	23,875
December	21,387	47,379,555	27,991	28,001
2016				
January	21,652	48,407,538	26,281	26,284
February	21,890	48,487,243	26,150	26,158
March	22,898	48,632,284	29,231	29,238
April	22,210	48,445,468	27,320	27,324
May	21,842	48,469,966	26,500	26,511
June	22,121	48,543,250	27,909	27,920
July	21,366	48,714,388	26,232	26,243
August	21,750	48,813,330	27,446	27,453
September	21,469	48,891,556	27,099	27,118
October	21,049	49,020,485	25,444	25,456
November	20,830	49,052,700	25,674	25,689
December	20,855	49,202,272	26,742	26,759
2017				
January	20,889	49,305,739	25,588	25,602
February	20,506	49,298,930	24,450	24,461
March	21,513	49,375,618	27,886	27,899
April	20,366	49,358,497	24,431	24,450
May	20,608	49,386,413	25,852	25,871
June	20,799	49,406,560	26,380	26,401
July	19,798	48,045,555	23,829	23,849
August	20,642	47,474,644	26,319	26,340
September	19,772	47,149,338	24,107	24,123
October	19,345	35,756,638	23,773	23,792
November	18,987	35,782,707	23,751	23,767

Table 4c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
December	18,322	35,797,780	22,493	22,514
2018				
January	19,046	30,422,822	24,003	24,026
February	18,496	30,415,767	22,002	22,014
March	18,770	30,419,022	23,644	23,670
April	1,934	6,134,824	2,360	2,364
May	175	1,910,712	243	244
June	171	1,908,273	248	248
July	35	693,919	43	43
August	35	692,926	51	51
Fulphila				
2015				
January	0	46,240,697	0	0
February	0	46,304,989	0	0
March	0	46,585,840	0	0
April	0	46,565,620	0	0
May	0	46,643,830	0	0
June	0	46,717,952	0	0
July	0	46,823,295	0	0
August	0	46,950,587	0	0
September	0	47,032,245	0	0
October	0	47,235,046	0	0
November	0	47,267,335	0	0
December	0	47,379,555	0	0
2016				
January	0	48,407,538	0	0
February	0	48,487,243	0	0
March	0	48,632,284	0	0
April	0	48,445,468	0	0
May	0	48,469,966	0	0
June	0	48,543,250	0	0
July	0	48,714,388	0	0
August	0	48,813,330	0	0
September	0	48,891,556	0	0
October	0	49,020,485	0	0
November	0	49,052,700	0	0
December	0	49,202,272	0	0
2017				
January	0	49,305,739	0	0
February	0	49,298,930	0	0

Table 4c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infiximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
March	0	49,375,618	0	0
April	0	49,358,497	0	0
May	0	49,386,413	0	0
June	0	49,406,560	0	0
July	0	48,045,555	0	0
August	0	47,474,644	0	0
September	0	47,149,338	0	0
October	0	35,756,638	0	0
November	0	35,782,707	0	0
December	0	35,797,780	0	0
2018				
January	0	30,422,822	0	0
February	0	30,415,767	0	0
March	0	30,419,022	0	0
April	0	6,134,824	0	0
May	0	1,910,712	0	0
June	0	1,908,273	0	0
July	0	693,919	0	0
August	0	692,926	0	0
Infiximab				
Remicade				
2015				
January	29,587	46,240,697	30,179	30,195
February	26,271	46,304,989	26,733	26,754
March	31,446	46,585,840	32,293	32,317
April	30,619	46,565,620	31,547	31,566
May	28,777	46,643,830	29,436	29,451
June	30,951	46,717,952	31,857	31,868
July	31,677	46,823,295	32,578	32,587
August	29,402	46,950,587	30,082	30,091
September	30,660	47,032,245	31,462	31,479
October	30,058	47,235,046	30,893	30,903
November	27,923	47,267,335	28,496	28,516
December	31,852	47,379,555	32,841	32,863
2016				
January	29,477	48,407,538	29,996	30,010
February	28,951	48,487,243	29,666	29,683
March	33,210	48,632,284	34,308	34,324
April	29,681	48,445,468	30,371	30,387
May	30,979	48,469,966	31,775	31,790

Table 4c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
June	32,325	48,543,250	33,302	33,314
July	29,503	48,714,388	30,095	30,106
August	32,877	48,813,330	33,900	33,919
September	31,079	48,891,556	31,876	31,890
October	29,718	49,020,485	30,345	30,356
November	31,072	49,052,700	31,911	31,923
December	30,503	49,202,272	31,307	31,324
2017				
January	31,098	49,305,739	31,729	31,747
February	27,624	49,298,930	28,134	28,156
March	32,536	49,375,618	33,565	33,580
April	28,597	49,358,497	29,152	29,170
May	32,036	49,386,413	33,061	33,081
June	30,675	49,406,560	31,535	31,552
July	28,164	48,045,555	28,657	28,680
August	30,566	47,474,644	31,484	31,496
September	27,466	47,149,338	27,957	27,966
October	25,328	35,756,638	25,953	25,962
November	25,431	35,782,707	26,056	26,065
December	23,130	35,797,780	23,500	23,506
2018				
January	25,908	30,422,822	26,491	26,519
February	21,779	30,415,767	22,145	22,172
March	24,512	30,419,022	25,081	25,103
April	1,743	6,134,824	1,786	1,807
May	700	1,910,712	720	739
June	705	1,908,273	727	748
July	279	693,919	281	281
August	287	692,926	289	290
Inflectra³				
2015				
January	0	46,240,697	0	0
February	0	46,304,989	0	0
March	0	46,585,840	0	0
April	0	46,565,620	0	0
May	0	46,643,830	0	0
June	0	46,717,952	0	0
July	0	46,823,295	0	0
August	0	46,950,587	0	0
September	0	47,032,245	0	0

Table 4c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
October	0	47,235,046	0	0
November	0	47,267,335	0	0
December	0	47,379,555	0	0
2016				
January	0	48,407,538	0	0
February	0	48,487,243	0	0
March	0	48,632,284	0	0
April	0	48,445,468	0	0
May	*****	48,469,966	*****	*****
June	*****	48,543,250	*****	*****
July	*****	48,714,388	*****	*****
August	*****	48,813,330	*****	*****
September	*****	48,891,556	*****	*****
October	*****	49,020,485	*****	*****
November	0	49,052,700	0	0
December	*****	49,202,272	*****	*****
2017				
January	*****	49,305,739	*****	*****
February	*****	49,298,930	*****	*****
March	*****	49,375,618	*****	*****
April	392	49,358,497	404	404
May	722	49,386,413	742	742
June	1,012	49,406,560	1,050	1,050
July	1,106	48,045,555	1,140	1,141
August	1,333	47,474,644	1,381	1,381
September	1,328	47,149,338	1,355	1,355
October	1,509	35,756,638	1,565	1,566
November	1,582	35,782,707	1,626	1,627
December	1,487	35,797,780	1,524	1,524
2018				
January	1,800	30,422,822	1,862	2,050
February	1,591	30,415,767	1,636	1,777
March	1,999	30,419,022	2,073	2,256
April	335	6,134,824	352	509
May	312	1,910,712	331	519
June	292	1,908,273	307	479
July	99	693,919	102	103
August	108	692,926	112	112

Table 4c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
Renflexis³				
2015				
January	0	46,240,697	0	0
February	0	46,304,989	0	0
March	0	46,585,840	0	0
April	0	46,565,620	0	0
May	0	46,643,830	0	0
June	0	46,717,952	0	0
July	0	46,823,295	0	0
August	0	46,950,587	0	0
September	0	47,032,245	0	0
October	0	47,235,046	0	0
November	0	47,267,335	0	0
December	0	47,379,555	0	0
2016				
January	0	48,407,538	0	0
February	0	48,487,243	0	0
March	0	48,632,284	0	0
April	0	48,445,468	0	0
May	*****	48,469,966	*****	*****
June	*****	48,543,250	*****	*****
July	*****	48,714,388	*****	*****
August	*****	48,813,330	*****	*****
September	*****	48,891,556	*****	*****
October	*****	49,020,485	*****	*****
November	0	49,052,700	0	0
December	*****	49,202,272	*****	*****
2017				
January	*****	49,305,739	*****	*****
February	*****	49,298,930	*****	*****
March	*****	49,375,618	*****	*****
April	392	49,358,497	404	404
May	680	49,386,413	697	697
June	920	49,406,560	952	952
July	1,015	48,045,555	1,045	1,045
August	1,248	47,474,644	1,291	1,291
September	1,168	47,149,338	1,191	1,191
October	1,330	35,756,638	1,374	1,375
November	1,392	35,782,707	1,429	1,430
December	1,322	35,797,780	1,351	1,351

Table 4c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
2018				
January	1,782	30,422,822	1,831	1,832
February	1,580	30,415,767	1,619	1,620
March	1,975	30,419,022	2,028	2,029
April	37	6,134,824	38	38
May	0	1,910,712	0	0
June	0	1,908,273	0	0
July	0	693,919	0	0
August	0	692,926	0	0
Infliximab Biosimilar³				
2015				
January	0	46,240,697	0	0
February	0	46,304,989	0	0
March	0	46,585,840	0	0
April	0	46,565,620	0	0
May	0	46,643,830	0	0
June	0	46,717,952	0	0
July	0	46,823,295	0	0
August	0	46,950,587	0	0
September	0	47,032,245	0	0
October	0	47,235,046	0	0
November	0	47,267,335	0	0
December	0	47,379,555	0	0
2016				
January	0	48,407,538	0	0
February	0	48,487,243	0	0
March	0	48,632,284	0	0
April	0	48,445,468	0	0
May	*****	48,469,966	*****	*****
June	*****	48,543,250	*****	*****
July	*****	48,714,388	*****	*****
August	*****	48,813,330	*****	*****
September	*****	48,891,556	*****	*****
October	*****	49,020,485	*****	*****
November	0	49,052,700	0	0
December	*****	49,202,272	*****	*****
2017				
January	*****	49,305,739	*****	*****
February	*****	49,298,930	*****	*****
March	*****	49,375,618	*****	*****

Table 4c. Summary of All¹ Filgrastim, Pegfilgrastim, and Infliximab Use in the Sentinel Distributed Database among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018, by Year and Month

Month	New Users	Eligible Members ²	New Episodes	Adjusted Dispensings
April	392	49,358,497	404	404
May	680	49,386,413	697	697
June	920	49,406,560	952	952
July	1,015	48,045,555	1,045	1,045
August	1,248	47,474,644	1,291	1,291
September	1,168	47,149,338	1,191	1,191
October	1,330	35,756,638	1,374	1,375
November	1,392	35,782,707	1,429	1,430
December	1,322	35,797,780	1,351	1,351
2018				
January	1,782	30,422,822	1,831	1,832
February	1,580	30,415,767	1,619	1,620
March	1,974	30,419,022	2,027	2,028
April	0	6,134,824	0	0
May	0	1,910,712	0	0
June	0	1,908,273	0	0
July	0	693,919	0	0
August	0	692,926	0	0

¹All metrics are based on all eligible index dates.

²Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

³These groups all include the HCPCS code Q5102 - Infliximab Biosimilar. No other codes are repeated between groups.

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 5a. Full Code Distribution of Neupogen in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
J1442	HCPCS	Procedure	HC	582,438	AV
filgrastim	NDCDisp	Prescription	NA	74,217	NA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	9,065	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	8,467	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	6,807	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	4,733	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	4,512	AV
filgrastim	NDCProc	Procedure	ND		AV
J1442	HCPCS	Procedure	HC	3,194	IS
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	3,138	AV
filgrastim	NDCProc	Procedure	ND		AV
J1442	HCPCS	Procedure	HC	2,869	OA
J1442	HCPCS	Procedure	HC	2,618	ED
J1442	HCPCS	Procedure	HC	2,552	IPX
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	2,491	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	1,507	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	1,445	AV
J1442	HCPCS	Procedure	HC	948	IP
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	858	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	443	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	215	AV
filgrastim	NDCProc	Procedure	ND		AV

Table 5a. Full Code Distribution of Neupogen in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	179	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	91	IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	85	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	62	AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	57	IP
filgrastim	NDCProc	Procedure	ND		IP
J1442	HCPCS	Procedure	HC		AV
J1442	HCPCS	Procedure	HC	56	OA
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	55	AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	52	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND	50	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	50	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	50	IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	43	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	40	AV
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	30	IP
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	30	IP
filgrastim	NDCProc	Procedure	ND		IP
J1442	HCPCS	Procedure	HC		ED
J1442	HCPCS	Procedure	HC	30	AV

Table 5a. Full Code Distribution of Neupogen in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastim	NDCDisp	Prescription	NA	29	NA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA	23	NA
J1442	HCPCS	Procedure	HC		IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA	21	NA
J1442	HCPCS	Procedure	HC		ED
filgrastim	NDCProc	Procedure	ND		ED
J1442	HCPCS	Procedure	HC		IS
J1442	HCPCS	Procedure	HC	21	AV
filgrastim	NDCDisp	Prescription	NA	20	NA
J1442	HCPCS	Procedure	HC		IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA	20	NA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA	16	NA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA	16	NA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA	16	NA
J1442	HCPCS	Procedure	HC		ED
filgrastim	NDCDisp	Prescription	NA	16	NA
filgrastim	NDCProc	Procedure	ND		IP
J1442	HCPCS	Procedure	HC		IPX
J1442	HCPCS	Procedure	HC	16	IP
filgrastim	NDCDisp	Prescription	NA	14	NA
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA	14	NA
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA	14	NA
J1442	HCPCS	Procedure	HC		ED
filgrastim	NDCProc	Procedure	ND		ED
filgrastim	NDCDisp	Prescription	NA	14	NA
filgrastim	NDCProc	Procedure	ND		AV

Table 5a. Full Code Distribution of Neupogen in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND	13	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	ED
filgrastim	NDCProc	Procedure	ND		ED
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	IPX
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	*****	AV
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	*****	AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	*****	AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	*****	IP
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	ED
filgrastim	NDCProc	Procedure	ND		ED
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	*****	IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	ED
filgrastim	NDCProc	Procedure	ND		ED
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	IP
filgrastim	NDCProc	Procedure	ND		IP

Table 5a. Full Code Distribution of Neupogen in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastim	NDCDisp	Prescription	NA	*****	NA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC		OA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA	*****	NA
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC		IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC		OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC		IP
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC		IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC		IS
filgrastim	NDCDisp	Prescription	NA	*****	NA
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC		OA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC		OA
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC		OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC		OA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		OA

Table 5a. Full Code Distribution of Neupogen in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	*****	IP
J1442	HCPCS	Procedure	HC		OA
J1442	HCPCS	Procedure	HC	*****	IS
J1442	HCPCS	Procedure	HC		ED
J1442	HCPCS	Procedure	HC	*****	OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		IP
filgrastim	NDCProc	Procedure	ND	*****	IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND	*****	AV
filgrastim	NDCProc	Procedure	ND		AV

Table 5a. Full Code Distribution of Neupogen in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV

Table 5a. Full Code Distribution of Neupogen in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA	*****	NA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA	*****	NA
filgrastim	NDCProc	Procedure	ND		IS

¹NDCDisp= NDC in the Dispensing Table

NDCProc= NDC in the Procedure Table

HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 5b. Full Code Distribution of Neupogen among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
J1442	HCPCS	Procedure	HC	65,869	AV
filgrastim	NDCDisp	Prescription	NA	13,658	NA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	9,065	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	8,467	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	6,807	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	4,733	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	4,512	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	3,138	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	2,491	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	1,507	AV
filgrastim	NDCProc	Procedure	ND		AV
J1442	HCPCS	Procedure	HC	1,095	OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	858	OA
filgrastim	NDCProc	Procedure	ND		OA
J1442	HCPCS	Procedure	HC	664	IP
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	443	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	308	AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	215	AV
filgrastim	NDCProc	Procedure	ND		AV
J1442	HCPCS	Procedure	HC	184	ED
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	179	OA
filgrastim	NDCProc	Procedure	ND		OA

Table 5b. Full Code Distribution of Neupogen among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	91	IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	85	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	62	AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	57	IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	55	AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	52	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND	50	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	50	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	50	IP
filgrastim	NDCProc	Procedure	ND		IP
J1442	HCPCS	Procedure	HC		AV
J1442	HCPCS	Procedure	HC	43	OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	43	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	40	AV
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	30	IP
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	30	IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND	29	AV
filgrastim	NDCProc	Procedure	ND		AV

Table 5b. Full Code Distribution of Neupogen among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	23	IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	21	ED
filgrastim	NDCProc	Procedure	ND		ED
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	20	IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	20	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	16	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	16	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	16	IP
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	14	AV
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	14	AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	14	ED
filgrastim	NDCProc	Procedure	ND		ED
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	14	AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	13	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		AV
J1442	HCPCS	Procedure	HC	12	IPX
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	ED
filgrastim	NDCProc	Procedure	ND		ED
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	*****	AV
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	*****	AV

Table 5b. Full Code Distribution of Neupogen among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA	*****	NA
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	IP
filgrastim	NDCProc	Procedure	ND		IP
J1442	HCPCS	Procedure	HC	*****	IS
filgrastim	NDCDisp	Prescription	NA	*****	NA
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC	*****	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC	*****	ED
filgrastim	NDCProc	Procedure	ND		ED
filgrastim	NDCDisp	Prescription	NA	*****	NA
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC	*****	ED
filgrastim	NDCProc	Procedure	ND		ED
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC	*****	IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA	*****	NA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC	*****	AV
J1442	HCPCS	Procedure	HC	*****	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA	*****	NA
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCProc	Procedure	ND		IP

Table 5b. Full Code Distribution of Neupogen among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	*****	AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	OA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA	*****	NA
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC	*****	ED
J1442	HCPCS	Procedure	HC	*****	ED
J1442	HCPCS	Procedure	HC	*****	AV
J1442	HCPCS	Procedure	HC	*****	OA
J1442	HCPCS	Procedure	HC	*****	ED

Table 5b. Full Code Distribution of Neupogen among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	OA
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	AV
J1442	HCPCS	Procedure	HC	*****	OA
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
J1442	HCPCS	Procedure	HC	*****	OA
J1442	HCPCS	Procedure	HC	*****	AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA		NA
filgrastim	NDCProc	Procedure	ND	*****	OA

Table 5b. Full Code Distribution of Neupogen among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastim	NDCDisp	Prescription	NA	*****	NA
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC		IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC		IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCProc	Procedure	ND		IP
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCProc	Procedure	ND		AV
filgrastim	NDCDisp	Prescription	NA	*****	NA
filgrastim	NDCProc	Procedure	ND		OA
filgrastim	NDCDisp	Prescription	NA	*****	NA
filgrastim	NDCProc	Procedure	ND		IS

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 5c. Full Code Distribution of Neupogen among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
J1442	HCPCS	Procedure	HC	516,569	AV
filgrastim	NDCDisp	Prescription	NA	60,559	NA
J1442	HCPCS	Procedure	HC	3,186	IS
J1442	HCPCS	Procedure	HC	2,540	IPX
J1442	HCPCS	Procedure	HC	2,434	ED
J1442	HCPCS	Procedure	HC	1,774	OA
filgrastim	NDCDisp	Prescription	NA	1,137	NA
J1442	HCPCS	Procedure	HC	284	AV
J1442	HCPCS	Procedure	HC	28	IP
J1442	HCPCS	Procedure	HC	28	ED
J1442	HCPCS	Procedure	HC	21	AV
J1442	HCPCS	Procedure	HC	21	IS
J1442	HCPCS	Procedure	HC	16	AV
J1442	HCPCS	Procedure	HC	16	IPX
J1442	HCPCS	Procedure	HC	16	IP
filgrastim	NDCDisp	Prescription	NA	14	NA
J1442	HCPCS	Procedure	HC	14	ED
J1442	HCPCS	Procedure	HC	13	OA
J1442	HCPCS	Procedure	HC	13	AV
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC	*****	IPX
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC	*****	IS
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC	*****	IP
J1442	HCPCS	Procedure	HC	*****	OA
J1442	HCPCS	Procedure	HC	*****	IS
filgrastim	NDCDisp	Prescription	NA	*****	NA
J1442	HCPCS	Procedure	HC	*****	OA

¹NDCDisp= NDC in the Dispensing Table

NDCProc= NDC in the Procedure Table

HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 6a. Full Code Distribution of Granix in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
J1447	HCPCS	Procedure	HCPCS	114,255	AV
J1446	HCPCS	Procedure	HCPCS	44,614	AV
tbofilgrastim	NDCDisp	NDC	N/A	4,213	NA
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	1,954	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
J1447	HCPCS	Procedure	HCPCS	1,758	ED
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	1,421	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
J1447	HCPCS	Procedure	HCPCS	1,372	IS
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	1,351	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	973	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
J1446	HCPCS	Procedure	HCPCS	643	ED
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	625	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
J1446	HCPCS	Procedure	HCPCS	540	IS
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	489	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
J1447	HCPCS	Procedure	HCPCS	445	IPX
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	383	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
J1447	HCPCS	Procedure	HCPCS	361	IP
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	352	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	309	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	239	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
J1447	HCPCS	Procedure	HCPCS	221	OA
J1446	HCPCS	Procedure	HCPCS	174	IPX
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	172	AV
J1446	HCPCS	Procedure	HCPCS	159	IP

Table 6a. Full Code Distribution of Granix in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	79	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
J1446	HCPCS	Procedure	HCPCS	55	OA
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1446	HCPCS	Procedure	HCPCS	49	AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	48	OA
tbofilgrastim	NDCProc	Procedure	ND		OA
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	45	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	37	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
tbofilgrastim	NDCProc	Procedure	ND	28	AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
tbofilgrastim	NDCProc	Procedure	ND	25	AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
tbofilgrastim	NDCProc	Procedure	ND	25	AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
tbofilgrastim	NDCProc	Procedure	ND	23	AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	18	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	18	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	12	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	12	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A		NA
tbofilgrastim	NDCProc	Procedure	ND	12	IP
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	11	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
tbofilgrastim	NDCProc	Procedure	ND	11	IP

Table 6a. Full Code Distribution of Granix in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
J1447	HCPCS	Procedure	HCPCS		ED
tbofilgrastim	NDCProc	Procedure	ND		ED
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
J1447	HCPCS	Procedure	HCPCS		IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
J1447	HCPCS	Procedure	HCPCS		IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
J1447	HCPCS	Procedure	HCPCS		IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		AV
J1446	HCPCS	Procedure	HCPCS	*****	ED
J1446	HCPCS	Procedure	HCPCS		AV
J1447	HCPCS	Procedure	HCPCS	*****	ED
J1447	HCPCS	Procedure	HCPCS		AV
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
J1447	HCPCS	Procedure	HCPCS		AV
tbofilgrastim	NDCProc	Procedure	ND		AV
J1447	HCPCS	Procedure	HCPCS	*****	AV
J1447	HCPCS	Procedure	HCPCS		IS
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
J1447	HCPCS	Procedure	HCPCS		AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
J1447	HCPCS	Procedure	HCPCS		AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCProc	Procedure	ND		AV
J1446	HCPCS	Procedure	HCPCS	*****	OA
J1446	HCPCS	Procedure	HCPCS		AV

Table 6a. Full Code Distribution of Granix in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A		NA
tbofilgrastim	NDCProc	Procedure	ND	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
J1447	HCPCS	Procedure	HCPCS	*****	OA
J1447	HCPCS	Procedure	HCPCS		AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	*****	ED
tbofilgrastim	NDCProc	Procedure	ND		ED
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	*****	ED
tbofilgrastim	NDCProc	Procedure	ND		ED
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	*****	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
J1446	HCPCS	Procedure	HCPCS	*****	IS
J1446	HCPCS	Procedure	HCPCS		AV
J1447	HCPCS	Procedure	HCPCS	*****	IPX
J1447	HCPCS	Procedure	HCPCS		IP
J1447	HCPCS	Procedure	HCPCS	*****	IS
J1446	HCPCS	Procedure	HCPCS		IS
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		IP
J1446	HCPCS	Procedure	HCPCS	*****	OA
J1446	HCPCS	Procedure	HCPCS		ED
J1447	HCPCS	Procedure	HCPCS	*****	IS
J1447	HCPCS	Procedure	HCPCS		ED
J1447	HCPCS	Procedure	HCPCS	*****	AV
J1446	HCPCS	Procedure	HCPCS		AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A		NA
tbofilgrastim	NDCProc	Procedure	ND	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP

Table 6a. Full Code Distribution of Granix in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A		NA
tbofilgrastim	NDCProc	Procedure	ND	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	*****	IS
tbofilgrastim	NDCProc	Procedure	ND		IS
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	*****	IPX
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	*****	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
J1447	HCPCS	Procedure	HCPCS		ED
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	*****	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
J1447	HCPCS	Procedure	HCPCS		OA
tbofilgrastim	NDCProc	Procedure	ND		OA
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
J1447	HCPCS	Procedure	HCPCS		OA
tbofilgrastim	NDCProc	Procedure	ND		OA
tbofilgrastim	NDCDisp	NDC	N/A		NA
tbofilgrastim	NDCProc	Procedure	ND	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	NDC	N/A	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		IS
tbofilgrastim	NDCDisp	NDC	N/A		NA
tbofilgrastim	NDCProc	Procedure	ND	*****	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP

Table 6a. Full Code Distribution of Granix in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
tbofilgrastim	NDCDisp	NDC	N/A		NA
J1447	HCPCS	Procedure	HCPCS	*****	ED
tbofilgrastim	NDCProc	Procedure	ND		ED

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 6b. Full Code Distribution of Granix among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
J1447	HCPCS	Procedure	HC	14,601	AV
J1446	HCPCS	Procedure	HC	7,145	AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	1,954	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	1,421	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	1,351	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA	1,082	NA
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	973	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	625	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	489	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	383	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	352	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	309	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
J1447	HCPCS	Procedure	HC	280	IP
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	239	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
J1447	HCPCS	Procedure	HC	134	ED
J1447	HCPCS	Procedure	HC	134	OA
J1446	HCPCS	Procedure	HC	131	IP
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	79	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	48	OA
tbofilgrastim	NDCProc	Procedure	ND		OA

Table 6b. Full Code Distribution of Granix among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	45	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
J1446	HCPCS	Procedure	HC	40	ED
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	37	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
tbofilgrastim	NDCProc	Procedure	ND	28	AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	25	AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
tbofilgrastim	NDCProc	Procedure	ND	25	AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	25	AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
tbofilgrastim	NDCProc	Procedure	ND	23	AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC		AV
tbofilgrastim	NDCProc	Procedure	ND	18	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	18	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
J1446	HCPCS	Procedure	HC	16	OA
J1447	HCPCS	Procedure	HC	14	IPX
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	12	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	12	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA		NA
tbofilgrastim	NDCProc	Procedure	ND	12	IP
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	11	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
tbofilgrastim	NDCProc	Procedure	ND	11	IP
tbofilgrastim	NDCDisp	Prescription	NA		NA
tbofilgrastim	NDCProc	Procedure	ND	*****	AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
tbofilgrastim	NDCProc	Procedure	ND	*****	IP

Table 6b. Full Code Distribution of Granix among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	*****	ED
tbofilgrastim	NDCProc	Procedure	ND		ED
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
tbofilgrastim	NDCProc	Procedure	ND	*****	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	*****	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
J1446	HCPCS	Procedure	HC		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	*****	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	*****	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA		NA
tbofilgrastim	NDCProc	Procedure	ND	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP

Table 6b. Full Code Distribution of Granix among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
J1447	HCPCS	Procedure	HC	*****	AV
J1447	HCPCS	Procedure	HC		OA
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
J1447	HCPCS	Procedure	HC		ED
tbofilgrastim	NDCProc	Procedure	ND		ED
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
J1447	HCPCS	Procedure	HC		IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
J1447	HCPCS	Procedure	HC		ED
tbofilgrastim	NDCProc	Procedure	ND		ED
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
J1447	HCPCS	Procedure	HC		AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		IP
J1446	HCPCS	Procedure	HC		IPX
J1446	HCPCS	Procedure	HC		IS
J1446	HCPCS	Procedure	HC		OA
J1446	HCPCS	Procedure	HC		ED
J1446	HCPCS	Procedure	HC		AV
J1446	HCPCS	Procedure	HC		OA
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
J1447	HCPCS	Procedure	HC		IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
J1447	HCPCS	Procedure	HC		IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
J1447	HCPCS	Procedure	HC		IS
tbofilgrastim	NDCProc	Procedure	ND		IS
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC		AV
tbofilgrastim	NDCProc	Procedure	ND		AV

Table 6b. Full Code Distribution of Granix among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
J1447	HCPCS	Procedure	HC		ED
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	*****	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	*****	OA
tbofilgrastim	NDCProc	Procedure	ND		OA
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	*****	OA
tbofilgrastim	NDCProc	Procedure	ND		OA
tbofilgrastim	NDCDisp	Prescription	NA		NA
tbofilgrastim	NDCProc	Procedure	ND	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA		NA
tbofilgrastim	NDCProc	Procedure	ND	*****	IS
tbofilgrastim	NDCDisp	Prescription	NA		NA
tbofilgrastim	NDCProc	Procedure	ND	*****	AV
tbofilgrastim	NDCProc	Procedure	ND		AV
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	*****	IP
tbofilgrastim	NDCProc	Procedure	ND		IP
tbofilgrastim	NDCDisp	Prescription	NA		NA
J1447	HCPCS	Procedure	HC	*****	ED
tbofilgrastim	NDCProc	Procedure	ND		ED

¹NDCDisp= NDC in the Dispensing Table
NDCProc= NDC in the Procedure Table
HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 6c. Full Code Distribution of Granix among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
J1447	HCPCS	Procedure	HC	99,654	AV
J1446	HCPCS	Procedure	HC	37,469	AV
tbofilgrastim	NDCDisp	Prescription	NA	3,131	NA
J1447	HCPCS	Procedure	HC	1,624	ED
J1447	HCPCS	Procedure	HC	1,372	IS
J1446	HCPCS	Procedure	HC	603	ED
J1446	HCPCS	Procedure	HC	538	IS
J1447	HCPCS	Procedure	HC	431	IPX
J1446	HCPCS	Procedure	HC	172	IPX
tbofilgrastim	NDCDisp	Prescription	NA	147	NA
J1447	HCPCS	Procedure	HC	87	AV
J1447	HCPCS	Procedure	HC	81	OA
J1447	HCPCS	Procedure	HC	81	IP
tbofilgrastim	NDCDisp	Prescription	NA	43	NA
J1446	HCPCS	Procedure	HC	43	AV
J1446	HCPCS	Procedure	HC	39	OA
J1446	HCPCS	Procedure	HC	28	IP
J1446	HCPCS	Procedure	HC	*****	ED
J1446	HCPCS	Procedure	HC	*****	AV
J1447	HCPCS	Procedure	HC	*****	ED
J1447	HCPCS	Procedure	HC	*****	AV
J1447	HCPCS	Procedure	HC	*****	IS
J1447	HCPCS	Procedure	HC	*****	AV
J1446	HCPCS	Procedure	HC	*****	OA
J1446	HCPCS	Procedure	HC	*****	AV
J1446	HCPCS	Procedure	HC	*****	IS
J1446	HCPCS	Procedure	HC	*****	AV
J1447	HCPCS	Procedure	HC	*****	IP
J1447	HCPCS	Procedure	HC	*****	IPX
J1447	HCPCS	Procedure	HC	*****	IS
J1446	HCPCS	Procedure	HC	*****	IS
J1447	HCPCS	Procedure	HC	*****	IS
J1447	HCPCS	Procedure	HC	*****	ED
J1447	HCPCS	Procedure	HC	*****	AV
J1446	HCPCS	Procedure	HC	*****	AV
tbofilgrastim	NDCDisp	Prescription	NA	*****	NA
J1447	HCPCS	Procedure	HC	*****	IPX

¹NDCDisp= NDC in the Dispensing Table
NDCProc= NDC in the Procedure Table
HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 7a. Full Code Distribution of Zarxio in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
Q5101	HCPCS	Procedure	HC	230,784	AV
filgrastimsndz	NDCDisp	Prescription	NA	34,736	NA
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	6,541	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	3,646	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	2,737	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	1,619	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
Q5101	HCPCS	Procedure	HC	1,063	IS
Q5101	HCPCS	Procedure	HC	849	IPX
Q5101	HCPCS	Procedure	HC	648	ED
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	276	AV
Q5101	HCPCS	Procedure	HC	249	IP
Q5101	HCPCS	Procedure	HC	77	OA
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	50	IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA		NA
filgrastimsndz	NDCProc	Procedure	ND	48	AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
filgrastimsndz	NDCProc	Procedure	ND	42	AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC		AV
filgrastimsndz	NDCProc	Procedure	ND	37	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
filgrastimsndz	NDCProc	Procedure	ND	36	AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	29	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	28	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	25	AV
filgrastimsndz	NDCProc	Procedure	ND		AV

Table 7a. Full Code Distribution of Zarxio in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	23	IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	17	IP
filgrastimsndz	NDCProc	Procedure	ND		IP
Q5101	HCPCS	Procedure	HC	16	ED
Q5101	HCPCS	Procedure	HC		AV
Q5101	HCPCS	Procedure	HC	11	OA
Q5101	HCPCS	Procedure	HC		ED
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
filgrastimsndz	NDCProc	Procedure	ND		IP
Q5101	HCPCS	Procedure	HC	*****	OA
Q5101	HCPCS	Procedure	HC		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	OA
filgrastimsndz	NDCProc	Procedure	ND		OA
Q5101	HCPCS	Procedure	HC	*****	IS
Q5101	HCPCS	Procedure	HC		AV
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	OA
filgrastimsndz	NDCProc	Procedure	ND		OA
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	ED
filgrastimsndz	NDCProc	Procedure	ND		ED
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	ED
filgrastimsndz	NDCProc	Procedure	ND		ED

Table 7a. Full Code Distribution of Zarxio in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
Q5101	HCPCS	Procedure	HC		IS
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
Q5101	HCPCS	Procedure	HC		OA
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
Q5101	HCPCS	Procedure	HC		OA
filgrastimsndz	NDCProc	Procedure	ND		OA
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
Q5101	HCPCS	Procedure	HC		IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
Q5101	HCPCS	Procedure	HC		AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCProc	Procedure	ND		OA
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
Q5101	HCPCS	Procedure	HC		IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
Q5101	HCPCS	Procedure	HC		IS
filgrastimsndz	NDCProc	Procedure	ND		IS
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
Q5101	HCPCS	Procedure	HC		ED
filgrastimsndz	NDCProc	Procedure	ND		ED
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
Q5101	HCPCS	Procedure	HC		AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
Q5101	HCPCS	Procedure	HC		AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
Q5101	HCPCS	Procedure	HC		ED

¹NDCDisp= NDC in the Dispensing Table

NDCProc= NDC in the Procedure Table

HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 7b. Full Code Distribution of Zarxio among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
Q5101	HCPCS	Procedure	HC	20,706	AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	6,541	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	3,646	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	2,737	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	1,619	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA	1,420	NA
Q5101	HCPCS	Procedure	HC	144	IP
Q5101	HCPCS	Procedure	HC	55	ED
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	50	IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA		NA
filgrastimsndz	NDCProc	Procedure	ND	48	AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
filgrastimsndz	NDCProc	Procedure	ND	42	AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC		AV
filgrastimsndz	NDCProc	Procedure	ND	37	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
filgrastimsndz	NDCProc	Procedure	ND	36	AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	29	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	28	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	26	AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	25	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
Q5101	HCPCS	Procedure	HC	23	OA
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	23	IP
filgrastimsndz	NDCProc	Procedure	ND		IP

Table 7b. Full Code Distribution of Zarxio among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	17	IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	OA
filgrastimsndz	NDCProc	Procedure	ND		OA
Q5101	HCPCS	Procedure	HC	*****	IPX
Q5101	HCPCS	Procedure	HC	*****	AV
Q5101	HCPCS	Procedure	HC		OA
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
filgrastimsndz	NDCProc	Procedure	ND		IP
Q5101	HCPCS	Procedure	HC	*****	IS
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	OA
filgrastimsndz	NDCProc	Procedure	ND		OA
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	ED
filgrastimsndz	NDCProc	Procedure	ND		ED
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	ED
filgrastimsndz	NDCProc	Procedure	ND		ED
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	OA
filgrastimsndz	NDCProc	Procedure	ND		OA
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
filgrastimsndz	NDCProc	Procedure	ND		IP

Table 7b. Full Code Distribution of Zarxio among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCProc	Procedure	ND		OA
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCProc	Procedure	ND		IP
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	IS
filgrastimsndz	NDCProc	Procedure	ND		IS
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	ED
filgrastimsndz	NDCProc	Procedure	ND		ED
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
Q5101	HCPCS	Procedure	HC	*****	AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCProc	Procedure	ND		AV
filgrastimsndz	NDCDisp	Prescription	NA		NA
filgrastimsndz	NDCProc	Procedure	ND	*****	IP

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 7c. Full Code Distribution of Zarxio among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
Q5101	HCPCS	Procedure	HC	210,078	AV
filgrastimsndz	NDCDisp	Prescription	NA	33,316	NA
Q5101	HCPCS	Procedure	HC	1,060	IS
Q5101	HCPCS	Procedure	HC	844	IPX
Q5101	HCPCS	Procedure	HC	593	ED
filgrastimsndz	NDCDisp	Prescription	NA	250	NA
Q5101	HCPCS	Procedure	HC	105	AV
Q5101	HCPCS	Procedure	HC	54	IP
Q5101	HCPCS	Procedure	HC	16	OA
Q5101	HCPCS	Procedure	HC	11	ED
Q5101	HCPCS	Procedure	HC	11	IS
Q5101	HCPCS	Procedure	HC	11	ED
Q5101	HCPCS	Procedure	HC	*****	IS
Q5101	HCPCS	Procedure	HC	*****	AV
Q5101	HCPCS	Procedure	HC	*****	OA
Q5101	HCPCS	Procedure	HC	*****	AV
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
Q5101	HCPCS	Procedure	HC	*****	IS
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
Q5101	HCPCS	Procedure	HC	*****	OA
filgrastimsndz	NDCDisp	Prescription	NA	*****	NA
Q5101	HCPCS	Procedure	HC	*****	ED

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 8a. Full Code Distribution of Nivestym in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
-	-	-	-	0	-

¹NCDISP= NDC in the Dispensing Table
 NDCPROC= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

Data presented by a dash represent missing information. This table may not use all data representations.

Table 8b. Full Code Distribution of Nivestym among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
-	-	-	-	0	-

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

Data presented by a dash represent missing information. This table may not use all data representations.

Table 8c. Full Code Distribution of Nivestym among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
-	-	-	-	0	-

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

Data presented by a dash represent missing information. This table may not use all data representations.

Table 9a. Full Code Distribution of Neulasta in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
J2505	HCPCS	Procedure	HC	1,091,707	AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	57,647	AV
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA	44,793	NA
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	40,100	AV
pegfilgrastim	NDCProc	Procedure	ND		AV
J2505	HCPCS	Procedure	HC	20,468	IS
J2505	HCPCS	Procedure	HC	4,716	IPX
J2505	HCPCS	Procedure	HC	1,873	ED
J2505	HCPCS	Procedure	HC	980	IP
J2505	HCPCS	Procedure	HC	717	OA
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	525	AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	395	AV
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
pegfilgrastim	NDCProc	Procedure	ND	351	AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	301	IP
pegfilgrastim	NDCProc	Procedure	ND		IP
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	238	OA
pegfilgrastim	NDCProc	Procedure	ND		OA
pegfilgrastim	NDCDisp	Prescription	NA		NA
pegfilgrastim	NDCProc	Procedure	ND	166	AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	134	IP
pegfilgrastim	NDCProc	Procedure	ND		IP
J2505	HCPCS	Procedure	HC	49	OA
J2505	HCPCS	Procedure	HC		AV
J2505	HCPCS	Procedure	HC	25	IS
J2505	HCPCS	Procedure	HC		AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
pegfilgrastim	NDCProc	Procedure	ND	13	AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC		AV
pegfilgrastim	NDCProc	Procedure	ND	*****	AV
pegfilgrastim	NDCProc	Procedure	ND		AV

Table 9a. Full Code Distribution of Neulasta in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	OA
J2505	HCPCS	Procedure	HC		AV
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	ED
pegfilgrastim	NDCProc	Procedure	ND		ED
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	AV
J2505	HCPCS	Procedure	HC		OA
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA	*****	NA
pegfilgrastim	NDCProc	Procedure	ND		IP
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	AV
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA	*****	NA
J2505	HCPCS	Procedure	HC		IS
pegfilgrastim	NDCProc	Procedure	ND		IS
pegfilgrastim	NDCDisp	Prescription	NA	*****	NA
J2505	HCPCS	Procedure	HC		IPX
pegfilgrastim	NDCDisp	Prescription	NA	*****	NA
J2505	HCPCS	Procedure	HC		IPX
pegfilgrastim	NDCProc	Procedure	ND		IPX
pegfilgrastim	NDCDisp	Prescription	NA	*****	NA
J2505	HCPCS	Procedure	HC		IPX
pegfilgrastim	NDCProc	Procedure	ND		IPX
pegfilgrastim	NDCDisp	Prescription	NA	*****	NA
pegfilgrastim	NDCProc	Procedure	ND		IP
pegfilgrastim	NDCDisp	Prescription	NA	*****	NA
J2505	HCPCS	Procedure	HC		IS
pegfilgrastim	NDCProc	Procedure	ND		IS
pegfilgrastim	NDCDisp	Prescription	NA	*****	NA
J2505	HCPCS	Procedure	HC		ED
pegfilgrastim	NDCProc	Procedure	ND		ED
J2505	HCPCS	Procedure	HC	*****	ED
J2505	HCPCS	Procedure	HC		AV
pegfilgrastim	NDCDisp	Prescription	NA	*****	NA
J2505	HCPCS	Procedure	HC		OA
J2505	HCPCS	Procedure	HC		AV
pegfilgrastim	NDCProc	Procedure	ND		OA

Table 9a. Full Code Distribution of Neulasta in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	OA
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	OA
pegfilgrastim	NDCProc	Procedure	ND		OA
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	IP
pegfilgrastim	NDCProc	Procedure	ND		IP
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	AV
pegfilgrastim	NDCProc	Procedure	ND		ED
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	IP

¹NDCDisp= NDC in the Dispensing Table

NDCProc= NDC in the Procedure Table

HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 9b. Full Code Distribution of Neulasta among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
J2505	HCPCS	Procedure	HC	141,677	AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	57,647	AV
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	40,100	AV
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA	12,430	NA
J2505	HCPCS	Procedure	HC	706	IP
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	395	AV
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA	351	NA
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	301	IP
pegfilgrastim	NDCProc	Procedure	ND		IP
J2505	HCPCS	Procedure	HC	264	OA
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	238	OA
pegfilgrastim	NDCProc	Procedure	ND		OA
pegfilgrastim	NDCDisp	Prescription	NA	166	NA
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	134	IP
pegfilgrastim	NDCProc	Procedure	ND		IP
J2505	HCPCS	Procedure	HC	74	ED
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	59	AV
J2505	HCPCS	Procedure	HC	35	IPX
J2505	HCPCS	Procedure	HC	*****	AV
J2505	HCPCS	Procedure	HC	*****	OA
J2505	HCPCS	Procedure	HC	25	IS
pegfilgrastim	NDCDisp	Prescription	NA	13	NA
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	AV
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	AV
J2505	HCPCS	Procedure	HC	*****	OA
pegfilgrastim	NDCProc	Procedure	ND		AV

Table 9b. Full Code Distribution of Neulasta among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	ED
pegfilgrastim	NDCProc	Procedure	ND		ED
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	AV
J2505	HCPCS	Procedure	HC		OA
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
pegfilgrastim	NDCProc	Procedure	ND	*****	IP
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	AV
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	IS
pegfilgrastim	NDCProc	Procedure	ND		IS
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	IPX
pegfilgrastim	NDCProc	Procedure	ND		IPX
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	IPX
pegfilgrastim	NDCProc	Procedure	ND		IPX
pegfilgrastim	NDCDisp	Prescription	NA		NA
pegfilgrastim	NDCProc	Procedure	ND	*****	IP
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	IS
pegfilgrastim	NDCProc	Procedure	ND		IS
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	ED
pegfilgrastim	NDCProc	Procedure	ND		ED
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	OA
J2505	HCPCS	Procedure	HC		AV
pegfilgrastim	NDCProc	Procedure	ND		OA
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	OA
pegfilgrastim	NDCProc	Procedure	ND		AV
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	OA
pegfilgrastim	NDCProc	Procedure	ND		OA
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	IP
pegfilgrastim	NDCProc	Procedure	ND		IP

Table 9b. Full Code Distribution of Neulasta among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
pegfilgrastim	NDCDisp	Prescription	NA		NA
J2505	HCPCS	Procedure	HC	*****	AV
pegfilgrastim	NDCProc	Procedure	ND		ED
J2505	HCPCS	Procedure	HC	*****	ED
J2505	HCPCS	Procedure	HC	*****	AV

¹NDCDisp= NDC in the Dispensing Table

NDCProc= NDC in the Procedure Table

HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 9c. Full Code Distribution of Neulasta among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
J2505	HCPCS	Procedure	HC	950,030	AV
pegfilgrastim	NDCDisp	Prescription	NA	32,363	NA
J2505	HCPCS	Procedure	HC	20,443	IS
J2505	HCPCS	Procedure	HC	4,681	IPX
J2505	HCPCS	Procedure	HC	1,799	ED
pegfilgrastim	NDCDisp	Prescription	NA	466	NA
J2505	HCPCS	Procedure	HC	453	AV
J2505	HCPCS	Procedure	HC	274	OA
J2505	HCPCS	Procedure	HC	25	IP
J2505	HCPCS	Procedure	HC		IS
J2505	HCPCS	Procedure	HC		AV
J2505	HCPCS	Procedure	HC	*****	OA
J2505	HCPCS	Procedure	HC		AV
pegfilgrastim	NDCDisp	Prescription	NA	*****	NA
J2505	HCPCS	Procedure	HC		IPX
pegfilgrastim	NDCDisp	Prescription	NA	*****	NA
J2505	HCPCS	Procedure	HC		IP
J2505	HCPCS	Procedure	HC	*****	ED
J2505	HCPCS	Procedure	HC		AV

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 10a. Full Code Distribution of Fulphila in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
-	-	-	-	0	-

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

Data presented by a dash represent missing information. This table may not use all data representations.

