NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00002-7335-11		J2941		03/01/2006	12/31/2020	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (WITH STERILE DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	03/01/2006	12/31/2020						
00002-7501-01		J9201		01/01/2002	12/31/2018	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMZAR (VIAL) 200 MG	1	EA	VL	IV	EA	200	MG	1	01/01/2002	12/31/2018						
00002-7502-01		J9201		01/01/2002	12/31/2018	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMZAR (VIAL) 1 GM	1	EA	VL	IV	EA	200	MG	5	01/01/2002	12/31/2018						
00002-7510-01		J1817		01/01/2003	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG (VIAL) 100 U/ML	10	ML	VL	SC	ML	50	U	2	01/01/2003	99/99/9999						
00002-7510-99		J1817		07/24/1996	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG (VIAL) 100 U/1 ML	10	ML	VL	U	ML	50	U	2	07/24/1996	99/99/9999						
00002-7511-01		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 75/25 (VIAL) 75 U/ML-25 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999						
00002-7511-99		J1815		12/07/2007	09/18/2025	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 75/25 (VIAL) 75 U/1 ML-25 U/1 ML	10	ML	VL	SC	ML	5	U	20	12/07/2007	09/18/2025						
00002-7512-01		J1815		11/01/2006	03/31/2024	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 50/50 50 U/ML-50 U/ML	10	ML	VL	SC	ML	5	U	2	11/01/2006	03/31/2024						
00002-7512-99		J1815		10/19/2006	09/18/2025	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 50/50 50 U/1 ML-50 U/1 ML	10	ML	VL	SC	ML	5	U	20	10/19/2006	09/18/2025						
00002-7516-59		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG (CARTRIDGE) 100 U/ML	3	ML	CT	SC	ML	5	U	20	01/01/2003	99/99/9999						
00002-7516-99		J1815		07/26/2000	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG (CARTRIDGE) 100 U/1 ML	3	ML	CT	SC	ML	5	U	20	07/26/2000	99/99/9999						
00002-7533-01		J1817		11/01/2023	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG (MDV) 100 U/1 ML	3	ML	VL	U	ML	50	U	2	11/01/2023	99/99/9999						
00002-7575-01		J2267		07/01/2024	99/99/9999	INJECTION, MIRIKIZUMAB-MRKZ, 1 MG	OMVOH (SDV,PF,LATEX-FREE) 20 MG/1 ML	15	ML		IV	ML	1	MG	20	07/01/2024	99/99/9999						
00002-7597-01		J2359		10/01/2023	99/99/9999	INJECTION, OLANZAPINE, 0.5 MG	ZYPREXA INTRAMUSCULAR 10 MG	1	EA		IM	EA	0.5	MG	20	04/09/2004	99/99/9999						
00002-7623-01		J9305		01/01/2005	99/99/9999	INJECTION, PEMETREXED, 10 MG	ALIMTA 500 MG	1	EA	VL	IV	EA	10	MG	50	01/01/2005	99/99/9999						
00002-7640-01		J9305		01/07/2008	99/99/9999	INJECTION, PEMETREXED, 10 MG	ALIMTA (SINGLE-USE) 100 MG	1	EA	VL	IV	EA	10	MG	10	01/07/2008	99/99/9999						
00002-7712-01		J1815		05/26/2015	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG KWIKPEN 200 U/1 ML	3	ML	SR	SC	ML	5	U	40	05/26/2015	99/99/9999						
00002-7712-27		J1815		05/28/2015	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG (2X3ML) 200 U/ML	3	ML	SR	SC	ML	5	U	40	05/28/2015	99/99/9999						
00002-7712-61		J1815		05/26/2015	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG KWIKPEN 200 U/1 ML	3	ML	SR	SC	ML	5	U	40	05/26/2015	99/99/9999						
00002-7714-59		J1815		08/14/2017	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG JUNIOR KWIKPEN 100 U/1 ML	3	ML	BX	SC	ML	5	U	20	08/14/2017	99/99/9999						
00002-7714-61		J1815		09/25/2017	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG JUNIOR KWIKPEN 100 U/1 ML	3	ML	SR	SC	ML	5	U	20	09/25/2017	99/99/9999						
00002-7715-63		J1815		07/15/2016	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	BASAGLAR KWIKPEN (CONVENIENCE KIT) 100 U/1 ML	3	ML	SR	SC	ML	5	U	20	07/15/2016	99/99/9999						
00002-7728-01		J1813		07/01/2023	99/99/9999	INSULIN (LYUMJEV) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	LYUMJEV U-100 100 U/1 ML	10	ML	VL	U	ML	50	U	2	07/01/2023	99/99/9999						
00002-7728-01		J1815		06/16/2020	06/30/2023	INJECTION, INSULIN, PER 5 UNITS	LYUMJEV U-100 100 U/1 ML	10	ML	VL	U	ML	5	U	20	06/16/2020	06/30/2023						
00002-7737-01		J1817		05/19/2020	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN LISPRO 100 U/1 ML	10	ML	VL	U	ML	50	U	2	05/19/2020	99/99/9999						
00002-7752-05		J1815		04/01/2020	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	INSULIN LISPRO JUNIOR KWIKPEN (5X3ML, PREFILLED) 100 U/1 ML	3	ML	PN	SC	ML	5	U	20	04/01/2020	99/99/9999						
00002-8011-27		J2267		07/01/2024	99/99/9999	INJECTION, MIRIKIZUMAB-MRKZ, 1 MG	OMVOH PEN (PREFILLED PEN,PF) 100 MG/1 ML	1	ML		SC	ML	1	MG	100	07/01/2024	99/99/9999						
00002-8031-01		J1610		01/01/2002	01/02/2024	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT (HYPORET DISPOSABLE SRN) 1 MG	1	EA	BX	U	EA	1	MG	1	01/01/2002	01/02/2024						
00002-8147-01		J2941		08/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT) 6 MG	1	EA	CT	U	EA	1	MG	6	08/30/2005	99/99/9999						
00002-8148-01		J2941		08/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT) 12 MG	1	EA	CT	U	EA	1	MG	12	08/30/2005	99/99/9999						
00002-8149-01		J2941		08/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT) 24 MG	1	EA	CT	U	EA	1	MG	24	08/30/2005	99/99/9999						
00002-8207-05		J1814		07/01/2023	99/99/9999	INSULIN (LYUMJEV), PER 5 UNITS	LYUMJEV KWIKPEN U-100 100 U/1 ML	3	ML	PN	U	ML	5	U	20	07/01/2023	99/99/9999						
00002-8207-05		J1815		06/16/2020	06/30/2023	INJECTION, INSULIN, PER 5 UNITS	LYUMJEV KWIKPEN U-100 100 U/1 ML	3	ML	PN	U	ML	5	U	20	06/16/2020	06/30/2023						
00002-8213-05		J1815		11/28/2022	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG TEMPO PEN 100 U/1 ML	3	ML	PE	SC	ML	5	U	20	11/28/2022	99/99/9999						
00002-8214-05		J1815		11/28/2022	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	BASAGLAR TEMPO PEN 100 U/1 ML	3	ML	PE	SC	ML	5	U	20	11/28/2022	99/99/9999						
00002-8215-01		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R (VIAL) 100 U/ML	10	ML	VL	U	ML	5	U	20	01/01/2003	99/99/9999						
00002-8222-59		J1815		05/19/2020	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	INSULIN LISPRO KWIKPEN (5X3ML, PREFILLED) 100 U/1 ML	3	ML	PE	SC	ML	5	U	20	05/19/2020	99/99/9999						
00002-8233-05		J1815		04/01/2020	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	INSULIN LISPRO PROTAMINE/INS LISPRO 75/25 KWIKPEN (PREFILLED PEN) 75 U/1 ML-25 U/1 ML	3	ML	PN	SC	ML	5	U	20	04/01/2020	99/99/9999						
00002-8315-01		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999						
00002-8501-01		J1817		01/01/2003	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMULIN R U-500 (VIAL, CONCENTRATED) 500 U/ML	20	ML	VL	U	ML	50	U	10	01/01/2003	99/99/9999						
00002-8715-01		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999						
00002-8797-59		J1815		12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX75/25 (KWIKPEN,5X3ML) 75 U/ML-25 U/ML	3	ML	SR	SC	ML	5	U	20	12/10/2007	99/99/9999						
00002-8797-61		J1815		10/01/2017	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 75/25 KWIKPEN 75 U/1 ML-25 U/1 ML	3	ML	SR	SC	ML	5	U	20	10/01/2017	99/99/9999						
00002-8798-59		J1815		12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 50/50 (KWIKPEN,5X3ML) 50 U/ML-50 U/ML	3	ML	SR	SC	ML	5	U	2	12/10/2007	99/99/9999						
00002-8798-99		J1815		01/16/2008	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 50/50 KWIKPEN 50 U/1 ML-50 U/1 ML	3	ML	SR	SC	ML	5	U	20	01/16/2008	99/99/9999						
00002-8799-59		J1815		12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG (KWIKPEN,5X3ML) 100 U/ML	3	ML	SR	SC	ML	5	U	20	12/10/2007	99/99/9999						
00002-8799-61		J1815		10/01/2017	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG KWIKPEN 100 U/1 ML	3	ML	SR	SC	ML	5	U	20	10/01/2017	99/99/9999						
00002-8824-27		J1815		02/29/2016	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R CONCENTRATED U-500 KWIKPEN 500 U/1 ML	3	ML	SR	SC	ML	5	U	100	02/29/2016	99/99/9999						
00002-8870-27		J2267		07/01/2024	99/99/9999	INJECTION, MIRIKIZUMAB-MRKZ, 1 MG	OMVOH PREFILLED SYRINGE (PF,LATEX-FREE) 100 MG/1 ML	1	ML	SY	SC	ML	1	MG	100	07/01/2024	99/99/9999						
00002-9401-01		J0175		07/15/2024	99/99/9999	INJECTION, DONANEMAB-AZBT, 2 MG	KISUNLA 17.5 MG/1 ML	20	ML		IV	ML	2	MG	8.75	07/15/2024	99/99/9999						
00003-0293-05		J3301		02/01/1989	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-40 (VIAL) 40 MG/1 ML	1	ML	VL	U	ML	10	MG	4	02/01/1989	99/99/9999						
00003-0293-20		J3301		07/01/1989	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-40 (VIAL) 40 MG/1 ML	5	ML	VL	U	ML	10	MG	4	07/01/1989	99/99/9999						
00003-0293-28		J3301		07/01/1989	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-40 (VIAL) 40 MG/ML	10	ML	VL	U	ML	10	MG	4	07/01/1989	99/99/9999						
00003-0371-13		J0485		06/23/2011	99/99/9999	INJECTION, BELATACEPT, 1 MG	NULOJIX 250 MG	1	EA	VL	IV	EA	1	MG	250	06/23/2011	99/99/9999						
00003-0494-20		J3301		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-10 (VIAL) 10 MG/ML	5	ML	VL	U	ML	10	MG	1	01/01/2002	99/99/9999						
00003-0830-50		J8999		01/01/2002	03/31/2025	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDREA 500 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	03/31/2025						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00003-2187-13		J0129		11/05/2018	99/99/9999	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ORENCIA (W/SYRINGE,PF) 250 MG	1	EA	VL	IV	EA	10	MG	25	11/05/2018	99/99/9999						
00003-2188-51		J0129		06/13/2016	99/99/9999	INJECTION, ABATACEPT, 10 MG	ORENCIA CLICKJECT (PF) 125 MG/1 ML	1	ML	SR	SC	ML	10	MG	12.5	06/13/2016	99/99/9999						
00003-2560-16		J0457		07/01/2023	99/99/9999	INJECTION, AZTREONAM, 100 MG	AZACTAM (SINGLE-DOSE,SODIUM-FREE) 1 GM	10	EA		IJ	EA	100	MG	10	07/01/2023	99/99/9999						
00003-2570-16		J0457		07/01/2023	99/99/9999	INJECTION, AZTREONAM, 100 MG	AZACTAM (SINGLE-DOSE,SODIUM-FREE) 2 GM	10	EA		IJ	EA	100	MG	20	07/01/2023	99/99/9999						
00003-2814-11		J0129		04/06/2017	99/99/9999	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ORENCIA (PF,LYOPHILIZED) 50 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	12.5	04/06/2017	99/99/9999						
