



# Pediatric Coding Information

## Description

- 12.5 g/100 mL (125 mg/mL) clear, colorless solution in a single-dose vial
- Billing unit = 12.5 mg. (125 units per vial)
- Ready to administer - no mixing required

## National Drug Codes

10 Digit: 73077-010-01  
11 Digit: 73077-0010-01

## Packaging Configuration

1 vial per carton

**JCode:** J0208 Injection, sodium thiosulfate (pedmark), 100 mg

## Ordering and Billing Information

For any questions, please call 1-855-615-7946.

PEDMARK is available directly through **specialty distributors** for shipment to medical practices, hospitals, home health/specialty pharmacies.

Note: Wastage billing applies and must be reported per CMS guidelines for single use vials.



## Gencora/AmerisourceBergen

### Besse Medical

[besse.com](http://besse.com)

### Oncology Supply

[oncologysupply.com](http://oncologysupply.com)

### ASD Healthcare

[asdhealthcare.com](http://asdhealthcare.com)

## McKesson

### McKesson Plasma and Biologics Distribution

[connect.mckesson.com](http://connect.mckesson.com)

### McKesson Specialty Care Distribution

[mckesson.com/customer-login/](http://mckesson.com/customer-login/)

### Cardinal Health

### Cardinal Health Specialty Distribution

[specialtyonline.cardinalhealth.com](http://specialtyonline.cardinalhealth.com)

## Storage

Store at 20°C to 25°C (68°F to 77°F); excursions are permitted between 15°C and 30°C (59°F and 86°F). Do not refrigerate.

## Billing

HCPCS Code J0208 Injection, sodium thiosulfate (pedmark), 100 mg

### INDICATIONS AND USAGE

PEDMARK (sodium thiosulfate injection) is indicated to reduce the risk of ototoxicity associated with cisplatin in pediatric patients 1 month of age and older with localized, non-metastatic solid tumors.

### Limitations of Use

The safety and efficacy of PEDMARK have not been established when administered following cisplatin infusions longer than 6 hours. PEDMARK may not reduce the risk of ototoxicity when administered following longer cisplatin infusions because irreversible ototoxicity may have already occurred.

### SELECT IMPORTANT SAFETY INFORMATION

- PEDMARK is contraindicated in patients with history of a severe hypersensitivity to sodium thiosulfate or any of its components.

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**Reference:** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Adolescent and Young Adult (AYA) Oncology Version 1.2026. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed August 13, 2025. To view the most recent and complete version of the guideline, go online to NCCN.org.



NCCN Clinical Practice Guidelines in Oncology (NCCN GUIDELINES®) for Adolescent and Young Adult (AYA) Oncology recommends sodium thiosulfate (PEDMARK) as a Category 2A preventative treatment option to reduce the risk of hearing loss associated with platinum-based chemotherapy in patients with localized, nonmetastatic solid tumors

- NCCN Guidelines® define an adolescent or young adult (AYA) oncology patient as an individual between 15 and 39 years old. These recommendations are not consistent with the FDA-approved indication
- Always refer to the sodium thiosulfate injection (PEDMARK®) Prescribing Information and Instructions for Use

Please see additional Important Safety Information on the next page. [Click here](#) for full Prescribing Information.

## Common Diagnosis Codes (selection of non-exhaustive possibilities)



Category	Description	ICD-10-CM Code
<b>CNS Tumors</b>	Neuroblastoma	C72.21; C72.22; C74.9
	CNS glioma	C72.9
	Astrocytoma	C71.9; C71.0; C71.1; C71.2; C71.3; C71.4; C71.5; C71.7; C71.0; C71.1
	Retinoblastoma	C69.20; C69.21; C69.22
<b>Germ Cell Tumors</b>	Malignant testicular germ cell tumors	C62.9; C62.91; C62.92; C62.01; C62.02; C62.11; C62.12
	Malignant ovarian germ cell tumors	Z85.43; C56.9; C56.1; C56.2
	Malignant intracranial/intraspinal germ cell tumors	Z85.848; G07
	Malignant extracranial/extragonadal germ cell tumors	C80.1
<b>Other</b>	Osteosarcoma	C40.01; C40.02; C40.11; C40.12; C40.31; C40.32; C40.21; C40.22; C40.20; C41.1; Z85.830; C41.2; C40.00; C41.4
	Ependymomas and choroid plexus tumors	C69.31; C69.32; C69.3
	Rhabdomyosarcoma	Z85.831; C49.4; C49.6; C49.9; C49.3; C49.11; C49.12; C49.21; C49.22; C49.8; C49.0
	Nasopharyngeal carcinoma	C11.9; C11.3; C11.0; C11.8; C11.2; C11.1; CD00.02; D00.04; D00.05; D02.1
	Hepatoblastoma	C22.2
	Medulloblastoma	C71.6

### IMPORTANT SAFETY INFORMATION

- PEDMARK is contraindicated in patients with history of a severe hypersensitivity to sodium thiosulfate or any of its components.
- Hypersensitivity reactions occurred in 8% to 13% of patients in clinical trials. Monitor patients for hypersensitivity reactions. Immediately discontinue PEDMARK and institute appropriate care if a hypersensitivity reaction occurs. Administer antihistamines or glucocorticoids (if appropriate) before each subsequent administration of PEDMARK. PEDMARK may contain sodium sulfite; patients with sulfite sensitivity may have hypersensitivity reactions, including anaphylactic symptoms and life-threatening or severe asthma episodes. Sulfite sensitivity is seen more frequently in people with asthma.
- PEDMARK is not indicated for use in pediatric patients less than 1 month of age due to the increased risk of hypernatremia or in pediatric patients with metastatic cancers.
- Hypernatremia occurred in 12% to 26% of patients in clinical trials, including a single Grade 3 case. Hypokalemia occurred in 15% to 27% of patients in clinical trials, with Grade 3 or 4 occurring in 9% to 27% of patients. Monitor serum sodium and potassium at baseline and as clinically indicated. Withhold PEDMARK in patients with baseline serum sodium greater than 145 mmol/L.
- Monitor for signs and symptoms of hypernatremia and hypokalemia more closely if the glomerular filtration rate (GFR) falls below 60 mL/min/1.73m<sup>2</sup>.
- Administer antiemetics prior to each PEDMARK administration. Provide additional antiemetics and supportive care as appropriate.
- The most common adverse reactions (≥25% with difference between arms of >5% compared to cisplatin alone) in SIOPEL6 were vomiting, nausea, decreased hemoglobin, and hypernatremia. The most common adverse reaction (≥25% with difference between arms of >5% compared to cisplatin alone) in COG ACCL0431 was hypokalemia.