Table 10b. Full Code Distribution of Fulphila among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
-	-	-	-	0	-

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

Data presented by a dash represent missing information. This table may not use all data representations.

Table 10c. Full Code Distribution of Fulphila among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
-	-	-	-	0	-

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

Data presented by a dash represent missing information. This table may not use all data representations.

Table 11a. Full Code Distribution of Remicade in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
J1745	HCPCS	Procedure	HC	1,291,921	AV
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC	151,040	AV
infliximab	NDCProc	Procedure	ND		AV
infliximab	NDCDisp	Prescription	NA	59,406	NA
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC	16,053	OA
infliximab	NDCProc	Procedure	ND		OA
J1745	HCPCS	Procedure	HC	13,771	OA
J1745	HCPCS	Procedure	HC	1,218	IS
J1745	HCPCS	Procedure	HC	1,023	ED
infliximab	NDCDisp	Prescription	NA		NA
infliximab	NDCProc	Procedure	ND	734	AV
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC	457	AV
J1745	HCPCS	Procedure	HC	362	IPX
J1745	HCPCS	Procedure	HC		AV
J1745	HCPCS	Procedure	HC	253	OA
J1745	HCPCS	Procedure	HC	203	IP
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC	79	IP
infliximab	NDCProc	Procedure	ND		IP
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC		OA
J1745	HCPCS	Procedure	HC	31	AV
infliximab	NDCProc	Procedure	ND		AV
infliximab	NDCProc	Procedure	ND		OA
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC		OA
J1745	HCPCS	Procedure	HC	26	AV
infliximab	NDCProc	Procedure	ND		OA
infliximab	NDCDisp	Prescription	NA		NA
infliximab	NDCProc	Procedure	ND	25	IP
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC		OA
J1745	HCPCS	Procedure	HC	16	AV
infliximab	NDCProc	Procedure	ND		AV
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC	11	IS
infliximab	NDCProc	Procedure	ND		IS
J1745	HCPCS	Procedure	HC		ED
J1745	HCPCS	Procedure	HC	11	AV

Table 11a. Full Code Distribution of Remicade in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC	*****	ED
infliximab	NDCProc	Procedure	ND		ED
infliximab	NDCDisp	Prescription	NA	*****	NA
infliximab	NDCProc	Procedure	ND		OA
J1745	HCPCS	Procedure	HC	*****	IS
J1745	HCPCS	Procedure	HC	*****	AV
infliximab	NDCDisp	Prescription	NA	*****	NA
J1745	HCPCS	Procedure	HC	*****	OA
infliximab	NDCDisp	Prescription	NA	*****	NA
J1745	HCPCS	Procedure	HC	*****	IPX
infliximab	NDCProc	Procedure	ND		IPX
infliximab	NDCDisp	Prescription	NA	*****	NA
infliximab	NDCProc	Procedure	ND		ED

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

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Table 11b. Full Code Distribution of Remicade among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
J1745	HCPCS	Procedure	HC	164,705	AV
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC	151,040	AV
infliximab	NDCProc	Procedure	ND		AV
infliximab	NDCDisp	Prescription	NA	21,929	NA
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC	16,053	OA
infliximab	NDCProc	Procedure	ND		OA
J1745	HCPCS	Procedure	HC	6,181	OA
infliximab	NDCDisp	Prescription	NA		NA
infliximab	NDCProc	Procedure	ND	734	AV
J1745	HCPCS	Procedure	HC	155	IP
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC	79	IP
infliximab	NDCProc	Procedure	ND		IP
J1745	HCPCS	Procedure	HC	49	ED
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC		OA
J1745	HCPCS	Procedure	HC	31	AV
infliximab	NDCProc	Procedure	ND		AV
infliximab	NDCProc	Procedure	ND		OA
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC	29	AV
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC		OA
J1745	HCPCS	Procedure	HC	26	AV
infliximab	NDCProc	Procedure	ND		OA
infliximab	NDCDisp	Prescription	NA		NA
infliximab	NDCProc	Procedure	ND	25	IP
J1745	HCPCS	Procedure	HC		AV
J1745	HCPCS	Procedure	HC	22	OA
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC		OA
J1745	HCPCS	Procedure	HC	16	AV
infliximab	NDCProc	Procedure	ND		AV
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC	11	IS
infliximab	NDCProc	Procedure	ND		IS
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC	*****	ED
infliximab	NDCProc	Procedure	ND		ED
infliximab	NDCDisp	Prescription	NA	*****	NA
infliximab	NDCProc	Procedure	ND		OA
J1745	HCPCS	Procedure	HC	*****	IPX

Table 11b. Full Code Distribution of Remicade among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
J1745	HCPCS	Procedure	HC	*****	IS
infliximab	NDCDisp	Prescription	NA		NA
J1745	HCPCS	Procedure	HC	*****	IPX
infliximab	NDCProc	Procedure	ND		IPX
infliximab	NDCDisp	Prescription	NA	*****	NA
J1745	HCPCS	Procedure	HC		OA
infliximab	NDCDisp	Prescription	NA	*****	NA
infliximab	NDCProc	Procedure	ND		ED
J1745	HCPCS	Procedure	HC	*****	ED
J1745	HCPCS	Procedure	HC		AV

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 11c. Full Code Distribution of Remicade among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
J1745	HCPCS	Procedure	HC	1,127,216	AV
infliximab	NDCDisp	Prescription	NA	37,477	NA
J1745	HCPCS	Procedure	HC	7,590	OA
J1745	HCPCS	Procedure	HC	1,210	IS
J1745	HCPCS	Procedure	HC	974	ED
infliximab	NDCDisp	Prescription	NA	428	NA
J1745	HCPCS	Procedure	HC	354	AV
J1745	HCPCS	Procedure	HC	231	IPX
J1745	HCPCS	Procedure	HC	48	OA
J1745	HCPCS	Procedure	HC	231	AV
J1745	HCPCS	Procedure	HC	48	IP
J1745	HCPCS	Procedure	HC	*****	IS
J1745	HCPCS	Procedure	HC	*****	AV
J1745	HCPCS	Procedure	HC	*****	AV
J1745	HCPCS	Procedure	HC	*****	ED
infliximab	NDCDisp	Prescription	NA	*****	NA
J1745	HCPCS	Procedure	HC	*****	OA

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 12a. Full Code Distribution of Inflectra in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
Q5102	HCPCS	Procedure	HC	15,904	AV
infliximabdyyb	NDCDisp	Prescription	NA	1,181	NA
Q5103	HCPCS	Procedure	HC	893	AV
infliximabdyyb	NDCDisp	Prescription	NA		NA
Q5102	HCPCS	Procedure	HC	603	AV
infliximabdyyb	NDCProc	Procedure	ND		AV
infliximabdyyb	NDCDisp	Prescription	NA		NA
Q5103	HCPCS	Procedure	HC	531	AV
infliximabdyyb	NDCDisp	Prescription	NA		NA
Q5102	HCPCS	Procedure	HC	495	AV
infliximabdyyb	NDCDisp	Prescription	NA		NA
Q5103	HCPCS	Procedure	HC	198	AV
infliximabdyyb	NDCProc	Procedure	ND		AV
Q5102	HCPCS	Procedure	HC	17	ED
Q5102	HCPCS	Procedure	HC	*****	OA
infliximabdyyb	NDCDisp	Prescription	NA	*****	NA
infliximabdyyb	NDCProc	Procedure	ND		AV
Q5102	HCPCS	Procedure	HC	*****	IS
infliximabdyyb	NDCDisp	Prescription	NA	*****	NA
infliximabdyyb	NDCProc	Procedure	ND		OA
Q5103	HCPCS	Procedure	HC	*****	OA
Q5102	HCPCS	Procedure	HC	*****	ED
Q5102	HCPCS	Procedure	HC	*****	AV
infliximabdyyb	NDCDisp	Prescription	NA		NA
Q5102	HCPCS	Procedure	HC	*****	OA
infliximabdyyb	NDCProc	Procedure	ND		OA
infliximabdyyb	NDCDisp	Prescription	NA		NA
Q5103	HCPCS	Procedure	HC	*****	OA
infliximabdyyb	NDCProc	Procedure	ND		OA
Q5102	HCPCS	Procedure	HC	*****	IPX
Q5103	HCPCS	Procedure	HC	*****	IP
Q5103	HCPCS	Procedure	HC	*****	IS
Q5103	HCPCS	Procedure	HC	*****	ED
Q5103	HCPCS	Procedure	HC	*****	AV
Q5103	HCPCS	Procedure	HC	*****	ED
Q5103	HCPCS	Procedure	HC	*****	AV
Q5102	HCPCS	Procedure	HC	*****	AV

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

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Table 12b. Full Code Distribution of Inflectra among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
Q5102	HCPCS	Procedure	HC	859	AV
infliximabdyyb	NDCDisp	Prescription	NA		NA
Q5102	HCPCS	Procedure	HC	603	AV
infliximabdyyb	NDCProc	Procedure	ND		AV
Q5103	HCPCS	Procedure	HC	244	AV
infliximabdyyb	NDCDisp	Prescription	NA		NA
Q5103	HCPCS	Procedure	HC	198	AV
infliximabdyyb	NDCProc	Procedure	ND		AV
infliximabdyyb	NDCDisp	Prescription	NA	15	NA
infliximabdyyb	NDCDisp	Prescription	NA	*****	NA
00069080901	NDCProc	Procedure	ND		AV
infliximabdyyb	NDCDisp	Prescription	NA	*****	NA
infliximabdyyb	NDCProc	Procedure	ND		OA
Q5102	HCPCS	Procedure	HC	*****	OA
infliximabdyyb	NDCDisp	Prescription	NA		NA
Q5102	HCPCS	Procedure	HC	*****	OA
infliximabdyyb	NDCProc	Procedure	ND		OA
infliximabdyyb	NDCDisp	Prescription	NA		NA
Q5103	HCPCS	Procedure	HC	*****	OA
infliximabdyyb	NDCProc	Procedure	ND		OA
Q5103	HCPCS	Procedure	HC	*****	OA
Q5103	HCPCS	Procedure	HC	*****	IP

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

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Table 12c. Full Code Distribution of Inflectra among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
Q5102	HCPCS	Procedure	HC	15,045	AV
infliximabdyyb	NDCDisp	Prescription	NA	1,166	NA
Q5103	HCPCS	Procedure	HC	649	AV
infliximabdyyb	NDCDisp	Prescription	NA	531	NA
Q5103	HCPCS	Procedure	HC		AV
infliximabdyyb	NDCDisp	Prescription	NA	495	NA
Q5102	HCPCS	Procedure	HC		AV
Q5102	HCPCS	Procedure	HC	17	ED
Q5102	HCPCS	Procedure	HC	*****	IS
Q5102	HCPCS	Procedure	HC	*****	OA
Q5102	HCPCS	Procedure	HC	*****	ED
Q5102	HCPCS	Procedure	HC	*****	AV
Q5102	HCPCS	Procedure	HC	*****	IPX
Q5103	HCPCS	Procedure	HC	*****	OA
Q5103	HCPCS	Procedure	HC	*****	IS
Q5103	HCPCS	Procedure	HC	*****	ED
Q5103	HCPCS	Procedure	HC	*****	AV
Q5103	HCPCS	Procedure	HC	*****	AV
Q5102	HCPCS	Procedure	HC	*****	AV

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 13a. Full Code Distribution of Renflexis in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
Q5102	HCPCS	Procedure	HC	17,003	AV
Q5104	HCPCS	Procedure	HC	52	AV
Q5102	HCPCS	Procedure	HC	17	ED
Q5102	HCPCS	Procedure	HC	11	OA
Q5102	HCPCS	Procedure	HC	*****	IS
infliximababda	NDCDisp	Prescription	NA		NA
Q5104	HCPCS	Procedure	HC	*****	AV
infliximababda	NDCProc	Procedure	ND		AV
Q5102	HCPCS	Procedure	HC	*****	ED
Q5102	HCPCS	Procedure	HC	*****	AV
Q5102	HCPCS	Procedure	HC	*****	IPX
infliximababda	NDCDisp	Prescription	NA	*****	NA
Q5104	HCPCS	Procedure	HC	*****	IP

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 13b. Full Code Distribution of Renflexis among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
Q5102	HCPCS	Procedure	HC	1,462	AV
Q5104	HCPCS	Procedure	HC	14	AV
Q5102	HCPCS	Procedure	HC	*****	OA
infliximababda	NDCDisp	Prescription	NA		NA
Q5104	HCPCS	Procedure	HC	*****	AV
infliximababda	NDCProc	Procedure	ND		AV
Q5104	HCPCS	Procedure	HC	*****	IP

¹NDCDisp= NDC in the Dispensing Table

NDCProc= NDC in the Procedure Table

HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 13c. Full Code Distribution of Renflexis among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
Q5102	HCPCS	Procedure	HC	15,541	AV
Q5104	HCPCS	Procedure	HC	38	AV
Q5102	HCPCS	Procedure	HC	17	ED
Q5102	HCPCS	Procedure	HC	*****	IS
Q5102	HCPCS	Procedure	HC	*****	OA
Q5102	HCPCS	Procedure	HC	*****	ED
Q5102	HCPCS	Procedure	HC	*****	AV
Q5102	HCPCS	Procedure	HC	*****	IPX
infiximababda	NDCDisp	Prescription	NA	*****	NA

¹NDCDisp= NDC in the Dispensing Table

NDCProc= NDC in the Procedure Table

HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 14a. Full Code Distribution of Infliximab Biosimilar in the Sentinel Distributed Database (SDD) between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
Q5102	HCPCS	Procedure	HC	17,003	AV
Q5102	HCPCS	Procedure	HC	17	ED
Q5102	HCPCS	Procedure	HC	11	OA
Q5102	HCPCS	Procedure	HC	*****	IS
Q5102	HCPCS	Procedure	HC	*****	ED
Q5102	HCPCS	Procedure	HC	*****	AV
Q5102	HCPCS	Procedure	HC	*****	IPX

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 14b. Full Code Distribution of Infliximab Biosimilar among Data Partners with National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
Q5102	HCPCS	Procedure	HC	*****	AV
Q5102	HCPCS	Procedure	HC	*****	OA

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Table 14c. Full Code Distribution of Infliximab Biosimilar among Data Partners without National Drug Codes (NDCs) in the Procedure Table between January 1, 2015 and August 31, 2018

Code	Code Description ¹	Code Category	Code Type	Overall Counts	Encounter Care Setting ²
Q5102	HCPCS	Procedure	HC	15,541	AV
Q5102	HCPCS	Procedure	HC	17	ED
Q5102	HCPCS	Procedure	HC	*****	IS
Q5102	HCPCS	Procedure	HC	*****	OA
Q5102	HCPCS	Procedure	HC	*****	ED
Q5102	HCPCS	Procedure	HC	*****	AV
Q5102	HCPCS	Procedure	HC	*****	IPX

¹NDCDisp= NDC in the Dispensing Table
 NDCProc= NDC in the Procedure Table
 HCPCS= HCPCS in the Procedure Table

²Encounter Care Settings Include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA).

*****Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

Appendix A. Dates of Available Data for Each Data Partner (DP) as of Request Distribution Date (March 15, 2019)

DP ID	Start Date¹	End Date¹
DP01	1/1/2000	3/31/2016
DP02	6/1/2007	4/30/2018
DP03	1/1/2000	12/31/2017
DP04	1/1/2008	6/30/2018
DP05	1/1/2006	5/31/2018
DP06	1/1/2000	12/31/2017
DP07	1/1/2008	9/30/2017
DP08	1/1/2010	3/31/2018
DP09	1/1/2000	3/31/2018
DP10	1/1/2000	4/30/2018
DP11	1/1/2000	3/31/2018
DP12	1/1/2000	7/31/2017
DP13	1/1/2005	9/30/2017
DP14	1/1/2004	8/31/2018
DP15	1/1/2000	6/30/2018
DP16	1/1/2000	6/30/2018
DP17	1/1/2012	6/30/2017

¹The start and end dates are based on the minimum and maximum dates within each DP. The month with the maximum date must have at least 80% of the number of records in the previous month.

Appendix B. List of Non-Proprietary and Brand Names of Medical Products Used to Define Exposures in this Request

Non-Proprietary Name	Brand Name
Filgrastim	
filgrastim	Neupogen
tbo-filgrastim	Granix
filgrastim-sndz	Zarxio
filgrastim-aafi	Nivestym
Pegfilgrastim	
pegfilgrastim	Neulasta
pegfilgrastim-jmdb	Fulphila
Infliximab	
infliximab	Remicade
infliximab-dyyb	Inflectra
infliximab-abda	Renflexis

Appendix C. List of Healthcare Common Procedure Coding System (HCPCS) Used to Define Exposures in this Request

Code	Description	Code Type	Code Category
Filgrastim: Neupogen			
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	HCPCS	Procedure
Filgrastim: Granix			
J1446	Injection, tbo-filgrastim, 5 mcg	HCPCS	Procedure
J1447	Injection, tbo-filgrastim, 1 mcg	HCPCS	Procedure
Filgrastim: Zarxio			
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	HCPCS	Procedure
Filgrastim: Nivestym			
Q5110	Injection, filgrastim-aafi, biosimilar, 1 mcg	HCPCS	Nivestym
Pegfilgrastim: Neulasta			
J2505	Injection, pegfilgrastim, 6 mg	HCPCS	Neulasta
Pegfilgrastim: Fulphila			
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, 0.5 mg	HCPCS	Fulphila
Infliximab: Remicade			
J1745	Injection, infliximab, excludes biosimilar, 10 mg	HCPCS	Procedure
Infliximab: Inflectra/Renflexis			
Q5102	Injection, infliximab, biosimilar, 10 mg	HCPCS	Procedure
Infliximab: Inflectra			
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	HCPCS	Procedure
Infliximab: Renflexis			
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	HCPCS	Procedure