00003-2818-11		J0129		04/06/2017	99/99/9999	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ORENCIA (SD PREFILLED SYRINGE,PF) 87.5 MG/0.7 ML	0.7	ML	SR	SC	ML	10	MG	12.5	04/06/2017	99/99/9999						
00003-3734-13		J9299		01/02/2018	99/99/9999	INJECTION, NIVOLUMAB, 1 MG	OPDIVO (PF) 10 MG/1 ML	24	ML	VL	IV	ML	1	MG	10	01/02/2018	99/99/9999						
00003-3756-14		J9299		08/31/2021	99/99/9999	INJECTION, NIVOLUMAB, 1 MG	OPDIVO (PF) 10 MG/1 ML	12	ML	VL	IV	ML	1	MG	10	08/31/2021	99/99/9999						
00003-3772-11		J9299		01/01/2016	99/99/9999	INJECTION, NIVOLUMAB, 1 MG	OPDIVO (PF) 10 MG/ML	4	ML	VL	IV	ML	1	MG	10	01/01/2016	99/99/9999						
00003-6120-01		J9289		07/01/2025	99/99/9999	INJECTION, NIVOLUMAB, 2 MG AND HYALURONIDASE-NVHY	OPDIVO QVANTIG 2000 U/1 ML-120 MG/1 ML	5	ML		SC	ML	2	MG	60	07/01/2025	99/99/9999						
00003-6335-17		J8999		01/01/2002	03/31/2025	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	DROXIA 200 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	03/31/2025						
00003-6336-17		J8999		01/01/2002	05/31/2025	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	DROXIA 300 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	05/31/2025						
00003-6337-17		J8999		01/01/2002	05/31/2025	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	DROXIA 400 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	05/31/2025						
00004-0038-22		J8499		01/01/2002	09/30/2025	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALCYTE 450 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	09/30/2025						
00004-0259-01		J7517		01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	100	EA	BO	PO	EA	250	MG	1	01/01/2002	99/99/9999						
00004-0259-43		J7517		01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	500	EA	BO	PO	EA	250	MG	1	01/01/2002	99/99/9999						
00004-0260-01		J7517		01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT (CAPLET) 500 MG	100	EA	BO	PO	EA	250	MG	2	01/01/2002	99/99/9999						
00004-0260-43		J7517		01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT (CAPLET) 500 MG	500	EA	BO	PO	EA	250	MG	2	01/01/2002	99/99/9999						
00004-0261-29		J7517		01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT (FRUIT) 200 MG/ML	160	ML	BO	PO	ML	250	MG	0.8	01/01/2002	99/99/9999						
00004-0350-09		J3490		10/16/2002	06/30/2025	UNCLASSIFIED DRUGS	PEGASYS (S.D.V.) 180 MCG/ML	1	ML	VL	MR	EA	1	EA	1	10/16/2002	06/30/2025						
00004-1100-20		None		10/01/2003	07/12/2022	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	60	EA	BO	PO	EA	150	MG	1	10/01/2003	07/12/2022						
00004-1101-50		None		10/01/2003	07/12/2022	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	120	EA	BO	PO	EA	500	MG	1	10/01/2003	07/12/2022						
00004-6940-04		J1570		03/01/2017	10/01/2019	INJECTION, GANCICLOVIR SODIUM, 500 MG	CYTOVENE IV 500 MG	5	EA	VL	IV	EA	500	MG	1	03/01/2017	10/01/2019						
00006-0461-02		J8501		01/29/2008	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND (BI-PACK) 80 MG	2	EA	DP	PO	EA	5	MG	16	01/29/2008	99/99/9999						
00006-0461-06		J8501		07/01/2006	04/30/2020	APREPITANT, ORAL, 5 MG	EMEND 80 MG	6	EA	BX	PO	EA	5	MG	16	07/01/2006	04/30/2020						
00006-0462-06		J8501		07/01/2006	10/31/2019	APREPITANT, ORAL, 5 MG	EMEND 125 MG	6	EA	BX	PO	EA	5	MG	25	07/01/2006	10/31/2019						
00006-0464-05		J8501		07/24/2006	10/31/2020	APREPITANT, ORAL, 5 MG	EMEND 40 MG	5	EA	BX	PO	EA	5	MG	8	07/24/2006	10/31/2020						
00006-0464-10		J8501		07/24/2006	12/31/2020	APREPITANT, ORAL, 5 MG	EMEND 40 MG	1	EA	BX	PO	EA	5	MG	8	07/24/2006	12/31/2020						
00006-3061-00		J1453		06/19/2017	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	EMEND (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	06/19/2017	99/99/9999						
00006-3061-02		J1453		07/15/2019	05/16/2021	INJECTION, FOSAPREPITANT, 1 MG	PREMIERPRO RX EMEND (LYOPHILIZED) 150 MG	1	EA	CT	IV	EA	1	MG	150	07/15/2019	05/16/2021						
00006-3061-04		J1453		06/03/2019	05/25/2021	INJECTION, FOSAPREPITANT, 1 MG	EMEND NOVAPLUS (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	06/03/2019	05/25/2021						
00006-3516-59		J0743		01/01/2002	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IV (VIAL) 500 MG-500 MG	1	EA	VL	IV	EA	250	MG	2	01/01/2002	99/99/9999						
00006-3822-10		J0637		01/01/2003	06/30/2025	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CANCIDAS (VIAL) 50 MG	1	EA	VL	IV	EA	5	MG	10	01/01/2003	06/30/2025						
00006-3823-10		J0637		01/01/2003	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CANCIDAS (VIAL) 70 MG	1	EA	VL	IV	EA	5	MG	14	01/01/2003	99/99/9999						
00006-3843-71		J1335		01/01/2004	06/30/2023	INJECTION, ERTAPENEM SODIUM, 500 MG	INVANZ (S.D.V.) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2004	06/30/2023						
00006-3862-03		J8501		01/01/2005	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND (COMBO PACK) 1 125mg/ 2 80mg	3	EA	PG	PO	EA	5	MG	19	01/01/2005	99/99/9999						
00006-3862-13		J8501		03/26/2003	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND (KIT:80MG;125MG) 80 MG; 125 MG	3	EA	DP	PO	EA	5	MG	57	03/26/2003	99/99/9999						
00006-4305-02		Q5104		04/01/2018	99/99/9999	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	RENFLEXIS (PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	10	MG	10	04/01/2018	99/99/9999						
00006-4981-00		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB PEDIATRIC/ADOLESCENT (S.D.V.,TAX INCL,PF) 5 MCG/0.5 ML	0.5	ML	VL	IM	ML	1	EA	1	01/01/2002	99/99/9999						
00006-4992-00		J3490		07/09/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V., TAX INCL.) 40 MCG/ML	1	ML	VL	IM	ML	1	EA	1	07/09/2002	99/99/9999						
00006-4995-00		J3490		07/09/2002	02/10/2023	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL.) 10 MCG/ML	1	ML	VL	IM	ML	1	EA	1	07/09/2002	02/10/2023						
00006-4995-41		J3490		07/16/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL.) 10 MCG/ML	1	ML	VL	IM	ML	1	EA	1	07/16/2002	99/99/9999						
00008-0923-55		J3490		05/18/2004	99/99/9999	UNCLASSIFIED DRUGS	PROTONIX 40 MG	1	EA	VL	IV	EA	1	EA	1	05/18/2004	99/99/9999						
00008-1030-06		J7520		01/01/2002	01/01/2025	SIROLIMUS, ORAL, 1 MG	RAPAMUNE (M.D. BOTTLE) 1 MG/ML	60	ML	BO	PO	ML	1	MG	1	01/01/2002	01/01/2025						
00008-1040-05		J7520		04/09/2010	01/01/2025	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 0.5 MG	100	EA	EA	PO	EA	1	MG	0.5	04/09/2010	01/01/2025						
00008-1040-10		J7520		04/09/2010	01/01/2025	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 0.5 MG	100	EA	BX	PO	EA	1	MG	0.5	04/09/2010	01/01/2025						
00008-1041-05		J7520		02/01/2006	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 1 MG	100	EA	BO	PO	EA	1	MG	1	02/01/2006	99/99/9999						
00008-1041-10		J7520		05/26/2006	01/01/2025	SIROLIMUS, ORAL, 1 MG	RAPAMUNE (REDIPAK,10X10) 1 MG	100	EA	BX	PO	EA	1	MG	1	05/26/2006	01/01/2025						
00008-1042-05		J7520		02/01/2006	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 2 MG	100	EA	BO	PO	EA	1	MG	2	02/01/2006	99/99/9999						
00008-4510-01		J9203		01/01/2018	99/99/9999	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	MYLOTARG (PF,LYOPHILIZED CAKE) 4.5 MG	1	EA	VL	IV	EA	0.1	MG	45	01/01/2018	99/99/9999						
00009-0022-01		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 8 MG	25	EA	BO	PO	EA	4	MG	2	01/01/2002	99/99/9999						
00009-0039-06		J2919		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	PREMIERPRO RX SOLU-MEDROL 40MG VIAL (25X1ML ACT-O-VIAL,PF) 40 MG/1 ML	25	EA		IJ	EA	5	MG	8	04/01/2024	99/99/9999						
00009-0047-04		J2919		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	PREMIERPRO RX SOLU-MEDROL 125MG VIAL (25X2ML ACT-O-VIAL,PF) 62.5 MG/1 ML	25	EA		IJ	EA	5	MG	12.5	04/01/2024	99/99/9999						
00009-0056-02		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 4 MG	100	EA	BO	PO	EA	4	MG	1	01/01/2002	99/99/9999						
00009-0056-04		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (UNIT OF USE) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999						
00009-0073-01		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 16 MG	50	EA	BO	PO	EA	4	MG	4	01/01/2002	99/99/9999						
00009-0082-02		J9206		07/22/2024	99/99/9999	INJECTION, IRINOTECAN, 20 MG	CAMPTOSAR (SDV,PF,LATEX-FREE) 20 MG/1 ML	15	ML		IV	ML	20	MG	1	07/22/2024	99/99/9999						
00009-0104-04		J2010		08/18/2023	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOCIN 300 MG/1 ML	2	ML		IJ	ML	300	MG	1	08/18/2023	99/99/9999						
00009-0112-05		J9206		12/30/2024	99/99/9999	INJECTION, IRINOTECAN, 20 MG	CAMPTOSAR SDV 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	12/30/2024	99/99/9999						
00009-0176-01		J7509		01/01/2002	09/30/2022	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 32 MG	25	EA	BO	PO	EA	4	MG	8	01/01/2002	09/30/2022						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00009-0215-05		J0270		10/03/2022	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTIN VR PEDIATRIC NOVAPLUS (LATEX-FREE) 0.5 MG/1 ML	1	ML	AM	IJ	ML	1.25	MCG	400	10/03/2022	99/99/9999						
00009-0233-01		J3490		01/01/2002	03/30/2021	UNCLASSIFIED DRUGS	BACITRACIN 50000 U	1	EA	VL	IM	EA	1	EA	1	01/01/2002	03/30/2021						
00009-0271-01		J1000		01/01/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	DEPO-ESTRADIOL (VIAL) 5 MG/ML	5	ML	VL	IM	ML	5	MG	1	01/01/2002	99/99/9999						
00009-0274-01		J1020		02/02/1987	04/27/2010	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	DEPO-MEDROL (M.D.V.) 20 MG/1 ML	5	ML	VL	IJ	ML	20	MG	1	02/02/1987	04/27/2010						
00009-0280-02		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	DEPO-MEDROL (M.D.V.) 40 MG/1 ML	5	ML		IJ	ML	1	MG	40	04/01/2024	99/99/9999						
00009-0280-02		J1030		01/01/2002	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	5	ML	VL	IJ	ML	40	MG	1	01/01/2002	03/31/2024						
00009-0280-03		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	DEPO-MEDROL (M.D.V.) 40 MG/1 ML	10	ML		IJ	ML	1	MG	40	04/01/2024	99/99/9999						
00009-0280-03		J1030		01/01/2002	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	10	ML	VL	IJ	ML	40	MG	1	01/01/2002	03/31/2024						
00009-0280-51		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	DEPO-MEDROL (M.D.V.,5X25ML) 40 MG/1 ML	5	ML		IJ	ML	1	MG	40	04/01/2024	99/99/9999						
