

# SUSTOL<sup>®</sup> (granisetron) extended-release injection

## Coding Reference Guide

### ICD-10 Diagnosis Code

Code	Description
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.13	Vomiting of fecal matter
R11.14	Bilious vomiting
R11.2	Nausea with vomiting, unspecified
T45.1X5*	Adverse effects of antineoplastic and immunosuppressive drugs
Z41.9*	Encounter for other procedures for purposes other than remedying health state
Z51.11**	Encounter for antineoplastic chemotherapy

\*Supplementary Classification Code

\*\*Required when given within 48 hours of moderately or highly emetogenic chemotherapy

### National Drug Code (NDC)

NDC	Description
47426-0101-06	1 Carton with 6 Single-dose kits, 10 mg granisetron/0.4 mL

### Coding for SUSTOL

HCPCS Code	Description
J1627	Injection, granisetron extended-release, 0.1 mg
Modifier	Description
JW Modifier	Drug amount discarded/not administered to any patient (Indicate quantity discarded)
JZ Modifier <sup>‡</sup>	Zero drug amount discarded/not administered to any patient
JG Modifier	Modifier for drug or biological acquired with 340B drug pricing program discount
TB Modifier	Modifier for drug or biological acquired with 340B drug pricing program discount; reported for informational purposes

### Professional Services and CPT Codes

CPT Code	Description
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

### Hospital Service and Supplies

Revenue Codes	Description
0631	Single source drug
0636	Drugs requiring detailed coding

<sup>‡</sup>Effective July 1, 2023, providers are **required** to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable **when there are no discarded amounts**. Providers may start using the modifier as of January 1, 2023, however, after July 1, 2023 use of the modifier is required.

The coding information contained herein is for informative purposes only, and is not a guarantee of coverage or reimbursement for any product or service. This information is not intended to substitute for the physician's independent diagnosis or treatment of each patient. Coding requirements may vary by payer; please consult the payer to determine which codes are required.

For questions regarding SUSTOL billing and coding please call Heron Connect at **1-844-HERON11 (1-844-437-6611)** from 8 AM to 5 PM ET, Monday through Friday. Please see Indications and Important Safety Information on reverse.

[www.sustol.com](http://www.sustol.com)



## **SUSTOL® (granisetron) extended-release injection**

### **Indication<sup>1</sup>**

SUSTOL is indicated in combination with other antiemetics in adults for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic chemotherapy (MEC) or anthracycline and cyclophosphamide (AC) combination chemotherapy regimens.

### **Important Safety Information**

#### **Contraindications**

SUSTOL is contraindicated in patients with hypersensitivity to granisetron, any of the components of SUSTOL, or any other 5-HT<sub>3</sub> receptor antagonist.

#### **Warnings and Precautions**

Injection site reactions (ISRs), including infection, bleeding, pain and tenderness, nodules, swelling, and induration, have occurred with SUSTOL. Monitor for ISRs following SUSTOL injection. Inform patients that some ISRs may occur 2 weeks or more after SUSTOL administration. In patients receiving antiplatelet agents or anticoagulants, consider the increased risk of bruising or severe hematoma prior to the use of SUSTOL.

Monitor for constipation and decreased bowel activity and consider optimizing patients' current bowel regimens used for managing preexisting constipation. Instruct patients to seek immediate medical care if signs and symptoms of ileus occur.

Hypersensitivity reactions have been reported and may occur up to 7 days or longer following SUSTOL administration and may have an extended course. If a reaction occurs, administer appropriate treatment and monitor until signs and symptoms resolve.

Serotonin syndrome has been reported with 5-HT<sub>3</sub> receptor antagonists alone but particularly with concomitant use of serotonergic drugs.

#### **Use in Specific Populations**

Avoid SUSTOL in patients with severe renal impairment. In patients with moderate renal impairment, administer SUSTOL not more frequently than once every 14 days.

#### **Adverse Reactions**

Most common adverse reactions (≥3%) are injection site reactions, constipation, fatigue, headache, diarrhea, abdominal pain, insomnia, dyspepsia, dizziness, asthenia, and gastroesophageal reflux.

Report side effects to the FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch). Report side effects to Heron at 1-844-437-6611.

**Please see full Prescribing Information including Medication Guide or visit [www.SUSTOL.com](http://www.SUSTOL.com).**

**Reference:** 1. SUSTOL [package insert]. Heron Therapeutics, Inc., San Diego, CA; June 2019.