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
Non-Myeloid Malignancy			
140	Malignant neoplasm of lip	ICD-9-CM	Diagnosis
140.1	Malignant neoplasm of lower lip, vermilion border	ICD-9-CM	Diagnosis
140.3	Malignant neoplasm of upper lip, inner aspect	ICD-9-CM	Diagnosis
140.4	Malignant neoplasm of lower lip, inner aspect	ICD-9-CM	Diagnosis
140.5	Malignant neoplasm of lip, inner aspect, unspecified as to upper or lower	ICD-9-CM	Diagnosis
140.6	Malignant neoplasm of commissure of lip	ICD-9-CM	Diagnosis
140.8	Malignant neoplasm of other sites of lip	ICD-9-CM	Diagnosis
140.9	Malignant neoplasm of lip, vermilion border, unspecified as to upper or lower	ICD-9-CM	Diagnosis
141.0	Malignant neoplasm of base of tongue	ICD-9-CM	Diagnosis
141	Malignant neoplasm of base of tongue	ICD-9-CM	Diagnosis
141.1	Malignant neoplasm of dorsal surface of tongue	ICD-9-CM	Diagnosis
141.2	Malignant neoplasm of tip and lateral border of tongue	ICD-9-CM	Diagnosis
141.3	Malignant neoplasm of ventral surface of tongue	ICD-9-CM	Diagnosis
141.4	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	ICD-9-CM	Diagnosis
141.5	Malignant neoplasm of junctional zone of tongue	ICD-9-CM	Diagnosis
141.6	Malignant neoplasm of lingual tonsil	ICD-9-CM	Diagnosis
141.8	Malignant neoplasm of other sites of tongue	ICD-9-CM	Diagnosis
141.9	Malignant neoplasm of tongue, unspecified site	ICD-9-CM	Diagnosis
142.0	Malignant neoplasm of parotid gland	ICD-9-CM	Diagnosis
142	Malignant neoplasm of parotid gland	ICD-9-CM	Diagnosis
142.1	Malignant neoplasm of submandibular gland	ICD-9-CM	Diagnosis
142.2	Malignant neoplasm of sublingual gland	ICD-9-CM	Diagnosis
142.8	Malignant neoplasm of other major salivary glands	ICD-9-CM	Diagnosis
142.9	Malignant neoplasm of salivary gland, unspecified	ICD-9-CM	Diagnosis
143.0	Malignant neoplasm of upper gum	ICD-9-CM	Diagnosis
143	Malignant neoplasm of upper gum	ICD-9-CM	Diagnosis
143.1	Malignant neoplasm of lower gum	ICD-9-CM	Diagnosis
143.8	Malignant neoplasm of other sites of gum	ICD-9-CM	Diagnosis
143.9	Malignant neoplasm of gum, unspecified site	ICD-9-CM	Diagnosis
144.0	Malignant neoplasm of anterior portion of floor of mouth	ICD-9-CM	Diagnosis
144	Malignant neoplasm of anterior portion of floor of mouth	ICD-9-CM	Diagnosis
144.1	Malignant neoplasm of lateral portion of floor of mouth	ICD-9-CM	Diagnosis
144.8	Malignant neoplasm of other sites of floor of mouth	ICD-9-CM	Diagnosis
144.9	Malignant neoplasm of floor of mouth, part unspecified	ICD-9-CM	Diagnosis
145.0	Malignant neoplasm of cheek mucosa	ICD-9-CM	Diagnosis
145	Malignant neoplasm of cheek mucosa	ICD-9-CM	Diagnosis
145.1	Malignant neoplasm of vestibule of mouth	ICD-9-CM	Diagnosis
145.2	Malignant neoplasm of hard palate	ICD-9-CM	Diagnosis
145.3	Malignant neoplasm of soft palate	ICD-9-CM	Diagnosis
145.4	Malignant neoplasm of uvula	ICD-9-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
145.5	Malignant neoplasm of palate, unspecified	ICD-9-CM	Diagnosis
145.6	Malignant neoplasm of retromolar area	ICD-9-CM	Diagnosis
145.8	Malignant neoplasm of other specified parts of mouth	ICD-9-CM	Diagnosis
145.9	Malignant neoplasm of mouth, unspecified site	ICD-9-CM	Diagnosis
146.0	Malignant neoplasm of tonsil	ICD-9-CM	Diagnosis
146	Malignant neoplasm of tonsil	ICD-9-CM	Diagnosis
146.1	Malignant neoplasm of tonsillar fossa	ICD-9-CM	Diagnosis
146.2	Malignant neoplasm of tonsillar pillars (anterior) (posterior)	ICD-9-CM	Diagnosis
146.3	Malignant neoplasm of vallecula	ICD-9-CM	Diagnosis
146.4	Malignant neoplasm of anterior aspect of epiglottis	ICD-9-CM	Diagnosis
146.5	Malignant neoplasm of junctional region of oropharynx	ICD-9-CM	Diagnosis
146.6	Malignant neoplasm of lateral wall of oropharynx	ICD-9-CM	Diagnosis
146.7	Malignant neoplasm of posterior wall of oropharynx	ICD-9-CM	Diagnosis
146.8	Malignant neoplasm of other specified sites of oropharynx	ICD-9-CM	Diagnosis
146.9	Malignant neoplasm of oropharynx, unspecified site	ICD-9-CM	Diagnosis
147.0	Malignant neoplasm of superior wall of nasopharynx	ICD-9-CM	Diagnosis
147	Malignant neoplasm of superior wall of nasopharynx	ICD-9-CM	Diagnosis
147.1	Malignant neoplasm of posterior wall of nasopharynx	ICD-9-CM	Diagnosis
147.2	Malignant neoplasm of lateral wall of nasopharynx	ICD-9-CM	Diagnosis
147.3	Malignant neoplasm of anterior wall of nasopharynx	ICD-9-CM	Diagnosis
147.8	Malignant neoplasm of other specified sites of nasopharynx	ICD-9-CM	Diagnosis
147.9	Malignant neoplasm of nasopharynx, unspecified site	ICD-9-CM	Diagnosis
148.0	Malignant neoplasm of postcricoid region of hypopharynx	ICD-9-CM	Diagnosis
148	Malignant neoplasm of postcricoid region of hypopharynx	ICD-9-CM	Diagnosis
148.1	Malignant neoplasm of pyriform sinus	ICD-9-CM	Diagnosis
148.2	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	ICD-9-CM	Diagnosis
148.3	Malignant neoplasm of posterior hypopharyngeal wall	ICD-9-CM	Diagnosis
148.8	Malignant neoplasm of other specified sites of hypopharynx	ICD-9-CM	Diagnosis
148.9	Malignant neoplasm of hypopharynx, unspecified site	ICD-9-CM	Diagnosis
149.0	Malignant neoplasm of pharynx, unspecified	ICD-9-CM	Diagnosis
149	Malignant neoplasm of pharynx, unspecified	ICD-9-CM	Diagnosis
149.1	Malignant neoplasm of Waldeyer's ring	ICD-9-CM	Diagnosis
149.8	Malignant neoplasm of other sites within the lip and oral cavity	ICD-9-CM	Diagnosis
149.9	Malignant neoplasm of ill-defined sites of lip and oral cavity	ICD-9-CM	Diagnosis
150.0	Malignant neoplasm of cervical esophagus	ICD-9-CM	Diagnosis
150	Malignant neoplasm of cervical esophagus	ICD-9-CM	Diagnosis
150.1	Malignant neoplasm of thoracic esophagus	ICD-9-CM	Diagnosis
150.2	Malignant neoplasm of abdominal esophagus	ICD-9-CM	Diagnosis
150.3	Malignant neoplasm of upper third of esophagus	ICD-9-CM	Diagnosis
150.4	Malignant neoplasm of middle third of esophagus	ICD-9-CM	Diagnosis
150.5	Malignant neoplasm of lower third of esophagus	ICD-9-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
150.8	Malignant neoplasm of other specified part of esophagus	ICD-9-CM	Diagnosis
150.9	Malignant neoplasm of esophagus, unspecified site	ICD-9-CM	Diagnosis
151.0	Malignant neoplasm of cardia	ICD-9-CM	Diagnosis
151	Malignant neoplasm of cardia	ICD-9-CM	Diagnosis
151.1	Malignant neoplasm of pylorus	ICD-9-CM	Diagnosis
151.2	Malignant neoplasm of pyloric antrum	ICD-9-CM	Diagnosis
151.3	Malignant neoplasm of fundus of stomach	ICD-9-CM	Diagnosis
151.4	Malignant neoplasm of body of stomach	ICD-9-CM	Diagnosis
151.5	Malignant neoplasm of lesser curvature of stomach, unspecified	ICD-9-CM	Diagnosis
151.6	Malignant neoplasm of greater curvature of stomach, unspecified	ICD-9-CM	Diagnosis
151.8	Malignant neoplasm of other specified sites of stomach	ICD-9-CM	Diagnosis
151.9	Malignant neoplasm of stomach, unspecified site	ICD-9-CM	Diagnosis
152.0	Malignant neoplasm of duodenum	ICD-9-CM	Diagnosis
152	Malignant neoplasm of duodenum	ICD-9-CM	Diagnosis
152.1	Malignant neoplasm of jejunum	ICD-9-CM	Diagnosis
152.2	Malignant neoplasm of ileum	ICD-9-CM	Diagnosis
152.3	Malignant neoplasm of Meckel's diverticulum	ICD-9-CM	Diagnosis
152.8	Malignant neoplasm of other specified sites of small intestine	ICD-9-CM	Diagnosis
152.9	Malignant neoplasm of small intestine, unspecified site	ICD-9-CM	Diagnosis
153.0	Malignant neoplasm of hepatic flexure	ICD-9-CM	Diagnosis
153	Malignant neoplasm of hepatic flexure	ICD-9-CM	Diagnosis
153.1	Malignant neoplasm of transverse colon	ICD-9-CM	Diagnosis
153.2	Malignant neoplasm of descending colon	ICD-9-CM	Diagnosis
153.3	Malignant neoplasm of sigmoid colon	ICD-9-CM	Diagnosis
153.4	Malignant neoplasm of cecum	ICD-9-CM	Diagnosis
153.5	Malignant neoplasm of appendix	ICD-9-CM	Diagnosis
153.6	Malignant neoplasm of ascending colon	ICD-9-CM	Diagnosis
153.7	Malignant neoplasm of splenic flexure	ICD-9-CM	Diagnosis
153.8	Malignant neoplasm of other specified sites of large intestine	ICD-9-CM	Diagnosis
153.9	Malignant neoplasm of colon, unspecified site	ICD-9-CM	Diagnosis
154.0	Malignant neoplasm of rectosigmoid junction	ICD-9-CM	Diagnosis
154	Malignant neoplasm of rectosigmoid junction	ICD-9-CM	Diagnosis
154.1	Malignant neoplasm of rectum	ICD-9-CM	Diagnosis
154.2	Malignant neoplasm of anal canal	ICD-9-CM	Diagnosis
154.3	Malignant neoplasm of anus, unspecified site	ICD-9-CM	Diagnosis
154.8	Malignant neoplasm of other sites of rectum, rectosigmoid junction, and anus	ICD-9-CM	Diagnosis
155.0	Malignant neoplasm of liver, primary	ICD-9-CM	Diagnosis
155	Malignant neoplasm of liver, primary	ICD-9-CM	Diagnosis
155.1	Malignant neoplasm of intrahepatic bile ducts	ICD-9-CM	Diagnosis
155.2	Malignant neoplasm of liver, not specified as primary or secondary	ICD-9-CM	Diagnosis
156.0	Malignant neoplasm of gallbladder	ICD-9-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
156	Malignant neoplasm of gallbladder	ICD-9-CM	Diagnosis
156.1	Malignant neoplasm of extrahepatic bile ducts	ICD-9-CM	Diagnosis
156.2	Malignant neoplasm of ampulla of Vater	ICD-9-CM	Diagnosis
156.8	Malignant neoplasm of other specified sites of gallbladder and extrahepatic bile ducts	ICD-9-CM	Diagnosis
156.9	Malignant neoplasm of biliary tract, part unspecified site	ICD-9-CM	Diagnosis
157.0	Malignant neoplasm of head of pancreas	ICD-9-CM	Diagnosis
157	Malignant neoplasm of head of pancreas	ICD-9-CM	Diagnosis
157.1	Malignant neoplasm of body of pancreas	ICD-9-CM	Diagnosis
157.2	Malignant neoplasm of tail of pancreas	ICD-9-CM	Diagnosis
157.3	Malignant neoplasm of pancreatic duct	ICD-9-CM	Diagnosis
157.4	Malignant neoplasm of islets of Langerhans	ICD-9-CM	Diagnosis
157.8	Malignant neoplasm of other specified sites of pancreas	ICD-9-CM	Diagnosis
157.9	Malignant neoplasm of pancreas, part unspecified	ICD-9-CM	Diagnosis
158.0	Malignant neoplasm of retroperitoneum	ICD-9-CM	Diagnosis
158	Malignant neoplasm of retroperitoneum	ICD-9-CM	Diagnosis
158.8	Malignant neoplasm of specified parts of peritoneum	ICD-9-CM	Diagnosis
158.9	Malignant neoplasm of peritoneum, unspecified	ICD-9-CM	Diagnosis
159.0	Malignant neoplasm of intestinal tract, part unspecified	ICD-9-CM	Diagnosis
159	Malignant neoplasm of intestinal tract, part unspecified	ICD-9-CM	Diagnosis
159.1	Malignant neoplasm of spleen, not elsewhere classified	ICD-9-CM	Diagnosis
159.8	Malignant neoplasm of other sites of digestive system and intra-abdominal organs	ICD-9-CM	Diagnosis
159.9	Malignant neoplasm of ill-defined sites of digestive organs and peritoneum	ICD-9-CM	Diagnosis
160.0	Malignant neoplasm of nasal cavities	ICD-9-CM	Diagnosis
160	Malignant neoplasm of nasal cavities	ICD-9-CM	Diagnosis
160.1	Malignant neoplasm of auditory tube, middle ear, and mastoid air cells	ICD-9-CM	Diagnosis
160.2	Malignant neoplasm of maxillary sinus	ICD-9-CM	Diagnosis
160.3	Malignant neoplasm of ethmoidal sinus	ICD-9-CM	Diagnosis
160.4	Malignant neoplasm of frontal sinus	ICD-9-CM	Diagnosis
160.5	Malignant neoplasm of sphenoidal sinus	ICD-9-CM	Diagnosis
160.8	Malignant neoplasm of other sites of nasal cavities, middle ear, and accessory sinuses	ICD-9-CM	Diagnosis
160.9	Malignant neoplasm of site of nasal cavities, middle ear, and accessory sinus, unspecified site	ICD-9-CM	Diagnosis
161.0	Malignant neoplasm of glottis	ICD-9-CM	Diagnosis
161	Malignant neoplasm of glottis	ICD-9-CM	Diagnosis
161.1	Malignant neoplasm of supraglottis	ICD-9-CM	Diagnosis
161.2	Malignant neoplasm of subglottis	ICD-9-CM	Diagnosis
161.3	Malignant neoplasm of laryngeal cartilages	ICD-9-CM	Diagnosis
161.8	Malignant neoplasm of other specified sites of larynx	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
161.9	Malignant neoplasm of larynx, unspecified site	ICD-9-CM	Diagnosis
162.0	Malignant neoplasm of trachea	ICD-9-CM	Diagnosis
162	Malignant neoplasm of trachea	ICD-9-CM	Diagnosis
162.2	Malignant neoplasm of main bronchus	ICD-9-CM	Diagnosis
162.3	Malignant neoplasm of upper lobe, bronchus, or lung	ICD-9-CM	Diagnosis
162.4	Malignant neoplasm of middle lobe, bronchus, or lung	ICD-9-CM	Diagnosis
162.5	Malignant neoplasm of lower lobe, bronchus, or lung	ICD-9-CM	Diagnosis
162.8	Malignant neoplasm of other parts of bronchus or lung	ICD-9-CM	Diagnosis
162.9	Malignant neoplasm of bronchus and lung, unspecified site	ICD-9-CM	Diagnosis
163.0	Malignant neoplasm of parietal pleura	ICD-9-CM	Diagnosis
163	Malignant neoplasm of parietal pleura	ICD-9-CM	Diagnosis
163.1	Malignant neoplasm of visceral pleura	ICD-9-CM	Diagnosis
163.8	Malignant neoplasm of other specified sites of pleura	ICD-9-CM	Diagnosis
163.9	Malignant neoplasm of pleura, unspecified site	ICD-9-CM	Diagnosis
164.0	Malignant neoplasm of thymus	ICD-9-CM	Diagnosis
164	Malignant neoplasm of thymus	ICD-9-CM	Diagnosis
164.1	Malignant neoplasm of heart	ICD-9-CM	Diagnosis
164.2	Malignant neoplasm of anterior mediastinum	ICD-9-CM	Diagnosis
164.3	Malignant neoplasm of posterior mediastinum	ICD-9-CM	Diagnosis
164.8	Malignant neoplasm of other parts of mediastinum	ICD-9-CM	Diagnosis
164.9	Malignant neoplasm of mediastinum, part unspecified	ICD-9-CM	Diagnosis
165.0	Malignant neoplasm of upper respiratory tract, part unspecified	ICD-9-CM	Diagnosis
165	Malignant neoplasm of upper respiratory tract, part unspecified	ICD-9-CM	Diagnosis
165.8	Malignant neoplasm of other sites within the respiratory system and intrathoracic organs	ICD-9-CM	Diagnosis
165.9	Malignant neoplasm of ill-defined sites within the respiratory system	ICD-9-CM	Diagnosis
170.0	Malignant neoplasm of bones of skull and face, except mandible	ICD-9-CM	Diagnosis
170	Malignant neoplasm of bones of skull and face, except mandible	ICD-9-CM	Diagnosis
170.1	Malignant neoplasm of mandible	ICD-9-CM	Diagnosis
170.2	Malignant neoplasm of vertebral column, excluding sacrum and coccyx	ICD-9-CM	Diagnosis
170.3	Malignant neoplasm of ribs, sternum, and clavicle	ICD-9-CM	Diagnosis
170.4	Malignant neoplasm of scapula and long bones of upper limb	ICD-9-CM	Diagnosis
170.5	Malignant neoplasm of short bones of upper limb	ICD-9-CM	Diagnosis
170.6	Malignant neoplasm of pelvic bones, sacrum, and coccyx	ICD-9-CM	Diagnosis
170.7	Malignant neoplasm of long bones of lower limb	ICD-9-CM	Diagnosis
170.8	Malignant neoplasm of short bones of lower limb	ICD-9-CM	Diagnosis
170.9	Malignant neoplasm of bone and articular cartilage, site unspecified	ICD-9-CM	Diagnosis
171.0	Malignant neoplasm of connective and other soft tissue of head, face, and neck	ICD-9-CM	Diagnosis
171	Malignant neoplasm of connective and other soft tissue of head, face, and neck	ICD-9-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
171.2	Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder	ICD-9-CM	Diagnosis
171.3	Malignant neoplasm of connective and other soft tissue of lower limb, including hip	ICD-9-CM	Diagnosis
171.4	Malignant neoplasm of connective and other soft tissue of thorax	ICD-9-CM	Diagnosis
171.5	Malignant neoplasm of connective and other soft tissue of abdomen	ICD-9-CM	Diagnosis
171.6	Malignant neoplasm of connective and other soft tissue of pelvis	ICD-9-CM	Diagnosis
171.7	Malignant neoplasm of connective and other soft tissue of trunk, unspecified site	ICD-9-CM	Diagnosis
171.8	Malignant neoplasm of other specified sites of connective and other soft tissue	ICD-9-CM	Diagnosis
171.9	Malignant neoplasm of connective and other soft tissue, site unspecified	ICD-9-CM	Diagnosis
172.0	Malignant melanoma of skin of lip	ICD-9-CM	Diagnosis
172	Malignant melanoma of skin of lip	ICD-9-CM	Diagnosis
172.1	Malignant melanoma of skin of eyelid, including canthus	ICD-9-CM	Diagnosis
172.2	Malignant melanoma of skin of ear and external auditory canal	ICD-9-CM	Diagnosis
172.3	Malignant melanoma of skin of other and unspecified parts of face	ICD-9-CM	Diagnosis
172.4	Malignant melanoma of skin of scalp and neck	ICD-9-CM	Diagnosis
172.5	Malignant melanoma of skin of trunk, except scrotum	ICD-9-CM	Diagnosis
172.6	Malignant melanoma of skin of upper limb, including shoulder	ICD-9-CM	Diagnosis
172.7	Malignant melanoma of skin of lower limb, including hip	ICD-9-CM	Diagnosis
172.8	Malignant melanoma of other specified sites of skin	ICD-9-CM	Diagnosis
172.9	Melanoma of skin, site unspecified	ICD-9-CM	Diagnosis
173.0	Other and unspecified malignant neoplasm of skin of lip	ICD-9-CM	Diagnosis
173.00	Unspecified malignant neoplasm of skin of lip	ICD-9-CM	Diagnosis
173	Other and unspecified malignant neoplasm of skin of lip	ICD-9-CM	Diagnosis
173.01	Basal cell carcinoma of skin of lip	ICD-9-CM	Diagnosis
173.02	Squamous cell carcinoma of skin of lip	ICD-9-CM	Diagnosis
173.09	Other specified malignant neoplasm of skin of lip	ICD-9-CM	Diagnosis
173.1	Other and unspecified malignant neoplasm of eyelid, including canthus	ICD-9-CM	Diagnosis
173.10	Unspecified malignant neoplasm of eyelid, including canthus	ICD-9-CM	Diagnosis
173.11	Basal cell carcinoma of eyelid, including canthus	ICD-9-CM	Diagnosis
173.12	Squamous cell carcinoma of eyelid, including canthus	ICD-9-CM	Diagnosis
173.19	Other specified malignant neoplasm of eyelid, including canthus	ICD-9-CM	Diagnosis
173.2	Other and unspecified malignant neoplasm of skin of ear and external auditory canal	ICD-9-CM	Diagnosis
173.20	Unspecified malignant neoplasm of skin of ear and external auditory canal	ICD-9-CM	Diagnosis
173.21	Basal cell carcinoma of skin of ear and external auditory canal	ICD-9-CM	Diagnosis
173.22	Squamous cell carcinoma of skin of ear and external auditory canal	ICD-9-CM	Diagnosis
173.29	Other specified malignant neoplasm of skin of ear and external auditory canal	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
173.3	Other and unspecified malignant neoplasm of skin of other and unspecified parts of face	ICD-9-CM	Diagnosis
173.30	Unspecified malignant neoplasm of skin of other and unspecified parts of face	ICD-9-CM	Diagnosis
173.31	Basal cell carcinoma of skin of other and unspecified parts of face	ICD-9-CM	Diagnosis
173.32	Squamous cell carcinoma of skin of other and unspecified parts of face	ICD-9-CM	Diagnosis
173.39	Other specified malignant neoplasm of skin of other and unspecified parts of face	ICD-9-CM	Diagnosis
173.4	Other and unspecified malignant neoplasm of scalp and skin of neck	ICD-9-CM	Diagnosis
173.40	Unspecified malignant neoplasm of scalp and skin of neck	ICD-9-CM	Diagnosis
173.41	Basal cell carcinoma of scalp and skin of neck	ICD-9-CM	Diagnosis
173.42	Squamous cell carcinoma of scalp and skin of neck	ICD-9-CM	Diagnosis
173.49	Other specified malignant neoplasm of scalp and skin of neck	ICD-9-CM	Diagnosis
173.5	Other and unspecified malignant neoplasm of skin of trunk, except scrotum	ICD-9-CM	Diagnosis
173.50	Unspecified malignant neoplasm of skin of trunk, except scrotum	ICD-9-CM	Diagnosis
173.51	Basal cell carcinoma of skin of trunk, except scrotum	ICD-9-CM	Diagnosis
173.52	Squamous cell carcinoma of skin of trunk, except scrotum	ICD-9-CM	Diagnosis
173.59	Other specified malignant neoplasm of skin of trunk, except scrotum	ICD-9-CM	Diagnosis
173.6	Other and unspecified malignant neoplasm of skin of upper limb, including shoulder	ICD-9-CM	Diagnosis
173.60	Unspecified malignant neoplasm of skin of upper limb, including shoulder	ICD-9-CM	Diagnosis
173.61	Basal cell carcinoma of skin of upper limb, including shoulder	ICD-9-CM	Diagnosis
173.62	Squamous cell carcinoma of skin of upper limb, including shoulder	ICD-9-CM	Diagnosis
173.69	Other specified malignant neoplasm of skin of upper limb, including shoulder	ICD-9-CM	Diagnosis
173.7	Other and unspecified malignant neoplasm of skin of lower limb, including hip	ICD-9-CM	Diagnosis
173.70	Unspecified malignant neoplasm of skin of lower limb, including hip	ICD-9-CM	Diagnosis
173.71	Basal cell carcinoma of skin of lower limb, including hip	ICD-9-CM	Diagnosis
173.72	Squamous cell carcinoma of skin of lower limb, including hip	ICD-9-CM	Diagnosis
173.79	Other specified malignant neoplasm of skin of lower limb, including hip	ICD-9-CM	Diagnosis
173.8	Other and unspecified malignant neoplasm of other specified sites of skin	ICD-9-CM	Diagnosis
173.80	Unspecified malignant neoplasm of other specified sites of skin	ICD-9-CM	Diagnosis
173.81	Basal cell carcinoma of other specified sites of skin	ICD-9-CM	Diagnosis
173.82	Squamous cell carcinoma of other specified sites of skin	ICD-9-CM	Diagnosis
173.89	Other specified malignant neoplasm of other specified sites of skin	ICD-9-CM	Diagnosis
173.9	Other and unspecified malignant neoplasm of skin, site unspecified	ICD-9-CM	Diagnosis
173.90	Unspecified malignant neoplasm of skin, site unspecified	ICD-9-CM	Diagnosis
173.91	Basal cell carcinoma of skin, site unspecified	ICD-9-CM	Diagnosis
173.92	Squamous cell carcinoma of skin, site unspecified	ICD-9-CM	Diagnosis
173.99	Other specified malignant neoplasm of skin, site unspecified	ICD-9-CM	Diagnosis
174.0	Malignant neoplasm of nipple and areola of female breast	ICD-9-CM	Diagnosis
174	Malignant neoplasm of nipple and areola of female breast	ICD-9-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
174.1	Malignant neoplasm of central portion of female breast	ICD-9-CM	Diagnosis
174.2	Malignant neoplasm of upper-inner quadrant of female breast	ICD-9-CM	Diagnosis
174.3	Malignant neoplasm of lower-inner quadrant of female breast	ICD-9-CM	Diagnosis
174.4	Malignant neoplasm of upper-outer quadrant of female breast	ICD-9-CM	Diagnosis
174.5	Malignant neoplasm of lower-outer quadrant of female breast	ICD-9-CM	Diagnosis
174.6	Malignant neoplasm of axillary tail of female breast	ICD-9-CM	Diagnosis
174.8	Malignant neoplasm of other specified sites of female breast	ICD-9-CM	Diagnosis
174.9	Malignant neoplasm of breast (female), unspecified site	ICD-9-CM	Diagnosis
175.0	Malignant neoplasm of nipple and areola of male breast	ICD-9-CM	Diagnosis
175	Malignant neoplasm of nipple and areola of male breast	ICD-9-CM	Diagnosis
175.9	Malignant neoplasm of other and unspecified sites of male breast	ICD-9-CM	Diagnosis
176.0	Kaposi's sarcoma of skin	ICD-9-CM	Diagnosis
176	Kaposi's sarcoma of skin	ICD-9-CM	Diagnosis
176.1	Kaposi's sarcoma of soft tissue	ICD-9-CM	Diagnosis
176.2	Kaposi's sarcoma of palate	ICD-9-CM	Diagnosis
176.3	Kaposi's sarcoma of gastrointestinal sites	ICD-9-CM	Diagnosis
176.4	Kaposi's sarcoma of lung	ICD-9-CM	Diagnosis
176.5	Kaposi's sarcoma of lymph nodes	ICD-9-CM	Diagnosis
176.8	Kaposi's sarcoma of other specified sites	ICD-9-CM	Diagnosis
176.9	Kaposi's sarcoma of unspecified site	ICD-9-CM	Diagnosis
179	Malignant neoplasm of uterus, part unspecified	ICD-9-CM	Diagnosis
180.0	Malignant neoplasm of endocervix	ICD-9-CM	Diagnosis
180	Malignant neoplasm of endocervix	ICD-9-CM	Diagnosis
180.1	Malignant neoplasm of exocervix	ICD-9-CM	Diagnosis
180.8	Malignant neoplasm of other specified sites of cervix	ICD-9-CM	Diagnosis
180.9	Malignant neoplasm of cervix uteri, unspecified site	ICD-9-CM	Diagnosis
181	Malignant neoplasm of placenta	ICD-9-CM	Diagnosis
182.0	Malignant neoplasm of corpus uteri, except isthmus	ICD-9-CM	Diagnosis
182	Malignant neoplasm of corpus uteri, except isthmus	ICD-9-CM	Diagnosis
182.1	Malignant neoplasm of isthmus	ICD-9-CM	Diagnosis
182.8	Malignant neoplasm of other specified sites of body of uterus	ICD-9-CM	Diagnosis
183.0	Malignant neoplasm of ovary	ICD-9-CM	Diagnosis
183	Malignant neoplasm of ovary	ICD-9-CM	Diagnosis
183.2	Malignant neoplasm of fallopian tube	ICD-9-CM	Diagnosis
183.3	Malignant neoplasm of broad ligament of uterus	ICD-9-CM	Diagnosis
183.4	Malignant neoplasm of parametrium of uterus	ICD-9-CM	Diagnosis
183.5	Malignant neoplasm of round ligament of uterus	ICD-9-CM	Diagnosis
183.8	Malignant neoplasm of other specified sites of uterine adnexa	ICD-9-CM	Diagnosis
183.9	Malignant neoplasm of uterine adnexa, unspecified site	ICD-9-CM	Diagnosis
184.0	Malignant neoplasm of vagina	ICD-9-CM	Diagnosis
184	Malignant neoplasm of vagina	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
184.1	Malignant neoplasm of labia majora	ICD-9-CM	Diagnosis
184.2	Malignant neoplasm of labia minora	ICD-9-CM	Diagnosis
184.3	Malignant neoplasm of clitoris	ICD-9-CM	Diagnosis
184.4	Malignant neoplasm of vulva, unspecified site	ICD-9-CM	Diagnosis
184.8	Malignant neoplasm of other specified sites of female genital organs	ICD-9-CM	Diagnosis
184.9	Malignant neoplasm of female genital organ, site unspecified	ICD-9-CM	Diagnosis
185	Malignant neoplasm of prostate	ICD-9-CM	Diagnosis
186.0	Malignant neoplasm of undescended testis	ICD-9-CM	Diagnosis
186	Malignant neoplasm of undescended testis	ICD-9-CM	Diagnosis
186.9	Malignant neoplasm of other and unspecified testis	ICD-9-CM	Diagnosis
187.1	Malignant neoplasm of prepuce	ICD-9-CM	Diagnosis
187.2	Malignant neoplasm of glans penis	ICD-9-CM	Diagnosis
187.3	Malignant neoplasm of body of penis	ICD-9-CM	Diagnosis
187.4	Malignant neoplasm of penis, part unspecified	ICD-9-CM	Diagnosis
187.5	Malignant neoplasm of epididymis	ICD-9-CM	Diagnosis
187.6	Malignant neoplasm of spermatic cord	ICD-9-CM	Diagnosis
187.7	Malignant neoplasm of scrotum	ICD-9-CM	Diagnosis
187.8	Malignant neoplasm of other specified sites of male genital organs	ICD-9-CM	Diagnosis
187.9	Malignant neoplasm of male genital organ, site unspecified	ICD-9-CM	Diagnosis
188.0	Malignant neoplasm of trigone of urinary bladder	ICD-9-CM	Diagnosis
188	Malignant neoplasm of trigone of urinary bladder	ICD-9-CM	Diagnosis
188.1	Malignant neoplasm of dome of urinary bladder	ICD-9-CM	Diagnosis
188.2	Malignant neoplasm of lateral wall of urinary bladder	ICD-9-CM	Diagnosis
188.3	Malignant neoplasm of anterior wall of urinary bladder	ICD-9-CM	Diagnosis
188.4	Malignant neoplasm of posterior wall of urinary bladder	ICD-9-CM	Diagnosis
188.5	Malignant neoplasm of bladder neck	ICD-9-CM	Diagnosis
188.6	Malignant neoplasm of ureteric orifice	ICD-9-CM	Diagnosis
188.7	Malignant neoplasm of urachus	ICD-9-CM	Diagnosis
188.8	Malignant neoplasm of other specified sites of bladder	ICD-9-CM	Diagnosis
188.9	Malignant neoplasm of bladder, part unspecified	ICD-9-CM	Diagnosis
189.0	Malignant neoplasm of kidney, except pelvis	ICD-9-CM	Diagnosis
189	Malignant neoplasm of kidney, except pelvis	ICD-9-CM	Diagnosis
189.1	Malignant neoplasm of renal pelvis	ICD-9-CM	Diagnosis
189.2	Malignant neoplasm of ureter	ICD-9-CM	Diagnosis
189.3	Malignant neoplasm of urethra	ICD-9-CM	Diagnosis
189.4	Malignant neoplasm of paraurethral glands	ICD-9-CM	Diagnosis
189.8	Malignant neoplasm of other specified sites of urinary organs	ICD-9-CM	Diagnosis
189.9	Malignant neoplasm of urinary organ, site unspecified	ICD-9-CM	Diagnosis
190.0	Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
190	Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid	ICD-9-CM	Diagnosis
190.1	Malignant neoplasm of orbit	ICD-9-CM	Diagnosis
190.2	Malignant neoplasm of lacrimal gland	ICD-9-CM	Diagnosis
190.3	Malignant neoplasm of conjunctiva	ICD-9-CM	Diagnosis
190.4	Malignant neoplasm of cornea	ICD-9-CM	Diagnosis
190.5	Malignant neoplasm of retina	ICD-9-CM	Diagnosis
190.6	Malignant neoplasm of choroid	ICD-9-CM	Diagnosis
190.7	Malignant neoplasm of lacrimal duct	ICD-9-CM	Diagnosis
190.8	Malignant neoplasm of other specified sites of eye	ICD-9-CM	Diagnosis
190.9	Malignant neoplasm of eye, part unspecified	ICD-9-CM	Diagnosis
191.0	Malignant neoplasm of cerebrum, except lobes and ventricles	ICD-9-CM	Diagnosis
191	Malignant neoplasm of cerebrum, except lobes and ventricles	ICD-9-CM	Diagnosis
191.1	Malignant neoplasm of frontal lobe of brain	ICD-9-CM	Diagnosis
191.2	Malignant neoplasm of temporal lobe of brain	ICD-9-CM	Diagnosis
191.3	Malignant neoplasm of parietal lobe of brain	ICD-9-CM	Diagnosis
191.4	Malignant neoplasm of occipital lobe of brain	ICD-9-CM	Diagnosis
191.5	Malignant neoplasm of ventricles of brain	ICD-9-CM	Diagnosis
191.6	Malignant neoplasm of cerebellum NOS	ICD-9-CM	Diagnosis
191.7	Malignant neoplasm of brain stem	ICD-9-CM	Diagnosis
191.8	Malignant neoplasm of other parts of brain	ICD-9-CM	Diagnosis
191.9	Malignant neoplasm of brain, unspecified site	ICD-9-CM	Diagnosis
192.0	Malignant neoplasm of cranial nerves	ICD-9-CM	Diagnosis
192	Malignant neoplasm of cranial nerves	ICD-9-CM	Diagnosis
192.1	Malignant neoplasm of cerebral meninges	ICD-9-CM	Diagnosis
192.2	Malignant neoplasm of spinal cord	ICD-9-CM	Diagnosis
192.3	Malignant neoplasm of spinal meninges	ICD-9-CM	Diagnosis
192.8	Malignant neoplasm of other specified sites of nervous system	ICD-9-CM	Diagnosis
192.9	Malignant neoplasm of nervous system, part unspecified	ICD-9-CM	Diagnosis
193	Malignant neoplasm of thyroid gland	ICD-9-CM	Diagnosis
194.0	Malignant neoplasm of adrenal gland	ICD-9-CM	Diagnosis
194	Malignant neoplasm of adrenal gland	ICD-9-CM	Diagnosis
194.1	Malignant neoplasm of parathyroid gland	ICD-9-CM	Diagnosis
194.3	Malignant neoplasm of pituitary gland and craniopharyngeal duct	ICD-9-CM	Diagnosis
194.4	Malignant neoplasm of pineal gland	ICD-9-CM	Diagnosis
194.5	Malignant neoplasm of carotid body	ICD-9-CM	Diagnosis
194.6	Malignant neoplasm of aortic body and other paraganglia	ICD-9-CM	Diagnosis
194.8	Malignant neoplasm of other endocrine glands and related structures	ICD-9-CM	Diagnosis
194.9	Malignant neoplasm of endocrine gland, site unspecified	ICD-9-CM	Diagnosis
195.0	Malignant neoplasm of head, face, and neck	ICD-9-CM	Diagnosis
195	Malignant neoplasm of head, face, and neck	ICD-9-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
195.1	Malignant neoplasm of thorax	ICD-9-CM	Diagnosis
195.2	Malignant neoplasm of abdomen	ICD-9-CM	Diagnosis
195.3	Malignant neoplasm of pelvis	ICD-9-CM	Diagnosis
195.4	Malignant neoplasm of upper limb	ICD-9-CM	Diagnosis
195.5	Malignant neoplasm of lower limb	ICD-9-CM	Diagnosis
195.8	Malignant neoplasm of other specified sites	ICD-9-CM	Diagnosis
196.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
196	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
196.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
196.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
196.3	Secondary and unspecified malignant neoplasm of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
196.5	Secondary and unspecified malignant neoplasm of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
196.6	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
196.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
196.9	Secondary and unspecified malignant neoplasm of lymph nodes, site unspecified	ICD-9-CM	Diagnosis
197.0	Secondary malignant neoplasm of lung	ICD-9-CM	Diagnosis
197	Secondary malignant neoplasm of lung	ICD-9-CM	Diagnosis
197.1	Secondary malignant neoplasm of mediastinum	ICD-9-CM	Diagnosis
197.2	Secondary malignant neoplasm of pleura	ICD-9-CM	Diagnosis
197.3	Secondary malignant neoplasm of other respiratory organs	ICD-9-CM	Diagnosis
197.4	Secondary malignant neoplasm of small intestine including duodenum	ICD-9-CM	Diagnosis
197.5	Secondary malignant neoplasm of large intestine and rectum	ICD-9-CM	Diagnosis
197.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	ICD-9-CM	Diagnosis
197.7	Secondary malignant neoplasm of liver	ICD-9-CM	Diagnosis
197.8	Secondary malignant neoplasm of other digestive organs and spleen	ICD-9-CM	Diagnosis
198.0	Secondary malignant neoplasm of kidney	ICD-9-CM	Diagnosis
198	Secondary malignant neoplasm of kidney	ICD-9-CM	Diagnosis
198.1	Secondary malignant neoplasm of other urinary organs	ICD-9-CM	Diagnosis
198.2	Secondary malignant neoplasm of skin	ICD-9-CM	Diagnosis
198.3	Secondary malignant neoplasm of brain and spinal cord	ICD-9-CM	Diagnosis
198.4	Secondary malignant neoplasm of other parts of nervous system	ICD-9-CM	Diagnosis
198.5	Secondary malignant neoplasm of bone and bone marrow	ICD-9-CM	Diagnosis
198.6	Secondary malignant neoplasm of ovary	ICD-9-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
198.7	Secondary malignant neoplasm of adrenal gland	ICD-9-CM	Diagnosis
198.8	Secondary malignant neoplasm of other specified sites	ICD-9-CM	Diagnosis
198.81	Secondary malignant neoplasm of breast	ICD-9-CM	Diagnosis
198.82	Secondary malignant neoplasm of genital organs	ICD-9-CM	Diagnosis
198.89	Secondary malignant neoplasm of other specified sites	ICD-9-CM	Diagnosis
199.0	Disseminated malignant neoplasm	ICD-9-CM	Diagnosis
199	Disseminated malignant neoplasm	ICD-9-CM	Diagnosis
199.1	Other malignant neoplasm of unspecified site	ICD-9-CM	Diagnosis
199.2	Malignant neoplasm associated with transplanted organ	ICD-9-CM	Diagnosis
200.0	Reticulosarcoma	ICD-9-CM	Diagnosis
200.00	Reticulosarcoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
200	Reticulosarcoma	ICD-9-CM	Diagnosis
200.01	Reticulosarcoma of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
200.02	Reticulosarcoma of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
200.03	Reticulosarcoma of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
200.04	Reticulosarcoma of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
200.05	Reticulosarcoma of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
200.06	Reticulosarcoma of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
200.07	Reticulosarcoma of spleen	ICD-9-CM	Diagnosis
200.08	Reticulosarcoma of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
200.1	Lymphosarcoma	ICD-9-CM	Diagnosis
200.10	Lymphosarcoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
200.11	Lymphosarcoma of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
200.12	Lymphosarcoma of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
200.13	Lymphosarcoma of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
200.14	Lymphosarcoma of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
200.15	Lymphosarcoma of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
200.16	Lymphosarcoma of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
200.17	Lymphosarcoma of spleen	ICD-9-CM	Diagnosis
200.18	Lymphosarcoma of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
200.2	Burkitt's tumor or lymphoma	ICD-9-CM	Diagnosis
200.20	Burkitt's tumor or lymphoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
200.21	Burkitt's tumor or lymphoma of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
200.22	Burkitt's tumor or lymphoma of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
200.23	Burkitt's tumor or lymphoma of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
200.24	Burkitt's tumor or lymphoma of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
200.25	Burkitt's tumor or lymphoma of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
200.26	Burkitt's tumor or lymphoma of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
200.27	Burkitt's tumor or lymphoma of spleen	ICD-9-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
200.28	Burkitt's tumor or lymphoma of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
200.3	Marginal zone lymphoma	ICD-9-CM	Diagnosis
200.30	Marginal zone lymphoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
200.31	Marginal zone lymphoma, lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
200.32	Marginal zone lymphoma, intrathoracic lymph nodes	ICD-9-CM	Diagnosis
200.33	Marginal zone lymphoma, intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
200.34	Marginal zone lymphoma, lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
200.35	Marginal zone lymphoma, lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
200.36	Marginal zone lymphoma, intrapelvic lymph nodes	ICD-9-CM	Diagnosis
200.37	Marginal zone lymphoma, spleen	ICD-9-CM	Diagnosis
200.38	Marginal zone lymphoma, lymph nodes of multiple sites	ICD-9-CM	Diagnosis
200.4	Mantle cell lymphoma	ICD-9-CM	Diagnosis
200.40	Mantle cell lymphoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
200.41	Mantle cell lymphoma, lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
200.42	Mantle cell lymphoma, intrathoracic lymph nodes	ICD-9-CM	Diagnosis
200.43	Mantle cell lymphoma, intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
200.44	Mantle cell lymphoma, lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
200.45	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
200.46	Mantle cell lymphoma, intrapelvic lymph nodes	ICD-9-CM	Diagnosis
200.47	Mantle cell lymphoma, spleen	ICD-9-CM	Diagnosis
200.48	Mantle cell lymphoma, lymph nodes of multiple sites	ICD-9-CM	Diagnosis
200.5	Primary central nervous system lymphoma	ICD-9-CM	Diagnosis
200.50	Primary central nervous system lymphoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
200.51	Primary central nervous system lymphoma, lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
200.52	Primary central nervous system lymphoma, intrathoracic lymph nodes	ICD-9-CM	Diagnosis
200.53	Primary central nervous system lymphoma, intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
200.54	Primary central nervous system lymphoma, lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
200.55	Primary central nervous system lymphoma, lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
200.56	Primary central nervous system lymphoma, intrapelvic lymph nodes	ICD-9-CM	Diagnosis
200.57	Primary central nervous system lymphoma, spleen	ICD-9-CM	Diagnosis
200.58	Primary central nervous system lymphoma, lymph nodes of multiple sites	ICD-9-CM	Diagnosis
200.6	Anaplastic large cell lymphoma	ICD-9-CM	Diagnosis
200.60	Anaplastic large cell lymphoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
200.61	Anaplastic large cell lymphoma, lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
200.62	Anaplastic large cell lymphoma, intrathoracic lymph nodes	ICD-9-CM	Diagnosis
200.63	Anaplastic large cell lymphoma, intra-abdominal lymph nodes	ICD-9-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
200.64	Anaplastic large cell lymphoma, lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
200.65	Anaplastic large cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
200.66	Anaplastic large cell lymphoma, intrapelvic lymph nodes	ICD-9-CM	Diagnosis
200.67	Anaplastic large cell lymphoma, spleen	ICD-9-CM	Diagnosis
200.68	Anaplastic large cell lymphoma, lymph nodes of multiple sites	ICD-9-CM	Diagnosis
200.7	Large cell lymphoma	ICD-9-CM	Diagnosis
200.70	Large cell lymphoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
200.71	Large cell lymphoma, lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
200.72	Large cell lymphoma, intrathoracic lymph nodes	ICD-9-CM	Diagnosis
200.73	Large cell lymphoma, intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
200.74	Large cell lymphoma, lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
200.75	Large cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
200.76	Large cell lymphoma, intrapelvic lymph nodes	ICD-9-CM	Diagnosis
200.77	Large cell lymphoma, spleen	ICD-9-CM	Diagnosis
200.78	Large cell lymphoma, lymph nodes of multiple sites	ICD-9-CM	Diagnosis
200.8	Other named variants of lymphosarcoma and reticulosarcoma	ICD-9-CM	Diagnosis
200.80	Other named variants, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
200.81	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
200.82	Other named variants of lymphosarcoma and reticulosarcoma of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
200.83	Other named variants of lymphosarcoma and reticulosarcoma of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
200.84	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
200.85	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
200.86	Other named variants of lymphosarcoma and reticulosarcoma of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
200.87	Other named variants of lymphosarcoma and reticulosarcoma of spleen	ICD-9-CM	Diagnosis
200.88	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
201.0	Hodgkin's paraganuloma	ICD-9-CM	Diagnosis
201.00	Hodgkin's paraganuloma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
201	Hodgkin's paraganuloma	ICD-9-CM	Diagnosis
201.01	Hodgkin's paraganuloma of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
201.02	Hodgkin's paraganuloma of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
201.03	Hodgkin's paraganuloma of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
201.04	Hodgkin's paraganuloma of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
201.05	Hodgkin's paraganuloma of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
201.06	Hodgkin's paraganuloma of intrapelvic lymph nodes	ICD-9-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
201.07	Hodgkin's paragranuloma of spleen	ICD-9-CM	Diagnosis
201.08	Hodgkin's paragranuloma of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
201.1	Hodgkin's granuloma	ICD-9-CM	Diagnosis
201.10	Hodgkin's granuloma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
201.11	Hodgkin's granuloma of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
201.12	Hodgkin's granuloma of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
201.13	Hodgkin's granuloma of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
201.14	Hodgkin's granuloma of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
201.15	Hodgkin's granuloma of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
201.16	Hodgkin's granuloma of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
201.17	Hodgkin's granuloma of spleen	ICD-9-CM	Diagnosis
201.18	Hodgkin's granuloma of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
201.2	Hodgkin's sarcoma	ICD-9-CM	Diagnosis
201.20	Hodgkin's sarcoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
201.21	Hodgkin's sarcoma of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
201.22	Hodgkin's sarcoma of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
201.23	Hodgkin's sarcoma of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
201.24	Hodgkin's sarcoma of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
201.25	Hodgkin's sarcoma of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
201.26	Hodgkin's sarcoma of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
201.27	Hodgkin's sarcoma of spleen	ICD-9-CM	Diagnosis
201.28	Hodgkin's sarcoma of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
201.4	Hodgkin's disease, lymphocytic-histiocytic predominance	ICD-9-CM	Diagnosis
201.40	Hodgkin's disease, lymphocytic-histiocytic predominance, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
201.41	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
201.42	Hodgkin's disease, lymphocytic-histiocytic predominance of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
201.43	Hodgkin's disease, lymphocytic-histiocytic predominance of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
201.44	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
201.45	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
201.46	Hodgkin's disease, lymphocytic-histiocytic predominance of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
201.47	Hodgkin's disease, lymphocytic-histiocytic predominance of spleen	ICD-9-CM	Diagnosis
201.48	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
201.5	Hodgkin's disease, nodular sclerosis	ICD-9-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
201.50	Hodgkin's disease, nodular sclerosis, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
201.51	Hodgkin's disease, nodular sclerosis, of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
201.52	Hodgkin's disease, nodular sclerosis, of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
201.53	Hodgkin's disease, nodular sclerosis, of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
201.54	Hodgkin's disease, nodular sclerosis, of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
201.55	Hodgkin's disease, nodular sclerosis, of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
201.56	Hodgkin's disease, nodular sclerosis, of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
201.57	Hodgkin's disease, nodular sclerosis, of spleen	ICD-9-CM	Diagnosis
201.58	Hodgkin's disease, nodular sclerosis, of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
201.6	Hodgkin's disease, mixed cellularity	ICD-9-CM	Diagnosis
201.60	Hodgkin's disease, mixed cellularity, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
201.61	Hodgkin's disease, mixed cellularity, involving lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
201.62	Hodgkin's disease, mixed cellularity, of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
201.63	Hodgkin's disease, mixed cellularity, of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
201.64	Hodgkin's disease, mixed cellularity, of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
201.65	Hodgkin's disease, mixed cellularity, of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
201.66	Hodgkin's disease, mixed cellularity, of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
201.67	Hodgkin's disease, mixed cellularity, of spleen	ICD-9-CM	Diagnosis
201.68	Hodgkin's disease, mixed cellularity, of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
201.7	Hodgkin's disease, lymphocytic depletion	ICD-9-CM	Diagnosis
201.70	Hodgkin's disease, lymphocytic depletion, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
201.71	Hodgkin's disease, lymphocytic depletion, of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
201.72	Hodgkin's disease, lymphocytic depletion, of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
201.73	Hodgkin's disease, lymphocytic depletion, of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
201.74	Hodgkin's disease, lymphocytic depletion, of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
201.75	Hodgkin's disease, lymphocytic depletion, of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
201.76	Hodgkin's disease, lymphocytic depletion, of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
201.77	Hodgkin's disease, lymphocytic depletion, of spleen	ICD-9-CM	Diagnosis
201.78	Hodgkin's disease, lymphocytic depletion, of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
201.9	Hodgkin's disease, unspecified type	ICD-9-CM	Diagnosis
201.90	Hodgkin's disease, unspecified type, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
201.91	Hodgkin's disease, unspecified type, of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
201.92	Hodgkin's disease, unspecified type, of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
201.93	Hodgkin's disease, unspecified type, of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
201.94	Hodgkin's disease, unspecified type, of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
201.95	Hodgkin's disease, unspecified type, of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
201.96	Hodgkin's disease, unspecified type, of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
201.97	Hodgkin's disease, unspecified type, of spleen	ICD-9-CM	Diagnosis
201.98	Hodgkin's disease, unspecified type, of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
202.0	Nodular lymphoma	ICD-9-CM	Diagnosis
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
202	Nodular lymphoma	ICD-9-CM	Diagnosis
202.01	Nodular lymphoma of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
202.02	Nodular lymphoma of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
202.03	Nodular lymphoma of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
202.04	Nodular lymphoma of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
202.05	Nodular lymphoma of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
202.06	Nodular lymphoma of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
202.07	Nodular lymphoma of spleen	ICD-9-CM	Diagnosis
202.08	Nodular lymphoma of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
202.1	Mycosis fungoides	ICD-9-CM	Diagnosis
202.10	Mycosis fungoides, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
202.11	Mycosis fungoides of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
202.12	Mycosis fungoides of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
202.13	Mycosis fungoides of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
202.14	Mycosis fungoides of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
202.15	Mycosis fungoides of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
202.16	Mycosis fungoides of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
202.17	Mycosis fungoides of spleen	ICD-9-CM	Diagnosis
202.18	Mycosis fungoides of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
202.2	Sezary's disease	ICD-9-CM	Diagnosis
202.20	Sezary's disease, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
202.21	Sezary's disease of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
202.22	Sezary's disease of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
202.23	Sezary's disease of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
202.24	Sezary's disease of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
202.25	Sezary's disease of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
202.26	Sezary's disease of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
202.27	Sezary's disease of spleen	ICD-9-CM	Diagnosis
202.28	Sezary's disease of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
202.3	Malignant histiocytosis	ICD-9-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
202.30	Malignant histiocytosis, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
202.31	Malignant histiocytosis of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
202.32	Malignant histiocytosis of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
202.33	Malignant histiocytosis of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
202.34	Malignant histiocytosis of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
202.35	Malignant histiocytosis of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
202.36	Malignant histiocytosis of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
202.37	Malignant histiocytosis of spleen	ICD-9-CM	Diagnosis
202.38	Malignant histiocytosis of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
202.4	Leukemic reticuloendotheliosis	ICD-9-CM	Diagnosis
202.40	Leukemic reticuloendotheliosis, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
202.41	Leukemic reticuloendotheliosis of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
202.42	Leukemic reticuloendotheliosis of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
202.43	Leukemic reticuloendotheliosis of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
202.44	Leukemic reticuloendotheliosis of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
202.45	Leukemic reticuloendotheliosis of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
202.46	Leukemic reticuloendotheliosis of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
202.47	Leukemic reticuloendotheliosis of spleen	ICD-9-CM	Diagnosis
202.48	Leukemic reticuloendotheliosis of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
202.5	Letterer-Siwe disease	ICD-9-CM	Diagnosis
202.50	Letterer-Siwe disease, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
202.51	Letterer-Siwe disease of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
202.52	Letterer-Siwe disease of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
202.53	Letterer-Siwe disease of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
202.54	Letterer-Siwe disease of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
202.55	Letterer-Siwe disease of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
202.56	Letterer-Siwe disease of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
202.57	Letterer-Siwe disease of spleen	ICD-9-CM	Diagnosis
202.58	Letterer-Siwe disease of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
202.6	Malignant mast cell tumors	ICD-9-CM	Diagnosis
202.60	Malignant mast cell tumors, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
202.61	Malignant mast cell tumors of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
202.62	Malignant mast cell tumors of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
202.63	Malignant mast cell tumors of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
202.64	Malignant mast cell tumors of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
202.65	Malignant mast cell tumors of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
202.66	Malignant mast cell tumors of intrapelvic lymph nodes	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
202.67	Malignant mast cell tumors of spleen	ICD-9-CM	Diagnosis
202.68	Malignant mast cell tumors of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
202.7	Peripheral T-cell lymphoma	ICD-9-CM	Diagnosis
202.70	Peripheral T-cell lymphoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
202.71	Peripheral T-cell lymphoma, lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
202.72	Peripheral T-cell lymphoma, intrathoracic lymph nodes	ICD-9-CM	Diagnosis
202.73	Peripheral T-cell lymphoma, intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
202.74	Peripheral T-cell lymphoma, lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
202.75	Peripheral T-cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
202.76	Peripheral T-cell lymphoma, intrapelvic lymph nodes	ICD-9-CM	Diagnosis
202.77	Peripheral T-cell lymphoma, spleen	ICD-9-CM	Diagnosis
202.78	Peripheral T-cell lymphoma, lymph nodes of multiple sites	ICD-9-CM	Diagnosis
202.8	Other malignant lymphomas	ICD-9-CM	Diagnosis
202.80	Other malignant lymphomas, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
202.81	Other malignant lymphomas of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
202.82	Other malignant lymphomas of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
202.83	Other malignant lymphomas of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
202.84	Other malignant lymphomas of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
202.85	Other malignant lymphomas of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
202.86	Other malignant lymphomas of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
202.87	Other malignant lymphomas of spleen	ICD-9-CM	Diagnosis
202.88	Other malignant lymphomas of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
202.9	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue	ICD-9-CM	Diagnosis
202.90	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
202.91	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
202.92	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
202.93	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
202.94	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
202.95	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
202.96	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrapelvic lymph nodes	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
202.97	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of spleen	ICD-9-CM	Diagnosis
202.98	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
203.0	Multiple myeloma	ICD-9-CM	Diagnosis
203.00	Multiple myeloma, without mention of having achieved remission	ICD-9-CM	Diagnosis
203	Multiple myeloma	ICD-9-CM	Diagnosis
203.01	Multiple myeloma in remission	ICD-9-CM	Diagnosis
203.02	Multiple myeloma, in relapse	ICD-9-CM	Diagnosis
203.1	Plasma cell leukemia	ICD-9-CM	Diagnosis
203.10	Plasma cell leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
203.11	Plasma cell leukemia in remission	ICD-9-CM	Diagnosis
203.12	Plasma cell leukemia, in relapse	ICD-9-CM	Diagnosis
203.8	Other immunoproliferative neoplasms	ICD-9-CM	Diagnosis
203.80	Other immunoproliferative neoplasms, without mention of having achieved remission	ICD-9-CM	Diagnosis
203.81	Other immunoproliferative neoplasms in remission	ICD-9-CM	Diagnosis
203.82	Other immunoproliferative neoplasms, in relapse	ICD-9-CM	Diagnosis
204.0	Acute lymphoid leukemia	ICD-9-CM	Diagnosis
204.00	Acute lymphoid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
204	Acute lymphoid leukemia	ICD-9-CM	Diagnosis
204.01	Acute lymphoid leukemia in remission	ICD-9-CM	Diagnosis
204.02	Acute lymphoid leukemia, in relapse	ICD-9-CM	Diagnosis
204.1	Chronic lymphoid leukemia	ICD-9-CM	Diagnosis
204.10	Chronic lymphoid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
204.11	Chronic lymphoid leukemia in remission	ICD-9-CM	Diagnosis
204.12	Chronic lymphoid leukemia, in relapse	ICD-9-CM	Diagnosis
204.2	Subacute lymphoid leukemia	ICD-9-CM	Diagnosis
204.20	Subacute lymphoid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
204.21	Subacute lymphoid leukemia in remission	ICD-9-CM	Diagnosis
204.22	Subacute lymphoid leukemia, in relapse	ICD-9-CM	Diagnosis
204.8	Other lymphoid leukemia	ICD-9-CM	Diagnosis
204.80	Other lymphoid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
204.81	Other lymphoid leukemia in remission	ICD-9-CM	Diagnosis
204.82	Other lymphoid leukemia, in relapse	ICD-9-CM	Diagnosis
204.9	Unspecified lymphoid leukemia	ICD-9-CM	Diagnosis
204.90	Unspecified lymphoid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
204.91	Unspecified lymphoid leukemia in remission	ICD-9-CM	Diagnosis
204.92	Unspecified lymphoid leukemia, in relapse	ICD-9-CM	Diagnosis
206.0	Acute monocytic leukemia	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
206.00	Acute monocytic leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
206	Acute monocytic leukemia	ICD-9-CM	Diagnosis
206.01	Acute monocytic leukemia in remission	ICD-9-CM	Diagnosis
206.02	Acute monocytic leukemia, in relapse	ICD-9-CM	Diagnosis
206.1	Chronic monocytic leukemia	ICD-9-CM	Diagnosis
206.10	Chronic monocytic leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
206.11	Chronic monocytic leukemia in remission	ICD-9-CM	Diagnosis
206.12	Chronic monocytic leukemia, in relapse	ICD-9-CM	Diagnosis
206.2	Subacute monocytic leukemia	ICD-9-CM	Diagnosis
206.20	Subacute monocytic leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
206.21	Subacute monocytic leukemia in remission	ICD-9-CM	Diagnosis
206.22	Subacute monocytic leukemia, in relapse	ICD-9-CM	Diagnosis
206.8	Other monocytic leukemia	ICD-9-CM	Diagnosis
206.80	Other monocytic leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
206.81	Other monocytic leukemia in remission	ICD-9-CM	Diagnosis
206.82	Other monocytic leukemia, in relapse	ICD-9-CM	Diagnosis
206.9	Unspecified monocytic leukemia	ICD-9-CM	Diagnosis
206.90	Unspecified monocytic leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
206.91	Unspecified monocytic leukemia in remission	ICD-9-CM	Diagnosis
206.92	Unspecified monocytic leukemia, in relapse	ICD-9-CM	Diagnosis
207.0	Acute erythremia and erythroleukemia	ICD-9-CM	Diagnosis
207.00	Acute erythremia and erythroleukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
207	Acute erythremia and erythroleukemia	ICD-9-CM	Diagnosis
207.01	Acute erythremia and erythroleukemia in remission	ICD-9-CM	Diagnosis
207.02	Acute erythremia and erythroleukemia, in relapse	ICD-9-CM	Diagnosis
207.1	Chronic erythremia	ICD-9-CM	Diagnosis
207.10	Chronic erythremia, without mention of having achieved remission	ICD-9-CM	Diagnosis
207.11	Chronic erythremia in remission	ICD-9-CM	Diagnosis
207.12	Chronic erythremia, in relapse	ICD-9-CM	Diagnosis
207.2	Megakaryocytic leukemia	ICD-9-CM	Diagnosis
207.20	Megakaryocytic leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
207.21	Megakaryocytic leukemia in remission	ICD-9-CM	Diagnosis
207.22	Megakaryocytic leukemia, in relapse	ICD-9-CM	Diagnosis
207.8	Other specified leukemia	ICD-9-CM	Diagnosis
207.80	Other specified leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
207.81	Other specified leukemia in remission	ICD-9-CM	Diagnosis
207.82	Other specified leukemia, in relapse	ICD-9-CM	Diagnosis
208.0	Acute leukemia of unspecified cell type	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
208.00	Acute leukemia of unspecified cell type, without mention of having achieved remission	ICD-9-CM	Diagnosis
208	Acute leukemia of unspecified cell type	ICD-9-CM	Diagnosis
208.01	Acute leukemia of unspecified cell type in remission	ICD-9-CM	Diagnosis
208.02	Acute leukemia of unspecified cell type, in relapse	ICD-9-CM	Diagnosis
208.1	Chronic leukemia of unspecified cell type	ICD-9-CM	Diagnosis
208.10	Chronic leukemia of unspecified cell type, without mention of having achieved remission	ICD-9-CM	Diagnosis
208.11	Chronic leukemia of unspecified cell type in remission	ICD-9-CM	Diagnosis
208.12	Chronic leukemia of unspecified cell type, in relapse	ICD-9-CM	Diagnosis
208.2	Subacute leukemia of unspecified cell type	ICD-9-CM	Diagnosis
208.20	Subacute leukemia of unspecified cell type, without mention of having achieved remission	ICD-9-CM	Diagnosis
208.21	Subacute leukemia of unspecified cell type in remission	ICD-9-CM	Diagnosis
208.22	Subacute leukemia of unspecified cell type, in relapse	ICD-9-CM	Diagnosis
208.8	Other leukemia of unspecified cell type	ICD-9-CM	Diagnosis
208.80	Other leukemia of unspecified cell type, without mention of having achieved remission	ICD-9-CM	Diagnosis
208.81	Other leukemia of unspecified cell type in remission	ICD-9-CM	Diagnosis
208.82	Other leukemia of unspecified cell type, in relapse	ICD-9-CM	Diagnosis
208.9	Unspecified leukemia	ICD-9-CM	Diagnosis
208.90	Unspecified leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
208.91	Unspecified leukemia in remission	ICD-9-CM	Diagnosis
208.92	Unspecified leukemia, in relapse	ICD-9-CM	Diagnosis
209.0	Malignant carcinoid tumors of the small intestine	ICD-9-CM	Diagnosis
209.00	Malignant carcinoid tumor of the small intestine, unspecified portion	ICD-9-CM	Diagnosis
209	Malignant carcinoid tumors of the small intestine	ICD-9-CM	Diagnosis
209.01	Malignant carcinoid tumor of the duodenum	ICD-9-CM	Diagnosis
209.02	Malignant carcinoid tumor of the jejunum	ICD-9-CM	Diagnosis
209.03	Malignant carcinoid tumor of the ileum	ICD-9-CM	Diagnosis
209.1	Malignant carcinoid tumors of the appendix, large intestine, and rectum	ICD-9-CM	Diagnosis
209.10	Malignant carcinoid tumor of the large intestine, unspecified portion	ICD-9-CM	Diagnosis
209.11	Malignant carcinoid tumor of the appendix	ICD-9-CM	Diagnosis
209.12	Malignant carcinoid tumor of the cecum	ICD-9-CM	Diagnosis
209.13	Malignant carcinoid tumor of the ascending colon	ICD-9-CM	Diagnosis
209.14	Malignant carcinoid tumor of the transverse colon	ICD-9-CM	Diagnosis
209.15	Malignant carcinoid tumor of the descending colon	ICD-9-CM	Diagnosis
209.16	Malignant carcinoid tumor of the sigmoid colon	ICD-9-CM	Diagnosis
209.17	Malignant carcinoid tumor of the rectum	ICD-9-CM	Diagnosis
209.2	Malignant carcinoid tumors of other and unspecified sites	ICD-9-CM	Diagnosis
209.20	Malignant carcinoid tumor of unknown primary site	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
209.21	Malignant carcinoid tumor of the bronchus and lung	ICD-9-CM	Diagnosis
209.22	Malignant carcinoid tumor of the thymus	ICD-9-CM	Diagnosis
209.23	Malignant carcinoid tumor of the stomach	ICD-9-CM	Diagnosis
209.24	Malignant carcinoid tumor of the kidney	ICD-9-CM	Diagnosis
209.25	Malignant carcinoid tumor of foregut, not otherwise specified	ICD-9-CM	Diagnosis
209.26	Malignant carcinoid tumor of midgut, not otherwise specified	ICD-9-CM	Diagnosis
209.27	Malignant carcinoid tumor of hindgut, not otherwise specified	ICD-9-CM	Diagnosis
209.29	Malignant carcinoid tumor of other sites	ICD-9-CM	Diagnosis
209.3	Malignant poorly differentiated neuroendocrine tumors	ICD-9-CM	Diagnosis
209.30	Malignant poorly differentiated neuroendocrine carcinoma, any site	ICD-9-CM	Diagnosis
209.31	Merkel cell carcinoma of the face	ICD-9-CM	Diagnosis
209.32	Merkel cell carcinoma of the scalp and neck	ICD-9-CM	Diagnosis
209.33	Merkel cell carcinoma of the upper limb	ICD-9-CM	Diagnosis
209.34	Merkel cell carcinoma of the lower limb	ICD-9-CM	Diagnosis
209.35	Merkel cell carcinoma of the trunk	ICD-9-CM	Diagnosis
209.36	Merkel cell carcinoma of other sites	ICD-9-CM	Diagnosis
209.4	Benign carcinoid tumors of the small intestine	ICD-9-CM	Diagnosis
209.40	Benign carcinoid tumor of the small intestine, unspecified portion	ICD-9-CM	Diagnosis
209.41	Benign carcinoid tumor of the duodenum	ICD-9-CM	Diagnosis
209.42	Benign carcinoid tumor of the jejunum	ICD-9-CM	Diagnosis
209.43	Benign carcinoid tumor of the ileum	ICD-9-CM	Diagnosis
209.5	Benign carcinoid tumors of the appendix, large intestine, and rectum	ICD-9-CM	Diagnosis
209.50	Benign carcinoid tumor of the large intestine, unspecified portion	ICD-9-CM	Diagnosis
209.51	Benign carcinoid tumor of the appendix	ICD-9-CM	Diagnosis
209.52	Benign carcinoid tumor of the cecum	ICD-9-CM	Diagnosis
209.53	Benign carcinoid tumor of the ascending colon	ICD-9-CM	Diagnosis
209.54	Benign carcinoid tumor of the transverse colon	ICD-9-CM	Diagnosis
209.55	Benign carcinoid tumor of the descending colon	ICD-9-CM	Diagnosis
209.56	Benign carcinoid tumor of the sigmoid colon	ICD-9-CM	Diagnosis
209.57	Benign carcinoid tumor of the rectum	ICD-9-CM	Diagnosis
209.6	Benign carcinoid tumors of other and unspecified sites	ICD-9-CM	Diagnosis
209.60	Benign carcinoid tumor of unknown primary site	ICD-9-CM	Diagnosis
209.61	Benign carcinoid tumor of the bronchus and lung	ICD-9-CM	Diagnosis
209.62	Benign carcinoid tumor of the thymus	ICD-9-CM	Diagnosis
209.63	Benign carcinoid tumor of the stomach	ICD-9-CM	Diagnosis
209.64	Benign carcinoid tumor of the kidney	ICD-9-CM	Diagnosis
209.65	Benign carcinoid tumor of foregut, not otherwise specified	ICD-9-CM	Diagnosis
209.66	Benign carcinoid tumor of midgut, not otherwise specified	ICD-9-CM	Diagnosis
209.67	Benign carcinoid tumor of hindgut, not otherwise specified	ICD-9-CM	Diagnosis
209.69	Benign carcinoid tumor of other sites	ICD-9-CM	Diagnosis
209.7	Secondary neuroendocrine tumors	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
209.70	Secondary neuroendocrine tumor, unspecified site	ICD-9-CM	Diagnosis
209.71	Secondary neuroendocrine tumor of distant lymph nodes	ICD-9-CM	Diagnosis
209.72	Secondary neuroendocrine tumor of liver	ICD-9-CM	Diagnosis
209.73	Secondary neuroendocrine tumor of bone	ICD-9-CM	Diagnosis
209.74	Secondary neuroendocrine tumor of peritoneum	ICD-9-CM	Diagnosis
209.75	Secondary Merkel cell carcinoma	ICD-9-CM	Diagnosis
209.79	Secondary neuroendocrine tumor of other sites	ICD-9-CM	Diagnosis
230.0	Carcinoma in situ of lip, oral cavity, and pharynx	ICD-9-CM	Diagnosis
230	Carcinoma in situ of lip, oral cavity, and pharynx	ICD-9-CM	Diagnosis
230.1	Carcinoma in situ of esophagus	ICD-9-CM	Diagnosis
230.2	Carcinoma in situ of stomach	ICD-9-CM	Diagnosis
230.3	Carcinoma in situ of colon	ICD-9-CM	Diagnosis
230.4	Carcinoma in situ of rectum	ICD-9-CM	Diagnosis
230.5	Carcinoma in situ of anal canal	ICD-9-CM	Diagnosis
230.6	Carcinoma in situ of anus, unspecified	ICD-9-CM	Diagnosis
230.7	Carcinoma in situ of other and unspecified parts of intestine	ICD-9-CM	Diagnosis
230.8	Carcinoma in situ of liver and biliary system	ICD-9-CM	Diagnosis
230.9	Carcinoma in situ of other and unspecified digestive organs	ICD-9-CM	Diagnosis
231.0	Carcinoma in situ of larynx	ICD-9-CM	Diagnosis
231	Carcinoma in situ of larynx	ICD-9-CM	Diagnosis
231.1	Carcinoma in situ of trachea	ICD-9-CM	Diagnosis
231.2	Carcinoma in situ of bronchus and lung	ICD-9-CM	Diagnosis
231.8	Carcinoma in situ of other specified parts of respiratory system	ICD-9-CM	Diagnosis
231.9	Carcinoma in situ of respiratory system, part unspecified	ICD-9-CM	Diagnosis
232.0	Carcinoma in situ of skin of lip	ICD-9-CM	Diagnosis
232	Carcinoma in situ of skin of lip	ICD-9-CM	Diagnosis
232.1	Carcinoma in situ of eyelid, including canthus	ICD-9-CM	Diagnosis
232.2	Carcinoma in situ of skin of ear and external auditory canal	ICD-9-CM	Diagnosis
232.3	Carcinoma in situ of skin of other and unspecified parts of face	ICD-9-CM	Diagnosis
232.4	Carcinoma in situ of scalp and skin of neck	ICD-9-CM	Diagnosis
232.5	Carcinoma in situ of skin of trunk, except scrotum	ICD-9-CM	Diagnosis
232.6	Carcinoma in situ of skin of upper limb, including shoulder	ICD-9-CM	Diagnosis
232.7	Carcinoma in situ of skin of lower limb, including hip	ICD-9-CM	Diagnosis
232.8	Carcinoma in situ of other specified sites of skin	ICD-9-CM	Diagnosis
232.9	Carcinoma in situ of skin, site unspecified	ICD-9-CM	Diagnosis
233.0	Carcinoma in situ of breast	ICD-9-CM	Diagnosis
233	Carcinoma in situ of breast	ICD-9-CM	Diagnosis
233.1	Carcinoma in situ of cervix uteri	ICD-9-CM	Diagnosis
233.2	Carcinoma in situ of other and unspecified parts of uterus	ICD-9-CM	Diagnosis
233.3	Carcinoma in situ, other and unspecified female genital organs	ICD-9-CM	Diagnosis
233.30	Carcinoma in situ, unspecified female genital organ	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
233.31	Carcinoma in situ, vagina	ICD-9-CM	Diagnosis
233.32	Carcinoma in situ, vulva	ICD-9-CM	Diagnosis
233.39	Carcinoma in situ, other female genital organ	ICD-9-CM	Diagnosis
233.4	Carcinoma in situ of prostate	ICD-9-CM	Diagnosis
233.5	Carcinoma in situ of penis	ICD-9-CM	Diagnosis
233.6	Carcinoma in situ of other and unspecified male genital organs	ICD-9-CM	Diagnosis
233.7	Carcinoma in situ of bladder	ICD-9-CM	Diagnosis
233.9	Carcinoma in situ of other and unspecified urinary organs	ICD-9-CM	Diagnosis
234.0	Carcinoma in situ of eye	ICD-9-CM	Diagnosis
234	Carcinoma in situ of eye	ICD-9-CM	Diagnosis
234.8	Carcinoma in situ of other specified sites	ICD-9-CM	Diagnosis
234.9	Carcinoma in situ, site unspecified	ICD-9-CM	Diagnosis
235.0	Neoplasm of uncertain behavior of major salivary glands	ICD-9-CM	Diagnosis
235	Neoplasm of uncertain behavior of major salivary glands	ICD-9-CM	Diagnosis
235.1	Neoplasm of uncertain behavior of lip, oral cavity, and pharynx	ICD-9-CM	Diagnosis
235.2	Neoplasm of uncertain behavior of stomach, intestines, and rectum	ICD-9-CM	Diagnosis
235.3	Neoplasm of uncertain behavior of liver and biliary passages	ICD-9-CM	Diagnosis
235.4	Neoplasm of uncertain behavior of retroperitoneum and peritoneum	ICD-9-CM	Diagnosis
235.5	Neoplasm of uncertain behavior of other and unspecified digestive organs	ICD-9-CM	Diagnosis
235.6	Neoplasm of uncertain behavior of larynx	ICD-9-CM	Diagnosis
235.7	Neoplasm of uncertain behavior of trachea, bronchus, and lung	ICD-9-CM	Diagnosis
235.8	Neoplasm of uncertain behavior of pleura, thymus, and mediastinum	ICD-9-CM	Diagnosis
235.9	Neoplasm of uncertain behavior of other and unspecified respiratory organs	ICD-9-CM	Diagnosis
236	Neoplasm of uncertain behavior of genitourinary organs	ICD-9-CM	Diagnosis
236.0	Neoplasm of uncertain behavior of uterus	ICD-9-CM	Diagnosis
236	Neoplasm of uncertain behavior of uterus	ICD-9-CM	Diagnosis
236.1	Neoplasm of uncertain behavior of placenta	ICD-9-CM	Diagnosis
236.2	Neoplasm of uncertain behavior of ovary	ICD-9-CM	Diagnosis
236.3	Neoplasm of uncertain behavior of other and unspecified female genital organs	ICD-9-CM	Diagnosis
236.4	Neoplasm of uncertain behavior of testis	ICD-9-CM	Diagnosis
236.5	Neoplasm of uncertain behavior of prostate	ICD-9-CM	Diagnosis
236.6	Neoplasm of uncertain behavior of other and unspecified male genital organs	ICD-9-CM	Diagnosis
236.7	Neoplasm of uncertain behavior of bladder	ICD-9-CM	Diagnosis
236.9	Neoplasm of uncertain behavior of other and unspecified urinary organs	ICD-9-CM	Diagnosis
236.90	Neoplasm of uncertain behavior of urinary organ, unspecified	ICD-9-CM	Diagnosis
236.91	Neoplasm of uncertain behavior of kidney and ureter	ICD-9-CM	Diagnosis
236.99	Neoplasm of uncertain behavior of other and unspecified urinary organs	ICD-9-CM	Diagnosis
237	Neoplasm of uncertain behavior of endocrine glands and nervous system	ICD-9-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
237.0	Neoplasm of uncertain behavior of pituitary gland and craniopharyngeal duct	ICD-9-CM	Diagnosis
237	Neoplasm of uncertain behavior of pituitary gland and craniopharyngeal duct	ICD-9-CM	Diagnosis
237.1	Neoplasm of uncertain behavior of pineal gland	ICD-9-CM	Diagnosis
237.2	Neoplasm of uncertain behavior of adrenal gland	ICD-9-CM	Diagnosis
237.3	Neoplasm of uncertain behavior of paraganglia	ICD-9-CM	Diagnosis
237.4	Neoplasm of uncertain behavior of other and unspecified endocrine glands	ICD-9-CM	Diagnosis
237.5	Neoplasm of uncertain behavior of brain and spinal cord	ICD-9-CM	Diagnosis
237.6	Neoplasm of uncertain behavior of meninges	ICD-9-CM	Diagnosis
237.7	Neurofibromatosis	ICD-9-CM	Diagnosis
237.70	Neurofibromatosis, unspecified	ICD-9-CM	Diagnosis
237.71	Neurofibromatosis, Type 1 (von Recklinghausen's disease)	ICD-9-CM	Diagnosis
237.72	Neurofibromatosis, Type 2 (acoustic neurofibromatosis)	ICD-9-CM	Diagnosis
237.73	Schwannomatosis	ICD-9-CM	Diagnosis
237.79	Other neurofibromatosis	ICD-9-CM	Diagnosis
237.9	Neoplasm of uncertain behavior of other and unspecified parts of nervous system	ICD-9-CM	Diagnosis
238	Neoplasm of uncertain behavior of other and unspecified sites and tissues	ICD-9-CM	Diagnosis
238.0	Neoplasm of uncertain behavior of bone and articular cartilage	ICD-9-CM	Diagnosis
238	Neoplasm of uncertain behavior of bone and articular cartilage	ICD-9-CM	Diagnosis
238.1	Neoplasm of uncertain behavior of connective and other soft tissue	ICD-9-CM	Diagnosis
238.2	Neoplasm of uncertain behavior of skin	ICD-9-CM	Diagnosis
238.3	Neoplasm of uncertain behavior of breast	ICD-9-CM	Diagnosis
238.4	Neoplasm of uncertain behavior of polycythemia vera	ICD-9-CM	Diagnosis
238.5	Neoplasm of uncertain behavior of histiocytic and mast cells	ICD-9-CM	Diagnosis
238.6	Neoplasm of uncertain behavior of plasma cells	ICD-9-CM	Diagnosis
238.8	Neoplasm of uncertain behavior of other specified sites	ICD-9-CM	Diagnosis
238.9	Neoplasm of uncertain behavior, site unspecified	ICD-9-CM	Diagnosis
239	Neoplasms of unspecified nature	ICD-9-CM	Diagnosis
239.0	Neoplasm of unspecified nature of digestive system	ICD-9-CM	Diagnosis
239	Neoplasm of unspecified nature of digestive system	ICD-9-CM	Diagnosis
239.1	Neoplasm of unspecified nature of respiratory system	ICD-9-CM	Diagnosis
239.2	Neoplasms of unspecified nature of bone, soft tissue, and skin	ICD-9-CM	Diagnosis
239.3	Neoplasm of unspecified nature of breast	ICD-9-CM	Diagnosis
239.4	Neoplasm of unspecified nature of bladder	ICD-9-CM	Diagnosis
239.5	Neoplasm of unspecified nature of other genitourinary organs	ICD-9-CM	Diagnosis
239.6	Neoplasm of unspecified nature of brain	ICD-9-CM	Diagnosis
239.7	Neoplasm of unspecified nature of endocrine glands and other parts of nervous system	ICD-9-CM	Diagnosis
239.8	Neoplasm of unspecified nature of other specified sites	ICD-9-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
239.81	Neoplasms of unspecified nature, retina and choroid	ICD-9-CM	Diagnosis
239.89	Neoplasms of unspecified nature, other specified sites	ICD-9-CM	Diagnosis
239.9	Neoplasm of unspecified nature, site unspecified	ICD-9-CM	Diagnosis
C00	Malignant neoplasm of external upper lip	ICD-10-CM	Diagnosis
C00.0	Malignant neoplasm of external upper lip	ICD-10-CM	Diagnosis
C00.1	Malignant neoplasm of external lower lip	ICD-10-CM	Diagnosis
C00.2	Malignant neoplasm of external lip, unspecified	ICD-10-CM	Diagnosis
C00.3	Malignant neoplasm of upper lip, inner aspect	ICD-10-CM	Diagnosis
C00.4	Malignant neoplasm of lower lip, inner aspect	ICD-10-CM	Diagnosis
C00.5	Malignant neoplasm of lip, unspecified, inner aspect	ICD-10-CM	Diagnosis
C00.6	Malignant neoplasm of commissure of lip, unspecified	ICD-10-CM	Diagnosis
C00.8	Malignant neoplasm of overlapping sites of lip	ICD-10-CM	Diagnosis
C00.9	Malignant neoplasm of lip, unspecified	ICD-10-CM	Diagnosis
C01	Malignant neoplasm of base of tongue	ICD-10-CM	Diagnosis
C02	Malignant neoplasm of dorsal surface of tongue	ICD-10-CM	Diagnosis
C02.0	Malignant neoplasm of dorsal surface of tongue	ICD-10-CM	Diagnosis
C02.1	Malignant neoplasm of border of tongue	ICD-10-CM	Diagnosis
C02.2	Malignant neoplasm of ventral surface of tongue	ICD-10-CM	Diagnosis
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	ICD-10-CM	Diagnosis
C02.4	Malignant neoplasm of lingual tonsil	ICD-10-CM	Diagnosis
C02.8	Malignant neoplasm of overlapping sites of tongue	ICD-10-CM	Diagnosis
C02.9	Malignant neoplasm of tongue, unspecified	ICD-10-CM	Diagnosis
C03	Malignant neoplasm of upper gum	ICD-10-CM	Diagnosis
C03.0	Malignant neoplasm of upper gum	ICD-10-CM	Diagnosis
C03.1	Malignant neoplasm of lower gum	ICD-10-CM	Diagnosis
C03.9	Malignant neoplasm of gum, unspecified	ICD-10-CM	Diagnosis
C04	Malignant neoplasm of anterior floor of mouth	ICD-10-CM	Diagnosis
C04.0	Malignant neoplasm of anterior floor of mouth	ICD-10-CM	Diagnosis
C04.1	Malignant neoplasm of lateral floor of mouth	ICD-10-CM	Diagnosis
C04.8	Malignant neoplasm of overlapping sites of floor of mouth	ICD-10-CM	Diagnosis
C04.9	Malignant neoplasm of floor of mouth, unspecified	ICD-10-CM	Diagnosis
C05	Malignant neoplasm of hard palate	ICD-10-CM	Diagnosis
C05.0	Malignant neoplasm of hard palate	ICD-10-CM	Diagnosis
C05.1	Malignant neoplasm of soft palate	ICD-10-CM	Diagnosis
C05.2	Malignant neoplasm of uvula	ICD-10-CM	Diagnosis
C05.8	Malignant neoplasm of overlapping sites of palate	ICD-10-CM	Diagnosis
C05.9	Malignant neoplasm of palate, unspecified	ICD-10-CM	Diagnosis
C06	Malignant neoplasm of cheek mucosa	ICD-10-CM	Diagnosis
C06.0	Malignant neoplasm of cheek mucosa	ICD-10-CM	Diagnosis
C06.1	Malignant neoplasm of vestibule of mouth	ICD-10-CM	Diagnosis
C06.2	Malignant neoplasm of retromolar area	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C06.8	Malignant neoplasm of overlapping sites of other and unspecified parts of mouth	ICD-10-CM	Diagnosis
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	ICD-10-CM	Diagnosis
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth	ICD-10-CM	Diagnosis
C06.9	Malignant neoplasm of mouth, unspecified	ICD-10-CM	Diagnosis
C07	Malignant neoplasm of parotid gland	ICD-10-CM	Diagnosis
C08	Malignant neoplasm of submandibular gland	ICD-10-CM	Diagnosis
C08.0	Malignant neoplasm of submandibular gland	ICD-10-CM	Diagnosis
C08.1	Malignant neoplasm of sublingual gland	ICD-10-CM	Diagnosis
C08.9	Malignant neoplasm of major salivary gland, unspecified	ICD-10-CM	Diagnosis
C09	Malignant neoplasm of tonsillar fossa	ICD-10-CM	Diagnosis
C09.0	Malignant neoplasm of tonsillar fossa	ICD-10-CM	Diagnosis
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	ICD-10-CM	Diagnosis
C09.8	Malignant neoplasm of overlapping sites of tonsil	ICD-10-CM	Diagnosis
C09.9	Malignant neoplasm of tonsil, unspecified	ICD-10-CM	Diagnosis
C10	Malignant neoplasm of vallecula	ICD-10-CM	Diagnosis
C10.0	Malignant neoplasm of vallecula	ICD-10-CM	Diagnosis
C10.1	Malignant neoplasm of anterior surface of epiglottis	ICD-10-CM	Diagnosis
C10.2	Malignant neoplasm of lateral wall of oropharynx	ICD-10-CM	Diagnosis
C10.3	Malignant neoplasm of posterior wall of oropharynx	ICD-10-CM	Diagnosis
C10.4	Malignant neoplasm of branchial cleft	ICD-10-CM	Diagnosis
C10.8	Malignant neoplasm of overlapping sites of oropharynx	ICD-10-CM	Diagnosis
C10.9	Malignant neoplasm of oropharynx, unspecified	ICD-10-CM	Diagnosis
C11	Malignant neoplasm of superior wall of nasopharynx	ICD-10-CM	Diagnosis
C11.0	Malignant neoplasm of superior wall of nasopharynx	ICD-10-CM	Diagnosis
C11.1	Malignant neoplasm of posterior wall of nasopharynx	ICD-10-CM	Diagnosis
C11.2	Malignant neoplasm of lateral wall of nasopharynx	ICD-10-CM	Diagnosis
C11.3	Malignant neoplasm of anterior wall of nasopharynx	ICD-10-CM	Diagnosis
C11.8	Malignant neoplasm of overlapping sites of nasopharynx	ICD-10-CM	Diagnosis
C11.9	Malignant neoplasm of nasopharynx, unspecified	ICD-10-CM	Diagnosis
C12	Malignant neoplasm of pyriform sinus	ICD-10-CM	Diagnosis
C13	Malignant neoplasm of postcricoid region	ICD-10-CM	Diagnosis
C13.0	Malignant neoplasm of postcricoid region	ICD-10-CM	Diagnosis
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	ICD-10-CM	Diagnosis
C13.2	Malignant neoplasm of posterior wall of hypopharynx	ICD-10-CM	Diagnosis
C13.8	Malignant neoplasm of overlapping sites of hypopharynx	ICD-10-CM	Diagnosis
C13.9	Malignant neoplasm of hypopharynx, unspecified	ICD-10-CM	Diagnosis
C14	Malignant neoplasm of pharynx, unspecified	ICD-10-CM	Diagnosis
C14.0	Malignant neoplasm of pharynx, unspecified	ICD-10-CM	Diagnosis
C14.2	Malignant neoplasm of Waldeyer's ring	ICD-10-CM	Diagnosis
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C15.3	Malignant neoplasm of upper third of esophagus	ICD-10-CM	Diagnosis
C15.4	Malignant neoplasm of middle third of esophagus	ICD-10-CM	Diagnosis
C15.5	Malignant neoplasm of lower third of esophagus	ICD-10-CM	Diagnosis
C15.8	Malignant neoplasm of overlapping sites of esophagus	ICD-10-CM	Diagnosis
C15.9	Malignant neoplasm of esophagus, unspecified	ICD-10-CM	Diagnosis
C16	Malignant neoplasm of cardia	ICD-10-CM	Diagnosis
C16.0	Malignant neoplasm of cardia	ICD-10-CM	Diagnosis
C16.1	Malignant neoplasm of fundus of stomach	ICD-10-CM	Diagnosis
C16.2	Malignant neoplasm of body of stomach	ICD-10-CM	Diagnosis
C16.3	Malignant neoplasm of pyloric antrum	ICD-10-CM	Diagnosis
C16.4	Malignant neoplasm of pylorus	ICD-10-CM	Diagnosis
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified	ICD-10-CM	Diagnosis
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified	ICD-10-CM	Diagnosis
C16.8	Malignant neoplasm of overlapping sites of stomach	ICD-10-CM	Diagnosis
C16.9	Malignant neoplasm of stomach, unspecified	ICD-10-CM	Diagnosis
C17	Malignant neoplasm of duodenum	ICD-10-CM	Diagnosis
C17.0	Malignant neoplasm of duodenum	ICD-10-CM	Diagnosis
C17.1	Malignant neoplasm of jejunum	ICD-10-CM	Diagnosis
C17.2	Malignant neoplasm of ileum	ICD-10-CM	Diagnosis
C17.3	Meckel's diverticulum, malignant	ICD-10-CM	Diagnosis
C17.8	Malignant neoplasm of overlapping sites of small intestine	ICD-10-CM	Diagnosis
C17.9	Malignant neoplasm of small intestine, unspecified	ICD-10-CM	Diagnosis
C18	Malignant neoplasm of cecum	ICD-10-CM	Diagnosis
C18.0	Malignant neoplasm of cecum	ICD-10-CM	Diagnosis
C18.1	Malignant neoplasm of appendix	ICD-10-CM	Diagnosis
C18.2	Malignant neoplasm of ascending colon	ICD-10-CM	Diagnosis
C18.3	Malignant neoplasm of hepatic flexure	ICD-10-CM	Diagnosis
C18.4	Malignant neoplasm of transverse colon	ICD-10-CM	Diagnosis
C18.5	Malignant neoplasm of splenic flexure	ICD-10-CM	Diagnosis
C18.6	Malignant neoplasm of descending colon	ICD-10-CM	Diagnosis
C18.7	Malignant neoplasm of sigmoid colon	ICD-10-CM	Diagnosis
C18.8	Malignant neoplasm of overlapping sites of colon	ICD-10-CM	Diagnosis
C18.9	Malignant neoplasm of colon, unspecified	ICD-10-CM	Diagnosis
C19	Malignant neoplasm of rectosigmoid junction	ICD-10-CM	Diagnosis
C20	Malignant neoplasm of rectum	ICD-10-CM	Diagnosis
C21	Malignant neoplasm of anus, unspecified	ICD-10-CM	Diagnosis
C21.0	Malignant neoplasm of anus, unspecified	ICD-10-CM	Diagnosis
C21.1	Malignant neoplasm of anal canal	ICD-10-CM	Diagnosis
C21.2	Malignant neoplasm of cloacogenic zone	ICD-10-CM	Diagnosis
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	ICD-10-CM	Diagnosis
C22	Liver cell carcinoma	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C22.0	Liver cell carcinoma	ICD-10-CM	Diagnosis
C22.1	Intrahepatic bile duct carcinoma	ICD-10-CM	Diagnosis
C22.2	Hepatoblastoma	ICD-10-CM	Diagnosis
C22.3	Angiosarcoma of liver	ICD-10-CM	Diagnosis
C22.4	Other sarcomas of liver	ICD-10-CM	Diagnosis
C22.7	Other specified carcinomas of liver	ICD-10-CM	Diagnosis
C22.8	Malignant neoplasm of liver, primary, unspecified as to type	ICD-10-CM	Diagnosis
C22.9	Malignant neoplasm of liver, not specified as primary or secondary	ICD-10-CM	Diagnosis
C23	Malignant neoplasm of gallbladder	ICD-10-CM	Diagnosis
C24	Malignant neoplasm of extrahepatic bile duct	ICD-10-CM	Diagnosis
C24.0	Malignant neoplasm of extrahepatic bile duct	ICD-10-CM	Diagnosis
C24.1	Malignant neoplasm of ampulla of Vater	ICD-10-CM	Diagnosis
C24.8	Malignant neoplasm of overlapping sites of biliary tract	ICD-10-CM	Diagnosis
C24.9	Malignant neoplasm of biliary tract, unspecified	ICD-10-CM	Diagnosis
C25	Malignant neoplasm of head of pancreas	ICD-10-CM	Diagnosis
C25.0	Malignant neoplasm of head of pancreas	ICD-10-CM	Diagnosis
C25.1	Malignant neoplasm of body of pancreas	ICD-10-CM	Diagnosis
C25.2	Malignant neoplasm of tail of pancreas	ICD-10-CM	Diagnosis
C25.3	Malignant neoplasm of pancreatic duct	ICD-10-CM	Diagnosis
C25.4	Malignant neoplasm of endocrine pancreas	ICD-10-CM	Diagnosis
C25.7	Malignant neoplasm of other parts of pancreas	ICD-10-CM	Diagnosis
C25.8	Malignant neoplasm of overlapping sites of pancreas	ICD-10-CM	Diagnosis
C25.9	Malignant neoplasm of pancreas, unspecified	ICD-10-CM	Diagnosis
C26	Malignant neoplasm of intestinal tract, part unspecified	ICD-10-CM	Diagnosis
C26.0	Malignant neoplasm of intestinal tract, part unspecified	ICD-10-CM	Diagnosis
C26.1	Malignant neoplasm of spleen	ICD-10-CM	Diagnosis
C26.9	Malignant neoplasm of ill-defined sites within the digestive system	ICD-10-CM	Diagnosis
C30	Malignant neoplasm of nasal cavity	ICD-10-CM	Diagnosis
C30.0	Malignant neoplasm of nasal cavity	ICD-10-CM	Diagnosis
C30.1	Malignant neoplasm of middle ear	ICD-10-CM	Diagnosis
C31	Malignant neoplasm of maxillary sinus	ICD-10-CM	Diagnosis
C31.0	Malignant neoplasm of maxillary sinus	ICD-10-CM	Diagnosis
C31.1	Malignant neoplasm of ethmoidal sinus	ICD-10-CM	Diagnosis
C31.2	Malignant neoplasm of frontal sinus	ICD-10-CM	Diagnosis
C31.3	Malignant neoplasm of sphenoid sinus	ICD-10-CM	Diagnosis
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses	ICD-10-CM	Diagnosis
C31.9	Malignant neoplasm of accessory sinus, unspecified	ICD-10-CM	Diagnosis
C32	Malignant neoplasm of glottis	ICD-10-CM	Diagnosis
C32.0	Malignant neoplasm of glottis	ICD-10-CM	Diagnosis
C32.1	Malignant neoplasm of supraglottis	ICD-10-CM	Diagnosis
C32.2	Malignant neoplasm of subglottis	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C32.3	Malignant neoplasm of laryngeal cartilage	ICD-10-CM	Diagnosis
C32.8	Malignant neoplasm of overlapping sites of larynx	ICD-10-CM	Diagnosis
C32.9	Malignant neoplasm of larynx, unspecified	ICD-10-CM	Diagnosis
C33	Malignant neoplasm of trachea	ICD-10-CM	Diagnosis
C34	Malignant neoplasm of main bronchus	ICD-10-CM	Diagnosis
C34.0	Malignant neoplasm of main bronchus	ICD-10-CM	Diagnosis
C34.00	Malignant neoplasm of unspecified main bronchus	ICD-10-CM	Diagnosis
C34.01	Malignant neoplasm of right main bronchus	ICD-10-CM	Diagnosis
C34.02	Malignant neoplasm of left main bronchus	ICD-10-CM	Diagnosis
C34.1	Malignant neoplasm of upper lobe, bronchus or lung	ICD-10-CM	Diagnosis
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	ICD-10-CM	Diagnosis
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	ICD-10-CM	Diagnosis
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung	ICD-10-CM	Diagnosis
C34.2	Malignant neoplasm of middle lobe, bronchus or lung	ICD-10-CM	Diagnosis
C34.3	Malignant neoplasm of lower lobe, bronchus or lung	ICD-10-CM	Diagnosis
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	ICD-10-CM	Diagnosis
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	ICD-10-CM	Diagnosis
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	ICD-10-CM	Diagnosis
C34.8	Malignant neoplasm of overlapping sites of bronchus and lung	ICD-10-CM	Diagnosis
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	ICD-10-CM	Diagnosis
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung	ICD-10-CM	Diagnosis
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung	ICD-10-CM	Diagnosis
C34.9	Malignant neoplasm of unspecified part of bronchus or lung	ICD-10-CM	Diagnosis
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	ICD-10-CM	Diagnosis
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	ICD-10-CM	Diagnosis
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung	ICD-10-CM	Diagnosis
C37	Malignant neoplasm of thymus	ICD-10-CM	Diagnosis
C38	Malignant neoplasm of heart	ICD-10-CM	Diagnosis
C38.0	Malignant neoplasm of heart	ICD-10-CM	Diagnosis
C38.1	Malignant neoplasm of anterior mediastinum	ICD-10-CM	Diagnosis
C38.2	Malignant neoplasm of posterior mediastinum	ICD-10-CM	Diagnosis
C38.3	Malignant neoplasm of mediastinum, part unspecified	ICD-10-CM	Diagnosis
C38.4	Malignant neoplasm of pleura	ICD-10-CM	Diagnosis
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura	ICD-10-CM	Diagnosis
C39	Malignant neoplasm of upper respiratory tract, part unspecified	ICD-10-CM	Diagnosis
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified	ICD-10-CM	Diagnosis
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified	ICD-10-CM	Diagnosis
C40	Malignant neoplasm of scapula and long bones of upper limb	ICD-10-CM	Diagnosis
C40.0	Malignant neoplasm of scapula and long bones of upper limb	ICD-10-CM	Diagnosis
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb	ICD-10-CM	Diagnosis
C40.01	Malignant neoplasm of scapula and long bones of right upper limb	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C40.02	Malignant neoplasm of scapula and long bones of left upper limb	ICD-10-CM	Diagnosis
C40.1	Malignant neoplasm of short bones of upper limb	ICD-10-CM	Diagnosis
C40.10	Malignant neoplasm of short bones of unspecified upper limb	ICD-10-CM	Diagnosis
C40.11	Malignant neoplasm of short bones of right upper limb	ICD-10-CM	Diagnosis
C40.12	Malignant neoplasm of short bones of left upper limb	ICD-10-CM	Diagnosis
C40.2	Malignant neoplasm of long bones of lower limb	ICD-10-CM	Diagnosis
C40.20	Malignant neoplasm of long bones of unspecified lower limb	ICD-10-CM	Diagnosis
C40.21	Malignant neoplasm of long bones of right lower limb	ICD-10-CM	Diagnosis
C40.22	Malignant neoplasm of long bones of left lower limb	ICD-10-CM	Diagnosis
C40.3	Malignant neoplasm of short bones of lower limb	ICD-10-CM	Diagnosis
C40.30	Malignant neoplasm of short bones of unspecified lower limb	ICD-10-CM	Diagnosis
C40.31	Malignant neoplasm of short bones of right lower limb	ICD-10-CM	Diagnosis
C40.32	Malignant neoplasm of short bones of left lower limb	ICD-10-CM	Diagnosis
C40.8	Malignant neoplasm of overlapping sites of bone and articular cartilage of limb	ICD-10-CM	Diagnosis
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb	ICD-10-CM	Diagnosis
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb	ICD-10-CM	Diagnosis
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb	ICD-10-CM	Diagnosis
C40.9	Malignant neoplasm of unspecified bones and articular cartilage of limb	ICD-10-CM	Diagnosis
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb	ICD-10-CM	Diagnosis
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb	ICD-10-CM	Diagnosis
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb	ICD-10-CM	Diagnosis
C41	Malignant neoplasm of bones of skull and face	ICD-10-CM	Diagnosis
C41.0	Malignant neoplasm of bones of skull and face	ICD-10-CM	Diagnosis
C41.1	Malignant neoplasm of mandible	ICD-10-CM	Diagnosis
C41.2	Malignant neoplasm of vertebral column	ICD-10-CM	Diagnosis
C41.3	Malignant neoplasm of ribs, sternum and clavicle	ICD-10-CM	Diagnosis
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx	ICD-10-CM	Diagnosis
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified	ICD-10-CM	Diagnosis
C43	Malignant melanoma of lip	ICD-10-CM	Diagnosis
C43.0	Malignant melanoma of lip	ICD-10-CM	Diagnosis
C43.1	Malignant melanoma of eyelid, including canthus	ICD-10-CM	Diagnosis
C43.10	Malignant melanoma of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C43.11	Malignant melanoma of right eyelid, including canthus	ICD-10-CM	Diagnosis
C43.111	Malignant melanoma of right upper eyelid, including canthus	ICD-10-CM	Diagnosis
C43.112	Malignant melanoma of right lower eyelid, including canthus	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C43.12	Malignant melanoma of left eyelid, including canthus	ICD-10-CM	Diagnosis
C43.121	Malignant melanoma of left upper eyelid, including canthus	ICD-10-CM	Diagnosis
C43.122	Malignant melanoma of left lower eyelid, including canthus	ICD-10-CM	Diagnosis
C43.2	Malignant melanoma of ear and external auricular canal	ICD-10-CM	Diagnosis
C43.20	Malignant melanoma of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
C43.21	Malignant melanoma of right ear and external auricular canal	ICD-10-CM	Diagnosis
C43.22	Malignant melanoma of left ear and external auricular canal	ICD-10-CM	Diagnosis
C43.3	Malignant melanoma of other and unspecified parts of face	ICD-10-CM	Diagnosis
C43.30	Malignant melanoma of unspecified part of face	ICD-10-CM	Diagnosis
C43.31	Malignant melanoma of nose	ICD-10-CM	Diagnosis
C43.39	Malignant melanoma of other parts of face	ICD-10-CM	Diagnosis
C43.4	Malignant melanoma of scalp and neck	ICD-10-CM	Diagnosis
C43.5	Malignant melanoma of trunk	ICD-10-CM	Diagnosis
C43.51	Malignant melanoma of anal skin	ICD-10-CM	Diagnosis
C43.52	Malignant melanoma of skin of breast	ICD-10-CM	Diagnosis
C43.59	Malignant melanoma of other part of trunk	ICD-10-CM	Diagnosis
C43.6	Malignant melanoma of upper limb, including shoulder	ICD-10-CM	Diagnosis
C43.60	Malignant melanoma of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C43.61	Malignant melanoma of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C43.62	Malignant melanoma of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C43.7	Malignant melanoma of lower limb, including hip	ICD-10-CM	Diagnosis
C43.70	Malignant melanoma of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C43.71	Malignant melanoma of right lower limb, including hip	ICD-10-CM	Diagnosis
C43.72	Malignant melanoma of left lower limb, including hip	ICD-10-CM	Diagnosis
C43.8	Malignant melanoma of overlapping sites of skin	ICD-10-CM	Diagnosis
C43.9	Malignant melanoma of skin, unspecified	ICD-10-CM	Diagnosis
C44	Other and unspecified malignant neoplasm of skin of lip	ICD-10-CM	Diagnosis
C44.0	Other and unspecified malignant neoplasm of skin of lip	ICD-10-CM	Diagnosis
C44.00	Unspecified malignant neoplasm of skin of lip	ICD-10-CM	Diagnosis
C44.01	Basal cell carcinoma of skin of lip	ICD-10-CM	Diagnosis
C44.02	Squamous cell carcinoma of skin of lip	ICD-10-CM	Diagnosis
C44.09	Other specified malignant neoplasm of skin of lip	ICD-10-CM	Diagnosis
C44.1	Other and unspecified malignant neoplasm of skin of eyelid, including canthus	ICD-10-CM	Diagnosis
C44.10	Unspecified malignant neoplasm of skin of eyelid, including canthus	ICD-10-CM	Diagnosis
C44.101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C44.102	Unspecified malignant neoplasm of skin of right eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus	ICD-10-CM	Diagnosis
C44.109	Unspecified malignant neoplasm of skin of left eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus	ICD-10-CM	Diagnosis
C44.11	Basal cell carcinoma of skin of eyelid, including canthus	ICD-10-CM	Diagnosis
C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C44.112	Basal cell carcinoma of skin of right eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus	ICD-10-CM	Diagnosis
C44.119	Basal cell carcinoma of skin of left eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus	ICD-10-CM	Diagnosis
C44.12	Squamous cell carcinoma of skin of eyelid, including canthus	ICD-10-CM	Diagnosis
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C44.122	Squamous cell carcinoma of skin of right eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus	ICD-10-CM	Diagnosis
C44.129	Squamous cell carcinoma of skin of left eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus	ICD-10-CM	Diagnosis
C44.13	Sebaceous cell carcinoma of skin of eyelid, including canthus	ICD-10-CM	Diagnosis
C44.131	Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C44.132	Sebaceous cell carcinoma of skin of right eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus	ICD-10-CM	Diagnosis
C44.139	Sebaceous cell carcinoma of skin of left eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus	ICD-10-CM	Diagnosis
C44.19	Other specified malignant neoplasm of skin of eyelid, including canthus	ICD-10-CM	Diagnosis
C44.191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C44.192	Other specified malignant neoplasm of skin of right eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus	ICD-10-CM	Diagnosis
C44.199	Other specified malignant neoplasm of skin of left eyelid, including canthus	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus	ICD-10-CM	Diagnosis
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus	ICD-10-CM	Diagnosis
C44.2	Other and unspecified malignant neoplasm of skin of ear and external auricular canal	ICD-10-CM	Diagnosis
C44.20	Unspecified malignant neoplasm of skin of ear and external auricular canal	ICD-10-CM	Diagnosis
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal	ICD-10-CM	Diagnosis
C44.209	Unspecified malignant neoplasm of skin of left ear and external auricular canal	ICD-10-CM	Diagnosis
C44.21	Basal cell carcinoma of skin of ear and external auricular canal	ICD-10-CM	Diagnosis
C44.211	Basal cell carcinoma of skin of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal	ICD-10-CM	Diagnosis
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal	ICD-10-CM	Diagnosis
C44.22	Squamous cell carcinoma of skin of ear and external auricular canal	ICD-10-CM	Diagnosis
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal	ICD-10-CM	Diagnosis
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal	ICD-10-CM	Diagnosis
C44.29	Other specified malignant neoplasm of skin of ear and external auricular canal	ICD-10-CM	Diagnosis
C44.291	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal	ICD-10-CM	Diagnosis
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal	ICD-10-CM	Diagnosis
C44.3	Other and unspecified malignant neoplasm of skin of other and unspecified parts of face	ICD-10-CM	Diagnosis
C44.30	Unspecified malignant neoplasm of skin of other and unspecified parts of face	ICD-10-CM	Diagnosis
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face	ICD-10-CM	Diagnosis
C44.301	Unspecified malignant neoplasm of skin of nose	ICD-10-CM	Diagnosis
C44.309	Unspecified malignant neoplasm of skin of other parts of face	ICD-10-CM	Diagnosis
C44.31	Basal cell carcinoma of skin of other and unspecified parts of face	ICD-10-CM	Diagnosis
C44.310	Basal cell carcinoma of skin of unspecified parts of face	ICD-10-CM	Diagnosis
C44.311	Basal cell carcinoma of skin of nose	ICD-10-CM	Diagnosis
C44.319	Basal cell carcinoma of skin of other parts of face	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C44.32	Squamous cell carcinoma of skin of other and unspecified parts of face	ICD-10-CM	Diagnosis
C44.320	Squamous cell carcinoma of skin of unspecified parts of face	ICD-10-CM	Diagnosis
C44.321	Squamous cell carcinoma of skin of nose	ICD-10-CM	Diagnosis
C44.329	Squamous cell carcinoma of skin of other parts of face	ICD-10-CM	Diagnosis
C44.39	Other specified malignant neoplasm of skin of other and unspecified parts of face	ICD-10-CM	Diagnosis
C44.390	Other specified malignant neoplasm of skin of unspecified parts of face	ICD-10-CM	Diagnosis
C44.391	Other specified malignant neoplasm of skin of nose	ICD-10-CM	Diagnosis
C44.399	Other specified malignant neoplasm of skin of other parts of face	ICD-10-CM	Diagnosis
C44.4	Other and unspecified malignant neoplasm of skin of scalp and neck	ICD-10-CM	Diagnosis
C44.40	Unspecified malignant neoplasm of skin of scalp and neck	ICD-10-CM	Diagnosis
C44.41	Basal cell carcinoma of skin of scalp and neck	ICD-10-CM	Diagnosis
C44.42	Squamous cell carcinoma of skin of scalp and neck	ICD-10-CM	Diagnosis
C44.49	Other specified malignant neoplasm of skin of scalp and neck	ICD-10-CM	Diagnosis
C44.5	Other and unspecified malignant neoplasm of skin of trunk	ICD-10-CM	Diagnosis
C44.50	Unspecified malignant neoplasm of skin of trunk	ICD-10-CM	Diagnosis
C44.500	Unspecified malignant neoplasm of anal skin	ICD-10-CM	Diagnosis
C44.501	Unspecified malignant neoplasm of skin of breast	ICD-10-CM	Diagnosis
C44.509	Unspecified malignant neoplasm of skin of other part of trunk	ICD-10-CM	Diagnosis
C44.51	Basal cell carcinoma of skin of trunk	ICD-10-CM	Diagnosis
C44.510	Basal cell carcinoma of anal skin	ICD-10-CM	Diagnosis
C44.511	Basal cell carcinoma of skin of breast	ICD-10-CM	Diagnosis
C44.519	Basal cell carcinoma of skin of other part of trunk	ICD-10-CM	Diagnosis
C44.52	Squamous cell carcinoma of skin of trunk	ICD-10-CM	Diagnosis
C44.520	Squamous cell carcinoma of anal skin	ICD-10-CM	Diagnosis
C44.521	Squamous cell carcinoma of skin of breast	ICD-10-CM	Diagnosis
C44.529	Squamous cell carcinoma of skin of other part of trunk	ICD-10-CM	Diagnosis
C44.59	Other specified malignant neoplasm of skin of trunk	ICD-10-CM	Diagnosis
C44.590	Other specified malignant neoplasm of anal skin	ICD-10-CM	Diagnosis
C44.591	Other specified malignant neoplasm of skin of breast	ICD-10-CM	Diagnosis
C44.599	Other specified malignant neoplasm of skin of other part of trunk	ICD-10-CM	Diagnosis
C44.6	Other and unspecified malignant neoplasm of skin of upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.60	Unspecified malignant neoplasm of skin of upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.61	Basal cell carcinoma of skin of upper limb, including shoulder	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.62	Squamous cell carcinoma of skin of upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.69	Other specified malignant neoplasm of skin of upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.7	Other and unspecified malignant neoplasm of skin of lower limb, including hip	ICD-10-CM	Diagnosis
C44.70	Unspecified malignant neoplasm of skin of lower limb, including hip	ICD-10-CM	Diagnosis
C44.701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip	ICD-10-CM	Diagnosis
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip	ICD-10-CM	Diagnosis
C44.71	Basal cell carcinoma of skin of lower limb, including hip	ICD-10-CM	Diagnosis
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C44.712	Basal cell carcinoma of skin of right lower limb, including hip	ICD-10-CM	Diagnosis
C44.719	Basal cell carcinoma of skin of left lower limb, including hip	ICD-10-CM	Diagnosis
C44.72	Squamous cell carcinoma of skin of lower limb, including hip	ICD-10-CM	Diagnosis
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip	ICD-10-CM	Diagnosis
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip	ICD-10-CM	Diagnosis
C44.79	Other specified malignant neoplasm of skin of lower limb, including hip	ICD-10-CM	Diagnosis
C44.791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip	ICD-10-CM	Diagnosis
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip	ICD-10-CM	Diagnosis
C44.8	Other and unspecified malignant neoplasm of overlapping sites of skin	ICD-10-CM	Diagnosis
C44.80	Unspecified malignant neoplasm of overlapping sites of skin	ICD-10-CM	Diagnosis
C44.81	Basal cell carcinoma of overlapping sites of skin	ICD-10-CM	Diagnosis
C44.82	Squamous cell carcinoma of overlapping sites of skin	ICD-10-CM	Diagnosis
C44.89	Other specified malignant neoplasm of overlapping sites of skin	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C44.9	Other and unspecified malignant neoplasm of skin, unspecified	ICD-10-CM	Diagnosis
C44.90	Unspecified malignant neoplasm of skin, unspecified	ICD-10-CM	Diagnosis
C44.91	Basal cell carcinoma of skin, unspecified	ICD-10-CM	Diagnosis
C44.92	Squamous cell carcinoma of skin, unspecified	ICD-10-CM	Diagnosis
C44.99	Other specified malignant neoplasm of skin, unspecified	ICD-10-CM	Diagnosis
C45	Mesothelioma of pleura	ICD-10-CM	Diagnosis
C45.0	Mesothelioma of pleura	ICD-10-CM	Diagnosis
C45.1	Mesothelioma of peritoneum	ICD-10-CM	Diagnosis
C45.2	Mesothelioma of pericardium	ICD-10-CM	Diagnosis
C45.7	Mesothelioma of other sites	ICD-10-CM	Diagnosis
C45.9	Mesothelioma, unspecified	ICD-10-CM	Diagnosis
C46	Kaposi's sarcoma of skin	ICD-10-CM	Diagnosis
C46.0	Kaposi's sarcoma of skin	ICD-10-CM	Diagnosis
C46.1	Kaposi's sarcoma of soft tissue	ICD-10-CM	Diagnosis
C46.2	Kaposi's sarcoma of palate	ICD-10-CM	Diagnosis
C46.3	Kaposi's sarcoma of lymph nodes	ICD-10-CM	Diagnosis
C46.4	Kaposi's sarcoma of gastrointestinal sites	ICD-10-CM	Diagnosis
C46.5	Kaposi's sarcoma of lung	ICD-10-CM	Diagnosis
C46.50	Kaposi's sarcoma of unspecified lung	ICD-10-CM	Diagnosis
C46.51	Kaposi's sarcoma of right lung	ICD-10-CM	Diagnosis
C46.52	Kaposi's sarcoma of left lung	ICD-10-CM	Diagnosis
C46.7	Kaposi's sarcoma of other sites	ICD-10-CM	Diagnosis
C46.9	Kaposi's sarcoma, unspecified	ICD-10-CM	Diagnosis
C47	Malignant neoplasm of peripheral nerves of head, face and neck	ICD-10-CM	Diagnosis
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck	ICD-10-CM	Diagnosis
C47.1	Malignant neoplasm of peripheral nerves of upper limb, including shoulder	ICD-10-CM	Diagnosis
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C47.2	Malignant neoplasm of peripheral nerves of lower limb, including hip	ICD-10-CM	Diagnosis
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip	ICD-10-CM	Diagnosis
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip	ICD-10-CM	Diagnosis
C47.3	Malignant neoplasm of peripheral nerves of thorax	ICD-10-CM	Diagnosis
C47.4	Malignant neoplasm of peripheral nerves of abdomen	ICD-10-CM	Diagnosis
C47.5	Malignant neoplasm of peripheral nerves of pelvis	ICD-10-CM	Diagnosis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system	ICD-10-CM	Diagnosis
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified	ICD-10-CM	Diagnosis
C48	Malignant neoplasm of retroperitoneum	ICD-10-CM	Diagnosis
C48.0	Malignant neoplasm of retroperitoneum	ICD-10-CM	Diagnosis
C48.1	Malignant neoplasm of specified parts of peritoneum	ICD-10-CM	Diagnosis
C48.2	Malignant neoplasm of peritoneum, unspecified	ICD-10-CM	Diagnosis
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	ICD-10-CM	Diagnosis
C49	Malignant neoplasm of connective and soft tissue of head, face and neck	ICD-10-CM	Diagnosis
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck	ICD-10-CM	Diagnosis
C49.1	Malignant neoplasm of connective and soft tissue of upper limb, including shoulder	ICD-10-CM	Diagnosis
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C49.2	Malignant neoplasm of connective and soft tissue of lower limb, including hip	ICD-10-CM	Diagnosis
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	ICD-10-CM	Diagnosis
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	ICD-10-CM	Diagnosis
C49.3	Malignant neoplasm of connective and soft tissue of thorax	ICD-10-CM	Diagnosis
C49.4	Malignant neoplasm of connective and soft tissue of abdomen	ICD-10-CM	Diagnosis
C49.5	Malignant neoplasm of connective and soft tissue of pelvis	ICD-10-CM	Diagnosis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified	ICD-10-CM	Diagnosis
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue	ICD-10-CM	Diagnosis
C49.9	Malignant neoplasm of connective and soft tissue, unspecified	ICD-10-CM	Diagnosis
C49.A	Gastrointestinal stromal tumor	ICD-10-CM	Diagnosis
C49.A0	Gastrointestinal stromal tumor, unspecified site	ICD-10-CM	Diagnosis
C49.A1	Gastrointestinal stromal tumor of esophagus	ICD-10-CM	Diagnosis
C49.A2	Gastrointestinal stromal tumor of stomach	ICD-10-CM	Diagnosis
C49.A3	Gastrointestinal stromal tumor of small intestine	ICD-10-CM	Diagnosis
C49.A4	Gastrointestinal stromal tumor of large intestine	ICD-10-CM	Diagnosis
C49.A5	Gastrointestinal stromal tumor of rectum	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C49.A9	Gastrointestinal stromal tumor of other sites	ICD-10-CM	Diagnosis
C4A	Merkel cell carcinoma of lip	ICD-10-CM	Diagnosis
C4A.0	Merkel cell carcinoma of lip	ICD-10-CM	Diagnosis
C4A.1	Merkel cell carcinoma of eyelid, including canthus	ICD-10-CM	Diagnosis
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C4A.11	Merkel cell carcinoma of right eyelid, including canthus	ICD-10-CM	Diagnosis
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus	ICD-10-CM	Diagnosis
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus	ICD-10-CM	Diagnosis
C4A.12	Merkel cell carcinoma of left eyelid, including canthus	ICD-10-CM	Diagnosis
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus	ICD-10-CM	Diagnosis
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus	ICD-10-CM	Diagnosis
C4A.2	Merkel cell carcinoma of ear and external auricular canal	ICD-10-CM	Diagnosis
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
C4A.21	Merkel cell carcinoma of right ear and external auricular canal	ICD-10-CM	Diagnosis
C4A.22	Merkel cell carcinoma of left ear and external auricular canal	ICD-10-CM	Diagnosis
C4A.3	Merkel cell carcinoma of other and unspecified parts of face	ICD-10-CM	Diagnosis
C4A.30	Merkel cell carcinoma of unspecified part of face	ICD-10-CM	Diagnosis
C4A.31	Merkel cell carcinoma of nose	ICD-10-CM	Diagnosis
C4A.39	Merkel cell carcinoma of other parts of face	ICD-10-CM	Diagnosis
C4A.4	Merkel cell carcinoma of scalp and neck	ICD-10-CM	Diagnosis
C4A.5	Merkel cell carcinoma of trunk	ICD-10-CM	Diagnosis
C4A.51	Merkel cell carcinoma of anal skin	ICD-10-CM	Diagnosis
C4A.52	Merkel cell carcinoma of skin of breast	ICD-10-CM	Diagnosis
C4A.59	Merkel cell carcinoma of other part of trunk	ICD-10-CM	Diagnosis
C4A.6	Merkel cell carcinoma of upper limb, including shoulder	ICD-10-CM	Diagnosis
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C4A.7	Merkel cell carcinoma of lower limb, including hip	ICD-10-CM	Diagnosis
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C4A.71	Merkel cell carcinoma of right lower limb, including hip	ICD-10-CM	Diagnosis
C4A.72	Merkel cell carcinoma of left lower limb, including hip	ICD-10-CM	Diagnosis
C4A.8	Merkel cell carcinoma of overlapping sites	ICD-10-CM	Diagnosis
C4A.9	Merkel cell carcinoma, unspecified	ICD-10-CM	Diagnosis
C50	Malignant neoplasm of nipple and areola	ICD-10-CM	Diagnosis
C50.0	Malignant neoplasm of nipple and areola	ICD-10-CM	Diagnosis
C50.01	Malignant neoplasm of nipple and areola, female	ICD-10-CM	Diagnosis
C50.011	Malignant neoplasm of nipple and areola, right female breast	ICD-10-CM	Diagnosis
C50.012	Malignant neoplasm of nipple and areola, left female breast	ICD-10-CM	Diagnosis
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast	ICD-10-CM	Diagnosis
C50.02	Malignant neoplasm of nipple and areola, male	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C50.021	Malignant neoplasm of nipple and areola, right male breast	ICD-10-CM	Diagnosis
C50.022	Malignant neoplasm of nipple and areola, left male breast	ICD-10-CM	Diagnosis
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast	ICD-10-CM	Diagnosis
C50.1	Malignant neoplasm of central portion of breast	ICD-10-CM	Diagnosis
C50.11	Malignant neoplasm of central portion of breast, female	ICD-10-CM	Diagnosis
C50.111	Malignant neoplasm of central portion of right female breast	ICD-10-CM	Diagnosis
C50.112	Malignant neoplasm of central portion of left female breast	ICD-10-CM	Diagnosis
C50.119	Malignant neoplasm of central portion of unspecified female breast	ICD-10-CM	Diagnosis
C50.12	Malignant neoplasm of central portion of breast, male	ICD-10-CM	Diagnosis
C50.121	Malignant neoplasm of central portion of right male breast	ICD-10-CM	Diagnosis
C50.122	Malignant neoplasm of central portion of left male breast	ICD-10-CM	Diagnosis
C50.129	Malignant neoplasm of central portion of unspecified male breast	ICD-10-CM	Diagnosis
C50.2	Malignant neoplasm of upper-inner quadrant of breast	ICD-10-CM	Diagnosis
C50.21	Malignant neoplasm of upper-inner quadrant of breast, female	ICD-10-CM	Diagnosis
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast	ICD-10-CM	Diagnosis
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	ICD-10-CM	Diagnosis
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.22	Malignant neoplasm of upper-inner quadrant of breast, male	ICD-10-CM	Diagnosis
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast	ICD-10-CM	Diagnosis
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast	ICD-10-CM	Diagnosis
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.3	Malignant neoplasm of lower-inner quadrant of breast	ICD-10-CM	Diagnosis
C50.31	Malignant neoplasm of lower-inner quadrant of breast, female	ICD-10-CM	Diagnosis
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast	ICD-10-CM	Diagnosis
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast	ICD-10-CM	Diagnosis
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.32	Malignant neoplasm of lower-inner quadrant of breast, male	ICD-10-CM	Diagnosis
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast	ICD-10-CM	Diagnosis
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast	ICD-10-CM	Diagnosis
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.4	Malignant neoplasm of upper-outer quadrant of breast	ICD-10-CM	Diagnosis
C50.41	Malignant neoplasm of upper-outer quadrant of breast, female	ICD-10-CM	Diagnosis
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast	ICD-10-CM	Diagnosis
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast	ICD-10-CM	Diagnosis
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.42	Malignant neoplasm of upper-outer quadrant of breast, male	ICD-10-CM	Diagnosis
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast	ICD-10-CM	Diagnosis
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast	ICD-10-CM	Diagnosis
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.5	Malignant neoplasm of lower-outer quadrant of breast	ICD-10-CM	Diagnosis
C50.51	Malignant neoplasm of lower-outer quadrant of breast, female	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	ICD-10-CM	Diagnosis
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast	ICD-10-CM	Diagnosis
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.52	Malignant neoplasm of lower-outer quadrant of breast, male	ICD-10-CM	Diagnosis
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast	ICD-10-CM	Diagnosis
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast	ICD-10-CM	Diagnosis
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.6	Malignant neoplasm of axillary tail of breast	ICD-10-CM	Diagnosis
C50.61	Malignant neoplasm of axillary tail of breast, female	ICD-10-CM	Diagnosis
C50.611	Malignant neoplasm of axillary tail of right female breast	ICD-10-CM	Diagnosis
C50.612	Malignant neoplasm of axillary tail of left female breast	ICD-10-CM	Diagnosis
C50.619	Malignant neoplasm of axillary tail of unspecified female breast	ICD-10-CM	Diagnosis
C50.62	Malignant neoplasm of axillary tail of breast, male	ICD-10-CM	Diagnosis
C50.621	Malignant neoplasm of axillary tail of right male breast	ICD-10-CM	Diagnosis
C50.622	Malignant neoplasm of axillary tail of left male breast	ICD-10-CM	Diagnosis
C50.629	Malignant neoplasm of axillary tail of unspecified male breast	ICD-10-CM	Diagnosis
C50.8	Malignant neoplasm of overlapping sites of breast	ICD-10-CM	Diagnosis
C50.81	Malignant neoplasm of overlapping sites of breast, female	ICD-10-CM	Diagnosis
C50.811	Malignant neoplasm of overlapping sites of right female breast	ICD-10-CM	Diagnosis
C50.812	Malignant neoplasm of overlapping sites of left female breast	ICD-10-CM	Diagnosis
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast	ICD-10-CM	Diagnosis
C50.82	Malignant neoplasm of overlapping sites of breast, male	ICD-10-CM	Diagnosis
C50.821	Malignant neoplasm of overlapping sites of right male breast	ICD-10-CM	Diagnosis
C50.822	Malignant neoplasm of overlapping sites of left male breast	ICD-10-CM	Diagnosis
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast	ICD-10-CM	Diagnosis
C50.9	Malignant neoplasm of breast of unspecified site	ICD-10-CM	Diagnosis
C50.91	Malignant neoplasm of breast of unspecified site, female	ICD-10-CM	Diagnosis
C50.911	Malignant neoplasm of unspecified site of right female breast	ICD-10-CM	Diagnosis
C50.912	Malignant neoplasm of unspecified site of left female breast	ICD-10-CM	Diagnosis
C50.919	Malignant neoplasm of unspecified site of unspecified female breast	ICD-10-CM	Diagnosis
C50.92	Malignant neoplasm of breast of unspecified site, male	ICD-10-CM	Diagnosis
C50.921	Malignant neoplasm of unspecified site of right male breast	ICD-10-CM	Diagnosis
C50.922	Malignant neoplasm of unspecified site of left male breast	ICD-10-CM	Diagnosis
C50.929	Malignant neoplasm of unspecified site of unspecified male breast	ICD-10-CM	Diagnosis
C51	Malignant neoplasm of labium majus	ICD-10-CM	Diagnosis
C51.0	Malignant neoplasm of labium majus	ICD-10-CM	Diagnosis
C51.1	Malignant neoplasm of labium minus	ICD-10-CM	Diagnosis
C51.2	Malignant neoplasm of clitoris	ICD-10-CM	Diagnosis
C51.8	Malignant neoplasm of overlapping sites of vulva	ICD-10-CM	Diagnosis
C51.9	Malignant neoplasm of vulva, unspecified	ICD-10-CM	Diagnosis
C52	Malignant neoplasm of vagina	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C53	Malignant neoplasm of endocervix	ICD-10-CM	Diagnosis
C53.0	Malignant neoplasm of endocervix	ICD-10-CM	Diagnosis
C53.1	Malignant neoplasm of exocervix	ICD-10-CM	Diagnosis
C53.8	Malignant neoplasm of overlapping sites of cervix uteri	ICD-10-CM	Diagnosis
C53.9	Malignant neoplasm of cervix uteri, unspecified	ICD-10-CM	Diagnosis
C54	Malignant neoplasm of isthmus uteri	ICD-10-CM	Diagnosis
C54.0	Malignant neoplasm of isthmus uteri	ICD-10-CM	Diagnosis
C54.1	Malignant neoplasm of endometrium	ICD-10-CM	Diagnosis
C54.2	Malignant neoplasm of myometrium	ICD-10-CM	Diagnosis
C54.3	Malignant neoplasm of fundus uteri	ICD-10-CM	Diagnosis
C54.8	Malignant neoplasm of overlapping sites of corpus uteri	ICD-10-CM	Diagnosis
C54.9	Malignant neoplasm of corpus uteri, unspecified	ICD-10-CM	Diagnosis
C55	Malignant neoplasm of uterus, part unspecified	ICD-10-CM	Diagnosis
C56.1	Malignant neoplasm of right ovary	ICD-10-CM	Diagnosis
C56.2	Malignant neoplasm of left ovary	ICD-10-CM	Diagnosis
C56.9	Malignant neoplasm of unspecified ovary	ICD-10-CM	Diagnosis
C57	Malignant neoplasm of fallopian tube	ICD-10-CM	Diagnosis
C57.0	Malignant neoplasm of fallopian tube	ICD-10-CM	Diagnosis
C57.00	Malignant neoplasm of unspecified fallopian tube	ICD-10-CM	Diagnosis
C57.01	Malignant neoplasm of right fallopian tube	ICD-10-CM	Diagnosis
C57.02	Malignant neoplasm of left fallopian tube	ICD-10-CM	Diagnosis
C57.1	Malignant neoplasm of broad ligament	ICD-10-CM	Diagnosis
C57.10	Malignant neoplasm of unspecified broad ligament	ICD-10-CM	Diagnosis
C57.11	Malignant neoplasm of right broad ligament	ICD-10-CM	Diagnosis
C57.12	Malignant neoplasm of left broad ligament	ICD-10-CM	Diagnosis
C57.2	Malignant neoplasm of round ligament	ICD-10-CM	Diagnosis
C57.20	Malignant neoplasm of unspecified round ligament	ICD-10-CM	Diagnosis
C57.21	Malignant neoplasm of right round ligament	ICD-10-CM	Diagnosis
C57.22	Malignant neoplasm of left round ligament	ICD-10-CM	Diagnosis
C57.3	Malignant neoplasm of parametrium	ICD-10-CM	Diagnosis
C57.4	Malignant neoplasm of uterine adnexa, unspecified	ICD-10-CM	Diagnosis
C57.7	Malignant neoplasm of other specified female genital organs	ICD-10-CM	Diagnosis
C57.8	Malignant neoplasm of overlapping sites of female genital organs	ICD-10-CM	Diagnosis
C57.9	Malignant neoplasm of female genital organ, unspecified	ICD-10-CM	Diagnosis
C58	Malignant neoplasm of placenta	ICD-10-CM	Diagnosis
C60	Malignant neoplasm of prepuce	ICD-10-CM	Diagnosis
C60.0	Malignant neoplasm of prepuce	ICD-10-CM	Diagnosis
C60.1	Malignant neoplasm of glans penis	ICD-10-CM	Diagnosis
C60.2	Malignant neoplasm of body of penis	ICD-10-CM	Diagnosis
C60.8	Malignant neoplasm of overlapping sites of penis	ICD-10-CM	Diagnosis
C60.9	Malignant neoplasm of penis, unspecified	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C61	Malignant neoplasm of prostate	ICD-10-CM	Diagnosis
C62	Malignant neoplasm of undescended testis	ICD-10-CM	Diagnosis
C62.0	Malignant neoplasm of undescended testis	ICD-10-CM	Diagnosis
C62.00	Malignant neoplasm of unspecified undescended testis	ICD-10-CM	Diagnosis
C62.01	Malignant neoplasm of undescended right testis	ICD-10-CM	Diagnosis
C62.02	Malignant neoplasm of undescended left testis	ICD-10-CM	Diagnosis
C62.1	Malignant neoplasm of descended testis	ICD-10-CM	Diagnosis
C62.10	Malignant neoplasm of unspecified descended testis	ICD-10-CM	Diagnosis
C62.11	Malignant neoplasm of descended right testis	ICD-10-CM	Diagnosis
C62.12	Malignant neoplasm of descended left testis	ICD-10-CM	Diagnosis
C62.9	Malignant neoplasm of testis, unspecified whether descended or undescended	ICD-10-CM	Diagnosis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended	ICD-10-CM	Diagnosis
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended	ICD-10-CM	Diagnosis
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended	ICD-10-CM	Diagnosis
C63	Malignant neoplasm of epididymis	ICD-10-CM	Diagnosis
C63.0	Malignant neoplasm of epididymis	ICD-10-CM	Diagnosis
C63.00	Malignant neoplasm of unspecified epididymis	ICD-10-CM	Diagnosis
C63.01	Malignant neoplasm of right epididymis	ICD-10-CM	Diagnosis
C63.02	Malignant neoplasm of left epididymis	ICD-10-CM	Diagnosis
C63.1	Malignant neoplasm of spermatic cord	ICD-10-CM	Diagnosis
C63.10	Malignant neoplasm of unspecified spermatic cord	ICD-10-CM	Diagnosis
C63.11	Malignant neoplasm of right spermatic cord	ICD-10-CM	Diagnosis
C63.12	Malignant neoplasm of left spermatic cord	ICD-10-CM	Diagnosis
C63.2	Malignant neoplasm of scrotum	ICD-10-CM	Diagnosis
C63.7	Malignant neoplasm of other specified male genital organs	ICD-10-CM	Diagnosis
C63.8	Malignant neoplasm of overlapping sites of male genital organs	ICD-10-CM	Diagnosis
C63.9	Malignant neoplasm of male genital organ, unspecified	ICD-10-CM	Diagnosis
C64.1	Malignant neoplasm of right kidney, except renal pelvis	ICD-10-CM	Diagnosis
C64.2	Malignant neoplasm of left kidney, except renal pelvis	ICD-10-CM	Diagnosis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	ICD-10-CM	Diagnosis
C65.1	Malignant neoplasm of right renal pelvis	ICD-10-CM	Diagnosis
C65.2	Malignant neoplasm of left renal pelvis	ICD-10-CM	Diagnosis
C65.9	Malignant neoplasm of unspecified renal pelvis	ICD-10-CM	Diagnosis
C66.1	Malignant neoplasm of right ureter	ICD-10-CM	Diagnosis
C66.2	Malignant neoplasm of left ureter	ICD-10-CM	Diagnosis
C66.9	Malignant neoplasm of unspecified ureter	ICD-10-CM	Diagnosis
C67	Malignant neoplasm of trigone of bladder	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C67.0	Malignant neoplasm of trigone of bladder	ICD-10-CM	Diagnosis
C67.1	Malignant neoplasm of dome of bladder	ICD-10-CM	Diagnosis
C67.2	Malignant neoplasm of lateral wall of bladder	ICD-10-CM	Diagnosis
C67.3	Malignant neoplasm of anterior wall of bladder	ICD-10-CM	Diagnosis
C67.4	Malignant neoplasm of posterior wall of bladder	ICD-10-CM	Diagnosis
C67.5	Malignant neoplasm of bladder neck	ICD-10-CM	Diagnosis
C67.6	Malignant neoplasm of ureteric orifice	ICD-10-CM	Diagnosis
C67.7	Malignant neoplasm of urachus	ICD-10-CM	Diagnosis
C67.8	Malignant neoplasm of overlapping sites of bladder	ICD-10-CM	Diagnosis
C67.9	Malignant neoplasm of bladder, unspecified	ICD-10-CM	Diagnosis
C68	Malignant neoplasm of urethra	ICD-10-CM	Diagnosis
C68.0	Malignant neoplasm of urethra	ICD-10-CM	Diagnosis
C68.1	Malignant neoplasm of paraurethral glands	ICD-10-CM	Diagnosis
C68.8	Malignant neoplasm of overlapping sites of urinary organs	ICD-10-CM	Diagnosis
C68.9	Malignant neoplasm of urinary organ, unspecified	ICD-10-CM	Diagnosis
C69	Malignant neoplasm of conjunctiva	ICD-10-CM	Diagnosis
C69.0	Malignant neoplasm of conjunctiva	ICD-10-CM	Diagnosis
C69.00	Malignant neoplasm of unspecified conjunctiva	ICD-10-CM	Diagnosis
C69.01	Malignant neoplasm of right conjunctiva	ICD-10-CM	Diagnosis
C69.02	Malignant neoplasm of left conjunctiva	ICD-10-CM	Diagnosis
C69.1	Malignant neoplasm of cornea	ICD-10-CM	Diagnosis
C69.10	Malignant neoplasm of unspecified cornea	ICD-10-CM	Diagnosis
C69.11	Malignant neoplasm of right cornea	ICD-10-CM	Diagnosis
C69.12	Malignant neoplasm of left cornea	ICD-10-CM	Diagnosis
C69.2	Malignant neoplasm of retina	ICD-10-CM	Diagnosis
C69.20	Malignant neoplasm of unspecified retina	ICD-10-CM	Diagnosis
C69.21	Malignant neoplasm of right retina	ICD-10-CM	Diagnosis
C69.22	Malignant neoplasm of left retina	ICD-10-CM	Diagnosis
C69.3	Malignant neoplasm of choroid	ICD-10-CM	Diagnosis
C69.30	Malignant neoplasm of unspecified choroid	ICD-10-CM	Diagnosis
C69.31	Malignant neoplasm of right choroid	ICD-10-CM	Diagnosis
C69.32	Malignant neoplasm of left choroid	ICD-10-CM	Diagnosis
C69.4	Malignant neoplasm of ciliary body	ICD-10-CM	Diagnosis
C69.40	Malignant neoplasm of unspecified ciliary body	ICD-10-CM	Diagnosis
C69.41	Malignant neoplasm of right ciliary body	ICD-10-CM	Diagnosis
C69.42	Malignant neoplasm of left ciliary body	ICD-10-CM	Diagnosis
C69.5	Malignant neoplasm of lacrimal gland and duct	ICD-10-CM	Diagnosis
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct	ICD-10-CM	Diagnosis
C69.51	Malignant neoplasm of right lacrimal gland and duct	ICD-10-CM	Diagnosis
C69.52	Malignant neoplasm of left lacrimal gland and duct	ICD-10-CM	Diagnosis
C69.6	Malignant neoplasm of orbit	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C69.60	Malignant neoplasm of unspecified orbit	ICD-10-CM	Diagnosis
C69.61	Malignant neoplasm of right orbit	ICD-10-CM	Diagnosis
C69.62	Malignant neoplasm of left orbit	ICD-10-CM	Diagnosis
C69.8	Malignant neoplasm of overlapping sites of eye and adnexa	ICD-10-CM	Diagnosis
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa	ICD-10-CM	Diagnosis
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa	ICD-10-CM	Diagnosis
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa	ICD-10-CM	Diagnosis
C69.9	Malignant neoplasm of unspecified site of eye	ICD-10-CM	Diagnosis
C69.90	Malignant neoplasm of unspecified site of unspecified eye	ICD-10-CM	Diagnosis
C69.91	Malignant neoplasm of unspecified site of right eye	ICD-10-CM	Diagnosis
C69.92	Malignant neoplasm of unspecified site of left eye	ICD-10-CM	Diagnosis
C70	Malignant neoplasm of cerebral meninges	ICD-10-CM	Diagnosis
C70.0	Malignant neoplasm of cerebral meninges	ICD-10-CM	Diagnosis
C70.1	Malignant neoplasm of spinal meninges	ICD-10-CM	Diagnosis
C70.9	Malignant neoplasm of meninges, unspecified	ICD-10-CM	Diagnosis
C71	Malignant neoplasm of cerebrum, except lobes and ventricles	ICD-10-CM	Diagnosis
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles	ICD-10-CM	Diagnosis
C71.1	Malignant neoplasm of frontal lobe	ICD-10-CM	Diagnosis
C71.2	Malignant neoplasm of temporal lobe	ICD-10-CM	Diagnosis
C71.3	Malignant neoplasm of parietal lobe	ICD-10-CM	Diagnosis
C71.4	Malignant neoplasm of occipital lobe	ICD-10-CM	Diagnosis
C71.5	Malignant neoplasm of cerebral ventricle	ICD-10-CM	Diagnosis
C71.6	Malignant neoplasm of cerebellum	ICD-10-CM	Diagnosis
C71.7	Malignant neoplasm of brain stem	ICD-10-CM	Diagnosis
C71.8	Malignant neoplasm of overlapping sites of brain	ICD-10-CM	Diagnosis
C71.9	Malignant neoplasm of brain, unspecified	ICD-10-CM	Diagnosis
C72	Malignant neoplasm of spinal cord	ICD-10-CM	Diagnosis
C72.0	Malignant neoplasm of spinal cord	ICD-10-CM	Diagnosis
C72.1	Malignant neoplasm of cauda equina	ICD-10-CM	Diagnosis
C72.2	Malignant neoplasm of olfactory nerve	ICD-10-CM	Diagnosis
C72.20	Malignant neoplasm of unspecified olfactory nerve	ICD-10-CM	Diagnosis
C72.21	Malignant neoplasm of right olfactory nerve	ICD-10-CM	Diagnosis
C72.22	Malignant neoplasm of left olfactory nerve	ICD-10-CM	Diagnosis
C72.3	Malignant neoplasm of optic nerve	ICD-10-CM	Diagnosis
C72.30	Malignant neoplasm of unspecified optic nerve	ICD-10-CM	Diagnosis
C72.31	Malignant neoplasm of right optic nerve	ICD-10-CM	Diagnosis
C72.32	Malignant neoplasm of left optic nerve	ICD-10-CM	Diagnosis
C72.4	Malignant neoplasm of acoustic nerve	ICD-10-CM	Diagnosis
C72.40	Malignant neoplasm of unspecified acoustic nerve	ICD-10-CM	Diagnosis
C72.41	Malignant neoplasm of right acoustic nerve	ICD-10-CM	Diagnosis
C72.42	Malignant neoplasm of left acoustic nerve	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C72.5	Malignant neoplasm of other and unspecified cranial nerves	ICD-10-CM	Diagnosis
C72.50	Malignant neoplasm of unspecified cranial nerve	ICD-10-CM	Diagnosis
C72.59	Malignant neoplasm of other cranial nerves	ICD-10-CM	Diagnosis
C72.9	Malignant neoplasm of central nervous system, unspecified	ICD-10-CM	Diagnosis
C73	Malignant neoplasm of thyroid gland	ICD-10-CM	Diagnosis
C74	Malignant neoplasm of cortex of adrenal gland	ICD-10-CM	Diagnosis
C74.0	Malignant neoplasm of cortex of adrenal gland	ICD-10-CM	Diagnosis
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland	ICD-10-CM	Diagnosis
C74.01	Malignant neoplasm of cortex of right adrenal gland	ICD-10-CM	Diagnosis
C74.02	Malignant neoplasm of cortex of left adrenal gland	ICD-10-CM	Diagnosis
C74.1	Malignant neoplasm of medulla of adrenal gland	ICD-10-CM	Diagnosis
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland	ICD-10-CM	Diagnosis
C74.11	Malignant neoplasm of medulla of right adrenal gland	ICD-10-CM	Diagnosis
C74.12	Malignant neoplasm of medulla of left adrenal gland	ICD-10-CM	Diagnosis
C74.9	Malignant neoplasm of unspecified part of adrenal gland	ICD-10-CM	Diagnosis
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland	ICD-10-CM	Diagnosis
C74.91	Malignant neoplasm of unspecified part of right adrenal gland	ICD-10-CM	Diagnosis
C74.92	Malignant neoplasm of unspecified part of left adrenal gland	ICD-10-CM	Diagnosis
C75	Malignant neoplasm of parathyroid gland	ICD-10-CM	Diagnosis
C75.0	Malignant neoplasm of parathyroid gland	ICD-10-CM	Diagnosis
C75.1	Malignant neoplasm of pituitary gland	ICD-10-CM	Diagnosis
C75.2	Malignant neoplasm of craniopharyngeal duct	ICD-10-CM	Diagnosis
C75.3	Malignant neoplasm of pineal gland	ICD-10-CM	Diagnosis
C75.4	Malignant neoplasm of carotid body	ICD-10-CM	Diagnosis
C75.5	Malignant neoplasm of aortic body and other paraganglia	ICD-10-CM	Diagnosis
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified	ICD-10-CM	Diagnosis
C75.9	Malignant neoplasm of endocrine gland, unspecified	ICD-10-CM	Diagnosis
C76	Malignant neoplasm of head, face and neck	ICD-10-CM	Diagnosis
C76.0	Malignant neoplasm of head, face and neck	ICD-10-CM	Diagnosis
C76.1	Malignant neoplasm of thorax	ICD-10-CM	Diagnosis
C76.2	Malignant neoplasm of abdomen	ICD-10-CM	Diagnosis
C76.3	Malignant neoplasm of pelvis	ICD-10-CM	Diagnosis
C76.4	Malignant neoplasm of upper limb	ICD-10-CM	Diagnosis
C76.40	Malignant neoplasm of unspecified upper limb	ICD-10-CM	Diagnosis
C76.41	Malignant neoplasm of right upper limb	ICD-10-CM	Diagnosis
C76.42	Malignant neoplasm of left upper limb	ICD-10-CM	Diagnosis
C76.5	Malignant neoplasm of lower limb	ICD-10-CM	Diagnosis
C76.50	Malignant neoplasm of unspecified lower limb	ICD-10-CM	Diagnosis
C76.51	Malignant neoplasm of right lower limb	ICD-10-CM	Diagnosis
C76.52	Malignant neoplasm of left lower limb	ICD-10-CM	Diagnosis
C76.8	Malignant neoplasm of other specified ill-defined sites	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C77	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	ICD-10-CM	Diagnosis
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	ICD-10-CM	Diagnosis
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	ICD-10-CM	Diagnosis
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes	ICD-10-CM	Diagnosis
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	ICD-10-CM	Diagnosis
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified	ICD-10-CM	Diagnosis
C78	Secondary malignant neoplasm of lung	ICD-10-CM	Diagnosis
C78.0	Secondary malignant neoplasm of lung	ICD-10-CM	Diagnosis
C78.00	Secondary malignant neoplasm of unspecified lung	ICD-10-CM	Diagnosis
C78.01	Secondary malignant neoplasm of right lung	ICD-10-CM	Diagnosis
C78.02	Secondary malignant neoplasm of left lung	ICD-10-CM	Diagnosis
C78.1	Secondary malignant neoplasm of mediastinum	ICD-10-CM	Diagnosis
C78.2	Secondary malignant neoplasm of pleura	ICD-10-CM	Diagnosis
C78.3	Secondary malignant neoplasm of other and unspecified respiratory organs	ICD-10-CM	Diagnosis
C78.30	Secondary malignant neoplasm of unspecified respiratory organ	ICD-10-CM	Diagnosis
C78.39	Secondary malignant neoplasm of other respiratory organs	ICD-10-CM	Diagnosis
C78.4	Secondary malignant neoplasm of small intestine	ICD-10-CM	Diagnosis
C78.5	Secondary malignant neoplasm of large intestine and rectum	ICD-10-CM	Diagnosis
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	ICD-10-CM	Diagnosis
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	ICD-10-CM	Diagnosis
C78.8	Secondary malignant neoplasm of other and unspecified digestive organs	ICD-10-CM	Diagnosis
C78.80	Secondary malignant neoplasm of unspecified digestive organ	ICD-10-CM	Diagnosis
C78.89	Secondary malignant neoplasm of other digestive organs	ICD-10-CM	Diagnosis
C79	Secondary malignant neoplasm of kidney and renal pelvis	ICD-10-CM	Diagnosis
C79.0	Secondary malignant neoplasm of kidney and renal pelvis	ICD-10-CM	Diagnosis
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis	ICD-10-CM	Diagnosis
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis	ICD-10-CM	Diagnosis
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis	ICD-10-CM	Diagnosis
C79.1	Secondary malignant neoplasm of bladder and other and unspecified urinary organs	ICD-10-CM	Diagnosis
C79.10	Secondary malignant neoplasm of unspecified urinary organs	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C79.11	Secondary malignant neoplasm of bladder	ICD-10-CM	Diagnosis
C79.19	Secondary malignant neoplasm of other urinary organs	ICD-10-CM	Diagnosis
C79.2	Secondary malignant neoplasm of skin	ICD-10-CM	Diagnosis
C79.3	Secondary malignant neoplasm of brain and cerebral meninges	ICD-10-CM	Diagnosis
C79.31	Secondary malignant neoplasm of brain	ICD-10-CM	Diagnosis
C79.32	Secondary malignant neoplasm of cerebral meninges	ICD-10-CM	Diagnosis
C79.4	Secondary malignant neoplasm of other and unspecified parts of nervous system	ICD-10-CM	Diagnosis
C79.40	Secondary malignant neoplasm of unspecified part of nervous system	ICD-10-CM	Diagnosis
C79.49	Secondary malignant neoplasm of other parts of nervous system	ICD-10-CM	Diagnosis
C79.5	Secondary malignant neoplasm of bone and bone marrow	ICD-10-CM	Diagnosis
C79.51	Secondary malignant neoplasm of bone	ICD-10-CM	Diagnosis
C79.52	Secondary malignant neoplasm of bone marrow	ICD-10-CM	Diagnosis
C79.6	Secondary malignant neoplasm of ovary	ICD-10-CM	Diagnosis
C79.60	Secondary malignant neoplasm of unspecified ovary	ICD-10-CM	Diagnosis
C79.61	Secondary malignant neoplasm of right ovary	ICD-10-CM	Diagnosis
C79.62	Secondary malignant neoplasm of left ovary	ICD-10-CM	Diagnosis
C79.7	Secondary malignant neoplasm of adrenal gland	ICD-10-CM	Diagnosis
C79.70	Secondary malignant neoplasm of unspecified adrenal gland	ICD-10-CM	Diagnosis
C79.71	Secondary malignant neoplasm of right adrenal gland	ICD-10-CM	Diagnosis
C79.72	Secondary malignant neoplasm of left adrenal gland	ICD-10-CM	Diagnosis
C79.8	Secondary malignant neoplasm of other specified sites	ICD-10-CM	Diagnosis
C79.81	Secondary malignant neoplasm of breast	ICD-10-CM	Diagnosis
C79.82	Secondary malignant neoplasm of genital organs	ICD-10-CM	Diagnosis
C79.89	Secondary malignant neoplasm of other specified sites	ICD-10-CM	Diagnosis
C79.9	Secondary malignant neoplasm of unspecified site	ICD-10-CM	Diagnosis
C7A	Malignant carcinoid tumors	ICD-10-CM	Diagnosis
C7A.0	Malignant carcinoid tumors	ICD-10-CM	Diagnosis
C7A.00	Malignant carcinoid tumor of unspecified site	ICD-10-CM	Diagnosis
C7A.01	Malignant carcinoid tumors of the small intestine	ICD-10-CM	Diagnosis
C7A.010	Malignant carcinoid tumor of the duodenum	ICD-10-CM	Diagnosis
C7A.011	Malignant carcinoid tumor of the jejunum	ICD-10-CM	Diagnosis
C7A.012	Malignant carcinoid tumor of the ileum	ICD-10-CM	Diagnosis
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion	ICD-10-CM	Diagnosis
C7A.02	Malignant carcinoid tumors of the appendix, large intestine, and rectum	ICD-10-CM	Diagnosis
C7A.020	Malignant carcinoid tumor of the appendix	ICD-10-CM	Diagnosis
C7A.021	Malignant carcinoid tumor of the cecum	ICD-10-CM	Diagnosis
C7A.022	Malignant carcinoid tumor of the ascending colon	ICD-10-CM	Diagnosis
C7A.023	Malignant carcinoid tumor of the transverse colon	ICD-10-CM	Diagnosis
C7A.024	Malignant carcinoid tumor of the descending colon	ICD-10-CM	Diagnosis
C7A.025	Malignant carcinoid tumor of the sigmoid colon	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C7A.026	Malignant carcinoid tumor of the rectum	ICD-10-CM	Diagnosis
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion	ICD-10-CM	Diagnosis
C7A.09	Malignant carcinoid tumors of other sites	ICD-10-CM	Diagnosis
C7A.090	Malignant carcinoid tumor of the bronchus and lung	ICD-10-CM	Diagnosis
C7A.091	Malignant carcinoid tumor of the thymus	ICD-10-CM	Diagnosis
C7A.092	Malignant carcinoid tumor of the stomach	ICD-10-CM	Diagnosis
C7A.093	Malignant carcinoid tumor of the kidney	ICD-10-CM	Diagnosis
C7A.094	Malignant carcinoid tumor of the foregut, unspecified	ICD-10-CM	Diagnosis
C7A.095	Malignant carcinoid tumor of the midgut, unspecified	ICD-10-CM	Diagnosis
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified	ICD-10-CM	Diagnosis
C7A.098	Malignant carcinoid tumors of other sites	ICD-10-CM	Diagnosis
C7A.1	Malignant poorly differentiated neuroendocrine tumors	ICD-10-CM	Diagnosis
C7A.8	Other malignant neuroendocrine tumors	ICD-10-CM	Diagnosis
C7B	Secondary carcinoid tumors	ICD-10-CM	Diagnosis
C7B.0	Secondary carcinoid tumors	ICD-10-CM	Diagnosis
C7B.00	Secondary carcinoid tumors, unspecified site	ICD-10-CM	Diagnosis
C7B.01	Secondary carcinoid tumors of distant lymph nodes	ICD-10-CM	Diagnosis
C7B.02	Secondary carcinoid tumors of liver	ICD-10-CM	Diagnosis
C7B.03	Secondary carcinoid tumors of bone	ICD-10-CM	Diagnosis
C7B.04	Secondary carcinoid tumors of peritoneum	ICD-10-CM	Diagnosis
C7B.09	Secondary carcinoid tumors of other sites	ICD-10-CM	Diagnosis
C7B.1	Secondary Merkel cell carcinoma	ICD-10-CM	Diagnosis
C7B.8	Other secondary neuroendocrine tumors	ICD-10-CM	Diagnosis
C80	Disseminated malignant neoplasm, unspecified	ICD-10-CM	Diagnosis
C80.0	Disseminated malignant neoplasm, unspecified	ICD-10-CM	Diagnosis
C80.1	Malignant (primary) neoplasm, unspecified	ICD-10-CM	Diagnosis
C80.2	Malignant neoplasm associated with transplanted organ	ICD-10-CM	Diagnosis
C81	Nodular lymphocyte predominant Hodgkin lymphoma	ICD-10-CM	Diagnosis
C81.0	Nodular lymphocyte predominant Hodgkin lymphoma	ICD-10-CM	Diagnosis
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.1	Nodular sclerosis Hodgkin lymphoma	ICD-10-CM	Diagnosis
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.2	Mixed cellularity Hodgkin lymphoma	ICD-10-CM	Diagnosis
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.27	Mixed cellularity Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.3	Lymphocyte depleted Hodgkin lymphoma	ICD-10-CM	Diagnosis
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.4	Lymphocyte-rich Hodgkin lymphoma	ICD-10-CM	Diagnosis
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.7	Other Hodgkin lymphoma	ICD-10-CM	Diagnosis
C81.70	Other Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.77	Other Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.9	Hodgkin lymphoma, unspecified	ICD-10-CM	Diagnosis
C81.90	Hodgkin lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.97	Hodgkin lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82	Follicular lymphoma grade I	ICD-10-CM	Diagnosis
C82.0	Follicular lymphoma grade I	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C82.00	Follicular lymphoma grade I, unspecified site	ICD-10-CM	Diagnosis
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.07	Follicular lymphoma grade I, spleen	ICD-10-CM	Diagnosis
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.1	Follicular lymphoma grade II	ICD-10-CM	Diagnosis
C82.10	Follicular lymphoma grade II, unspecified site	ICD-10-CM	Diagnosis
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.17	Follicular lymphoma grade II, spleen	ICD-10-CM	Diagnosis
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.2	Follicular lymphoma grade III, unspecified	ICD-10-CM	Diagnosis
C82.20	Follicular lymphoma grade III, unspecified, unspecified site	ICD-10-CM	Diagnosis
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.27	Follicular lymphoma grade III, unspecified, spleen	ICD-10-CM	Diagnosis
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.3	Follicular lymphoma grade IIIa	ICD-10-CM	Diagnosis
C82.30	Follicular lymphoma grade IIIa, unspecified site	ICD-10-CM	Diagnosis
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.37	Follicular lymphoma grade IIIa, spleen	ICD-10-CM	Diagnosis
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.4	Follicular lymphoma grade IIIb	ICD-10-CM	Diagnosis
C82.40	Follicular lymphoma grade IIIb, unspecified site	ICD-10-CM	Diagnosis
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.47	Follicular lymphoma grade IIIb, spleen	ICD-10-CM	Diagnosis
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.5	Diffuse follicle center lymphoma	ICD-10-CM	Diagnosis
C82.50	Diffuse follicle center lymphoma, unspecified site	ICD-10-CM	Diagnosis
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.57	Diffuse follicle center lymphoma, spleen	ICD-10-CM	Diagnosis
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.6	Cutaneous follicle center lymphoma	ICD-10-CM	Diagnosis
C82.60	Cutaneous follicle center lymphoma, unspecified site	ICD-10-CM	Diagnosis
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.67	Cutaneous follicle center lymphoma, spleen	ICD-10-CM	Diagnosis
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.8	Other types of follicular lymphoma	ICD-10-CM	Diagnosis
C82.80	Other types of follicular lymphoma, unspecified site	ICD-10-CM	Diagnosis
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.87	Other types of follicular lymphoma, spleen	ICD-10-CM	Diagnosis
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.9	Follicular lymphoma, unspecified	ICD-10-CM	Diagnosis
C82.90	Follicular lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.97	Follicular lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83	Small cell B-cell lymphoma	ICD-10-CM	Diagnosis
C83.0	Small cell B-cell lymphoma	ICD-10-CM	Diagnosis
C83.00	Small cell B-cell lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.07	Small cell B-cell lymphoma, spleen	ICD-10-CM	Diagnosis
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.1	Mantle cell lymphoma	ICD-10-CM	Diagnosis
C83.10	Mantle cell lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.17	Mantle cell lymphoma, spleen	ICD-10-CM	Diagnosis
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.19	Mantle cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.3	Diffuse large B-cell lymphoma	ICD-10-CM	Diagnosis
C83.30	Diffuse large B-cell lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.37	Diffuse large B-cell lymphoma, spleen	ICD-10-CM	Diagnosis
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.5	Lymphoblastic (diffuse) lymphoma	ICD-10-CM	Diagnosis
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.57	Lymphoblastic (diffuse) lymphoma, spleen	ICD-10-CM	Diagnosis
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.7	Burkitt lymphoma	ICD-10-CM	Diagnosis
C83.70	Burkitt lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.72	Burkitt lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.76	Burkitt lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.77	Burkitt lymphoma, spleen	ICD-10-CM	Diagnosis
C83.78	Burkitt lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C83.79	Burkitt lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.8	Other non-follicular lymphoma	ICD-10-CM	Diagnosis
C83.80	Other non-follicular lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.87	Other non-follicular lymphoma, spleen	ICD-10-CM	Diagnosis
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.9	Non-follicular (diffuse) lymphoma, unspecified	ICD-10-CM	Diagnosis
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84	Mycosis fungoides	ICD-10-CM	Diagnosis
C84.0	Mycosis fungoides	ICD-10-CM	Diagnosis
C84.00	Mycosis fungoides, unspecified site	ICD-10-CM	Diagnosis
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.02	Mycosis fungoides, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.03	Mycosis fungoides, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.06	Mycosis fungoides, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.07	Mycosis fungoides, spleen	ICD-10-CM	Diagnosis
C84.08	Mycosis fungoides, lymph nodes of multiple sites	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C84.09	Mycosis fungoides, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.1	Sezary disease	ICD-10-CM	Diagnosis
C84.10	Sezary disease, unspecified site	ICD-10-CM	Diagnosis
C84.11	Sezary disease, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.12	Sezary disease, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.13	Sezary disease, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.14	Sezary disease, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.16	Sezary disease, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.17	Sezary disease, spleen	ICD-10-CM	Diagnosis
C84.18	Sezary disease, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.19	Sezary disease, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.4	Peripheral T-cell lymphoma, not classified	ICD-10-CM	Diagnosis
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site	ICD-10-CM	Diagnosis
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.47	Peripheral T-cell lymphoma, not classified, spleen	ICD-10-CM	Diagnosis
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.6	Anaplastic large cell lymphoma, ALK-positive	ICD-10-CM	Diagnosis
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site	ICD-10-CM	Diagnosis
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen	ICD-10-CM	Diagnosis
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C84.7	Anaplastic large cell lymphoma, ALK-negative	ICD-10-CM	Diagnosis
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site	ICD-10-CM	Diagnosis
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen	ICD-10-CM	Diagnosis
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.9	Mature T/NK-cell lymphomas, unspecified	ICD-10-CM	Diagnosis
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site	ICD-10-CM	Diagnosis
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen	ICD-10-CM	Diagnosis
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.A	Cutaneous T-cell lymphoma, unspecified	ICD-10-CM	Diagnosis
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.Z	Other mature T/NK-cell lymphomas	ICD-10-CM	Diagnosis
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site	ICD-10-CM	Diagnosis
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.Z7	Other mature T/NK-cell lymphomas, spleen	ICD-10-CM	Diagnosis
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C85.1	Unspecified B-cell lymphoma	ICD-10-CM	Diagnosis
C85.10	Unspecified B-cell lymphoma, unspecified site	ICD-10-CM	Diagnosis
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C85.17	Unspecified B-cell lymphoma, spleen	ICD-10-CM	Diagnosis
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C85.2	Mediastinal (thymic) large B-cell lymphoma	ICD-10-CM	Diagnosis
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site	ICD-10-CM	Diagnosis
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen	ICD-10-CM	Diagnosis
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C85.8	Other specified types of non-Hodgkin lymphoma	ICD-10-CM	Diagnosis
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C85.87	Other specified types of non-Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C85.9	Non-Hodgkin lymphoma, unspecified	ICD-10-CM	Diagnosis
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C85.97	Non-Hodgkin lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C86	Extranodal NK/T-cell lymphoma, nasal type	ICD-10-CM	Diagnosis
C86.0	Extranodal NK/T-cell lymphoma, nasal type	ICD-10-CM	Diagnosis
C86.1	Hepatosplenic T-cell lymphoma	ICD-10-CM	Diagnosis
C86.2	Enteropathy-type (intestinal) T-cell lymphoma	ICD-10-CM	Diagnosis
C86.3	Subcutaneous panniculitis-like T-cell lymphoma	ICD-10-CM	Diagnosis
C86.4	Blastic NK-cell lymphoma	ICD-10-CM	Diagnosis
C86.5	Angioimmunoblastic T-cell lymphoma	ICD-10-CM	Diagnosis
C86.6	Primary cutaneous CD30-positive T-cell proliferations	ICD-10-CM	Diagnosis
C88	Waldenstrom macroglobulinemia	ICD-10-CM	Diagnosis
C88.0	Waldenstrom macroglobulinemia	ICD-10-CM	Diagnosis
C88.2	Heavy chain disease	ICD-10-CM	Diagnosis
C88.3	Immunoproliferative small intestinal disease	ICD-10-CM	Diagnosis
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C88.8	Other malignant immunoproliferative diseases	ICD-10-CM	Diagnosis
C88.9	Malignant immunoproliferative disease, unspecified	ICD-10-CM	Diagnosis
C90	Multiple myeloma	ICD-10-CM	Diagnosis
C90.0	Multiple myeloma	ICD-10-CM	Diagnosis
C90.00	Multiple myeloma not having achieved remission	ICD-10-CM	Diagnosis
C90.01	Multiple myeloma in remission	ICD-10-CM	Diagnosis
C90.02	Multiple myeloma in relapse	ICD-10-CM	Diagnosis
C90.1	Plasma cell leukemia	ICD-10-CM	Diagnosis
C90.10	Plasma cell leukemia not having achieved remission	ICD-10-CM	Diagnosis
C90.11	Plasma cell leukemia in remission	ICD-10-CM	Diagnosis
C90.12	Plasma cell leukemia in relapse	ICD-10-CM	Diagnosis
C90.2	Extramedullary plasmacytoma	ICD-10-CM	Diagnosis
C90.20	Extramedullary plasmacytoma not having achieved remission	ICD-10-CM	Diagnosis
C90.21	Extramedullary plasmacytoma in remission	ICD-10-CM	Diagnosis
C90.22	Extramedullary plasmacytoma in relapse	ICD-10-CM	Diagnosis
C90.3	Solitary plasmacytoma	ICD-10-CM	Diagnosis
C90.30	Solitary plasmacytoma not having achieved remission	ICD-10-CM	Diagnosis
C90.31	Solitary plasmacytoma in remission	ICD-10-CM	Diagnosis
C90.32	Solitary plasmacytoma in relapse	ICD-10-CM	Diagnosis
C91	Acute lymphoblastic leukemia [ALL]	ICD-10-CM	Diagnosis
C91.0	Acute lymphoblastic leukemia [ALL]	ICD-10-CM	Diagnosis
C91.00	Acute lymphoblastic leukemia not having achieved remission	ICD-10-CM	Diagnosis
C91.01	Acute lymphoblastic leukemia, in remission	ICD-10-CM	Diagnosis
C91.02	Acute lymphoblastic leukemia, in relapse	ICD-10-CM	Diagnosis
C91.1	Chronic lymphocytic leukemia of B-cell type	ICD-10-CM	Diagnosis
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission	ICD-10-CM	Diagnosis
C91.11	Chronic lymphocytic leukemia of B-cell type in remission	ICD-10-CM	Diagnosis
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse	ICD-10-CM	Diagnosis
C91.3	Prolymphocytic leukemia of B-cell type	ICD-10-CM	Diagnosis
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission	ICD-10-CM	Diagnosis
C91.31	Prolymphocytic leukemia of B-cell type, in remission	ICD-10-CM	Diagnosis
C91.32	Prolymphocytic leukemia of B-cell type, in relapse	ICD-10-CM	Diagnosis
C91.4	Hairy cell leukemia	ICD-10-CM	Diagnosis
C91.40	Hairy cell leukemia not having achieved remission	ICD-10-CM	Diagnosis
C91.41	Hairy cell leukemia, in remission	ICD-10-CM	Diagnosis
C91.42	Hairy cell leukemia, in relapse	ICD-10-CM	Diagnosis
C91.5	Adult T-cell lymphoma/leukemia (HTLV-1-associated)	ICD-10-CM	Diagnosis
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission	ICD-10-CM	Diagnosis
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission	ICD-10-CM	Diagnosis
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C91.6	Prolymphocytic leukemia of T-cell type	ICD-10-CM	Diagnosis
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission	ICD-10-CM	Diagnosis
C91.61	Prolymphocytic leukemia of T-cell type, in remission	ICD-10-CM	Diagnosis
C91.62	Prolymphocytic leukemia of T-cell type, in relapse	ICD-10-CM	Diagnosis
C91.9	Lymphoid leukemia, unspecified	ICD-10-CM	Diagnosis
C91.90	Lymphoid leukemia, unspecified not having achieved remission	ICD-10-CM	Diagnosis
C91.91	Lymphoid leukemia, unspecified, in remission	ICD-10-CM	Diagnosis
C91.92	Lymphoid leukemia, unspecified, in relapse	ICD-10-CM	Diagnosis
C91.A	Mature B-cell leukemia Burkitt-type	ICD-10-CM	Diagnosis
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission	ICD-10-CM	Diagnosis
C91.A1	Mature B-cell leukemia Burkitt-type, in remission	ICD-10-CM	Diagnosis
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse	ICD-10-CM	Diagnosis
C91.Z	Other lymphoid leukemia	ICD-10-CM	Diagnosis
C91.Z0	Other lymphoid leukemia not having achieved remission	ICD-10-CM	Diagnosis
C91.Z1	Other lymphoid leukemia, in remission	ICD-10-CM	Diagnosis
C91.Z2	Other lymphoid leukemia, in relapse	ICD-10-CM	Diagnosis
C93	Acute monoblastic/monocytic leukemia	ICD-10-CM	Diagnosis
C93.0	Acute monoblastic/monocytic leukemia	ICD-10-CM	Diagnosis
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C93.01	Acute monoblastic/monocytic leukemia, in remission	ICD-10-CM	Diagnosis
C93.02	Acute monoblastic/monocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C93.1	Chronic myelomonocytic leukemia	ICD-10-CM	Diagnosis
C93.10	Chronic myelomonocytic leukemia not having achieved remission	ICD-10-CM	Diagnosis
C93.11	Chronic myelomonocytic leukemia, in remission	ICD-10-CM	Diagnosis
C93.12	Chronic myelomonocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C93.3	Juvenile myelomonocytic leukemia	ICD-10-CM	Diagnosis
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C93.31	Juvenile myelomonocytic leukemia, in remission	ICD-10-CM	Diagnosis
C93.32	Juvenile myelomonocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C93.9	Monocytic leukemia, unspecified	ICD-10-CM	Diagnosis
C93.90	Monocytic leukemia, unspecified, not having achieved remission	ICD-10-CM	Diagnosis
C93.91	Monocytic leukemia, unspecified in remission	ICD-10-CM	Diagnosis
C93.92	Monocytic leukemia, unspecified in relapse	ICD-10-CM	Diagnosis
C93.Z	Other monocytic leukemia	ICD-10-CM	Diagnosis
C93.Z0	Other monocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C93.Z1	Other monocytic leukemia, in remission	ICD-10-CM	Diagnosis
C93.Z2	Other monocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C94	Acute erythroid leukemia	ICD-10-CM	Diagnosis
C94.0	Acute erythroid leukemia	ICD-10-CM	Diagnosis
C94.00	Acute erythroid leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C94.01	Acute erythroid leukemia, in remission	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C94.02	Acute erythroid leukemia, in relapse	ICD-10-CM	Diagnosis
C94.2	Acute megakaryoblastic leukemia	ICD-10-CM	Diagnosis
C94.20	Acute megakaryoblastic leukemia not having achieved remission	ICD-10-CM	Diagnosis
C94.21	Acute megakaryoblastic leukemia, in remission	ICD-10-CM	Diagnosis
C94.22	Acute megakaryoblastic leukemia, in relapse	ICD-10-CM	Diagnosis
C94.3	Mast cell leukemia	ICD-10-CM	Diagnosis
C94.30	Mast cell leukemia not having achieved remission	ICD-10-CM	Diagnosis
C94.31	Mast cell leukemia, in remission	ICD-10-CM	Diagnosis
C94.32	Mast cell leukemia, in relapse	ICD-10-CM	Diagnosis
C94.4	Acute panmyelosis with myelofibrosis	ICD-10-CM	Diagnosis
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission	ICD-10-CM	Diagnosis
C94.41	Acute panmyelosis with myelofibrosis, in remission	ICD-10-CM	Diagnosis
C94.42	Acute panmyelosis with myelofibrosis, in relapse	ICD-10-CM	Diagnosis
C94.6	Myelodysplastic disease, not classified	ICD-10-CM	Diagnosis
C94.8	Other specified leukemias	ICD-10-CM	Diagnosis
C94.80	Other specified leukemias not having achieved remission	ICD-10-CM	Diagnosis
C94.81	Other specified leukemias, in remission	ICD-10-CM	Diagnosis
C94.82	Other specified leukemias, in relapse	ICD-10-CM	Diagnosis
C95	Acute leukemia of unspecified cell type	ICD-10-CM	Diagnosis
C95.0	Acute leukemia of unspecified cell type	ICD-10-CM	Diagnosis
C95.00	Acute leukemia of unspecified cell type not having achieved remission	ICD-10-CM	Diagnosis
C95.01	Acute leukemia of unspecified cell type, in remission	ICD-10-CM	Diagnosis
C95.02	Acute leukemia of unspecified cell type, in relapse	ICD-10-CM	Diagnosis
C95.1	Chronic leukemia of unspecified cell type	ICD-10-CM	Diagnosis
C95.10	Chronic leukemia of unspecified cell type not having achieved remission	ICD-10-CM	Diagnosis
C95.11	Chronic leukemia of unspecified cell type, in remission	ICD-10-CM	Diagnosis
C95.12	Chronic leukemia of unspecified cell type, in relapse	ICD-10-CM	Diagnosis
C95.9	Leukemia, unspecified	ICD-10-CM	Diagnosis
C95.90	Leukemia, unspecified not having achieved remission	ICD-10-CM	Diagnosis
C95.91	Leukemia, unspecified, in remission	ICD-10-CM	Diagnosis
C95.92	Leukemia, unspecified, in relapse	ICD-10-CM	Diagnosis
C96	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis	ICD-10-CM	Diagnosis
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis	ICD-10-CM	Diagnosis
C96.2	Malignant mast cell neoplasm	ICD-10-CM	Diagnosis
C96.20	Malignant mast cell neoplasm, unspecified	ICD-10-CM	Diagnosis
C96.21	Aggressive systemic mastocytosis	ICD-10-CM	Diagnosis
C96.22	Mast cell sarcoma	ICD-10-CM	Diagnosis
C96.29	Other malignant mast cell neoplasm	ICD-10-CM	Diagnosis
C96.4	Sarcoma of dendritic cells (accessory cells)	ICD-10-CM	Diagnosis
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis	ICD-10-CM	Diagnosis
C96.6	Unifocal Langerhans-cell histiocytosis	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	ICD-10-CM	Diagnosis
C96.A	Histiocytic sarcoma	ICD-10-CM	Diagnosis
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	ICD-10-CM	Diagnosis
D00	Carcinoma in situ of lip, oral cavity and pharynx	ICD-10-CM	Diagnosis
D00.0	Carcinoma in situ of lip, oral cavity and pharynx	ICD-10-CM	Diagnosis
D00.00	Carcinoma in situ of oral cavity, unspecified site	ICD-10-CM	Diagnosis
D00.01	Carcinoma in situ of labial mucosa and vermilion border	ICD-10-CM	Diagnosis
D00.02	Carcinoma in situ of buccal mucosa	ICD-10-CM	Diagnosis
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge	ICD-10-CM	Diagnosis
D00.04	Carcinoma in situ of soft palate	ICD-10-CM	Diagnosis
D00.05	Carcinoma in situ of hard palate	ICD-10-CM	Diagnosis
D00.06	Carcinoma in situ of floor of mouth	ICD-10-CM	Diagnosis
D00.07	Carcinoma in situ of tongue	ICD-10-CM	Diagnosis
D00.08	Carcinoma in situ of pharynx	ICD-10-CM	Diagnosis
D00.1	Carcinoma in situ of esophagus	ICD-10-CM	Diagnosis
D00.2	Carcinoma in situ of stomach	ICD-10-CM	Diagnosis
D01	Carcinoma in situ of colon	ICD-10-CM	Diagnosis
D01.0	Carcinoma in situ of colon	ICD-10-CM	Diagnosis
D01.1	Carcinoma in situ of rectosigmoid junction	ICD-10-CM	Diagnosis
D01.2	Carcinoma in situ of rectum	ICD-10-CM	Diagnosis
D01.3	Carcinoma in situ of anus and anal canal	ICD-10-CM	Diagnosis
D01.4	Carcinoma in situ of other and unspecified parts of intestine	ICD-10-CM	Diagnosis
D01.40	Carcinoma in situ of unspecified part of intestine	ICD-10-CM	Diagnosis
D01.49	Carcinoma in situ of other parts of intestine	ICD-10-CM	Diagnosis
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts	ICD-10-CM	Diagnosis
D01.7	Carcinoma in situ of other specified digestive organs	ICD-10-CM	Diagnosis
D01.9	Carcinoma in situ of digestive organ, unspecified	ICD-10-CM	Diagnosis
D02	Carcinoma in situ of larynx	ICD-10-CM	Diagnosis
D02.0	Carcinoma in situ of larynx	ICD-10-CM	Diagnosis
D02.1	Carcinoma in situ of trachea	ICD-10-CM	Diagnosis
D02.2	Carcinoma in situ of bronchus and lung	ICD-10-CM	Diagnosis
D02.20	Carcinoma in situ of unspecified bronchus and lung	ICD-10-CM	Diagnosis
D02.21	Carcinoma in situ of right bronchus and lung	ICD-10-CM	Diagnosis
D02.22	Carcinoma in situ of left bronchus and lung	ICD-10-CM	Diagnosis
D02.3	Carcinoma in situ of other parts of respiratory system	ICD-10-CM	Diagnosis
D02.4	Carcinoma in situ of respiratory system, unspecified	ICD-10-CM	Diagnosis
D03	Melanoma in situ of lip	ICD-10-CM	Diagnosis
D03.0	Melanoma in situ of lip	ICD-10-CM	Diagnosis
D03.1	Melanoma in situ of eyelid, including canthus	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
D03.10	Melanoma in situ of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
D03.11	Melanoma in situ of right eyelid, including canthus	ICD-10-CM	Diagnosis
D03.111	Melanoma in situ of right upper eyelid, including canthus	ICD-10-CM	Diagnosis
D03.112	Melanoma in situ of right lower eyelid, including canthus	ICD-10-CM	Diagnosis
D03.12	Melanoma in situ of left eyelid, including canthus	ICD-10-CM	Diagnosis
D03.121	Melanoma in situ of left upper eyelid, including canthus	ICD-10-CM	Diagnosis
D03.122	Melanoma in situ of left lower eyelid, including canthus	ICD-10-CM	Diagnosis
D03.2	Melanoma in situ of ear and external auricular canal	ICD-10-CM	Diagnosis
D03.20	Melanoma in situ of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
D03.21	Melanoma in situ of right ear and external auricular canal	ICD-10-CM	Diagnosis
D03.22	Melanoma in situ of left ear and external auricular canal	ICD-10-CM	Diagnosis
D03.3	Melanoma in situ of other and unspecified parts of face	ICD-10-CM	Diagnosis
D03.30	Melanoma in situ of unspecified part of face	ICD-10-CM	Diagnosis
D03.39	Melanoma in situ of other parts of face	ICD-10-CM	Diagnosis
D03.4	Melanoma in situ of scalp and neck	ICD-10-CM	Diagnosis
D03.5	Melanoma in situ of trunk	ICD-10-CM	Diagnosis
D03.51	Melanoma in situ of anal skin	ICD-10-CM	Diagnosis
D03.52	Melanoma in situ of breast (skin) (soft tissue)	ICD-10-CM	Diagnosis
D03.59	Melanoma in situ of other part of trunk	ICD-10-CM	Diagnosis
D03.6	Melanoma in situ of upper limb, including shoulder	ICD-10-CM	Diagnosis
D03.60	Melanoma in situ of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
D03.61	Melanoma in situ of right upper limb, including shoulder	ICD-10-CM	Diagnosis
D03.62	Melanoma in situ of left upper limb, including shoulder	ICD-10-CM	Diagnosis
D03.7	Melanoma in situ of lower limb, including hip	ICD-10-CM	Diagnosis
D03.70	Melanoma in situ of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
D03.71	Melanoma in situ of right lower limb, including hip	ICD-10-CM	Diagnosis
D03.72	Melanoma in situ of left lower limb, including hip	ICD-10-CM	Diagnosis
D03.8	Melanoma in situ of other sites	ICD-10-CM	Diagnosis
D03.9	Melanoma in situ, unspecified	ICD-10-CM	Diagnosis
D04	Carcinoma in situ of skin of lip	ICD-10-CM	Diagnosis
D04.0	Carcinoma in situ of skin of lip	ICD-10-CM	Diagnosis
D04.1	Carcinoma in situ of skin of eyelid, including canthus	ICD-10-CM	Diagnosis
D04.10	Carcinoma in situ of skin of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
D04.11	Carcinoma in situ of skin of right eyelid, including canthus	ICD-10-CM	Diagnosis
D04.111	Carcinoma in situ of skin of right upper eyelid, including canthus	ICD-10-CM	Diagnosis
D04.112	Carcinoma in situ of skin of right lower eyelid, including canthus	ICD-10-CM	Diagnosis
D04.12	Carcinoma in situ of skin of left eyelid, including canthus	ICD-10-CM	Diagnosis
D04.121	Carcinoma in situ of skin of left upper eyelid, including canthus	ICD-10-CM	Diagnosis
D04.122	Carcinoma in situ of skin of left lower eyelid, including canthus	ICD-10-CM	Diagnosis
D04.2	Carcinoma in situ of skin of ear and external auricular canal	ICD-10-CM	Diagnosis
D04.20	Carcinoma in situ of skin of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
D04.21	Carcinoma in situ of skin of right ear and external auricular canal	ICD-10-CM	Diagnosis
D04.22	Carcinoma in situ of skin of left ear and external auricular canal	ICD-10-CM	Diagnosis
D04.3	Carcinoma in situ of skin of other and unspecified parts of face	ICD-10-CM	Diagnosis
D04.30	Carcinoma in situ of skin of unspecified part of face	ICD-10-CM	Diagnosis
D04.39	Carcinoma in situ of skin of other parts of face	ICD-10-CM	Diagnosis
D04.4	Carcinoma in situ of skin of scalp and neck	ICD-10-CM	Diagnosis
D04.5	Carcinoma in situ of skin of trunk	ICD-10-CM	Diagnosis
D04.6	Carcinoma in situ of skin of upper limb, including shoulder	ICD-10-CM	Diagnosis
D04.60	Carcinoma in situ of skin of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
D04.61	Carcinoma in situ of skin of right upper limb, including shoulder	ICD-10-CM	Diagnosis
D04.62	Carcinoma in situ of skin of left upper limb, including shoulder	ICD-10-CM	Diagnosis
D04.7	Carcinoma in situ of skin of lower limb, including hip	ICD-10-CM	Diagnosis
D04.70	Carcinoma in situ of skin of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
D04.71	Carcinoma in situ of skin of right lower limb, including hip	ICD-10-CM	Diagnosis
D04.72	Carcinoma in situ of skin of left lower limb, including hip	ICD-10-CM	Diagnosis
D04.8	Carcinoma in situ of skin of other sites	ICD-10-CM	Diagnosis
D04.9	Carcinoma in situ of skin, unspecified	ICD-10-CM	Diagnosis
D05	Lobular carcinoma in situ of breast	ICD-10-CM	Diagnosis
D05.0	Lobular carcinoma in situ of breast	ICD-10-CM	Diagnosis
D05.00	Lobular carcinoma in situ of unspecified breast	ICD-10-CM	Diagnosis
D05.01	Lobular carcinoma in situ of right breast	ICD-10-CM	Diagnosis
D05.02	Lobular carcinoma in situ of left breast	ICD-10-CM	Diagnosis
D05.1	Intraductal carcinoma in situ of breast	ICD-10-CM	Diagnosis
D05.10	Intraductal carcinoma in situ of unspecified breast	ICD-10-CM	Diagnosis
D05.11	Intraductal carcinoma in situ of right breast	ICD-10-CM	Diagnosis
D05.12	Intraductal carcinoma in situ of left breast	ICD-10-CM	Diagnosis
D05.8	Other specified type of carcinoma in situ of breast	ICD-10-CM	Diagnosis
D05.80	Other specified type of carcinoma in situ of unspecified breast	ICD-10-CM	Diagnosis
D05.81	Other specified type of carcinoma in situ of right breast	ICD-10-CM	Diagnosis
D05.82	Other specified type of carcinoma in situ of left breast	ICD-10-CM	Diagnosis
D05.9	Unspecified type of carcinoma in situ of breast	ICD-10-CM	Diagnosis
D05.90	Unspecified type of carcinoma in situ of unspecified breast	ICD-10-CM	Diagnosis
D05.91	Unspecified type of carcinoma in situ of right breast	ICD-10-CM	Diagnosis
D05.92	Unspecified type of carcinoma in situ of left breast	ICD-10-CM	Diagnosis
D06	Carcinoma in situ of endocervix	ICD-10-CM	Diagnosis
D06.0	Carcinoma in situ of endocervix	ICD-10-CM	Diagnosis
D06.1	Carcinoma in situ of exocervix	ICD-10-CM	Diagnosis
D06.7	Carcinoma in situ of other parts of cervix	ICD-10-CM	Diagnosis
D06.9	Carcinoma in situ of cervix, unspecified	ICD-10-CM	Diagnosis
D07	Carcinoma in situ of endometrium	ICD-10-CM	Diagnosis
D07.0	Carcinoma in situ of endometrium	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
D07.1	Carcinoma in situ of vulva	ICD-10-CM	Diagnosis
D07.2	Carcinoma in situ of vagina	ICD-10-CM	Diagnosis
D07.3	Carcinoma in situ of other and unspecified female genital organs	ICD-10-CM	Diagnosis
D07.30	Carcinoma in situ of unspecified female genital organs	ICD-10-CM	Diagnosis
D07.39	Carcinoma in situ of other female genital organs	ICD-10-CM	Diagnosis
D07.4	Carcinoma in situ of penis	ICD-10-CM	Diagnosis
D07.5	Carcinoma in situ of prostate	ICD-10-CM	Diagnosis
D07.6	Carcinoma in situ of other and unspecified male genital organs	ICD-10-CM	Diagnosis
D07.60	Carcinoma in situ of unspecified male genital organs	ICD-10-CM	Diagnosis
D07.61	Carcinoma in situ of scrotum	ICD-10-CM	Diagnosis
D07.69	Carcinoma in situ of other male genital organs	ICD-10-CM	Diagnosis
D09	Carcinoma in situ of bladder	ICD-10-CM	Diagnosis
D09.0	Carcinoma in situ of bladder	ICD-10-CM	Diagnosis
D09.1	Carcinoma in situ of other and unspecified urinary organs	ICD-10-CM	Diagnosis
D09.10	Carcinoma in situ of unspecified urinary organ	ICD-10-CM	Diagnosis
D09.19	Carcinoma in situ of other urinary organs	ICD-10-CM	Diagnosis
D09.2	Carcinoma in situ of eye	ICD-10-CM	Diagnosis
D09.20	Carcinoma in situ of unspecified eye	ICD-10-CM	Diagnosis
D09.21	Carcinoma in situ of right eye	ICD-10-CM	Diagnosis
D09.22	Carcinoma in situ of left eye	ICD-10-CM	Diagnosis
D09.3	Carcinoma in situ of thyroid and other endocrine glands	ICD-10-CM	Diagnosis
D09.8	Carcinoma in situ of other specified sites	ICD-10-CM	Diagnosis
D09.9	Carcinoma in situ, unspecified	ICD-10-CM	Diagnosis
D37	Neoplasm of uncertain behavior of lip, oral cavity and pharynx	ICD-10-CM	Diagnosis
D37.0	Neoplasm of uncertain behavior of lip, oral cavity and pharynx	ICD-10-CM	Diagnosis
D37.01	Neoplasm of uncertain behavior of lip	ICD-10-CM	Diagnosis
D37.02	Neoplasm of uncertain behavior of tongue	ICD-10-CM	Diagnosis
D37.03	Neoplasm of uncertain behavior of the major salivary glands	ICD-10-CM	Diagnosis
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands	ICD-10-CM	Diagnosis
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands	ICD-10-CM	Diagnosis
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands	ICD-10-CM	Diagnosis
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified	ICD-10-CM	Diagnosis
D37.04	Neoplasm of uncertain behavior of the minor salivary glands	ICD-10-CM	Diagnosis
D37.05	Neoplasm of uncertain behavior of pharynx	ICD-10-CM	Diagnosis
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity	ICD-10-CM	Diagnosis
D37.1	Neoplasm of uncertain behavior of stomach	ICD-10-CM	Diagnosis
D37.2	Neoplasm of uncertain behavior of small intestine	ICD-10-CM	Diagnosis
D37.3	Neoplasm of uncertain behavior of appendix	ICD-10-CM	Diagnosis
D37.4	Neoplasm of uncertain behavior of colon	ICD-10-CM	Diagnosis
D37.5	Neoplasm of uncertain behavior of rectum	ICD-10-CM	Diagnosis
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
D37.8	Neoplasm of uncertain behavior of other specified digestive organs	ICD-10-CM	Diagnosis
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified	ICD-10-CM	Diagnosis
D38	Neoplasm of uncertain behavior of larynx	ICD-10-CM	Diagnosis
D38.0	Neoplasm of uncertain behavior of larynx	ICD-10-CM	Diagnosis
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung	ICD-10-CM	Diagnosis
D38.2	Neoplasm of uncertain behavior of pleura	ICD-10-CM	Diagnosis
D38.3	Neoplasm of uncertain behavior of mediastinum	ICD-10-CM	Diagnosis
D38.4	Neoplasm of uncertain behavior of thymus	ICD-10-CM	Diagnosis
D38.5	Neoplasm of uncertain behavior of other respiratory organs	ICD-10-CM	Diagnosis
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified	ICD-10-CM	Diagnosis
D39	Neoplasm of uncertain behavior of uterus	ICD-10-CM	Diagnosis
D39.0	Neoplasm of uncertain behavior of uterus	ICD-10-CM	Diagnosis
D39.1	Neoplasm of uncertain behavior of ovary	ICD-10-CM	Diagnosis
D39.10	Neoplasm of uncertain behavior of unspecified ovary	ICD-10-CM	Diagnosis
D39.11	Neoplasm of uncertain behavior of right ovary	ICD-10-CM	Diagnosis
D39.12	Neoplasm of uncertain behavior of left ovary	ICD-10-CM	Diagnosis
D39.2	Neoplasm of uncertain behavior of placenta	ICD-10-CM	Diagnosis
D39.8	Neoplasm of uncertain behavior of other specified female genital organs	ICD-10-CM	Diagnosis
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified	ICD-10-CM	Diagnosis
D40	Neoplasm of uncertain behavior of prostate	ICD-10-CM	Diagnosis
D40.0	Neoplasm of uncertain behavior of prostate	ICD-10-CM	Diagnosis
D40.1	Neoplasm of uncertain behavior of testis	ICD-10-CM	Diagnosis
D40.10	Neoplasm of uncertain behavior of unspecified testis	ICD-10-CM	Diagnosis
D40.11	Neoplasm of uncertain behavior of right testis	ICD-10-CM	Diagnosis
D40.12	Neoplasm of uncertain behavior of left testis	ICD-10-CM	Diagnosis
D40.8	Neoplasm of uncertain behavior of other specified male genital organs	ICD-10-CM	Diagnosis
D40.9	Neoplasm of uncertain behavior of male genital organ, unspecified	ICD-10-CM	Diagnosis
D41	Neoplasm of uncertain behavior of kidney	ICD-10-CM	Diagnosis
D41.0	Neoplasm of uncertain behavior of kidney	ICD-10-CM	Diagnosis
D41.00	Neoplasm of uncertain behavior of unspecified kidney	ICD-10-CM	Diagnosis
D41.01	Neoplasm of uncertain behavior of right kidney	ICD-10-CM	Diagnosis
D41.02	Neoplasm of uncertain behavior of left kidney	ICD-10-CM	Diagnosis
D41.1	Neoplasm of uncertain behavior of renal pelvis	ICD-10-CM	Diagnosis
D41.10	Neoplasm of uncertain behavior of unspecified renal pelvis	ICD-10-CM	Diagnosis
D41.11	Neoplasm of uncertain behavior of right renal pelvis	ICD-10-CM	Diagnosis
D41.12	Neoplasm of uncertain behavior of left renal pelvis	ICD-10-CM	Diagnosis
D41.2	Neoplasm of uncertain behavior of ureter	ICD-10-CM	Diagnosis
D41.20	Neoplasm of uncertain behavior of unspecified ureter	ICD-10-CM	Diagnosis
D41.21	Neoplasm of uncertain behavior of right ureter	ICD-10-CM	Diagnosis
D41.22	Neoplasm of uncertain behavior of left ureter	ICD-10-CM	Diagnosis
D41.3	Neoplasm of uncertain behavior of urethra	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
D41.4	Neoplasm of uncertain behavior of bladder	ICD-10-CM	Diagnosis
D41.8	Neoplasm of uncertain behavior of other specified urinary organs	ICD-10-CM	Diagnosis
D41.9	Neoplasm of uncertain behavior of unspecified urinary organ	ICD-10-CM	Diagnosis
D42	Neoplasm of uncertain behavior of cerebral meninges	ICD-10-CM	Diagnosis
D42.0	Neoplasm of uncertain behavior of cerebral meninges	ICD-10-CM	Diagnosis
D42.1	Neoplasm of uncertain behavior of spinal meninges	ICD-10-CM	Diagnosis
D42.9	Neoplasm of uncertain behavior of meninges, unspecified	ICD-10-CM	Diagnosis
D43	Neoplasm of uncertain behavior of brain, supratentorial	ICD-10-CM	Diagnosis
D43.0	Neoplasm of uncertain behavior of brain, supratentorial	ICD-10-CM	Diagnosis
D43.1	Neoplasm of uncertain behavior of brain, infratentorial	ICD-10-CM	Diagnosis
D43.2	Neoplasm of uncertain behavior of brain, unspecified	ICD-10-CM	Diagnosis
D43.3	Neoplasm of uncertain behavior of cranial nerves	ICD-10-CM	Diagnosis
D43.4	Neoplasm of uncertain behavior of spinal cord	ICD-10-CM	Diagnosis
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system	ICD-10-CM	Diagnosis
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified	ICD-10-CM	Diagnosis
D44	Neoplasm of uncertain behavior of thyroid gland	ICD-10-CM	Diagnosis
D44.0	Neoplasm of uncertain behavior of thyroid gland	ICD-10-CM	Diagnosis
D44.1	Neoplasm of uncertain behavior of adrenal gland	ICD-10-CM	Diagnosis
D44.10	Neoplasm of uncertain behavior of unspecified adrenal gland	ICD-10-CM	Diagnosis
D44.11	Neoplasm of uncertain behavior of right adrenal gland	ICD-10-CM	Diagnosis
D44.12	Neoplasm of uncertain behavior of left adrenal gland	ICD-10-CM	Diagnosis
D44.2	Neoplasm of uncertain behavior of parathyroid gland	ICD-10-CM	Diagnosis
D44.3	Neoplasm of uncertain behavior of pituitary gland	ICD-10-CM	Diagnosis
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct	ICD-10-CM	Diagnosis
D44.5	Neoplasm of uncertain behavior of pineal gland	ICD-10-CM	Diagnosis
D44.6	Neoplasm of uncertain behavior of carotid body	ICD-10-CM	Diagnosis
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia	ICD-10-CM	Diagnosis
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland	ICD-10-CM	Diagnosis
D45	Polycythemia vera	ICD-10-CM	Diagnosis
D47	Mast cell neoplasms of uncertain behavior	ICD-10-CM	Diagnosis
D47.0	Mast cell neoplasms of uncertain behavior	ICD-10-CM	Diagnosis
D47.01	Cutaneous mastocytosis	ICD-10-CM	Diagnosis
D47.02	Systemic mastocytosis	ICD-10-CM	Diagnosis
D47.09	Other mast cell neoplasms of uncertain behavior	ICD-10-CM	Diagnosis
D47.1	Chronic myeloproliferative disease	ICD-10-CM	Diagnosis
D47.2	Monoclonal gammopathy	ICD-10-CM	Diagnosis
D47.3	Essential (hemorrhagic) thrombocythemia	ICD-10-CM	Diagnosis
D47.4	Osteomyelofibrosis	ICD-10-CM	Diagnosis
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified	ICD-10-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
D47.Z	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	ICD-10-CM	Diagnosis
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)	ICD-10-CM	Diagnosis
D47.Z2	Castleman disease	ICD-10-CM	Diagnosis
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	ICD-10-CM	Diagnosis
D48	Neoplasm of uncertain behavior of bone and articular cartilage	ICD-10-CM	Diagnosis
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage	ICD-10-CM	Diagnosis
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue	ICD-10-CM	Diagnosis
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system	ICD-10-CM	Diagnosis
D48.3	Neoplasm of uncertain behavior of retroperitoneum	ICD-10-CM	Diagnosis
D48.4	Neoplasm of uncertain behavior of peritoneum	ICD-10-CM	Diagnosis
D48.5	Neoplasm of uncertain behavior of skin	ICD-10-CM	Diagnosis
D48.6	Neoplasm of uncertain behavior of breast	ICD-10-CM	Diagnosis
D48.60	Neoplasm of uncertain behavior of unspecified breast	ICD-10-CM	Diagnosis
D48.61	Neoplasm of uncertain behavior of right breast	ICD-10-CM	Diagnosis
D48.62	Neoplasm of uncertain behavior of left breast	ICD-10-CM	Diagnosis
D48.7	Neoplasm of uncertain behavior of other specified sites	ICD-10-CM	Diagnosis
D48.9	Neoplasm of uncertain behavior, unspecified	ICD-10-CM	Diagnosis
D49	Neoplasm of unspecified behavior of digestive system	ICD-10-CM	Diagnosis
D49.0	Neoplasm of unspecified behavior of digestive system	ICD-10-CM	Diagnosis
D49.1	Neoplasm of unspecified behavior of respiratory system	ICD-10-CM	Diagnosis
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin	ICD-10-CM	Diagnosis
D49.3	Neoplasm of unspecified behavior of breast	ICD-10-CM	Diagnosis
D49.4	Neoplasm of unspecified behavior of bladder	ICD-10-CM	Diagnosis
D49.5	Neoplasm of unspecified behavior of other genitourinary organs	ICD-10-CM	Diagnosis
D49.51	Neoplasm of unspecified behavior of kidney	ICD-10-CM	Diagnosis
D49.511	Neoplasm of unspecified behavior of right kidney	ICD-10-CM	Diagnosis
D49.512	Neoplasm of unspecified behavior of left kidney	ICD-10-CM	Diagnosis
D49.519	Neoplasm of unspecified behavior of unspecified kidney	ICD-10-CM	Diagnosis
D49.59	Neoplasm of unspecified behavior of other genitourinary organ	ICD-10-CM	Diagnosis
D49.6	Neoplasm of unspecified behavior of brain	ICD-10-CM	Diagnosis
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system	ICD-10-CM	Diagnosis
D49.8	Neoplasm of unspecified behavior of other specified sites	ICD-10-CM	Diagnosis
D49.81	Neoplasm of unspecified behavior of retina and choroid	ICD-10-CM	Diagnosis
D49.89	Neoplasm of unspecified behavior of other specified sites	ICD-10-CM	Diagnosis
D49.9	Neoplasm of unspecified behavior of unspecified site	ICD-10-CM	Diagnosis
Chemotherapy			
C1086	Temozolomide, 5 mg, temodar	HCPCS	Procedure