00009-0280-51		J1030		01/01/2002	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.,5X25ML) 40 MG/ML	5	ML	VL	IJ	ML	40	MG	1	01/01/2002	03/31/2024						
00009-0280-52		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	DEPO-MEDROL (M.D.V.) 40 MG/1 ML	10	ML		IJ	ML	1	MG	40	04/01/2024	99/99/9999						
00009-0280-52		J1030		01/01/2002	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	10	ML	VL	IJ	ML	40	MG	1	01/01/2002	03/31/2024						
00009-0347-02		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	DEPO-TESTOSTERONE (VIAL) 100 MG/ML	10	ML	VL	IM	ML	1	MG	100	01/01/2015	99/99/9999						
00009-0417-01		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	1	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999						
00009-0417-02		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999						
00009-0698-01		J2919		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	SOLU-MEDROL (MDV) 1 GM	1	EA		IJ	EA	5	MG	200	04/01/2024	99/99/9999						
00009-0698-01		J2930		01/01/2002	03/31/2024	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (VIAL) 1 GM	1	EA	VL	IJ	EA	125	MG	8	01/01/2002	03/31/2024						
00009-0698-02		J2919		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	PREMIERPRO RX SOLU-MEDROL 1GM VIAL (LYOPHILIZED) 1 GM	1	EA		IJ	EA	5	MG	200	04/01/2024	99/99/9999						
00009-0698-02		J2930		07/02/2018	03/31/2024	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	PREMIERPRO RX SOLU-MEDROL 1GM VIAL (LYOPHILIZED) 1 GM	1	EA		IJ	EA	125	MG	8	07/02/2018	03/31/2024						
00009-0728-09		J0736		07/01/2023	99/99/9999	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	CLEOCIN PHOSPHATE (5X60ML) 150 MG/1 ML	60	ML	VL	IJ	ML	300	MG	0.5	07/01/2023	99/99/9999						
00009-0728-09		J3490		01/01/2002	06/30/2023	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	60	ML	VL	IJ	ML	1	EA	1	01/01/2002	06/30/2023						
00009-0758-01		J2919		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	SOLU-MEDROL (MDV) 500 MG	1	EA		IJ	EA	5	MG	100	04/01/2024	99/99/9999						
00009-0758-01		J2930		01/01/2002	03/31/2024	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (VIAL) 500 MG	1	EA	VL	IJ	EA	125	MG	4	01/01/2002	03/31/2024						
00009-0775-26		J0736		07/01/2023	99/99/9999	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	CLEOCIN PHOSPHATE (25X4ML) 150 MG/1 ML	4	ML	VL	IJ	ML	300	MG	0.5	07/01/2023	99/99/9999						
00009-0775-26		J3490		01/01/2002	06/30/2023	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	4	ML	VL	IJ	ML	1	EA	1	01/01/2002	06/30/2023						
00009-0796-01		J2930		01/01/2002	08/19/2020	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (W/DILUENT) 2 GM	1	EA	VL	IJ	EA	125	MG	16	01/01/2002	08/19/2020						
00009-0825-01		J1720		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF 100 MG	1	EA	VL	IJ	EA	100	MG	1	01/01/2002	99/99/9999						
00009-0850-01		J2919		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	SOLU-MEDROL (LYOPHILIZED) 2 GM	1	EA		IJ	EA	5	MG	400	04/01/2024	99/99/9999						
00009-0850-01		J2930		11/19/2019	03/31/2024	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (LYOPHILIZED) 2 GM	1	EA	VL	IJ	EA	125	MG	16	11/19/2019	03/31/2024						
00009-0870-26		J0736		07/01/2023	99/99/9999	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	CLEOCIN PHOSPHATE (25X2ML) 150 MG/1 ML	2	ML	VL	IJ	ML	300	MG	0.5	07/01/2023	99/99/9999						
00009-0870-26		J3490		01/01/2002	06/30/2023	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	2	ML	VL	IJ	ML	1	EA	1	01/01/2002	06/30/2023						
00009-0902-18		J0736		07/01/2023	99/99/9999	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	CLEOCIN PHOSPHATE 150 MG/1 ML	6	ML	VL	IJ	ML	300	MG	0.5	07/01/2023	99/99/9999						
00009-0902-18		J3490		01/01/2002	06/30/2023	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	6	ML	VL	IJ	ML	1	EA	1	01/01/2002	06/30/2023						
00009-3051-02		J0736		07/01/2023	99/99/9999	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	CLEOCIN PHOSPHATE NOVAPLUS (USP, SDV) 150 MG/1 ML	2	ML	VL	IJ	ML	300	MG	0.5	07/01/2023	99/99/9999						
00009-3051-02		J3490		11/04/2019	06/30/2023	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE NOVAPLUS (USP, SDV) 150 MG/1 ML	2	ML	VL	IJ	ML	1	EA	1	11/04/2019	06/30/2023						
00009-3073-01		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	DEPO-MEDROL (S.D.V.) 40 MG/1 ML	1	ML		IJ	ML	1	MG	40	04/01/2024	99/99/9999						
00009-3073-01		J1030		01/01/2002	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (S.D.V.) 40 MG/ML	1	ML	VL	IJ	ML	40	MG	1	01/01/2002	03/31/2024						
00009-3073-03		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	DEPO-MEDROL (S.D.V.,25X1ML) 40 MG/1 ML	1	ML		IJ	ML	1	MG	40	04/01/2024	99/99/9999						
00009-3073-03		J1030		01/01/2002	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (S.D.V.,25X1ML) 40 MG/ML	1	ML	VL	IJ	ML	40	MG	1	01/01/2002	03/31/2024						
00009-3124-03		J3490		01/01/2002	07/02/2020	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (ADD-VANTAGE,25X4ML) 150 MG/ML	4	ML	VL	IJ	ML	1	EA	1	01/01/2002	07/02/2020						
00009-3169-06		J0270		01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTIN VR PEDIATRIC (AMP,5X1ML) 0.5 MG/ML	1	ML	AM	IV	ML	1.25	MCG	400	01/01/2002	99/99/9999						
00009-3447-03		J3490		01/01/2002	07/02/2020	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (ADD-VANTAGE,25X6ML) 150 MG/ML	6	ML	VL	IJ	ML	1	EA	1	01/01/2002	07/02/2020						
00009-3475-01		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	DEPO-MEDROL (S.D.V.) 80 MG/1 ML	1	ML		IJ	ML	1	MG	80	04/01/2024	99/99/9999						
00009-3475-01		J1040		01/07/1992	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	DEPO-MEDROL (S.D.V.) 80 MG/1 ML	1	ML	VL	IJ	ML	80	MG	1	01/07/1992	03/31/2024						
00009-3701-05		J0270		01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT (VIAL) 20 MCG	1	EA	VL	IC	EA	1.25	MCG	16	01/01/2002	99/99/9999						
00009-3794-01		J1742		01/01/2002	99/99/9999	INJECTION, IBUTILIDE FUMARATE, 1 MG	CORVERT (FLIP-TOP VIAL) 0.1 MG/ML	10	ML	VL	IV	ML	1	MG	0.1	01/01/2002	99/99/9999						
00009-4073-04		J0736		07/01/2023	99/99/9999	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	CLEOCIN PHOSPHATE NOVAPLUS (USP, SDV) 150 MG/1 ML	4	ML	VL	IJ	ML	300	MG	0.5	07/01/2023	99/99/9999						
00009-4073-04		J3490		11/04/2019	06/30/2023	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE NOVAPLUS (USP, SDV) 150 MG/1 ML	4	ML	VL	IJ	ML	1	EA	1	11/04/2019	06/30/2023						
00009-5091-01		J9178		01/01/2004	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	ELLENCE (S.D.V.,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	01/01/2004	99/99/9999						
00009-5091-25		J9178		04/21/2025	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	ELLENCE SDV; ONCO-TAIN 2 MG/1 ML	25	ML	VL	IV	ML	2	MG	1	04/21/2025	99/99/9999						
00009-5093-01		J9178		01/01/2004	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	ELLENCE (S.D.V.,PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	01/01/2004	99/99/9999						
00009-5093-10		J9178		04/21/2025	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	ELLENCE SDV; ONCO-TAIN 2 MG/1 ML	100	ML	VL	IV	ML	2	MG	1	04/21/2025	99/99/9999						
00009-5095-06		J0736		07/01/2023	99/99/9999	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	CLEOCIN PHOSPHATE NOVAPLUS (USP, SDV) 150 MG/1 ML	6	ML	VL	IJ	ML	300	MG	0.5	07/01/2023	99/99/9999						
00009-5095-06		J3490		11/04/2019	06/30/2023	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE NOVAPLUS (USP, SDV) 150 MG/1 ML	6	ML	VL	IJ	ML	1	EA	1	11/04/2019	06/30/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00009-5137-01		J2020		01/01/2002	07/14/2025	INJECTION, LINEZOLID, 200MG	ZYVOX (P.C.) 2 MG/ML	100	ML	FC	IV	ML	200	MG	0.01	01/01/2002	07/14/2025						
00009-5137-04		J2020		04/06/2015	07/14/2025	INJECTION, LINEZOLID, 200MG	ZYVOX (FREEFLEX BAGS) 2 MG/ML	100	ML	FC	IV	ML	200	MG	0.01	04/06/2015	07/14/2025						
00009-5140-01		J2020		01/01/2002	99/99/9999	INJECTION, LINEZOLID, 200MG	ZYVOX (P.C.) 2 MG/ML	300	ML	FC	IV	ML	200	MG	0.01	01/01/2002	99/99/9999						
00009-5140-04		J2020		04/06/2015	99/99/9999	INJECTION, LINEZOLID, 200MG	ZYVOX (FREEFLEX BAG,LATEX-FREE) 2 MG/ML	300	ML	FC	IV	ML	200	MG	0.01	04/06/2015	99/99/9999						
00009-5181-01		J0270		06/25/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT IMPULSE (SYSTEM) 10 MCG	1	EA	BX	IC	EA	1.25	MCG	8	06/25/2002	99/99/9999						
00009-5182-01		J0270		06/25/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT IMPULSE (SYSTEM) 20 MCG	1	EA	BX	IC	EA	1.25	MCG	16	06/25/2002	99/99/9999						
00009-7224-02		J7504		01/01/2002	99/99/9999	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	ATGAM (AMP,5X5ML) 50 MG/ML	5	ML	AM	IV	ML	250	MG	0.2	01/01/2002	99/99/9999						
00009-7529-10		J9206		12/30/2024	99/99/9999	INJECTION, IRINOTECAN, 20 MG	CAMPTOSAR SDV 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	12/30/2024	99/99/9999						
00009-7663-04		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	AROMASIN 25 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
00009-7686-04		J0270		01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT (VIAL) 40 MCG	1	EA	VL	IC	EA	1.25	MCG	32	01/01/2002	99/99/9999						
00013-2576-05		J9211		08/12/2024	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (SDV,PF,LATEX-FREE) 1 MG/1 ML	5	ML	VL	IV	ML	5	MG	0.2	08/12/2024	99/99/9999						
00013-2576-91		J9211		01/01/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (SDV,PF,CYTOSAFE VIAL,PF) 1 MG/ML	5	ML	VL	IV	ML	5	MG	0.2	01/01/2002	99/99/9999						
00013-2586-10		J9211		03/11/2024	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (GLASS SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.2	03/11/2024	99/99/9999						
00013-2586-91		J9211		01/01/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (SDV.PF,CYTOSAFE VIAL,PF) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	01/01/2002	99/99/9999						
00013-2596-20		J9211		03/11/2024	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (GLASS SDV,PF,LATEX-FREE) 1 MG/1 ML	20	ML	VL	IV	ML	5	MG	0.2	03/11/2024	99/99/9999						
00013-2596-91		J9211		01/01/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (SDV,PF,CYTOSAFE VIAL,PF) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	01/01/2002	99/99/9999						