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
C1166	Injection, cytarabine liposome, per 10 mg	HCPCS	Procedure
C1167	Injection, epirubicin HCl, 2 mg	HCPCS	Procedure
C1178	Injection, busulfan, per 6 mg	HCPCS	Procedure
C9012	Injection, arsenic trioxide, per 1 mg/kg	HCPCS	Procedure
C9017	Lomustine, 10 mg	HCPCS	Procedure
C9021	Injection, obinutuzumab, 10 mg	HCPCS	Procedure
C9127	Injection, paclitaxel protein-bound particles, per 1 mg	HCPCS	Procedure
C9129	Injection, clofarabine, per 1 mg	HCPCS	Procedure
C9131	Injection, ado-trastuzumab emtansine, 1 mg	HCPCS	Procedure
C9205	Injection, oxaliplatin, per 5 mg	HCPCS	Procedure
C9207	Injection, bortezomib, per 3.5 mg	HCPCS	Procedure
C9213	Injection, pemetrexed, per 10 mg	HCPCS	Procedure
C9218	Injection, azacitidine, per 1 mg	HCPCS	Procedure
C9231	Injection, decitabine, per 1 mg	HCPCS	Procedure
C9239	Injection, temsirolimus, 1 mg	HCPCS	Procedure
C9240	Injection, ixabepilone, 1 mg	HCPCS	Procedure
C9243	Injection, bendamustine hcl, 1 mg	HCPCS	Procedure
C9253	Injection, temozolomide, 1mg	HCPCS	Procedure
C9262	Fludarabine phosphate, oral, 1 mg	HCPCS	Procedure
C9265	Injection, romidepsin, 1 mg	HCPCS	Procedure
C9276	Injection, cabazitaxel, 1 mg	HCPCS	Procedure
C9280	Injection, eribulin mesylate, 1 mg	HCPCS	Procedure
C9287	Injection, brentuximab vedotin, 1 mg	HCPCS	Procedure
C9289	Injection, asparaginase Erwinia chrysanthemi, 1,000 IU	HCPCS	Procedure
C9295	Injection, carfilzomib, 1 mg	HCPCS	Procedure
C9297	Injection, omacetaxine mepesuccinate, 0.01 mg	HCPCS	Procedure
C9415	Doxorubicin HCl, 10 mg, brand name	HCPCS	Procedure
C9418	Cisplatin, powder or solution, per 10 mg, brand name	HCPCS	Procedure
C9419	Injection, cladribine, per 1 mg, brand name	HCPCS	Procedure
C9420	Cyclophosphamide, 100 mg, brand name	HCPCS	Procedure
C9421	Cyclophosphamide, lyophilized, 100 mg, brand name	HCPCS	Procedure
C9422	Cytarabine, 100 mg, brand name	HCPCS	Procedure
C9423	Dacarbazine, 100 mg, brand name	HCPCS	Procedure
C9424	Daunorubicin, 10 mg	HCPCS	Procedure
C9425	Etoposide, 10 mg, brand name	HCPCS	Procedure
C9426	Floxuridine, 500 mg, brand name	HCPCS	Procedure
C9427	Ifosfamide, 1 gm, brand name	HCPCS	Procedure
C9429	Idarubicin HCl, 5 mg, brand name	HCPCS	Procedure
C9431	Paclitaxel, 30 mg, brand name	HCPCS	Procedure
C9432	Mitomycin, 5 mg, brand name	HCPCS	Procedure
C9433	Thiotepa, 15 mg, brand name	HCPCS	Procedure

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Code	Description	Code Type	Code Category
C9437	Carmustine, brand name, 100 mg	HCPCS	Procedure
C9440	Vinorelbine tartrate, brand name, per 10 mg	HCPCS	Procedure
C9442	Injection, belinostat, 10 mg	HCPCS	Procedure
J0594	Injection, busulfan, 1 mg	HCPCS	Procedure
J0894	Injection, decitabine, 1 mg	HCPCS	Procedure
J7527	Everolimus, oral, 0.25 mg	HCPCS	Procedure
J8510	Busulfan, oral, 2 mg	HCPCS	Procedure
J8520	Capecitabine, oral, 150 mg	HCPCS	Procedure
J8521	Capecitabine, oral, 500 mg	HCPCS	Procedure
J8530	Cyclophosphamide, oral, 25 mg	HCPCS	Procedure
J8560	Etoposide, oral, 50 mg	HCPCS	Procedure
J8561	Everolimus, oral, 0.25 mg	HCPCS	Procedure
J8562	Fludarabine phosphate, oral, 10 mg	HCPCS	Procedure
J8565	Gefitinib, oral, 250 mg	HCPCS	Procedure
J8600	Melphalan, oral, 2 mg	HCPCS	Procedure
J8610	Methotrexate, oral, 2.5 mg	HCPCS	Procedure
J8700	Temozolomide, oral, 5 mg	HCPCS	Procedure
J8705	Topotecan, oral, 0.25 mg	HCPCS	Procedure
J9000	Injection, doxorubicin HCl, 10 mg	HCPCS	Procedure
J9001	Injection, doxorubicin HCl, all lipid formulations, 10 mg	HCPCS	Procedure
J9002	Injection, doxorubicin hydrochloride, liposomal, Doxil, 10 mg	HCPCS	Procedure
J9010	Injection, alemtuzumab, 10 mg	HCPCS	Procedure
J9015	Injection, aldesleukin, per single use vial	HCPCS	Procedure
J9017	Injection, arsenic trioxide, 1 mg	HCPCS	Procedure
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	HCPCS	Procedure
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	HCPCS	Procedure
J9025	Injection, azacitidine, 1 mg	HCPCS	Procedure
J9027	Injection, clofarabine, 1 mg	HCPCS	Procedure
J9032	Injection, belinostat, 10 mg	HCPCS	Procedure
J9033	Injection, bendamustine HCl (Treanda), 1 mg	HCPCS	Procedure
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	HCPCS	Procedure
J9035	Injection, bevacizumab, 10 mg	HCPCS	Procedure
J9039	Injection, blinatumomab, 1 microgram	HCPCS	Procedure
J9040	Injection, bleomycin sulfate, 15 units	HCPCS	Procedure
J9041	Injection, bortezomib (Velcade), 0.1 mg	HCPCS	Procedure
J9042	Injection, brentuximab vedotin, 1 mg	HCPCS	Procedure
J9043	Injection, cabazitaxel, 1 mg	HCPCS	Procedure
J9045	Injection, carboplatin, 50 mg	HCPCS	Procedure
J9047	Injection, carfilzomib, 1 mg	HCPCS	Procedure
J9050	Injection, carmustine, 100 mg	HCPCS	Procedure
J9055	Injection, cetuximab, 10 mg	HCPCS	Procedure