00013-2626-81		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN 5.8 MG	1	EA	CT	SC	EA	1	MG	5.8	01/01/2002	99/99/9999						
00013-2646-81		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN 13.8 MG	1	EA	CT	SC	EA	1	MG	13.8	01/01/2002	99/99/9999						
00013-2649-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 0.2 MG	1	EA	CT	SC	EA	1	MG	0.2	01/01/2002	99/99/9999						
00013-2650-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 0.4 MG	1	EA	CT	SC	EA	1	MG	0.4	01/01/2002	99/99/9999						
00013-2651-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 0.6 MG	1	EA	CT	SC	EA	1	MG	0.6	01/01/2002	99/99/9999						
00013-2652-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 0.8 MG	1	EA	CT	SC	EA	1	MG	0.8	01/01/2002	99/99/9999						
00013-2653-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 1 MG	1	EA	CT	SC	EA	1	MG	1	01/01/2002	99/99/9999						
00013-2654-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.2 MG	1	EA	CT	SC	EA	1	MG	1.2	01/01/2002	99/99/9999						
00013-2655-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.4 MG	1	EA	CT	SC	EA	1	MG	1.4	01/01/2002	99/99/9999						
00013-2656-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.6 MG	1	EA	CT	SC	EA	1	MG	1.6	01/01/2002	99/99/9999						
00013-2657-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.8 MG	1	EA	CT	SC	EA	1	MG	1.8	01/01/2002	99/99/9999						
00013-2658-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 2 MG	1	EA	CT	SC	EA	1	MG	2	01/01/2002	99/99/9999						
00015-3404-20		J9181		01/01/2002	04/30/2021	INJECTION, ETOPOSIDE, 10 MG	ETOPOPHOS (S.D.V.) 100 MG	1	EA	VL	IV	EA	10	MG	10	01/01/2002	04/30/2021						
00019-1188-27		A4217		01/08/2019	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (RFID TAGGED,PF) 0.9%	125	ML	SR	U	ML	500	ML	0.002	01/08/2019	99/99/9999						
00019-1188-75		A4216		01/08/2019	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (PF) 0.9%	50	ML	SR	U	ML	10	ML	0.1	01/08/2019	99/99/9999						
00019-1188-81		A4217		01/08/2019	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PF) 0.9%	125	ML	SR	U	ML	500	ML	0.002	01/08/2019	99/99/9999						
00023-1145-01		J0585		01/01/2002	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	BOTOX 100 U	1	EA	VL	IM	EA	1	U	100	01/01/2002	99/99/9999						
00023-3921-02		J0585		01/01/2010	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	BOTOX (SINGLE USE) 200 u	1	EA	VL	U	EA	1	U	200	01/01/2010	99/99/9999						
00023-5902-04		J3315		03/13/2017	11/17/2020	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR (W/MIXJECT SYSTEM) 3.75 MG	1	EA	VL	IM	EA	3.75	MG	1	03/13/2017	11/17/2020						
00023-5904-12		J3315		03/13/2017	11/17/2020	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR (W/MIXJECT SYSTEM) 11.25 MG	1	EA	VL	IM	EA	3.75	MG	3	03/13/2017	11/17/2020						
00023-5906-23		J3315		06/08/2017	11/02/2020	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR (W/MIXJECT SYSTEM) 22.5 MG	1	EA	VL	IM	EA	3.75	MG	6	06/08/2017	11/02/2020						
00023-6082-10		J1750		01/01/2019	99/99/9999	INJECTION, IRON DEXTRAN, 50 MG	INFED (S.D.V.) 50 MG/1 ML	2	ML	VL	IJ	ML	50	MG	1	01/01/2019	99/99/9999						
00023-9232-01		J0585		06/07/2002	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	BOTOX COSMETIC 100 U	1	EA	VL	IM	EA	1	U	100	06/07/2002	99/99/9999						
00024-5150-10		J2783		01/01/2004	99/99/9999	INJECTION, RASBURICASE, 0.5 MG	ELITEK (3 S.D.V. W/DILUENT,PF) 1.5 MG	1	EA	VL	IV	EA	0.5	MG	3	01/01/2004	99/99/9999						
00024-5151-75		J2783		06/27/2006	99/99/9999	INJECTION, RASBURICASE, 0.5 MG	ELITEK (SDV,W/DILUENT) 7.5 MG	1	EA	VL	IV	EA	0.5	MG	15	06/27/2006	99/99/9999						
00024-5860-01		J9027		12/15/2014	06/28/2024	INJECTION, CLOFARABINE, 1 MG	CLOLAR (SINGLE-USE VIAL,PF) 1 MG/ML	20	ML	VL	IV	ML	1	MG	1	12/15/2014	06/28/2024						
00024-5924-10		J1817		01/01/2018	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	ADMELOG 100U/1 ML	10	ML	VL	U	ML	50	MG	2	01/01/2018	99/99/9999						
00024-5925-05		J1817		01/01/2018	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	ADMELOG (SOLOSTAR) 100 U/1 ML	3	ML	SR	U	ML	50	U	2	01/01/2018	99/99/9999						
00024-5926-05		J1817		01/28/2019	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	ADMELOG 100 U/1 ML	3	ML	VL	U	ML	50	UNITS	2	01/28/2019	99/99/9999						
00025-0325-01		Q5132		01/01/2024	12/31/2024	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG	ABRILADA PEN (PF,LATEX-FREE) 40 MG/0.8 ML	1	EA	BX	SC	EA	10	MG	4	01/01/2024	12/31/2024						
00025-0325-01		Q5145		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	ABRILADA PEN 40 MG/0.8 ML	1	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00025-0325-02		Q5132		01/01/2024	12/31/2024	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG	ABRILADA PEN (PF,LATEX-FREE) 40 MG/0.8 ML	1	EA	BX	SC	EA	10	MG	4	01/01/2024	12/31/2024						
00025-0325-02		Q5145		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	ABRILADA PEN 40 MG/0.8 ML	1	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00025-0328-02		Q5132		01/01/2024	12/31/2024	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG	ABRILADA (PF,LATEX-FREE) 40 MG/0.8 ML	2	EA	BX	SC	EA	10	MG	4	01/01/2024	12/31/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00025-0328-02		Q5145		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	ABRILADA 40 MG/0.8 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00025-0333-02		Q5132		01/01/2024	12/31/2024	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG	ABRILADA (PF,LATEX-FREE) 20 MG/0.4 ML	2	EA	BX	SC	EA	10	MG	2	01/01/2024	12/31/2024						
00025-0333-02		Q5145		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	ABRILADA 20 MG/0.4 ML	2	EA		SC	EA	1	MG	20	01/01/2025	99/99/9999						
00037-9001-05		J1980		08/07/2017	03/08/2023	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	LEVSIN (5X1ML) 0.5 MG/1 ML	1	ML	AM	IJ	ML	0.25	MG	2	08/07/2017	03/08/2023						
00046-0749-05		J1410		01/01/2002	99/99/9999	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	PREMARIN INTRAVENOUS (W/SECULE VIAL) 25 MG	1	EA	VL	IV	EA	25	MG	1	01/01/2002	99/99/9999						
00049-0013-83		J0295		01/01/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (VIAL) 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5	GM	1	01/01/2002	99/99/9999						
00049-0014-83		J0295		01/01/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (VIAL) 2 GM-1 GM	1	EA	VL	IJ	EA	1.5	GM	2	01/01/2002	99/99/9999						
00049-0024-28		J0295		01/01/2002	05/21/2010	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (BULK PACKAGE) 10 GM-5 GM	1	EA	VL	IV	EA	1.5	GM	10	01/01/2002	05/21/2010						
00049-0520-83		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PFIZERPEN (VIAL, PHARMACY BOTTLE) 5 Million U	1	EA	VL	IV	EA	600000	U	8.33333	01/01/2002	99/99/9999						
00049-0530-28		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PFIZERPEN (VIAL, PHARMACY BOTTLE) 20 Million U	1	EA	VL	IV	EA	600000	U	33.33333	01/01/2002	99/99/9999						
00049-3190-28		J3465		01/01/2004	99/99/9999	INJECTION, VORICONAZOLE, 10 MG	VFEND I.V. (S.D.V.) 200 MG	1	EA	VL	IV	EA	10	MG	20	01/01/2004	99/99/9999						
00049-3382-25		J3490		10/19/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (FTV,LATEX-FREE) 50 MCG/ML	5	ML	VL	IJ	ML	1	EA	1	10/19/2005	99/99/9999						
00049-3920-10		J3486		07/24/2024	99/99/9999	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	GEODON (LYOPHILIZED) 20 MG	10	EA	VL	IM	EA	10	MG	2	07/24/2024	99/99/9999						
00049-3920-83		J3486		01/01/2004	05/31/2025	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	GEODON 20 MG	1	EA	VL	IM	EA	10	MG	2	01/01/2004	05/31/2025						
00051-0021-21		Q0167		01/01/2002	12/30/2019	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	01/01/2002	12/30/2019						
00051-0022-21		Q0167		01/01/2014	12/30/2019	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL (SOFT GELATIN) 5 MG	60	EA	BO	PO	EA	2.5	MG	2	01/01/2014	12/30/2019						
00051-0023-21		Q0167		01/01/2014	12/30/2019	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL (SOFTGEL) 10 MG	60	EA	BO	PO	EA	2.5	MG	4	01/01/2014	12/30/2019						
00052-0301-51		J3490		05/01/2003	09/07/2023	UNCLASSIFIED DRUGS	GANIRELIX ACETATE 250 MCG/0.5 ML	0.5	ML	SR	SC	ML	1	EA	1	05/01/2003	09/07/2023						
00052-0315-10		J0725		01/01/2002	10/04/2024	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	PREGNYL (W/DILUENT) 10000 U	1	EA	VL	IM	EA	1000	USP Units	10	01/01/2002	10/04/2024						
00052-0602-02		J9030		07/01/2019	99/99/9999	BCG LIVE INTRAVESICAL INSTILLATION, 1MG	TICE BCG (VIAL) 800 Million CFU	1	EA	VL	IL	EA	1	MG	50	07/01/2019	99/99/9999						
00052-0602-02		J9031		01/01/2002	06/30/2019	BCG (INTRAVESICAL) PER INSTILLATION	TICE BCG (VIAL) 800 Million CFU	1	EA	VL	IL	EA	1	INSTILLATION	1	01/01/2002	06/30/2019						
00052-0603-02		J9031		01/01/2002	06/30/2019	BCG (INTRAVESICAL) PER INSTILLATION	BCG VACCINE (VIAL)	1	EA	VL	ID	EA	1	INSTILLATION	1	01/01/2002	06/30/2019						