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Code	Description	Code Type	Code Category
J9060	Injection, cisplatin, powder or solution, 10 mg	HCPCS	Procedure
J9062	Cisplatin, 50 mg	HCPCS	Procedure
J9065	Injection, cladribine, per 1 mg	HCPCS	Procedure
J9070	Cyclophosphamide, 100 mg	HCPCS	Procedure
J9080	Cyclophosphamide, 200 mg	HCPCS	Procedure
J9090	Cyclophosphamide, 500 mg	HCPCS	Procedure
J9091	Cyclophosphamide, 1 g	HCPCS	Procedure
J9092	Cyclophosphamide, 2 g	HCPCS	Procedure
J9093	Cyclophosphamide, lyophilized, 100 mg	HCPCS	Procedure
J9094	Cyclophosphamide, lyophilized, 200 mg	HCPCS	Procedure
J9095	Cyclophosphamide, lyophilized, 500 mg	HCPCS	Procedure
J9096	Cyclophosphamide, lyophilized, 1 g	HCPCS	Procedure
J9097	Cyclophosphamide, lyophilized, 2 g	HCPCS	Procedure
J9098	Injection, cytarabine liposome, 10 mg	HCPCS	Procedure
J9100	Injection, cytarabine, 100 mg	HCPCS	Procedure
J9110	Injection, cytarabine, 500 mg	HCPCS	Procedure
J9120	Injection, dactinomycin, 0.5 mg	HCPCS	Procedure
J9130	Dacarbazine, 100 mg	HCPCS	Procedure
J9140	Dacarbazine, 200 mg	HCPCS	Procedure
J9145	Injection, daratumumab, 10 mg	HCPCS	Procedure
J9150	Injection, daunorubicin, 10 mg	HCPCS	Procedure
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	HCPCS	Procedure
J9160	Injection, denileukin diftitox, 300 mcg	HCPCS	Procedure
J9170	Injection, docetaxel, 20 mg	HCPCS	Procedure
J9171	Injection, docetaxel, 1 mg	HCPCS	Procedure
J9176	Injection, elotuzumab, 1 mg	HCPCS	Procedure
J9178	Injection, epirubicin HCl, 2 mg	HCPCS	Procedure
J9179	Injection, eribulin mesylate, 0.1 mg	HCPCS	Procedure
J9180	Epirubicin HCl, 50 mg	HCPCS	Procedure
J9181	Injection, etoposide, 10 mg	HCPCS	Procedure
J9182	Etoposide, 100 mg	HCPCS	Procedure
J9185	Injection, fludarabine phosphate, 50 mg	HCPCS	Procedure
J9190	Injection, fluorouracil, 500 mg	HCPCS	Procedure
J9200	Injection, floxuridine, 500 mg	HCPCS	Procedure
J9201	Injection, gemcitabine HCl, 200 mg	HCPCS	Procedure
J9205	Injection, irinotecan liposome, 1 mg	HCPCS	Procedure
J9206	Injection, irinotecan, 20 mg	HCPCS	Procedure
J9207	Injection, ixabepilone, 1 mg	HCPCS	Procedure
J9208	Injection, ifosfamide, 1 g	HCPCS	Procedure
J9209	Injection, mesna, 200 mg	HCPCS	Procedure
J9211	Injection, idarubicin HCl, 5 mg	HCPCS	Procedure