00053-0100-10		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (10VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0110-11		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (11VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0120-12		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (12VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0130-13		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (13VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0140-14		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (14VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0150-15		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (15VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0160-16		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (16VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0170-17		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (17VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0180-18		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (18VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0190-19		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (19VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0200-20		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (20VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0210-21		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (21VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0220-22		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (22VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0230-23		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (23VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0240-24		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (24VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0250-25		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (25VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0260-26		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (26VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0270-27		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (27VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0280-28		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (28VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0290-29		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (29VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0300-30		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (30VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00053-0310-31		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (31VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0320-32		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (32VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0330-33		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (33VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0340-34		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (34VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0350-35		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (35VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0360-36		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (36VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0370-37		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (37VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0380-38		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (38VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0390-39		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (39VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0400-40		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (40VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0410-41		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (41VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0420-42		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (42VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0430-43		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (43VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0440-44		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (44VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0450-45		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (45VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0460-46		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (46VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0470-47		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (47VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00053-0480-48		J1411		04/01/2023	99/99/9999	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	HEMGENIX (48VIALS,PF)	1	EA		IV	EA	1	EA	1	04/01/2023	99/99/9999						
00054-0017-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 10 MG	100	EA	BX	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00054-0017-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00054-0017-29		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	500	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00054-0018-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 20 MG	100	EA	BX	PO	EA	1	MG	20	01/01/2016	99/99/9999						
00054-0018-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
00054-0018-29		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
00054-0019-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 50 MG	100	EA	BX	PO	EA	1	MG	50	01/01/2016	99/99/9999						
00054-0019-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 50 MG	100	EA	BO	PO	EA	1	MG	50	01/01/2016	99/99/9999						
00054-0163-25		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG,	MYCOPHENOLATE MOFETIL, 250 MG	100	EA	BO	PO	EA	250	MG	1	05/04/2009	99/99/9999						
00054-0166-25		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG,	MYCOPHENOLATE MOFETIL, 500 MG	100	EA	BO	PO	EA	250	MG	2	05/04/2009	99/99/9999						
00054-0249-13		J8999		10/05/2018	07/31/2020	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA		PO	EA	1	EA	1	10/05/2018	07/31/2020						
00054-0271-21		None		07/18/2016	11/30/2023	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM-COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	07/18/2016	11/30/2023						
00054-0272-23		None		07/18/2016	11/30/2023	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	07/18/2016	11/30/2023						
00054-0382-25		None		06/23/2014	99/99/9999	CYCLOPHOSPHAMIDE; ORAL, 25 MG	CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25	MG	1	06/23/2014	99/99/9999						
00054-0383-25		None		06/23/2014	99/99/9999	CYCLOPHOSPHAMIDE; ORAL, 50 MG	CYCLOPHOSPHAMIDE 50 MG	100	EA	BO	PO	EA	50	MG	1	06/23/2014	99/99/9999						
00054-0470-21		J7527		03/10/2020	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS 0.25 MG	60	EA	BO	PO	EA	0.25	MG	1	03/10/2020	99/99/9999						
00054-0471-21		J7527		03/10/2020	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS 0.5 MG	60	EA	BO	PO	EA	0.25	MG	2	03/10/2020	99/99/9999						
00054-0472-21		J7527		03/10/2020	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS 0.75 MG	60	EA	BO	PO	EA	0.25	MG	3	03/10/2020	99/99/9999						
00054-0480-13		J7527		02/11/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS 2.5 MG	30	EA	BO	PO	EA	0.25	MG	10	02/11/2021	99/99/9999						
00054-0480-14		J7527		06/08/2020	04/30/2022	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 2.5 MG	28	EA	BO	PO	EA	0.25	MG	10	06/08/2020	04/30/2022						
00054-0481-13		J7527		07/01/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS 5 MG	30	EA	BO	PO	EA	0.25	MG	20	07/01/2021	99/99/9999						
00054-0481-14		J7527		06/08/2020	01/31/2023	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 5 MG	28	EA	BO	PO	EA	0.25	MG	20	06/08/2020	01/31/2023						
00054-0497-13		J7527		08/23/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS 7.5 MG	30	EA	BO	PO	EA	0.25	MG	30	08/23/2021	99/99/9999						
00054-0497-14		J7527		06/08/2020	12/31/2022	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 7.5 MG	28	EA	BO	PO	EA	0.25	MG	30	06/08/2020	12/31/2022						
00054-0604-21		J7527		11/19/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS 1 MG	60	EA	BO	PO	EA	0.25	MG	4	11/19/2021	99/99/9999						
00054-3176-44		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE INTENSOL 1 MG/ML	30	ML	BO	PO	ML	0.25	MG	4	01/01/2006	99/99/9999						
00054-3177-57		J8540		07/31/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (1X240ML)	240	ML	BO	PO	ML	0.25	MG	2	07/31/2008	99/99/9999						
00054-3542-58		J8999		04/11/2002	06/30/2021	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON,LIME) 40 MG/ML	240	ML	BO	PO	ML	1	EA	1	04/11/2002	06/30/2021						
00054-3721-44		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE INTENSOL 5 MG/ML	30	ML	BO	PO	ML	1	MG	5	01/01/2016	99/99/9999						
00054-3722-50		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	120	ML	BO	PO	ML	1	MG	1	01/01/2016	99/99/9999						
00054-3722-63		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	500	ML	BO	PO	ML	1	MG	1	01/01/2016	99/99/9999						
00054-4179-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	100	EA	BO	PO	EA	0.25	MG	2	01/01/2006	99/99/9999						
00054-4180-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100	EA	BO	PO	EA	0.25	MG	3	01/01/2006	99/99/9999						
00054-4181-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1 MG	100	EA	BO	PO	EA	0.25	MG	4	01/01/2006	99/99/9999						
00054-4182-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1.5 MG	100	EA	BO	PO	EA	0.25	MG	6	01/01/2006	99/99/9999						
00054-4183-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	100	EA	BO	PO	EA	0.25	MG	8	01/01/2006	99/99/9999						
00054-4184-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999						
00054-4550-15		None		09/27/1994	05/31/2025	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	09/27/1994	05/31/2025						
00054-4550-25		None		09/27/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	09/27/1994	99/99/9999						
00054-4581-11		J8999		02/19/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE (USP) 50 MG	25	EA	BO	PO	EA	1	EA	1	02/19/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00054-4581-27		J8999		02/19/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE (USP) 50 MG	250	EA	BO	PO	EA	1	EA	1	02/19/2004	99/99/9999						
00054-4603-25		J8999		01/01/2002	01/31/2020	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	01/31/2020						
00054-4604-25		J8999		01/01/2002	01/31/2020	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	01/31/2020						
00054-4728-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00054-4728-31		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00054-4741-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999						
00054-4741-31		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	1000	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999						
00054-4742-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 2.5 MG	100	EA	BO	PO	EA	1	MG	2.5	01/01/2016	99/99/9999						
00054-8174-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 1 MG	100	EA	BX	PO	EA	0.25	MG	4	01/01/2006	99/99/9999						
00054-8175-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 4 MG	100	EA	BX	PO	EA	0.25	MG	16	01/01/2006	99/99/9999						
00054-8176-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 2 MG	100	EA	BX	PO	EA	0.25	MG	8	01/01/2006	99/99/9999						
00054-8179-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 0.5 MG	100	EA	BX	PO	EA	0.25	MG	2	01/01/2006	99/99/9999						
00054-8180-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 0.75 MG	100	EA	BX	PO	EA	0.25	MG	3	01/01/2006	99/99/9999						
00054-8181-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 1.5 MG	100	EA	BX	PO	EA	0.25	MG	6	01/01/2006	99/99/9999						
00054-8550-25		None		09/27/1994	08/31/2024	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM (10X10) 2.5 MG	100	EA	BX	PO	EA	2.5	MG	1	09/27/1994	08/31/2024						
00054-8603-25		J8999		01/01/2002	01/31/2019	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 20 MG	100	EA	BX	PO	EA	1	EA	1	01/01/2002	01/31/2019						
00054-8604-25		J8999		01/01/2002	01/31/2019	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 40 MG	100	EA	BX	PO	EA	1	EA	1	01/01/2002	01/31/2019						
00054-8724-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 5 MG	100	EA	BX	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00054-8739-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 1 MG	100	EA	BX	PO	EA	1	MG	1	01/01/2016	99/99/9999						
00054-8740-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 2.5 MG	100	EA	BX	PO	EA	1	MG	2.5	01/01/2016	99/99/9999						
00054-9817-25		J7512		12/14/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	100	EA	BO	PO	EA	1	MG	10	12/14/2020	99/99/9999						
00054-9817-29		J7512		12/14/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	500	EA	BO	PO	EA	1	MG	10	12/14/2020	99/99/9999						
00054-9828-25		J7512		02/16/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	1	MG	5	02/16/2021	99/99/9999						
00054-9828-31		J7512		02/16/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	1	MG	5	02/16/2021	99/99/9999						
00065-0543-01		J3301		11/29/2007	10/10/2024	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIESENCE 40 MG/ML	1	ML	VL	IJ	ML	10	MG	4	11/29/2007	10/10/2024						
00068-0597-01		J2804		04/01/2025	99/99/9999	INJECTION, RIFAMPIN, 1 MG	RIFADIN IV 600 MG	1	EA		IV	EA	1	MG	600	04/01/2025	99/99/9999						
00068-0597-01		J3490		01/01/2002	03/31/2025	UNCLASSIFIED DRUGS	RIFADIN IV (VIAL) 600 MG	1	EA	VL	IV	EA	1	EA	1	01/01/2002	03/31/2025						
00069-0195-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED SYRINGE,PF) 2500 IU/0.2 ML	0.2	ML	SR	SC	ML	2500	IU	5	03/18/2015	99/99/9999						
00069-0196-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED SYRINGE,PF) 5000 IU/0.2 ML	0.2	ML	SR	SC	ML	2500	IU	10	03/18/2015	99/99/9999						
00069-0206-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED SYRINGE,PF) 7500 IU/0.3 ML	0.3	ML	SR	SC	ML	2500	IU	10	03/18/2015	99/99/9999						
00069-0209-10		J2704		09/18/2020	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (10X20ML;USP) 10 MG/1 ML	20	ML	VL	IV	ML	10	MG	1	09/18/2020	99/99/9999						
00069-0217-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED SYRINGE,PF) 10000 IU/ML	1	ML	SR	SC	ML	2500	IU	4	03/18/2015	99/99/9999						
00069-0220-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED SYRINGE,PF) 12500 IU/0.5 ML	0.5	ML	SR	SC	ML	2500	IU	10	03/18/2015	99/99/9999						
00069-0223-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED SYRINGE,PF) 15000 IU/0.6 ML	0.6	ML	SR	SC	ML	2500	IU	10	03/18/2015	99/99/9999						
00069-0228-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED SYRINGE,PF) 18000 IU/0.72 ML	0.72	ML	SR	SC	ML	2500	IU	10	03/18/2015	99/99/9999						
00069-0232-01		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (MDV) 25000 IU/ML	3.8	ML	VL	SC	ML	2500	IU	10	03/18/2015	99/99/9999						
00069-0234-20		J2704		09/18/2020	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (20X50ML;USP) 10 MG/1 ML	50	ML	VL	IV	ML	10	MG	1	09/18/2020	99/99/9999						
00069-0248-10		J2704		09/18/2020	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (10X100ML;USP) 10 MG/1 ML	100	ML	VL	IV	ML	10	MG	1	09/18/2020	99/99/9999						
00069-0255-10		J9000		10/14/2024	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	PREMIERPRO RX DOXORUBICIN HCL SDV 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	10/14/2024	99/99/9999						
00069-0277-02		J9000		09/16/2024	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	09/16/2024	99/99/9999						
00069-0291-01		Q5110		09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	NIVESTYM (PF,LATEX-FREE) 300 MCG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	600	09/05/2018	99/99/9999						
00069-0291-10		Q5110		09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	NIVESTYM (PF,LATEX-FREE) 300 MCG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	600	09/05/2018	99/99/9999						
00069-0292-01		Q5110		09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	NIVESTYM (PF,LATEX-FREE) 480 MCG/0.8 ML	0.5	ML	SR	IJ	ML	1	MCG	600	09/05/2018	99/99/9999						
00069-0292-10		Q5110		09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	NIVESTYM (PF,LATEX-FREE) 480 MCG/0.8 ML	0.5	ML	SR	IJ	ML	1	MCG	600	09/05/2018	99/99/9999						
00069-0313-10		J2185		05/29/2018	03/30/2021	INJECTION, MEROPENEM, 100 MG	MERREM IV 500 MG	10	EA	VL	IV	EA	100	MG	5	05/29/2018	03/30/2021						
00069-0314-10		J2185		05/29/2018	12/03/2020	INJECTION, MEROPENEM, 100 MG	MERREM IV 1 GM	10	EA	VL	IV	EA	100	MG	10	05/29/2018	12/03/2020						
00069-0325-01		Q5132		01/01/2024	12/31/2024	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG	ABRILADA PEN (PF,LATEX-FREE) 40 MG/0.8 ML	1	EA	BX	SC	EA	10	MG	4	01/01/2024	12/31/2024						
00069-0325-01		Q5145		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	ABRILADA PEN 40 MG/0.8 ML	1	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00069-0325-02		Q5132		01/01/2024	12/31/2024	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG	ABRILADA PEN (PF,LATEX-FREE) 40 MG/0.8 ML	1	EA	BX	SC	EA	10	MG	4	01/01/2024	12/31/2024						
00069-0325-02		Q5145		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	ABRILADA PEN 40 MG/0.8 ML	1	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00069-0328-02		Q5132		01/01/2024	12/31/2024	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG	ABRILADA (PF,LATEX-FREE) 40 MG/0.8 ML	2	EA	BX	SC	EA	10	MG	4	01/01/2024	12/31/2024						
00069-0328-02		Q5145		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	ABRILADA 40 MG/0.8 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00069-0333-02		Q5132		01/01/2024	12/31/2024	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG	ABRILADA (PF,LATEX-FREE) 20 MG/0.4 ML	2	EA	BX	SC	EA	10	MG	2	01/01/2024	12/31/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00069-0333-02		Q5145		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	ABRILADA 20 MG/0.4 ML	2	EA		SC	EA	1	MG	20	01/01/2025	99/99/9999						
00069-0343-02		J9000		11/11/2024	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL SDV 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	11/11/2024	99/99/9999						
00069-0358-20		J9000		09/16/2024	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL 2 MG/1 ML	5	ML	VL	IV	ML	10	MG	0.2	09/16/2024	99/99/9999						
00069-0809-01		Q5103		04/01/2018	99/99/9999	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	INFLECTRA (SDV,PF) 100 MG	1	EA	VL	IV	EA	10	MG	10	04/01/2018	99/99/9999						
00069-0983-01		J9315		01/04/2018	07/02/2020	INJECTION, ROMIDEPSIN, 1 MG	ROMIDEPSIN (W/DILUENT) 10 MG	1	EA	VL	IV	EA	1	MG	10	01/04/2018	07/02/2020						
00069-1011-02		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	10	ML	BO	IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
00069-1011-02		J1599		08/07/2019	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	10	ML	BO	IV	ML	500	MG	0.2	08/07/2019	06/30/2023						
00069-1061-02		J1551		07/01/2022	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	CUTAQUIG (1GM;16.5%,PF,LATEX-FREE) 165 MG/1 ML	6	ML		SC	ML	100	MG	1.65	07/01/2022	99/99/9999						
00069-1109-02		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	25	ML	BO	IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
00069-1109-02		J1599		08/07/2019	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	25	ML	BO	IV	ML	500	MG	0.2	08/07/2019	06/30/2023						
00069-1224-02		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	50	ML	BO	IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
00069-1224-02		J1599		08/07/2019	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	50	ML	BO	IV	ML	500	MG	0.2	08/07/2019	06/30/2023						
00069-1305-10		J0885		05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 2000 U/1 ML	1	ML	VL	U	ML	1000	U	2	05/22/2018	12/31/2018						
00069-1305-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 2000 U/1 ML	1	ML	VL	U	ML	1000	U	2	01/01/2019	99/99/9999						
00069-1306-10		J0885		05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 3000 U/1 ML	1	ML	VL	U	ML	1000	U	3	05/22/2018	12/31/2018						
00069-1306-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 3000 U/1 ML	1	ML	VL	U	ML	1000	U	3	01/01/2019	99/99/9999						
00069-1307-10		J0885		05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 4000 U/1 ML	1	ML	VL	U	ML	1000	U	4	05/22/2018	12/31/2018						
00069-1307-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 4000 U/1 ML	1	ML	VL	U	ML	1000	U	4	01/01/2019	99/99/9999						
00069-1308-10		J0885		05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 10000 U/1 ML	1	ML	VL	U	ML	1000	U	10	05/22/2018	12/31/2018						
00069-1308-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 10000 U/1 ML	1	ML	VL	U	ML	1000	U	10	01/01/2019	99/99/9999						
00069-1309-04		J0885		05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 40000 U/1 ML	1	ML	VL	U	ML	1000	U	40	05/22/2018	12/31/2018						
00069-1309-04		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 40000 U/1 ML	1	ML	VL	U	ML	1000	U	40	01/01/2019	99/99/9999						
00069-1309-10		Q5106		09/01/2018	09/18/2025	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 40000 U/1 ML	1	ML		U	ML	1000	U	40	09/01/2018	09/18/2025						
00069-1312-02		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	100	ML	BO	IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