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Code	Description	Code Type	Code Category
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg	HCPCS	Procedure
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	HCPCS	Procedure
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	HCPCS	Procedure
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU	HCPCS	Procedure
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	HCPCS	Procedure
J9245	Injection, melphalan HCl, 50 mg	HCPCS	Procedure
J9250	Methotrexate sodium, 5 mg	HCPCS	Procedure
J9260	Methotrexate sodium, 50 mg	HCPCS	Procedure
J9261	Injection, nelarabine, 50 mg	HCPCS	Procedure
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	HCPCS	Procedure
J9263	Injection, oxaliplatin, 0.5 mg	HCPCS	Procedure
J9264	Injection, paclitaxel protein-bound particles, 1 mg	HCPCS	Procedure
J9265	Injection, paclitaxel, 30 mg	HCPCS	Procedure
J9266	Injection, pegaspargase, per single dose vial	HCPCS	Procedure
J9267	Injection, paclitaxel, 1 mg	HCPCS	Procedure
J9268	Injection, pentostatin, 10 mg	HCPCS	Procedure
J9270	Injection, plicamycin, 2.5 mg	HCPCS	Procedure
J9280	Injection, mitomycin, 5 mg	HCPCS	Procedure
J9290	Mitomycin, 20 mg	HCPCS	Procedure
J9291	Mitomycin, 40 mg	HCPCS	Procedure
J9293	Injection, mitoxantrone HCl, per 5 mg	HCPCS	Procedure
J9300	Injection, gemtuzumab ozogamicin, 5 mg	HCPCS	Procedure
J9301	Injection, obinutuzumab, 10 mg	HCPCS	Procedure
J9302	Injection, ofatumumab, 10 mg	HCPCS	Procedure
J9305	Injection, pemetrexed, 10 mg	HCPCS	Procedure
J9307	Injection, pralatrexate, 1 mg	HCPCS	Procedure
J9310	Injection, rituximab, 100 mg	HCPCS	Procedure
J9315	Injection, romidepsin, 1 mg	HCPCS	Procedure
J9320	Injection, streptozocin, 1 g	HCPCS	Procedure
J9328	Injection, temozolomide, 1 mg	HCPCS	Procedure
J9330	Injection, temsirolimus, 1 mg	HCPCS	Procedure
J9340	Injection, thiotepa, 15 mg	HCPCS	Procedure
J9350	Injection, topotecan, 4 mg	HCPCS	Procedure
J9351	Injection, topotecan, 0.1 mg	HCPCS	Procedure
J9352	Injection, trabectedin, 0.1 mg	HCPCS	Procedure
J9354	Injection, ado-trastuzumab emtansine, 1 mg	HCPCS	Procedure
J9355	Injection, trastuzumab, 10 mg	HCPCS	Procedure
J9357	Injection, valrubicin, intravesical, 200 mg	HCPCS	Procedure
J9360	Injection, vinblastine sulfate, 1 mg	HCPCS	Procedure
J9370	Vincristine sulfate, 1 mg	HCPCS	Procedure
J9371	Injection, vincristine sulfate liposome, 1 mg	HCPCS	Procedure

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Code	Description	Code Type	Code Category
J9375	Vincristine sulfate, 2 mg	HCPCS	Procedure
J9380	Vincristine sulfate, 5 mg	HCPCS	Procedure
J9390	Injection, vinorelbine tartrate, 10 mg	HCPCS	Procedure
J9395	Injection, fulvestrant, 25 mg	HCPCS	Procedure
J9999	Not otherwise classified, antineoplastic drugs	HCPCS	Procedure
Q2017	Injection, teniposide, 50 mg	HCPCS	Procedure
Q2025	Fludarabine phosphate, oral, 1 mg	HCPCS	Procedure
Q2048	Injection, doxorubicin hydrochloride, liposomal, DOXIL, 10 mg	HCPCS	Procedure
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	HCPCS	Procedure
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	HCPCS	Procedure
Bone Marrow Transplant			
41.0	Bone marrow transplant	ICD-9-CM	Procedure
41.00	Bone marrow transplant, not otherwise specified	ICD-9-CM	Procedure
41	Bone marrow transplant	ICD-9-CM	Procedure
41.01	Autologous bone marrow transplant without purging	ICD-9-CM	Procedure
41.02	Allogeneic bone marrow transplant with purging	ICD-9-CM	Procedure
41.03	Allogeneic bone marrow transplant without purging	ICD-9-CM	Procedure
41.04	Autologous hematopoietic stem cell transplant without purging	ICD-9-CM	Procedure
41.05	Allogeneic hematopoietic stem cell transplant without purging	ICD-9-CM	Procedure
41.06	Cord blood stem cell transplant	ICD-9-CM	Procedure
41.07	Autologous hematopoietic stem cell transplant with purging	ICD-9-CM	Procedure
41.08	Allogeneic hematopoietic stem cell transplant with purging	ICD-9-CM	Procedure
41.09	Autologous bone marrow transplant with purging	ICD-9-CM	Procedure
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	HCPCS	Procedure
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	HCPCS	Procedure
38242	Allogeneic lymphocyte infusions	HCPCS	Procedure
38243	Hematopoietic progenitor cell (HPC); HPC boost	HCPCS	Procedure
30230AZ	Transfusion of Embryonic Stem Cells into Peripheral Vein, Open Approach	ICD-10-CM	Procedure
30230G0	Transfusion of Autologous Bone Marrow into Peripheral Vein, Open Approach	ICD-10-CM	Procedure
30230G1	Transfusion of Nonautologous Bone Marrow into Peripheral Vein, Open Approach	ICD-10-CM	Procedure
30230G2	Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Open Approach	ICD-10-CM	Procedure
30230G3	Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Open Approach	ICD-10-CM	Procedure
30230G4	Transfusion of Allogeneic Unspecified Bone Marrow into Peripheral Vein, Open Approach	ICD-10-CM	Procedure
30230X0	Transfusion of Autologous Cord Blood Stem Cells into Peripheral Vein, Open Approach	ICD-10-CM	Procedure

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
30230X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Vein, Open Approach	ICD-10-CM	Procedure
30230X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Peripheral Vein, Open Approach	ICD-10-CM	Procedure
30230X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Peripheral Vein, Open Approach	ICD-10-CM	Procedure
30230X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Peripheral Vein, Open Approach	ICD-10-CM	Procedure
30230Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Vein, Open Approach	ICD-10-CM	Procedure
30230Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Vein, Open Approach	ICD-10-CM	Procedure
30230Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Peripheral Vein, Open Approach	ICD-10-CM	Procedure
30230Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Peripheral Vein, Open Approach	ICD-10-CM	Procedure
30230Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Peripheral Vein, Open Approach	ICD-10-CM	Procedure
30233AZ	Transfusion of Embryonic Stem Cells into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure
30233G0	Transfusion of Autologous Bone Marrow into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure
30233G1	Transfusion of Nonautologous Bone Marrow into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure
30233G2	Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure
30233G3	Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure
30233G4	Transfusion of Allogeneic Unspecified Bone Marrow into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure
30233X0	Transfusion of Autologous Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure
30233X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure
30233X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure
30233X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure
30233X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure

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Code	Description	Code Type	Code Category
30233Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure
30233Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure
30233Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure
30233Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure
30233Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach	ICD-10-CM	Procedure
30240AZ	Transfusion of Embryonic Stem Cells into Central Vein, Open Approach	ICD-10-CM	Procedure
30240G0	Transfusion of Autologous Bone Marrow into Central Vein, Open Approach	ICD-10-CM	Procedure
30240G1	Transfusion of Nonautologous Bone Marrow into Central Vein, Open Approach	ICD-10-CM	Procedure
30240G2	Transfusion of Allogeneic Related Bone Marrow into Central Vein, Open Approach	ICD-10-CM	Procedure
30240G3	Transfusion of Allogeneic Unrelated Bone Marrow into Central Vein, Open Approach	ICD-10-CM	Procedure
30240G4	Transfusion of Allogeneic Unspecified Bone Marrow into Central Vein, Open Approach	ICD-10-CM	Procedure
30240X0	Transfusion of Autologous Cord Blood Stem Cells into Central Vein, Open Approach	ICD-10-CM	Procedure
30240X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Vein, Open Approach	ICD-10-CM	Procedure
30240X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Central Vein, Open Approach	ICD-10-CM	Procedure
30240X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Central Vein, Open Approach	ICD-10-CM	Procedure
30240X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Central Vein, Open Approach	ICD-10-CM	Procedure
30240Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Open Approach	ICD-10-CM	Procedure
30240Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Vein, Open Approach	ICD-10-CM	Procedure
30240Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Central Vein, Open Approach	ICD-10-CM	Procedure
30240Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Central Vein, Open Approach	ICD-10-CM	Procedure
30240Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Central Vein, Open Approach	ICD-10-CM	Procedure

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
30243AZ	Transfusion of Embryonic Stem Cells into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30243G0	Transfusion of Autologous Bone Marrow into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30243G1	Transfusion of Nonautologous Bone Marrow into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30243G2	Transfusion of Allogeneic Related Bone Marrow into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30243G3	Transfusion of Allogeneic Unrelated Bone Marrow into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30243G4	Transfusion of Allogeneic Unspecified Bone Marrow into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30243X0	Transfusion of Autologous Cord Blood Stem Cells into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30243X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30243X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30243X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30243X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30243Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30243Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30243Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30243Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30243Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Central Vein, Percutaneous Approach	ICD-10-CM	Procedure
30250G0	Transfusion of Autologous Bone Marrow into Peripheral Artery, Open Approach	ICD-10-CM	Procedure
30250G1	Transfusion of Nonautologous Bone Marrow into Peripheral Artery, Open Approach	ICD-10-CM	Procedure
30250X0	Transfusion of Autologous Cord Blood Stem Cells into Peripheral Artery, Open Approach	ICD-10-CM	Procedure
30250X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Artery, Open Approach	ICD-10-CM	Procedure

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
30250Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Artery, Open Approach	ICD-10-CM	Procedure
30250Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery, Open Approach	ICD-10-CM	Procedure
30253G0	Transfusion of Autologous Bone Marrow into Peripheral Artery, Percutaneous Approach	ICD-10-CM	Procedure
30253G1	Transfusion of Nonautologous Bone Marrow into Peripheral Artery, Percutaneous Approach	ICD-10-CM	Procedure
30253X0	Transfusion of Autologous Cord Blood Stem Cells into Peripheral Artery, Percutaneous Approach	ICD-10-CM	Procedure
30253X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Artery, Percutaneous Approach	ICD-10-CM	Procedure
30253Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Artery, Percutaneous Approach	ICD-10-CM	Procedure
30253Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery, Percutaneous Approach	ICD-10-CM	Procedure
30260G0	Transfusion of Autologous Bone Marrow into Central Artery, Open Approach	ICD-10-CM	Procedure
30260G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Open Approach	ICD-10-CM	Procedure
30260X0	Transfusion of Autologous Cord Blood Stem Cells into Central Artery, Open Approach	ICD-10-CM	Procedure
30260X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery, Open Approach	ICD-10-CM	Procedure
30260Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Artery, Open Approach	ICD-10-CM	Procedure
30260Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery, Open Approach	ICD-10-CM	Procedure
30263G0	Transfusion of Autologous Bone Marrow into Central Artery, Percutaneous Approach	ICD-10-CM	Procedure
30263G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Percutaneous Approach	ICD-10-CM	Procedure
30263X0	Transfusion of Autologous Cord Blood Stem Cells into Central Artery, Percutaneous Approach	ICD-10-CM	Procedure
30263X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery, Percutaneous Approach	ICD-10-CM	Procedure
30263Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Artery, Percutaneous Approach	ICD-10-CM	Procedure
30263Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery, Percutaneous Approach	ICD-10-CM	Procedure
Acute Myeloid Malignancy			
205.0	Acute myeloid leukemia	ICD-9-CM	Diagnosis

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System (HCPCS) Used to Define Filgrastim and Pegfilgrastim Indications in this Request

Code	Description	Code Type	Code Category
205.00	Acute myeloid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
205	Acute myeloid leukemia	ICD-9-CM	Diagnosis
205.02	Acute myeloid leukemia, in relapse	ICD-9-CM	Diagnosis
205.2	Subacute myeloid leukemia	ICD-9-CM	Diagnosis
205.20	Subacute myeloid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
205.22	Subacute myeloid leukemia, in relapse	ICD-9-CM	Diagnosis
205.3	Myeloid sarcoma	ICD-9-CM	Diagnosis
205.30	Myeloid sarcoma, without mention of having achieved remission	ICD-9-CM	Diagnosis
205.32	Myeloid sarcoma, in relapse	ICD-9-CM	Diagnosis
205.9	Unspecified myeloid leukemia	ICD-9-CM	Diagnosis
205.90	Unspecified myeloid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
205.92	Unspecified myeloid leukemia, in relapse	ICD-9-CM	Diagnosis
C92	Acute myeloblastic leukemia	ICD-10-CM	Diagnosis
C92.0	Acute myeloblastic leukemia	ICD-10-CM	Diagnosis
C92.00	Acute myeloblastic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C92.02	Acute myeloblastic leukemia, in relapse	ICD-10-CM	Diagnosis
C92.1	Chronic myeloid leukemia, BCR/ABL-positive	ICD-10-CM	Diagnosis
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	ICD-10-CM	Diagnosis
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse	ICD-10-CM	Diagnosis
C92.2	Atypical chronic myeloid leukemia, BCR/ABL-negative	ICD-10-CM	Diagnosis
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission	ICD-10-CM	Diagnosis
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse	ICD-10-CM	Diagnosis
C92.3	Myeloid sarcoma	ICD-10-CM	Diagnosis
C92.30	Myeloid sarcoma, not having achieved remission	ICD-10-CM	Diagnosis
C92.32	Myeloid sarcoma, in relapse	ICD-10-CM	Diagnosis
C92.4	Acute promyelocytic leukemia	ICD-10-CM	Diagnosis
C92.40	Acute promyelocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C92.42	Acute promyelocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C92.5	Acute myelomonocytic leukemia	ICD-10-CM	Diagnosis
C92.50	Acute myelomonocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C92.52	Acute myelomonocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C92.6	Acute myeloid leukemia with 11q23-abnormality	ICD-10-CM	Diagnosis
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission	ICD-10-CM	Diagnosis
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse	ICD-10-CM	Diagnosis
C92.9	Myeloid leukemia, unspecified	ICD-10-CM	Diagnosis
C92.90	Myeloid leukemia, unspecified, not having achieved remission	ICD-10-CM	Diagnosis
C92.92	Myeloid leukemia, unspecified in relapse	ICD-10-CM	Diagnosis
C92.A	Acute myeloid leukemia with multilineage dysplasia	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission	ICD-10-CM	Diagnosis
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse	ICD-10-CM	Diagnosis
C92.Z	Other myeloid leukemia	ICD-10-CM	Diagnosis
C92.Z0	Other myeloid leukemia not having achieved remission	ICD-10-CM	Diagnosis
C92.Z2	Other myeloid leukemia, in relapse	ICD-10-CM	Diagnosis
Bone Marrow Harvest			
41.91	Aspiration of bone marrow from donor for transplant	ICD-9-CM	Procedure
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	HCPCS	Procedure
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	HCPCS	Procedure
38230	Bone marrow harvesting for transplantation; allogeneic	HCPCS	Procedure
38232	Bone marrow harvesting for transplantation; autologous	HCPCS	Procedure
6A550ZV	Pheresis of Hematopoietic Stem Cells, Single	ICD-10-CM	Procedure
6A551ZV	Pheresis of Hematopoietic Stem Cells, Multiple	ICD-10-CM	Procedure
Neutropenia			
288.0	Neutropenia	ICD-9-CM	Diagnosis
288.00	Neutropenia, unspecified	ICD-9-CM	Diagnosis
288	Neutropenia	ICD-9-CM	Diagnosis
288.01	Congenital neutropenia	ICD-9-CM	Diagnosis
288.02	Cyclic neutropenia	ICD-9-CM	Diagnosis
288.03	Drug induced neutropenia	ICD-9-CM	Diagnosis
288.04	Neutropenia due to infection	ICD-9-CM	Diagnosis
288.09	Other neutropenia	ICD-9-CM	Diagnosis
288.50	Leukocytopenia, unspecified	ICD-9-CM	Diagnosis
288.9	Unspecified disease of white blood cells	ICD-9-CM	Diagnosis
D70	Neutropenia	ICD-10-CM	Diagnosis
D70.0	Congenital agranulocytosis	ICD-10-CM	Diagnosis
D70.2	Other drug-induced agranulocytosis	ICD-10-CM	Diagnosis
D70.3	Neutropenia due to infection	ICD-10-CM	Diagnosis
D70.4	Cyclic neutropenia	ICD-10-CM	Diagnosis
D70.8	Other neutropenia	ICD-10-CM	Diagnosis
D70.9	Neutropenia, unspecified	ICD-10-CM	Diagnosis
D72.819	Decreased white blood cell count, unspecified	ICD-10-CM	Diagnosis
D72.9	Disorder of white blood cells, unspecified	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
Gastrointestinal: Crohn's Disease			
555	Regional enteritis	ICD-9-CM	Diagnosis
555.0	Regional enteritis of small intestine	ICD-9-CM	Diagnosis
555.1	Regional enteritis of large intestine	ICD-9-CM	Diagnosis
555.2	Regional enteritis of small intestine with large intestine	ICD-9-CM	Diagnosis
555.9	Regional enteritis of unspecified site	ICD-9-CM	Diagnosis
K50.0	Crohn's disease of small intestine	ICD-10-CM	Diagnosis
K50.00	Crohn's disease of small intestine without complications	ICD-10-CM	Diagnosis
K50.01	Crohn's disease of small intestine with complications	ICD-10-CM	Diagnosis
K50.011	Crohn's disease of small intestine with rectal bleeding	ICD-10-CM	Diagnosis
K50.012	Crohn's disease of small intestine with intestinal obstruction	ICD-10-CM	Diagnosis
K50.013	Crohn's disease of small intestine with fistula	ICD-10-CM	Diagnosis
K50.014	Crohn's disease of small intestine with abscess	ICD-10-CM	Diagnosis
K50.018	Crohn's disease of small intestine with other complication	ICD-10-CM	Diagnosis
K50.019	Crohn's disease of small intestine with unspecified complications	ICD-10-CM	Diagnosis
K50.1	Crohn's disease of large intestine	ICD-10-CM	Diagnosis
K50.10	Crohn's disease of large intestine without complications	ICD-10-CM	Diagnosis
K50.11	Crohn's disease of large intestine with complications	ICD-10-CM	Diagnosis
K50.111	Crohn's disease of large intestine with rectal bleeding	ICD-10-CM	Diagnosis
K50.112	Crohn's disease of large intestine with intestinal obstruction	ICD-10-CM	Diagnosis
K50.113	Crohn's disease of large intestine with fistula	ICD-10-CM	Diagnosis
K50.114	Crohn's disease of large intestine with abscess	ICD-10-CM	Diagnosis
K50.118	Crohn's disease of large intestine with other complication	ICD-10-CM	Diagnosis
K50.119	Crohn's disease of large intestine with unspecified complications	ICD-10-CM	Diagnosis
K50.8	Crohn's disease of both small and large intestine	ICD-10-CM	Diagnosis
K50.80	Crohn's disease of both small and large intestine without complications	ICD-10-CM	Diagnosis
K50.81	Crohn's disease of both small and large intestine with complications	ICD-10-CM	Diagnosis
K50.811	Crohn's disease of both small and large intestine with rectal bleeding	ICD-10-CM	Diagnosis
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction	ICD-10-CM	Diagnosis
K50.813	Crohn's disease of both small and large intestine with fistula	ICD-10-CM	Diagnosis
K50.814	Crohn's disease of both small and large intestine with abscess	ICD-10-CM	Diagnosis
K50.818	Crohn's disease of both small and large intestine with other complication	ICD-10-CM	Diagnosis
K50.819	Crohn's disease of both small and large intestine with unspecified complications	ICD-10-CM	Diagnosis
K50.9	Crohn's disease, unspecified	ICD-10-CM	Diagnosis
K50.90	Crohn's disease, unspecified, without complications	ICD-10-CM	Diagnosis
K50.91	Crohn's disease, unspecified, with complications	ICD-10-CM	Diagnosis
K50.911	Crohn's disease, unspecified, with rectal bleeding	ICD-10-CM	Diagnosis
K50.912	Crohn's disease, unspecified, with intestinal obstruction	ICD-10-CM	Diagnosis
K50.913	Crohn's disease, unspecified, with fistula	ICD-10-CM	Diagnosis
K50.914	Crohn's disease, unspecified, with abscess	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
K50.918	Crohn's disease, unspecified, with other complication	ICD-10-CM	Diagnosis
K50.919	Crohn's disease, unspecified, with unspecified complications	ICD-10-CM	Diagnosis
Gastrointestinal: Ulcerative Colitis			
556	Ulcerative colitis	ICD-9-CM	Diagnosis
556.0	Ulcerative (chronic) enterocolitis	ICD-9-CM	Diagnosis
556.1	Ulcerative (chronic) ileocolitis	ICD-9-CM	Diagnosis
556.2	Ulcerative (chronic) proctitis	ICD-9-CM	Diagnosis
556.3	Ulcerative (chronic) proctosigmoiditis	ICD-9-CM	Diagnosis
556.4	Pseudopolyposis of colon	ICD-9-CM	Diagnosis
556.5	Left sided ulcerative (chronic) colitis	ICD-9-CM	Diagnosis
556.6	Universal ulcerative (chronic) colitis	ICD-9-CM	Diagnosis
556.8	Other ulcerative colitis	ICD-9-CM	Diagnosis
556.9	Unspecified ulcerative colitis	ICD-9-CM	Diagnosis
K51.0	Ulcerative (chronic) pancolitis	ICD-10-CM	Diagnosis
K51.00	Ulcerative (chronic) pancolitis without complications	ICD-10-CM	Diagnosis
K51.01	Ulcerative (chronic) pancolitis with complications	ICD-10-CM	Diagnosis
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding	ICD-10-CM	Diagnosis
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction	ICD-10-CM	Diagnosis
K51.013	Ulcerative (chronic) pancolitis with fistula	ICD-10-CM	Diagnosis
K51.014	Ulcerative (chronic) pancolitis with abscess	ICD-10-CM	Diagnosis
K51.018	Ulcerative (chronic) pancolitis with other complication	ICD-10-CM	Diagnosis
K51.019	Ulcerative (chronic) pancolitis with unspecified complications	ICD-10-CM	Diagnosis
K51.2	Ulcerative (chronic) proctitis	ICD-10-CM	Diagnosis
K51.20	Ulcerative (chronic) proctitis without complications	ICD-10-CM	Diagnosis
K51.21	Ulcerative (chronic) proctitis with complications	ICD-10-CM	Diagnosis
K51.211	Ulcerative (chronic) proctitis with rectal bleeding	ICD-10-CM	Diagnosis
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction	ICD-10-CM	Diagnosis
K51.213	Ulcerative (chronic) proctitis with fistula	ICD-10-CM	Diagnosis
K51.214	Ulcerative (chronic) proctitis with abscess	ICD-10-CM	Diagnosis
K51.218	Ulcerative (chronic) proctitis with other complication	ICD-10-CM	Diagnosis
K51.219	Ulcerative (chronic) proctitis with unspecified complications	ICD-10-CM	Diagnosis
K51.3	Ulcerative (chronic) rectosigmoiditis	ICD-10-CM	Diagnosis
K51.30	Ulcerative (chronic) rectosigmoiditis without complications	ICD-10-CM	Diagnosis
K51.31	Ulcerative (chronic) rectosigmoiditis with complications	ICD-10-CM	Diagnosis
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding	ICD-10-CM	Diagnosis
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction	ICD-10-CM	Diagnosis
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula	ICD-10-CM	Diagnosis
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess	ICD-10-CM	Diagnosis
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication	ICD-10-CM	Diagnosis
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications	ICD-10-CM	Diagnosis
K51.5	Left sided colitis	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
K51.50	Left sided colitis without complications	ICD-10-CM	Diagnosis
K51.51	Left sided colitis with complications	ICD-10-CM	Diagnosis
K51.511	Left sided colitis with rectal bleeding	ICD-10-CM	Diagnosis
K51.512	Left sided colitis with intestinal obstruction	ICD-10-CM	Diagnosis
K51.513	Left sided colitis with fistula	ICD-10-CM	Diagnosis
K51.514	Left sided colitis with abscess	ICD-10-CM	Diagnosis
K51.518	Left sided colitis with other complication	ICD-10-CM	Diagnosis
K51.519	Left sided colitis with unspecified complications	ICD-10-CM	Diagnosis
K51.8	Other ulcerative colitis	ICD-10-CM	Diagnosis
K51.80	Other ulcerative colitis without complications	ICD-10-CM	Diagnosis
K51.81	Other ulcerative colitis with complications	ICD-10-CM	Diagnosis
K51.811	Other ulcerative colitis with rectal bleeding	ICD-10-CM	Diagnosis
K51.812	Other ulcerative colitis with intestinal obstruction	ICD-10-CM	Diagnosis
K51.813	Other ulcerative colitis with fistula	ICD-10-CM	Diagnosis
K51.814	Other ulcerative colitis with abscess	ICD-10-CM	Diagnosis
K51.818	Other ulcerative colitis with other complication	ICD-10-CM	Diagnosis
K51.819	Other ulcerative colitis with unspecified complications	ICD-10-CM	Diagnosis
K51.9	Ulcerative colitis, unspecified	ICD-10-CM	Diagnosis
K51.90	Ulcerative colitis, unspecified, without complications	ICD-10-CM	Diagnosis
K51.91	Ulcerative colitis, unspecified, with complications	ICD-10-CM	Diagnosis
K51.911	Ulcerative colitis, unspecified with rectal bleeding	ICD-10-CM	Diagnosis
K51.912	Ulcerative colitis, unspecified with intestinal obstruction	ICD-10-CM	Diagnosis
K51.913	Ulcerative colitis, unspecified with fistula	ICD-10-CM	Diagnosis
K51.914	Ulcerative colitis, unspecified with abscess	ICD-10-CM	Diagnosis
K51.918	Ulcerative colitis, unspecified with other complication	ICD-10-CM	Diagnosis
K51.919	Ulcerative colitis, unspecified with unspecified complications	ICD-10-CM	Diagnosis
Non-Gastrointestinal: Ankylosing Spondylitis			
720.0	Ankylosing spondylitis	ICD-9-CM	Diagnosis
M08.1	Juvenile ankylosing spondylitis	ICD-10-CM	Diagnosis
M45.0	Ankylosing spondylitis of multiple sites in spine	ICD-10-CM	Diagnosis
M45.1	Ankylosing spondylitis of occipito-atlanto-axial region	ICD-10-CM	Diagnosis
M45.2	Ankylosing spondylitis of cervical region	ICD-10-CM	Diagnosis
M45.3	Ankylosing spondylitis of cervicothoracic region	ICD-10-CM	Diagnosis
M45.4	Ankylosing spondylitis of thoracic region	ICD-10-CM	Diagnosis
M45.5	Ankylosing spondylitis of thoracolumbar region	ICD-10-CM	Diagnosis
M45.6	Ankylosing spondylitis lumbar region	ICD-10-CM	Diagnosis
M45.7	Ankylosing spondylitis of lumbosacral region	ICD-10-CM	Diagnosis
M45.8	Ankylosing spondylitis sacral and sacrococcygeal region	ICD-10-CM	Diagnosis
M45.9	Ankylosing spondylitis of unspecified sites in spine	ICD-10-CM	Diagnosis
Non-Gastrointestinal: Psoriatic Arthritis			
696.0	Psoriatic arthritis (PsA) Psoriatic arthropathy	ICD-9-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System Used to Define Infliximab Indications in this Request

Code	Description	Code Type	Code Category
L40.50	Arthropathic psoriasis, unspecified	ICD-10-CM	Diagnosis
L40.51	Distal interphalangeal psoriatic arthropathy	ICD-10-CM	Diagnosis
L40.52	Psoriatic arthritis mutilans	ICD-10-CM	Diagnosis
L40.53	Psoriatic spondylitis	ICD-10-CM	Diagnosis
L40.54	Psoriatic juvenile arthropathy	ICD-10-CM	Diagnosis
L40.59	Other psoriatic arthropathy	ICD-10-CM	Diagnosis
Non-Gastrointestinal: Psoriasis			
696.1	Other psoriasis	ICD-9-CM	Diagnosis
L40.0	Psoriasis vulgaris	ICD-10-CM	Diagnosis
L40.1	Generalized pustular psoriasis	ICD-10-CM	Diagnosis
L40.8	Other psoriasis	ICD-10-CM	Diagnosis
L40.9	Psoriasis, unspecified	ICD-10-CM	Diagnosis
Non-Gastrointestinal: Rheumatoid Arthritis			
714.0	Rheumatoid arthritis	ICD-9-CM	Diagnosis
714.2	Other rheumatoid arthritis with visceral or systemic involvement	ICD-9-CM	Diagnosis
714.30	Polyarticular juvenile rheumatoid arthritis, chronic or unspecified	ICD-9-CM	Diagnosis
714.31	Polyarticular juvenile rheumatoid arthritis, acute	ICD-9-CM	Diagnosis
714.32	Pauciarticular juvenile rheumatoid arthritis	ICD-9-CM	Diagnosis
714.33	Monoarticular juvenile rheumatoid arthritis	ICD-9-CM	Diagnosis
M05.1	Rheumatoid lung disease with rheumatoid arthritis	ICD-10-CM	Diagnosis
M05.10	Rheumatoid lung disease with rheumatoid arthritis of unspecified site	ICD-10-CM	Diagnosis
M05.11	Rheumatoid lung disease with rheumatoid arthritis of shoulder	ICD-10-CM	Diagnosis
M05.111	Rheumatoid lung disease with rheumatoid arthritis of right shoulder	ICD-10-CM	Diagnosis
M05.112	Rheumatoid lung disease with rheumatoid arthritis of left shoulder	ICD-10-CM	Diagnosis
M05.119	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder	ICD-10-CM	Diagnosis
M05.12	Rheumatoid lung disease with rheumatoid arthritis of elbow	ICD-10-CM	Diagnosis
M05.121	Rheumatoid lung disease with rheumatoid arthritis of right elbow	ICD-10-CM	Diagnosis
M05.122	Rheumatoid lung disease with rheumatoid arthritis of left elbow	ICD-10-CM	Diagnosis
M05.129	Rheumatoid lung disease with rheumatoid arthritis of unspecified elbow	ICD-10-CM	Diagnosis
M05.13	Rheumatoid lung disease with rheumatoid arthritis of wrist	ICD-10-CM	Diagnosis
M05.131	Rheumatoid lung disease with rheumatoid arthritis of right wrist	ICD-10-CM	Diagnosis
M05.132	Rheumatoid lung disease with rheumatoid arthritis of left wrist	ICD-10-CM	Diagnosis
M05.139	Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist	ICD-10-CM	Diagnosis
M05.14	Rheumatoid lung disease with rheumatoid arthritis of hand	ICD-10-CM	Diagnosis
M05.141	Rheumatoid lung disease with rheumatoid arthritis of right hand	ICD-10-CM	Diagnosis
M05.142	Rheumatoid lung disease with rheumatoid arthritis of left hand	ICD-10-CM	Diagnosis
M05.149	Rheumatoid lung disease with rheumatoid arthritis of unspecified hand	ICD-10-CM	Diagnosis
M05.15	Rheumatoid lung disease with rheumatoid arthritis of hip	ICD-10-CM	Diagnosis
M05.151	Rheumatoid lung disease with rheumatoid arthritis of right hip	ICD-10-CM	Diagnosis
M05.152	Rheumatoid lung disease with rheumatoid arthritis of left hip	ICD-10-CM	Diagnosis
M05.159	Rheumatoid lung disease with rheumatoid arthritis of unspecified hip	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System Used to Define Infliximab Indications in this Request