00069-1312-02		J1599		08/07/2019	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	100	ML	BO	IV	ML	500	MG	0.2	08/07/2019	06/30/2023						
00069-1318-10		Q5106		11/09/2020	99/99/9999	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (10X2ML;MDV,LATEX-FREE) 10000 U/1 ML	2	ML	VL	U	ML	1000	U	10	11/09/2020	99/99/9999						
00069-1415-02		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	200	ML	BO	IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
00069-1415-02		J1599		08/07/2019	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	200	ML	BO	IV	ML	500	MG	0.2	08/07/2019	06/30/2023						
00069-1442-04		J9000		10/14/2024	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	PREMIERPRO RX DOXORUBICIN HCL MDV 2 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.2	10/14/2024	99/99/9999						
00069-1476-02		J1551		07/01/2022	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	CUTAQUIG (2GM;16.5%,PF,LATEX-FREE) 165 MG/1 ML	12	ML		SC	ML	100	MG	1.65	07/01/2022	99/99/9999						
00069-1509-02		J1551		07/01/2022	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	CUTAQUIG (4GM;16.5%,PF,LATEX-FREE) 165 MG/1 ML	24	ML		SC	ML	100	MG	1.65	07/01/2022	99/99/9999						
00069-1542-20		J9000		07/22/2024	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (MDV,PF,LATEX-FREE) 2 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.2	07/22/2024	99/99/9999						
00069-1558-02		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	300	ML	BO	IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
00069-1558-02		J1599		08/07/2019	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	300	ML	BO	IV	ML	500	MG	0.2	08/07/2019	06/30/2023						
00069-1965-02		J1551		07/01/2022	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	CUTAQUIG (8GM;16.5%,PF,LATEX-FREE) 165 MG/1 ML	48	ML		SC	ML	100	MG	1.65	07/01/2022	99/99/9999						
00069-2004-04		J1414		01/01/2025	06/11/2025	INJECTION, FIDANACOGENE ELAPARVOVEC-DZKT, PER THERAPEUTIC DOSE	BEQVEZ 4 SDV KIT	1	EA		IV	EA	1	U	1	01/01/2025	06/11/2025						
00069-2005-05		J1414		01/01/2025	06/11/2025	INJECTION, FIDANACOGENE ELAPARVOVEC-DZKT, PER THERAPEUTIC DOSE	BEQVEZ 5 SDV KIT	1	EA		IV	EA	1	U	1	01/01/2025	06/11/2025						
00069-2006-06		J1414		01/01/2025	06/11/2025	INJECTION, FIDANACOGENE ELAPARVOVEC-DZKT, PER THERAPEUTIC DOSE	BEQVEZ 6 SDV KIT	1	EA		IV	EA	1	U	1	01/01/2025	06/11/2025						
00069-2007-07		J1414		01/01/2025	06/11/2025	INJECTION, FIDANACOGENE ELAPARVOVEC-DZKT, PER THERAPEUTIC DOSE	BEQVEZ 7 SDV KIT	1	EA		IV	EA	1	U	1	01/01/2025	06/11/2025						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00069-2151-01		J7172		07/01/2025	99/99/9999	INJECTION, MARSTACIMAB-HNCQ, 0.5 MG	HYMPAVZI PEN 150 MG/1 ML	1	ML		SC	ML	0.5	MG	300	07/01/2025	99/99/9999						
00069-2522-02		J1323		04/01/2024	99/99/9999	INJECTION, ELRANATAMAB-BCMM, 1 MG	ELREXFIO (PF,LATEX-FREE) 40 MG/1 ML	1.1	ML		SC	ML	1	MG	40	04/01/2024	99/99/9999						
00069-3030-20		J9000		05/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	99/99/9999						
00069-3031-20		J9000		05/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	99/99/9999						
00069-3032-20		J9000		05/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	99/99/9999						
00069-3033-20		J9000		05/19/2011	04/12/2023	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	04/12/2023						
00069-3034-20		J9000		05/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	99/99/9999						
00069-3051-07		Q0144		01/01/2002	01/01/2025	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	10	EA	BX	PO	EA	1	GM	1	01/01/2002	01/01/2025						
00069-3051-75		Q0144		01/01/2002	07/15/2025	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	3	PK	BX	PO	EA	1	GM	1	01/01/2002	07/15/2025						
00069-3060-30		Q0144		01/01/2002	04/30/2023	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	01/01/2002	04/30/2023						
00069-3060-75		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK (3X6) 250 MG	18	EA	DP	PO	EA	1	GM	0.25	01/01/2002	99/99/9999						
00069-3060-86		Q0144		01/01/2002	03/19/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	50	EA	BX	PO	EA	1	GM	0.25	01/01/2002	03/19/2020						
00069-3070-30		Q0144		08/06/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 500 MG	30	EA	BO	PO	EA	1	GM	0.5	08/06/2002	99/99/9999						
00069-3070-75		Q0144		08/06/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX TRI-PAK (3X3) 500 MG	9	EA	DP	PO	EA	1	GM	0.5	08/06/2002	99/99/9999						
00069-3070-86		Q0144		10/21/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (5 X 10) 500 MG	50	EA	BX	PO	EA	1	GM	0.5	10/21/2002	99/99/9999						
00069-3080-30		Q0144		01/01/2002	09/30/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 600 MG	30	EA	BO	PO	EA	1	GM	0.6	01/01/2002	09/30/2018						
00069-3110-19		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	01/01/2002	99/99/9999						
00069-3120-19		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	01/01/2002	99/99/9999						
00069-3130-19		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	01/01/2002	99/99/9999						
00069-3140-19		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	01/01/2002	99/99/9999						
00069-3150-83		J0456		01/01/2002	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	ZITHROMAX (VIAL) 500 MG	1	EA	VL	IV	EA	500	MG	1	01/01/2002	99/99/9999						
00069-3358-25		J9000		11/11/2024	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	PREMIERPRO RX DOXORUBICIN HCL SDV 2 MG/1 ML	25	ML		IV	ML	10	MG	0.2	11/11/2024	99/99/9999						
00069-4031-12		J9000		03/31/2025	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL NOVAPLUS SDV 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	03/31/2025	99/99/9999						
00069-4061-01		Q0144		04/20/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (FILM COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	04/20/2020	99/99/9999						
00069-4061-89		Q0144		09/18/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (FILM COATED) 250 MG	50	EA	BX	PO	EA	1	GM	0.25	09/18/2019	99/99/9999						
00069-4205-05		J9000		11/11/2024	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	PREMIERPRO RX DOXORUBICIN HCL SDV 2 MG/1 ML	5	ML	VL	IV	ML	10	MG	0.2	11/11/2024	99/99/9999						
00069-4494-02		J1323		04/01/2024	99/99/9999	INJECTION, ELRANATAMAB-BCMM, 1 MG	ELREXFIO (PF,LATEX-FREE) 40 MG/1 ML	1.9	ML		SC	ML	1	MG	40	04/01/2024	99/99/9999						
00069-5410-66		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VISTARIL 25 MG	100	EA	BO	PO	EA	25	MG	1	01/01/2002	99/99/9999						
00069-5420-66		Q0177		01/01/2014	12/31/2023	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VISTARIL 50 MG	100	EA	BO	PO	EA	25	MG	2	01/01/2014	12/31/2023						
00069-5629-05		J9000		03/31/2025	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL NOVAPLUS SDV 2 MG/1 ML	5	ML	VL	IV	ML	10	MG	0.2	03/31/2025	99/99/9999						
00069-6002-02		J1568		11/13/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	OCTAGAM 10% (PF,LATEX-FREE) 100 MG/1 ML	20	ML	VL	IV	ML	500	MG	0.2	11/13/2023	99/99/9999						
00069-6111-02		J1568		11/13/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	OCTAGAM 10% (PF,LATEX-FREE) 100 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.2	11/13/2023	99/99/9999						
00069-6237-02		J1568		11/13/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	OCTAGAM 10% (PF,LATEX-FREE) 100 MG/1 ML	200	ML	VL	IV	ML	500	MG	0.2	11/13/2023	99/99/9999						
00069-6339-02		J1568		11/13/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	OCTAGAM 10% (PF,LATEX-FREE) 100 MG/1 ML	300	ML	VL	IV	ML	500	MG	0.2	11/13/2023	99/99/9999						
00069-6550-02		J1568		11/13/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	OCTAGAM 10% (PF,LATEX-FREE) 100 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.2	11/13/2023	99/99/9999						
00069-8400-02		J1568		11/13/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	OCTAGAM 5% (SD,PF,LATEX-FREE) 50 MG/1 ML	20	ML	VI	IV	ML	500	MG	0.1	11/13/2023	99/99/9999						
00069-8425-02		J1568		11/13/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	OCTAGAM 5% (SD,PF,LATEX-FREE) 50 MG/1 ML	50	ML	VI	IV	ML	500	MG	0.1	11/13/2023	99/99/9999						
00069-8451-02		J1568		11/13/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	OCTAGAM 5% (SD,PF,LATEX-FREE) 50 MG/1 ML	100	ML	VI	IV	ML	500	MG	0.1	11/13/2023	99/99/9999						
00069-8476-02		J1568		11/13/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	OCTAGAM 5% (SD,PF,LATEX-FREE) 50 MG/1 ML	200	ML	VL	IV	ML	500	MG	0.1	11/13/2023	99/99/9999						
00074-0124-02		J0135		12/16/2020	12/31/2024	INJECTION, ADALIMUMAB, 20 MG	HUMIRA PEN (2X0.8ML;SINGLE DOSE,PF) 80 MG/0.8 ML	2	EA	BX	SC	EA	20	MG	4	12/16/2020	12/31/2024						
00074-0124-02		J0139		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB, 1 MG	HUMIRA PEN 2X0.8ML-SINGLE DOSE 80 MG/0.8 ML	2	EA		SC	EA	1	MG	80	01/01/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-0124-03		J0135		08/06/2018	12/31/2024	INJECTION, ADALIMUMAB, 20 MG	HUMIRA PEN STARTER PACK (PF,LATEX-FREE) 80 MG/0.8 ML	3	EA	BX	SC	EA	20	MG	4	08/06/2018	12/31/2024						
00074-0124-03		J0139		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB, 1 MG	HUMIRA PEN STARTER PACK 80 MG/0.8 ML	3	EA		SC	EA	1	MG	80	01/01/2025	99/99/9999						
00074-0124-04		J0135		02/25/2021	12/31/2024	INJECTION, ADALIMUMAB, 20 MG	HUMIRA PEN STARTER PACK (PEDIATRIC,PF,LATEX-FREE) 80 MG/0.8 ML	4	EA		SC	EA	20	MG	4	02/25/2021	12/31/2024						
00074-0124-04		J0139		01/01/2025	01/31/2025	INJECTION, ADALIMUMAB, 1 MG	HUMIRA PEN STARTER PACK PEDIATRIC 80 MG/0.8 ML	4	EA		SC	EA	1	MG	80	01/01/2025	01/31/2025						
00074-0243-02		J0135		05/01/2018	12/31/2024	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PF,LATEX-FREE) 40 MG/0.4 ML	2	EA	BX	SC	EA	20	MG	2	05/01/2018	12/31/2024						
00074-0243-02		J0139		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB, 1 MG	HUMIRA CITRATE-FREE 40 MG/0.4 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00074-0501-01		J7356		07/01/2025	99/99/9999	INJECTION, FOSCARBIDOPA 0.25 MG/FOSLEVODOPA 5 MG	VYALEV 12 MG/1 ML-240 MG/1 ML	10	ML		SC	ML	0.25	MG	48	07/01/2025	99/99/9999						