Code	Description	Code Type	Code Category
M05.16	Rheumatoid lung disease with rheumatoid arthritis of knee	ICD-10-CM	Diagnosis
M05.161	Rheumatoid lung disease with rheumatoid arthritis of right knee	ICD-10-CM	Diagnosis
M05.162	Rheumatoid lung disease with rheumatoid arthritis of left knee	ICD-10-CM	Diagnosis
M05.169	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee	ICD-10-CM	Diagnosis
M05.17	Rheumatoid lung disease with rheumatoid arthritis of ankle and foot	ICD-10-CM	Diagnosis
M05.171	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot	ICD-10-CM	Diagnosis
M05.172	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot	ICD-10-CM	Diagnosis
M05.179	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot	ICD-10-CM	Diagnosis
M05.19	Rheumatoid lung disease with rheumatoid arthritis of multiple sites	ICD-10-CM	Diagnosis
M05.2	Rheumatoid vasculitis with rheumatoid arthritis	ICD-10-CM	Diagnosis
M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site	ICD-10-CM	Diagnosis
M05.21	Rheumatoid vasculitis with rheumatoid arthritis of shoulder	ICD-10-CM	Diagnosis
M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder	ICD-10-CM	Diagnosis
M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder	ICD-10-CM	Diagnosis
M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder	ICD-10-CM	Diagnosis
M05.22	Rheumatoid vasculitis with rheumatoid arthritis of elbow	ICD-10-CM	Diagnosis
M05.221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow	ICD-10-CM	Diagnosis
M05.222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow	ICD-10-CM	Diagnosis
M05.229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow	ICD-10-CM	Diagnosis
M05.23	Rheumatoid vasculitis with rheumatoid arthritis of wrist	ICD-10-CM	Diagnosis
M05.231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist	ICD-10-CM	Diagnosis
M05.232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist	ICD-10-CM	Diagnosis
M05.239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist	ICD-10-CM	Diagnosis
M05.24	Rheumatoid vasculitis with rheumatoid arthritis of hand	ICD-10-CM	Diagnosis
M05.241	Rheumatoid vasculitis with rheumatoid arthritis of right hand	ICD-10-CM	Diagnosis
M05.242	Rheumatoid vasculitis with rheumatoid arthritis of left hand	ICD-10-CM	Diagnosis
M05.249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand	ICD-10-CM	Diagnosis
M05.25	Rheumatoid vasculitis with rheumatoid arthritis of hip	ICD-10-CM	Diagnosis
M05.251	Rheumatoid vasculitis with rheumatoid arthritis of right hip	ICD-10-CM	Diagnosis
M05.252	Rheumatoid vasculitis with rheumatoid arthritis of left hip	ICD-10-CM	Diagnosis
M05.259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip	ICD-10-CM	Diagnosis
M05.26	Rheumatoid vasculitis with rheumatoid arthritis of knee	ICD-10-CM	Diagnosis
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee	ICD-10-CM	Diagnosis
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee	ICD-10-CM	Diagnosis
M05.269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee	ICD-10-CM	Diagnosis
M05.27	Rheumatoid vasculitis with rheumatoid arthritis of ankle and foot	ICD-10-CM	Diagnosis
M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot	ICD-10-CM	Diagnosis
M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot	ICD-10-CM	Diagnosis
M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System Used to Define Infliximab Indications in this Request

Code	Description	Code Type	Code Category
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites	ICD-10-CM	Diagnosis
M05.3	Rheumatoid heart disease with rheumatoid arthritis	ICD-10-CM	Diagnosis
M05.30	Rheumatoid heart disease with rheumatoid arthritis of unspecified site	ICD-10-CM	Diagnosis
M05.31	Rheumatoid heart disease with rheumatoid arthritis of shoulder	ICD-10-CM	Diagnosis
M05.311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder	ICD-10-CM	Diagnosis
M05.312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder	ICD-10-CM	Diagnosis
M05.319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder	ICD-10-CM	Diagnosis
M05.32	Rheumatoid heart disease with rheumatoid arthritis of elbow	ICD-10-CM	Diagnosis
M05.321	Rheumatoid heart disease with rheumatoid arthritis of right elbow	ICD-10-CM	Diagnosis
M05.322	Rheumatoid heart disease with rheumatoid arthritis of left elbow	ICD-10-CM	Diagnosis
M05.329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow	ICD-10-CM	Diagnosis
M05.33	Rheumatoid heart disease with rheumatoid arthritis of wrist	ICD-10-CM	Diagnosis
M05.331	Rheumatoid heart disease with rheumatoid arthritis of right wrist	ICD-10-CM	Diagnosis
M05.332	Rheumatoid heart disease with rheumatoid arthritis of left wrist	ICD-10-CM	Diagnosis
M05.339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist	ICD-10-CM	Diagnosis
M05.34	Rheumatoid heart disease with rheumatoid arthritis of hand	ICD-10-CM	Diagnosis
M05.341	Rheumatoid heart disease with rheumatoid arthritis of right hand	ICD-10-CM	Diagnosis
M05.342	Rheumatoid heart disease with rheumatoid arthritis of left hand	ICD-10-CM	Diagnosis
M05.349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand	ICD-10-CM	Diagnosis
M05.35	Rheumatoid heart disease with rheumatoid arthritis of hip	ICD-10-CM	Diagnosis
M05.351	Rheumatoid heart disease with rheumatoid arthritis of right hip	ICD-10-CM	Diagnosis
M05.352	Rheumatoid heart disease with rheumatoid arthritis of left hip	ICD-10-CM	Diagnosis
M05.359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip	ICD-10-CM	Diagnosis
M05.36	Rheumatoid heart disease with rheumatoid arthritis of knee	ICD-10-CM	Diagnosis
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee	ICD-10-CM	Diagnosis
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee	ICD-10-CM	Diagnosis
M05.369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee	ICD-10-CM	Diagnosis
M05.37	Rheumatoid heart disease with rheumatoid arthritis of ankle and foot	ICD-10-CM	Diagnosis
M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot	ICD-10-CM	Diagnosis
M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot	ICD-10-CM	Diagnosis
M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot	ICD-10-CM	Diagnosis
M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites	ICD-10-CM	Diagnosis
M05.4	Rheumatoid myopathy with rheumatoid arthritis	ICD-10-CM	Diagnosis
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site	ICD-10-CM	Diagnosis
M05.41	Rheumatoid myopathy with rheumatoid arthritis of shoulder	ICD-10-CM	Diagnosis
M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder	ICD-10-CM	Diagnosis
M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder	ICD-10-CM	Diagnosis
M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder	ICD-10-CM	Diagnosis
M05.42	Rheumatoid myopathy with rheumatoid arthritis of elbow	ICD-10-CM	Diagnosis
M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System Used to Define Infliximab Indications in this Request

Code	Description	Code Type	Code Category
M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow	ICD-10-CM	Diagnosis
M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow	ICD-10-CM	Diagnosis
M05.43	Rheumatoid myopathy with rheumatoid arthritis of wrist	ICD-10-CM	Diagnosis
M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist	ICD-10-CM	Diagnosis
M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist	ICD-10-CM	Diagnosis
M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist	ICD-10-CM	Diagnosis
M05.44	Rheumatoid myopathy with rheumatoid arthritis of hand	ICD-10-CM	Diagnosis
M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand	ICD-10-CM	Diagnosis
M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand	ICD-10-CM	Diagnosis
M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand	ICD-10-CM	Diagnosis
M05.45	Rheumatoid myopathy with rheumatoid arthritis of hip	ICD-10-CM	Diagnosis
M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip	ICD-10-CM	Diagnosis
M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip	ICD-10-CM	Diagnosis
M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip	ICD-10-CM	Diagnosis
M05.46	Rheumatoid myopathy with rheumatoid arthritis of knee	ICD-10-CM	Diagnosis
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee	ICD-10-CM	Diagnosis
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee	ICD-10-CM	Diagnosis
M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee	ICD-10-CM	Diagnosis
M05.47	Rheumatoid myopathy with rheumatoid arthritis of ankle and foot	ICD-10-CM	Diagnosis
M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot	ICD-10-CM	Diagnosis
M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot	ICD-10-CM	Diagnosis
M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot	ICD-10-CM	Diagnosis
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites	ICD-10-CM	Diagnosis
M05.5	Rheumatoid polyneuropathy with rheumatoid arthritis	ICD-10-CM	Diagnosis
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site	ICD-10-CM	Diagnosis
M05.51	Rheumatoid polyneuropathy with rheumatoid arthritis of shoulder	ICD-10-CM	Diagnosis
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder	ICD-10-CM	Diagnosis
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder	ICD-10-CM	Diagnosis
M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder	ICD-10-CM	Diagnosis
M05.52	Rheumatoid polyneuropathy with rheumatoid arthritis of elbow	ICD-10-CM	Diagnosis
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow	ICD-10-CM	Diagnosis
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow	ICD-10-CM	Diagnosis
M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow	ICD-10-CM	Diagnosis
M05.53	Rheumatoid polyneuropathy with rheumatoid arthritis of wrist	ICD-10-CM	Diagnosis
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist	ICD-10-CM	Diagnosis
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist	ICD-10-CM	Diagnosis
M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist	ICD-10-CM	Diagnosis
M05.54	Rheumatoid polyneuropathy with rheumatoid arthritis of hand	ICD-10-CM	Diagnosis
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System Used to Define Infliximab Indications in this Request

Code	Description	Code Type	Code Category
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand	ICD-10-CM	Diagnosis
M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand	ICD-10-CM	Diagnosis
M05.55	Rheumatoid polyneuropathy with rheumatoid arthritis of hip	ICD-10-CM	Diagnosis
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip	ICD-10-CM	Diagnosis
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip	ICD-10-CM	Diagnosis
M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip	ICD-10-CM	Diagnosis
M05.56	Rheumatoid polyneuropathy with rheumatoid arthritis of knee	ICD-10-CM	Diagnosis
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee	ICD-10-CM	Diagnosis
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee	ICD-10-CM	Diagnosis
M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee	ICD-10-CM	Diagnosis
M05.57	Rheumatoid polyneuropathy with rheumatoid arthritis of ankle and foot	ICD-10-CM	Diagnosis
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot	ICD-10-CM	Diagnosis
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot	ICD-10-CM	Diagnosis
M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot	ICD-10-CM	Diagnosis
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites	ICD-10-CM	Diagnosis
M05.6	Rheumatoid arthritis with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.61	Rheumatoid arthritis of shoulder with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.62	Rheumatoid arthritis of elbow with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.621	Rheumatoid arthritis of right elbow with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.622	Rheumatoid arthritis of left elbow with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.63	Rheumatoid arthritis of wrist with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.631	Rheumatoid arthritis of right wrist with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.632	Rheumatoid arthritis of left wrist with involvement of other organs and systems	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M05.639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.64	Rheumatoid arthritis of hand with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.641	Rheumatoid arthritis of right hand with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.642	Rheumatoid arthritis of left hand with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.649	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.65	Rheumatoid arthritis of hip with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.66	Rheumatoid arthritis of knee with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.67	Rheumatoid arthritis of ankle and foot with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.7	Rheumatoid arthritis with rheumatoid factor without organ or systems involvement	ICD-10-CM	Diagnosis
M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement	ICD-10-CM	Diagnosis
M05.71	Rheumatoid arthritis with rheumatoid factor of shoulder without organ or systems involvement	ICD-10-CM	Diagnosis
M05.711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M05.712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement	ICD-10-CM	Diagnosis
M05.719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement	ICD-10-CM	Diagnosis
M05.72	Rheumatoid arthritis with rheumatoid factor of elbow without organ or systems involvement	ICD-10-CM	Diagnosis
M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement	ICD-10-CM	Diagnosis
M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement	ICD-10-CM	Diagnosis
M05.729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement	ICD-10-CM	Diagnosis
M05.73	Rheumatoid arthritis with rheumatoid factor of wrist without organ or systems involvement	ICD-10-CM	Diagnosis
M05.731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement	ICD-10-CM	Diagnosis
M05.732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement	ICD-10-CM	Diagnosis
M05.739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement	ICD-10-CM	Diagnosis
M05.74	Rheumatoid arthritis with rheumatoid factor of hand without organ or systems involvement	ICD-10-CM	Diagnosis
M05.741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement	ICD-10-CM	Diagnosis
M05.742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement	ICD-10-CM	Diagnosis
M05.749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement	ICD-10-CM	Diagnosis
M05.75	Rheumatoid arthritis with rheumatoid factor of hip without organ or systems involvement	ICD-10-CM	Diagnosis
M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement	ICD-10-CM	Diagnosis
M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement	ICD-10-CM	Diagnosis
M05.759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement	ICD-10-CM	Diagnosis
M05.76	Rheumatoid arthritis with rheumatoid factor of knee without organ or systems involvement	ICD-10-CM	Diagnosis
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement	ICD-10-CM	Diagnosis
M05.769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement	ICD-10-CM	Diagnosis
M05.77	Rheumatoid arthritis with rheumatoid factor of ankle and foot without organ or systems involvement	ICD-10-CM	Diagnosis
M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement	ICD-10-CM	Diagnosis
M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement	ICD-10-CM	Diagnosis
M05.779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement	ICD-10-CM	Diagnosis
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	ICD-10-CM	Diagnosis
M05.8	Other rheumatoid arthritis with rheumatoid factor	ICD-10-CM	Diagnosis
M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site	ICD-10-CM	Diagnosis
M05.81	Other rheumatoid arthritis with rheumatoid factor of shoulder	ICD-10-CM	Diagnosis
M05.811	Other rheumatoid arthritis with rheumatoid factor of right shoulder	ICD-10-CM	Diagnosis
M05.812	Other rheumatoid arthritis with rheumatoid factor of left shoulder	ICD-10-CM	Diagnosis
M05.819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder	ICD-10-CM	Diagnosis
M05.82	Other rheumatoid arthritis with rheumatoid factor of elbow	ICD-10-CM	Diagnosis
M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow	ICD-10-CM	Diagnosis
M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow	ICD-10-CM	Diagnosis
M05.829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow	ICD-10-CM	Diagnosis
M05.83	Other rheumatoid arthritis with rheumatoid factor of wrist	ICD-10-CM	Diagnosis
M05.831	Other rheumatoid arthritis with rheumatoid factor of right wrist	ICD-10-CM	Diagnosis
M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist	ICD-10-CM	Diagnosis
M05.839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist	ICD-10-CM	Diagnosis
M05.84	Other rheumatoid arthritis with rheumatoid factor of hand	ICD-10-CM	Diagnosis
M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand	ICD-10-CM	Diagnosis
M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand	ICD-10-CM	Diagnosis
M05.849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand	ICD-10-CM	Diagnosis
M05.85	Other rheumatoid arthritis with rheumatoid factor of hip	ICD-10-CM	Diagnosis
M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip	ICD-10-CM	Diagnosis
M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip	ICD-10-CM	Diagnosis
M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip	ICD-10-CM	Diagnosis
M05.86	Other rheumatoid arthritis with rheumatoid factor of knee	ICD-10-CM	Diagnosis
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee	ICD-10-CM	Diagnosis
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee	ICD-10-CM	Diagnosis
M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee	ICD-10-CM	Diagnosis
M05.87	Other rheumatoid arthritis with rheumatoid factor of ankle and foot	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System Used to Define Infliximab Indications in this Request

Code	Description	Code Type	Code Category
M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot	ICD-10-CM	Diagnosis
M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot	ICD-10-CM	Diagnosis
M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot	ICD-10-CM	Diagnosis
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites	ICD-10-CM	Diagnosis
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified	ICD-10-CM	Diagnosis
M06.0	Rheumatoid arthritis without rheumatoid factor	ICD-10-CM	Diagnosis
M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site	ICD-10-CM	Diagnosis
M06.01	Rheumatoid arthritis without rheumatoid factor, shoulder	ICD-10-CM	Diagnosis
M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder	ICD-10-CM	Diagnosis
M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder	ICD-10-CM	Diagnosis
M06.019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder	ICD-10-CM	Diagnosis
M06.02	Rheumatoid arthritis without rheumatoid factor, elbow	ICD-10-CM	Diagnosis
M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow	ICD-10-CM	Diagnosis
M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow	ICD-10-CM	Diagnosis
M06.029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow	ICD-10-CM	Diagnosis
M06.03	Rheumatoid arthritis without rheumatoid factor, wrist	ICD-10-CM	Diagnosis
M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist	ICD-10-CM	Diagnosis
M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist	ICD-10-CM	Diagnosis
M06.039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist	ICD-10-CM	Diagnosis
M06.04	Rheumatoid arthritis without rheumatoid factor, hand	ICD-10-CM	Diagnosis
M06.041	Rheumatoid arthritis without rheumatoid factor, right hand	ICD-10-CM	Diagnosis
M06.042	Rheumatoid arthritis without rheumatoid factor, left hand	ICD-10-CM	Diagnosis
M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand	ICD-10-CM	Diagnosis
M06.05	Rheumatoid arthritis without rheumatoid factor, hip	ICD-10-CM	Diagnosis
M06.051	Rheumatoid arthritis without rheumatoid factor, right hip	ICD-10-CM	Diagnosis
M06.052	Rheumatoid arthritis without rheumatoid factor, left hip	ICD-10-CM	Diagnosis
M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip	ICD-10-CM	Diagnosis
M06.06	Rheumatoid arthritis without rheumatoid factor, knee	ICD-10-CM	Diagnosis
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee	ICD-10-CM	Diagnosis
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee	ICD-10-CM	Diagnosis
M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee	ICD-10-CM	Diagnosis
M06.07	Rheumatoid arthritis without rheumatoid factor, ankle and foot	ICD-10-CM	Diagnosis
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot	ICD-10-CM	Diagnosis
M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot	ICD-10-CM	Diagnosis
M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot	ICD-10-CM	Diagnosis
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae	ICD-10-CM	Diagnosis
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites	ICD-10-CM	Diagnosis
M06.1	Adult-onset Still's disease	ICD-10-CM	Diagnosis
M06.2	Rheumatoid bursitis	ICD-10-CM	Diagnosis
M06.20	Rheumatoid bursitis, unspecified site	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System Used to Define Infliximab Indications in this Request

Code	Description	Code Type	Code Category
M06.21	Rheumatoid bursitis, shoulder	ICD-10-CM	Diagnosis
M06.211	Rheumatoid bursitis, right shoulder	ICD-10-CM	Diagnosis
M06.212	Rheumatoid bursitis, left shoulder	ICD-10-CM	Diagnosis
M06.219	Rheumatoid bursitis, unspecified shoulder	ICD-10-CM	Diagnosis
M06.22	Rheumatoid bursitis, elbow	ICD-10-CM	Diagnosis
M06.221	Rheumatoid bursitis, right elbow	ICD-10-CM	Diagnosis
M06.222	Rheumatoid bursitis, left elbow	ICD-10-CM	Diagnosis
M06.229	Rheumatoid bursitis, unspecified elbow	ICD-10-CM	Diagnosis
M06.23	Rheumatoid bursitis, wrist	ICD-10-CM	Diagnosis
M06.231	Rheumatoid bursitis, right wrist	ICD-10-CM	Diagnosis
M06.232	Rheumatoid bursitis, left wrist	ICD-10-CM	Diagnosis
M06.239	Rheumatoid bursitis, unspecified wrist	ICD-10-CM	Diagnosis
M06.24	Rheumatoid bursitis, hand	ICD-10-CM	Diagnosis
M06.241	Rheumatoid bursitis, right hand	ICD-10-CM	Diagnosis
M06.242	Rheumatoid bursitis, left hand	ICD-10-CM	Diagnosis
M06.249	Rheumatoid bursitis, unspecified hand	ICD-10-CM	Diagnosis
M06.25	Rheumatoid bursitis, hip	ICD-10-CM	Diagnosis
M06.251	Rheumatoid bursitis, right hip	ICD-10-CM	Diagnosis
M06.252	Rheumatoid bursitis, left hip	ICD-10-CM	Diagnosis
M06.259	Rheumatoid bursitis, unspecified hip	ICD-10-CM	Diagnosis
M06.26	Rheumatoid bursitis, knee	ICD-10-CM	Diagnosis
M06.261	Rheumatoid bursitis, right knee	ICD-10-CM	Diagnosis
M06.262	Rheumatoid bursitis, left knee	ICD-10-CM	Diagnosis
M06.269	Rheumatoid bursitis, unspecified knee	ICD-10-CM	Diagnosis
M06.27	Rheumatoid bursitis, ankle and foot	ICD-10-CM	Diagnosis
M06.271	Rheumatoid bursitis, right ankle and foot	ICD-10-CM	Diagnosis
M06.272	Rheumatoid bursitis, left ankle and foot	ICD-10-CM	Diagnosis
M06.279	Rheumatoid bursitis, unspecified ankle and foot	ICD-10-CM	Diagnosis
M06.28	Rheumatoid bursitis, vertebrae	ICD-10-CM	Diagnosis
M06.29	Rheumatoid bursitis, multiple sites	ICD-10-CM	Diagnosis
M06.3	Rheumatoid nodule	ICD-10-CM	Diagnosis
M06.30	Rheumatoid nodule, unspecified site	ICD-10-CM	Diagnosis
M06.31	Rheumatoid nodule, shoulder	ICD-10-CM	Diagnosis
M06.311	Rheumatoid nodule, right shoulder	ICD-10-CM	Diagnosis
M06.312	Rheumatoid nodule, left shoulder	ICD-10-CM	Diagnosis
M06.319	Rheumatoid nodule, unspecified shoulder	ICD-10-CM	Diagnosis
M06.32	Rheumatoid nodule, elbow	ICD-10-CM	Diagnosis
M06.321	Rheumatoid nodule, right elbow	ICD-10-CM	Diagnosis
M06.322	Rheumatoid nodule, left elbow	ICD-10-CM	Diagnosis
M06.329	Rheumatoid nodule, unspecified elbow	ICD-10-CM	Diagnosis
M06.33	Rheumatoid nodule, wrist	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System Used to Define Infliximab Indications in this Request

Code	Description	Code Type	Code Category
M06.331	Rheumatoid nodule, right wrist	ICD-10-CM	Diagnosis
M06.332	Rheumatoid nodule, left wrist	ICD-10-CM	Diagnosis
M06.339	Rheumatoid nodule, unspecified wrist	ICD-10-CM	Diagnosis
M06.34	Rheumatoid nodule, hand	ICD-10-CM	Diagnosis
M06.341	Rheumatoid nodule, right hand	ICD-10-CM	Diagnosis
M06.342	Rheumatoid nodule, left hand	ICD-10-CM	Diagnosis
M06.349	Rheumatoid nodule, unspecified hand	ICD-10-CM	Diagnosis
M06.35	Rheumatoid nodule, hip	ICD-10-CM	Diagnosis
M06.351	Rheumatoid nodule, right hip	ICD-10-CM	Diagnosis
M06.352	Rheumatoid nodule, left hip	ICD-10-CM	Diagnosis
M06.359	Rheumatoid nodule, unspecified hip	ICD-10-CM	Diagnosis
M06.36	Rheumatoid nodule, knee	ICD-10-CM	Diagnosis
M06.361	Rheumatoid nodule, right knee	ICD-10-CM	Diagnosis
M06.362	Rheumatoid nodule, left knee	ICD-10-CM	Diagnosis
M06.369	Rheumatoid nodule, unspecified knee	ICD-10-CM	Diagnosis
M06.37	Rheumatoid nodule, ankle and foot	ICD-10-CM	Diagnosis
M06.371	Rheumatoid nodule, right ankle and foot	ICD-10-CM	Diagnosis
M06.372	Rheumatoid nodule, left ankle and foot	ICD-10-CM	Diagnosis
M06.379	Rheumatoid nodule, unspecified ankle and foot	ICD-10-CM	Diagnosis
M06.38	Rheumatoid nodule, vertebrae	ICD-10-CM	Diagnosis
M06.39	Rheumatoid nodule, multiple sites	ICD-10-CM	Diagnosis
M06.8	Other specified rheumatoid arthritis	ICD-10-CM	Diagnosis
M06.80	Other specified rheumatoid arthritis, unspecified site	ICD-10-CM	Diagnosis
M06.81	Other specified rheumatoid arthritis, shoulder	ICD-10-CM	Diagnosis
M06.811	Other specified rheumatoid arthritis, right shoulder	ICD-10-CM	Diagnosis
M06.812	Other specified rheumatoid arthritis, left shoulder	ICD-10-CM	Diagnosis
M06.819	Other specified rheumatoid arthritis, unspecified shoulder	ICD-10-CM	Diagnosis
M06.82	Other specified rheumatoid arthritis, elbow	ICD-10-CM	Diagnosis
M06.821	Other specified rheumatoid arthritis, right elbow	ICD-10-CM	Diagnosis
M06.822	Other specified rheumatoid arthritis, left elbow	ICD-10-CM	Diagnosis
M06.829	Other specified rheumatoid arthritis, unspecified elbow	ICD-10-CM	Diagnosis
M06.83	Other specified rheumatoid arthritis, wrist	ICD-10-CM	Diagnosis
M06.831	Other specified rheumatoid arthritis, right wrist	ICD-10-CM	Diagnosis
M06.832	Other specified rheumatoid arthritis, left wrist	ICD-10-CM	Diagnosis
M06.839	Other specified rheumatoid arthritis, unspecified wrist	ICD-10-CM	Diagnosis
M06.84	Other specified rheumatoid arthritis, hand	ICD-10-CM	Diagnosis
M06.841	Other specified rheumatoid arthritis, right hand	ICD-10-CM	Diagnosis
M06.842	Other specified rheumatoid arthritis, left hand	ICD-10-CM	Diagnosis
M06.849	Other specified rheumatoid arthritis, unspecified hand	ICD-10-CM	Diagnosis
M06.85	Other specified rheumatoid arthritis, hip	ICD-10-CM	Diagnosis
M06.851	Other specified rheumatoid arthritis, right hip	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System Used to Define Infliximab Indications in this Request

Code	Description	Code Type	Code Category
M06.852	Other specified rheumatoid arthritis, left hip	ICD-10-CM	Diagnosis
M06.859	Other specified rheumatoid arthritis, unspecified hip	ICD-10-CM	Diagnosis
M06.86	Other specified rheumatoid arthritis, knee	ICD-10-CM	Diagnosis
M06.861	Other specified rheumatoid arthritis, right knee	ICD-10-CM	Diagnosis
M06.862	Other specified rheumatoid arthritis, left knee	ICD-10-CM	Diagnosis
M06.869	Other specified rheumatoid arthritis, unspecified knee	ICD-10-CM	Diagnosis
M06.87	Other specified rheumatoid arthritis, ankle and foot	ICD-10-CM	Diagnosis
M06.871	Other specified rheumatoid arthritis, right ankle and foot	ICD-10-CM	Diagnosis
M06.872	Other specified rheumatoid arthritis, left ankle and foot	ICD-10-CM	Diagnosis
M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot	ICD-10-CM	Diagnosis
M06.88	Other specified rheumatoid arthritis, vertebrae	ICD-10-CM	Diagnosis
M06.89	Other specified rheumatoid arthritis, multiple sites	ICD-10-CM	Diagnosis
M06.9	Rheumatoid arthritis, unspecified	ICD-10-CM	Diagnosis
M08.0	Unspecified juvenile rheumatoid arthritis	ICD-10-CM	Diagnosis
M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site	ICD-10-CM	Diagnosis
M08.01	Unspecified juvenile rheumatoid arthritis, shoulder	ICD-10-CM	Diagnosis
M08.011	Unspecified juvenile rheumatoid arthritis, right shoulder	ICD-10-CM	Diagnosis
M08.012	Unspecified juvenile rheumatoid arthritis, left shoulder	ICD-10-CM	Diagnosis
M08.019	Unspecified juvenile rheumatoid arthritis, unspecified shoulder	ICD-10-CM	Diagnosis
M08.02	Unspecified juvenile rheumatoid arthritis of elbow	ICD-10-CM	Diagnosis
M08.021	Unspecified juvenile rheumatoid arthritis, right elbow	ICD-10-CM	Diagnosis
M08.022	Unspecified juvenile rheumatoid arthritis, left elbow	ICD-10-CM	Diagnosis
M08.029	Unspecified juvenile rheumatoid arthritis, unspecified elbow	ICD-10-CM	Diagnosis
M08.03	Unspecified juvenile rheumatoid arthritis, wrist	ICD-10-CM	Diagnosis
M08.031	Unspecified juvenile rheumatoid arthritis, right wrist	ICD-10-CM	Diagnosis
M08.032	Unspecified juvenile rheumatoid arthritis, left wrist	ICD-10-CM	Diagnosis
M08.039	Unspecified juvenile rheumatoid arthritis, unspecified wrist	ICD-10-CM	Diagnosis
M08.04	Unspecified juvenile rheumatoid arthritis, hand	ICD-10-CM	Diagnosis
M08.041	Unspecified juvenile rheumatoid arthritis, right hand	ICD-10-CM	Diagnosis
M08.042	Unspecified juvenile rheumatoid arthritis, left hand	ICD-10-CM	Diagnosis
M08.049	Unspecified juvenile rheumatoid arthritis, unspecified hand	ICD-10-CM	Diagnosis
M08.05	Unspecified juvenile rheumatoid arthritis, hip	ICD-10-CM	Diagnosis
M08.051	Unspecified juvenile rheumatoid arthritis, right hip	ICD-10-CM	Diagnosis
M08.052	Unspecified juvenile rheumatoid arthritis, left hip	ICD-10-CM	Diagnosis
M08.059	Unspecified juvenile rheumatoid arthritis, unspecified hip	ICD-10-CM	Diagnosis
M08.06	Unspecified juvenile rheumatoid arthritis, knee	ICD-10-CM	Diagnosis
M08.061	Unspecified juvenile rheumatoid arthritis, right knee	ICD-10-CM	Diagnosis
M08.062	Unspecified juvenile rheumatoid arthritis, left knee	ICD-10-CM	Diagnosis
M08.069	Unspecified juvenile rheumatoid arthritis, unspecified knee	ICD-10-CM	Diagnosis
M08.07	Unspecified juvenile rheumatoid arthritis, ankle and foot	ICD-10-CM	Diagnosis
M08.071	Unspecified juvenile rheumatoid arthritis, right ankle and foot	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System Used to Define Infliximab Indications in this Request

Code	Description	Code Type	Code Category
M08.072	Unspecified juvenile rheumatoid arthritis, left ankle and foot	ICD-10-CM	Diagnosis
M08.079	Unspecified juvenile rheumatoid arthritis, unspecified ankle and foot	ICD-10-CM	Diagnosis
M08.08	Unspecified juvenile rheumatoid arthritis, vertebrae	ICD-10-CM	Diagnosis
M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites	ICD-10-CM	Diagnosis
M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site	ICD-10-CM	Diagnosis
M08.21	Juvenile rheumatoid arthritis with systemic onset, shoulder	ICD-10-CM	Diagnosis
M08.211	Juvenile rheumatoid arthritis with systemic onset, right shoulder	ICD-10-CM	Diagnosis
M08.212	Juvenile rheumatoid arthritis with systemic onset, left shoulder	ICD-10-CM	Diagnosis
M08.219	Juvenile rheumatoid arthritis with systemic onset, unspecified shoulder	ICD-10-CM	Diagnosis
M08.22	Juvenile rheumatoid arthritis with systemic onset, elbow	ICD-10-CM	Diagnosis
M08.221	Juvenile rheumatoid arthritis with systemic onset, right elbow	ICD-10-CM	Diagnosis
M08.222	Juvenile rheumatoid arthritis with systemic onset, left elbow	ICD-10-CM	Diagnosis
M08.229	Juvenile rheumatoid arthritis with systemic onset, unspecified elbow	ICD-10-CM	Diagnosis
M08.23	Juvenile rheumatoid arthritis with systemic onset, wrist	ICD-10-CM	Diagnosis
M08.231	Juvenile rheumatoid arthritis with systemic onset, right wrist	ICD-10-CM	Diagnosis
M08.232	Juvenile rheumatoid arthritis with systemic onset, left wrist	ICD-10-CM	Diagnosis
M08.239	Juvenile rheumatoid arthritis with systemic onset, unspecified wrist	ICD-10-CM	Diagnosis
M08.24	Juvenile rheumatoid arthritis with systemic onset, hand	ICD-10-CM	Diagnosis
M08.241	Juvenile rheumatoid arthritis with systemic onset, right hand	ICD-10-CM	Diagnosis
M08.242	Juvenile rheumatoid arthritis with systemic onset, left hand	ICD-10-CM	Diagnosis
M08.249	Juvenile rheumatoid arthritis with systemic onset, unspecified hand	ICD-10-CM	Diagnosis
M08.25	Juvenile rheumatoid arthritis with systemic onset, hip	ICD-10-CM	Diagnosis
M08.251	Juvenile rheumatoid arthritis with systemic onset, right hip	ICD-10-CM	Diagnosis
M08.252	Juvenile rheumatoid arthritis with systemic onset, left hip	ICD-10-CM	Diagnosis
M08.259	Juvenile rheumatoid arthritis with systemic onset, unspecified hip	ICD-10-CM	Diagnosis
M08.26	Juvenile rheumatoid arthritis with systemic onset, knee	ICD-10-CM	Diagnosis
M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee	ICD-10-CM	Diagnosis
M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee	ICD-10-CM	Diagnosis
M08.269	Juvenile rheumatoid arthritis with systemic onset, unspecified knee	ICD-10-CM	Diagnosis
M08.27	Juvenile rheumatoid arthritis with systemic onset, ankle and foot	ICD-10-CM	Diagnosis
M08.271	Juvenile rheumatoid arthritis with systemic onset, right ankle and foot	ICD-10-CM	Diagnosis
M08.272	Juvenile rheumatoid arthritis with systemic onset, left ankle and foot	ICD-10-CM	Diagnosis
M08.279	Juvenile rheumatoid arthritis with systemic onset, unspecified ankle and foot	ICD-10-CM	Diagnosis
M08.28	Juvenile rheumatoid arthritis with systemic onset, vertebrae	ICD-10-CM	Diagnosis
M08.29	Juvenile rheumatoid arthritis with systemic onset, multiple sites	ICD-10-CM	Diagnosis
M08.4	Pauciarticular juvenile rheumatoid arthritis	ICD-10-CM	Diagnosis
M08.40	Pauciarticular juvenile rheumatoid arthritis, unspecified site	ICD-10-CM	Diagnosis
M08.41	Pauciarticular juvenile rheumatoid arthritis, shoulder	ICD-10-CM	Diagnosis
M08.411	Pauciarticular juvenile rheumatoid arthritis, right shoulder	ICD-10-CM	Diagnosis
M08.412	Pauciarticular juvenile rheumatoid arthritis, left shoulder	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and Healthcare Common Procedure Coding System Used to Define Infliximab Indications in this Request

Code	Description	Code Type	Code Category
M08.419	Pauciarticular juvenile rheumatoid arthritis, unspecified shoulder	ICD-10-CM	Diagnosis
M08.42	Pauciarticular juvenile rheumatoid arthritis, elbow	ICD-10-CM	Diagnosis
M08.421	Pauciarticular juvenile rheumatoid arthritis, right elbow	ICD-10-CM	Diagnosis
M08.422	Pauciarticular juvenile rheumatoid arthritis, left elbow	ICD-10-CM	Diagnosis
M08.429	Pauciarticular juvenile rheumatoid arthritis, unspecified elbow	ICD-10-CM	Diagnosis
M08.43	Pauciarticular juvenile rheumatoid arthritis, wrist	ICD-10-CM	Diagnosis
M08.431	Pauciarticular juvenile rheumatoid arthritis, right wrist	ICD-10-CM	Diagnosis
M08.432	Pauciarticular juvenile rheumatoid arthritis, left wrist	ICD-10-CM	Diagnosis
M08.439	Pauciarticular juvenile rheumatoid arthritis, unspecified wrist	ICD-10-CM	Diagnosis
M08.44	Pauciarticular juvenile rheumatoid arthritis, hand	ICD-10-CM	Diagnosis
M08.441	Pauciarticular juvenile rheumatoid arthritis, right hand	ICD-10-CM	Diagnosis
M08.442	Pauciarticular juvenile rheumatoid arthritis, left hand	ICD-10-CM	Diagnosis
M08.449	Pauciarticular juvenile rheumatoid arthritis, unspecified hand	ICD-10-CM	Diagnosis
M08.45	Pauciarticular juvenile rheumatoid arthritis, hip	ICD-10-CM	Diagnosis
M08.451	Pauciarticular juvenile rheumatoid arthritis, right hip	ICD-10-CM	Diagnosis
M08.452	Pauciarticular juvenile rheumatoid arthritis, left hip	ICD-10-CM	Diagnosis
M08.459	Pauciarticular juvenile rheumatoid arthritis, unspecified hip	ICD-10-CM	Diagnosis
M08.46	Pauciarticular juvenile rheumatoid arthritis, knee	ICD-10-CM	Diagnosis
M08.461	Pauciarticular juvenile rheumatoid arthritis, right knee	ICD-10-CM	Diagnosis
M08.462	Pauciarticular juvenile rheumatoid arthritis, left knee	ICD-10-CM	Diagnosis
M08.469	Pauciarticular juvenile rheumatoid arthritis, unspecified knee	ICD-10-CM	Diagnosis
M08.47	Pauciarticular juvenile rheumatoid arthritis, ankle and foot	ICD-10-CM	Diagnosis
M08.471	Pauciarticular juvenile rheumatoid arthritis, right ankle and foot	ICD-10-CM	Diagnosis
M08.472	Pauciarticular juvenile rheumatoid arthritis, left ankle and foot	ICD-10-CM	Diagnosis
M08.479	Pauciarticular juvenile rheumatoid arthritis, unspecified ankle and foot	ICD-10-CM	Diagnosis
M08.48	Pauciarticular juvenile rheumatoid arthritis, vertebrae	ICD-10-CM	Diagnosis

Appendix F. Specifications Defining Indications in this Request

Characteristic	Care setting	Principal diagnosis position	Evaluation period start (days)	Evaluation period end (days)	Number of instances the covariate should be found in evaluation period
Filgrastim and Pegfilgrastim Indications					
Non-Myeloid Malignancy	Any care setting	Any	-183	10	1
Chemotherapy	Any care setting	Any	-30	-1	1
Bone Marrow Transplant	Any care setting	Any	-30	-1	1
Acute Myeloid Malignancy	Any care setting	Any	-183	10	1
Bone Marrow Harvest	Any care setting	Any	0	10	1
Neutropenia	Any care setting	Any	-30	-1	1
Infliximab Gastrointestinal Indications					
Crohn's Disease	Any care setting	Any	-183	-1	1
Ulcerative Colitis	Any care setting	Any	-183	-1	1
Infliximab Non-Gastrointestinal Indications					
Ankylosing Spondylitis	Any care setting	Any	-183	10	1
Psoriatic Arthritis	Any care setting	Any	-183	-1	1
Psoriasis	Any care setting	Any	-183	-1	1
Rheumatoid Arthritis	Any care setting	Any	-183	10	1

Appendix G. Specifications Defining Parameters in this Request

This is an exploratory study aiming to understand how biosimilars are coded for reimbursement, and therefore appear in claims data and the indication history of patients exposed. Sentinel's Cohort Identification and Descriptive Analysis (CIDA) tool was used to assess patient exposure to select biologics and their biosimilars in Sentinel Distributed Database (SDD). We examined the coding pattern of these exposures, and the covariate profiles for patients exposed to these drugs.

Query Period: January 1, 2015 - August 31, 2018
Coverage Requirement: Medical and Drug
Enrollment Gap: 45 days
Age groups: 0-17, 18-44, 45-64, 65-74, 75+ years
Stratifications: Year, Year/Month
Distribution of index-defining codes: Yes
Freeze data: No

Scenario	Exposure							Baseline Covariates		
	Exposure	Washout (days)	Incidence Criteria	Cohort Definition	Forced Days Supply	Care Setting	Enrollment Requirement	Covariates	Care Setting	Evaluation Window
1	Neupogen	0	None	Include all valid index dates per individual	1	Any	0	None	Any	-
2	Granix	0	None	Include all valid index dates per individual	1	Any	0	None	Any	-
3	Zarxio	0	None	Include all valid index dates per individual	1	Any	0	None	Any	-
4	Nivestym	0	None	Include all valid index dates per individual	1	Any	0	None	Any	-
5	Neulasta	0	None	Include all valid index dates per individual	1	Any	0	None	Any	-
6	Fulphila	0	None	Include all valid index dates per individual	1	Any	0	None	Any	-
7	Remicade	0	None	Include all valid index dates per individual	1	Any	0	None	Any	-

Appendix G. Specifications Defining Parameters in this Request

Scenario	Exposure							Baseline Covariates		
	Exposure	Washout (days)	Incidence Criteria	Cohort Definition	Forced Days Supply	Care Setting	Enrollment Requirement	Covariates	Care Setting	Evaluation Window
8	Inflectra	0	None	Include all valid index dates per individual	1	Any	0	None	Any	-
9	Renflexis	0	None	Include all valid index dates per individual	1	Any	0	None	Any	-
10	Remicade	0	None	Include only the first valid exposure episode per individual	1	Any	183	GI indications	Any	-183, 0
					1			No GI and no NonGI		-183, 0
11	Inflectra	0	None	Include only the first valid exposure episode per individual	1	Any	183	GI indications	Any	-183, 0
					1			No GI and no NonGI		-183, 0
12	Renflexis	0	None	Include only the first valid exposure episode per individual	1	Any	183	GI indications	Any	-183, 0
					1			No GI and no NonGI		-183, 0
13	Neupogen	0	None	Include only the first valid exposure episode per individual	1	Any	183	See Appendix F		
14	Granix	0	None	Include only the first valid exposure episode per individual	1	Any	183	See Appendix F		
15	Zarxio	0	None	Include only the first valid exposure episode per individual	1	Any	183	See Appendix F		
16	Nivestym	0	None	Include only the first valid exposure episode per individual	1	Any	183	See Appendix F		

Appendix G. Specifications Defining Parameters in this Request

Scenario	Exposure						Baseline Covariates			
	Exposure	Washout (days)	Incidence Criteria	Cohort Definition	Forced Days Supply	Care Setting	Enrollment Requirement	Covariates	Care Setting	Evaluation Window
17	Neulasta	0	None	Include only the first valid exposure episode per individual	1	Any	183	See Appendix F		
18	Fulphila	0	None	Include only the first valid exposure episode per individual	1	Any	183	See Appendix F		
19	Infliximab Biosimilar	0	None	Include only the first valid exposure episode per individual	1	Any	183	GI indications	Any	-183, 0
					1			Non-GI indications		
								No GI and no NonGI	Any	-183, 0
20	Infliximab Biosimilar	0	None	Include all valid index dates per individual	1	Any	0	None	Any	-

International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) codes are provided by Optum360.

National Drug Codes (NDCs) are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."