00074-0554-02		J0135		05/01/2018	12/31/2024	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PF,LATEX-FREE) 40 MG/0.4 ML	2	EA	BX	SC	EA	20	MG	2	05/01/2018	12/31/2024						
00074-0554-02		J0139		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB, 1 MG	HUMIRA 40 MG/0.4 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00074-0616-02		J0135		05/01/2018	12/31/2024	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PF,LATEX-FREE) 20 MG/0.2 ML	2	EA	BX	SC	EA	20	MG	1	05/01/2018	12/31/2024						
00074-0616-02		J0139		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB, 1 MG	HUMIRA 20 MG/0.2 ML	2	EA		SC	EA	1	MG	20	01/01/2025	99/99/9999						
00074-0817-02		J0135		05/01/2018	12/31/2024	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PF,LATEX-FREE) 10 MG/0.1 ML	2	EA	BX	SC	EA	20	MG	0.5	05/01/2018	12/31/2024						
00074-0817-02		J0139		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB, 1 MG	HUMIRA 10 MG/0.1 ML	2	EA		SC	EA	1	MG	10	01/01/2025	99/99/9999						
00074-1658-01		J2501		01/01/2003	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	ZEMPLAR (S.D.V.,FLIPTOP) 0.005 MG/ML	1	ML	VL	IV	ML	1	MCG	5	01/01/2003	99/99/9999						
00074-2108-03		J1950		08/03/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT-PED (LYOPHILIZED) 7.5 MG	1	EA	BX	IM	EA	3.75	MG	2	08/03/2009	99/99/9999						
00074-2282-03		J1950		04/03/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT-PED (LYOPHILIZED) 11.25 MG	1	EA	BX	IM	EA	3.75	MG	3	04/03/2009	99/99/9999						
00074-2440-03		J1950		04/17/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT-PED (LYOPHILIZED) 15 MG	1	EA	BX	IM	EA	3.75	MG	4	04/17/2009	99/99/9999						
00074-2540-03		J0135		05/01/2018	10/31/2023	INJECTION, ADALIMUMAB, 20 MG	HUMIRA PEDIATRIC CROHN'S DISEASE STARTER PACK (PF,LATEX-FREE) 80 MG/0.8 ML	3	EA	BX	SC	EA	20	MG	4	05/01/2018	10/31/2023						
00074-3012-07		J7340		01/01/2016	99/99/9999	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION, 100 ML	DUOPA 4.63 MG/ML-20 MG/ML	100	ML	BX	NA	ML	25	MG	1	01/01/2016	99/99/9999						
00074-3108-32		J7515		12/08/2015	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	GENGRAF (BLISTER PACK) 25 MG	30	EA	BX	PO	EA	25	MG	1	12/08/2015	99/99/9999						
00074-3109-32		J7502		11/10/2015	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	GENGRAF (BLISTER PACK) 100 MG	30	EA	BX	PO	EA	100	MG	1	11/10/2015	99/99/9999						
00074-3346-03		J9217		04/02/2009	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (STERILE,1X22.5MG) 22.5 MG	1	EA	BX	IM	EA	7.5	MG	3	04/02/2009	99/99/9999						
00074-3473-03		J9217		06/17/2011	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (LYOPHILIZED) 45 MG	1	EA	BX	IM	EA	7.5	MG	6	06/17/2011	99/99/9999						
00074-3575-01		J1950		05/01/2023	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT-PED (PF,LATEX-FREE) 45 MG	1	EA		IM	EA	3.75	MG	12	05/01/2023	99/99/9999						
00074-3641-03		J1950		04/13/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT 3.75 MG	1	EA	BX	IM	EA	3.75	MG	1	04/13/2009	99/99/9999						
00074-3642-03		J9217		03/25/2009	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (STERILE,1X7.5MG) 7.5 MG	1	EA	BX	IM	EA	7.5	MG	1	03/25/2009	99/99/9999						
00074-3663-03		J1950		05/21/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT (DUAL-CHAMBER SYRINGE) 11.25 MG	1	EA	BX	IM	EA	3.75	MG	3	05/21/2009	99/99/9999						
00074-3683-03		J9217		04/17/2009	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (LYOPHILIZED) 30 MG	1	EA	BX	IM	EA	7.5	MG	4	04/17/2009	99/99/9999						
00074-3779-03		J1950		08/15/2011	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT-PED (SINGLE DOSE) 11.25 MG	1	EA	BX	IM	EA	3.75	MG	3	08/15/2011	99/99/9999						
00074-3799-02		J0135		01/01/2005	12/31/2024	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PF,PREFILLED SYRINGE) 40 MG/0.8 ML	2	EA	BX	MR	EA	20	MG	2	01/01/2005	12/31/2024						
00074-3799-02		J0139		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB, 1 MG	HUMIRA PREFILLED SYRINGE 40 MG/0.8 ML	2	EA		MR	EA	1	MG	40	01/01/2025	99/99/9999						
00074-3799-03		J0135		10/01/2014	05/28/2019	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PEDIATRIC,PF) 40 MG/0.8 ML	3	EA	BX	MR	EA	20	MG	2	10/01/2014	05/28/2019						
00074-3799-06		J0135		10/01/2014	05/08/2019	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PEDIATRIC,PF) 40 MG/0.8 ML	6	EA	BX	MR	EA	20	MG	2	10/01/2014	05/08/2019						
00074-3878-10		J0458		10/01/2025	99/99/9999	INJECTION, AZTREONAM/AVIBACTAM, 7.5 MG/2.5 MG (10 MG)	EMBLAVEO 0.5 GM-1.5 GM	10	EA		IV	EA	7.5	MG	200	10/01/2025	99/99/9999						
00074-4339-02		J0135		07/17/2006	12/31/2024	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (SINGLE-USE PEN; 2X1ML) 40 MG/0.8 ML	2	EA	BX	MR	EA	20	MG	2	07/17/2006	12/31/2024						
00074-4339-02		J0139		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB, 1 MG	HUMIRA SINGLE-USE PEN; 2X1ML,PREFILLED SYRINGE 40 MG/0.8 ML	2	EA		MR	EA	1	MG	40	01/01/2025	99/99/9999						
00074-4339-06		J0135		02/27/2007	07/31/2023	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (SINGLE-USE PEN; 6X1ML) 40 MG/0.8 ML	6	EA	BX	MR	EA	20	MG	2	02/27/2007	07/31/2023						
00074-4339-07		J0135		03/19/2009	05/31/2023	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (SINGLE-USE PEN; 4X1ML) 40 MG/0.8 ML	4	EA	BX	SC	EA	20	MG	2	03/19/2009	05/31/2023						
00074-4637-01		J2501		01/01/2003	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	ZEMPLAR (VIAL,FLIPTOP) 0.002 MG/ML	1	ML	VL	IV	ML	1	MCG	2	01/01/2003	99/99/9999						
00074-5015-01		J2327		01/01/2023	99/99/9999	INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG	SKYRIZI 600MG/10ML (PF,LATEX-FREE) 60 MG/1 ML	10	ML		IV	ML	1	MG	60	01/01/2023	99/99/9999						
00074-6347-02		J0135		10/15/2014	12/24/2019	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PRE-FILLED SYRINGE,PF) 10 MG/0.2 ML	2	EA	BX	SC	EA	20	MG	0.5	10/15/2014	12/24/2019						
00074-7269-50		J7502		01/18/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	GENGRAF 100 MG/ML	50	ML	BO	PO	ML	100	MG	1	01/18/2002	99/99/9999						
00074-9374-02		J0135		02/22/2008	03/30/2020	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (SINGLE-DOSE,PF) 20 MG/0.4 ML	2	EA	BX	SC	EA	20	MG	1	02/22/2008	03/30/2020						
00074-9694-03		J1950		08/15/2011	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT-PED (SINGLE DOSE) 30 MG	1	EA	BX	IM	EA	3.75	MG	8	08/15/2011	99/99/9999						
00075-0620-40		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 40 MG/0.4 ML	0.4	ML	SR	U	ML	10	MG	10	01/01/2002	99/99/9999						
00075-0621-60		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 60 MG/0.6 ML	0.6	ML	SR	U	ML	10	MG	10	01/01/2002	99/99/9999						
00075-0622-80		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 80 MG/0.8 ML	0.8	ML	SR	U	ML	10	MG	10	01/01/2002	99/99/9999						
00075-0623-00		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 100 MG/ML	1	ML	SR	U	ML	10	MG	10	01/01/2002	99/99/9999						
00075-0624-30		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN) 30 MG/0.3 ML	0.3	ML	SR	U	ML	10	MG	10	01/01/2002	99/99/9999						
00075-0626-03		J1650		03/07/2003	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (VIAL,MULTIPLE DOSE VIAL) 100 MG/ML	3	ML	VL	SC	ML	10	MG	10	03/07/2003	99/99/9999						
00075-2912-01		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 120 MG/0.8 ML	0.8	ML	SR	U	ML	10	MG	15	01/01/2002	99/99/9999						
00075-2915-01		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (W/AUTO SAFETY DEVICE) 150 MG/ML	1	ML	SR	U	ML	10	MG	15	01/01/2002	99/99/9999						
00078-0109-01		J7516		01/01/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	SANDIMMUNE (AMP) 50 MG/ML	5	ML	AM	IV	ML	250	MG	0.2	01/01/2002	99/99/9999						
00078-0110-22		J7502		01/01/2002	07/02/2024	CYCLOSPORINE, ORAL, 100 MG	SANDIMMUNE 100 MG/ML	50	ML	BO	PO	ML	100	MG	1	01/01/2002	07/02/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00078-0180-01		J2354		01/01/2004	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	SANDOSTATIN (AMP) 50 MCG/ML	1	ML	AM	IJ	ML	25	MCG	2	01/01/2004	99/99/9999						
00078-0181-01		J2354		01/01/2004	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	SANDOSTATIN (AMP) 100 MCG/ML	1	ML	AM	IJ	ML	25	MCG	4	01/01/2004	99/99/9999						
00078-0182-01		J2354		01/01/2004	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	SANDOSTATIN (AMP) 500 MCG/ML	1	ML	AM	IJ	ML	25	MCG	20	01/01/2004	99/99/9999						
00078-0240-15		J7515		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	SANDIMMUNE (SANDOPAK,SOFTGEL) 25 MG	30	EA	BX	PO	EA	25	MG	1	01/01/2002	99/99/9999						
00078-0240-61		J7515		01/05/2012	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	SANDIMMUNE (INNER PACK, SOFTGEL) 25 MG	1	EA	BP	PO	EA	25	MG	1	01/05/2012	99/99/9999						
00078-0241-15		J7502		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	SANDIMMUNE (SOFTGEL) 100 MG	30	EA	BX	PO	EA	100	MG	1	01/01/2002	99/99/9999						
00078-0241-61		J7502		01/05/2012	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	SANDIMMUNE (INNER PACK, SOFTGEL) 100 MG	1	EA	BP	PO	EA	100	MG	1	01/05/2012	99/99/9999						
00078-0246-15		J7515		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	NEORAL (SOFTGEL) 25 MG	30	EA	BX	PO	EA	25	MG	1	01/01/2002	99/99/9999						
00078-0248-15		J7502		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	NEORAL (SOFTGEL) 100 MG	30	EA	BX	PO	EA	100	MG	1	01/01/2002	99/99/9999						
00078-0274-22		J7502		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	NEORAL 100 MG/ML	50	ML	BO	PO	ML	100	MG	1	01/01/2002	99/99/9999						
00078-0331-84		J0480		01/01/2006	99/99/9999	INJECTION, BASILIXIMAB, 20 MG	SIMULECT (S.D.V.,PF) 20 MG	1	EA	VL	IV	EA	20	MG	1	01/01/2006	99/99/9999						
00078-0385-66		J7518		01/01/2005	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYFORTIC (K-30,FILM-COATED) 180 MG	120	EA	BO	PO	EA	180	MG	1	01/01/2005	99/99/9999						
00078-0386-66		J7518		01/01/2005	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYFORTIC (K-30,FILM-COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	01/01/2005	99/99/9999						
00078-0393-61		J0480		01/01/2006	99/99/9999	INJECTION, BASILIXIMAB, 20 MG	SIMULECT (S.D.V.,PF) 10 MG	1	EA	VL	IV	EA	20	MG	0.5	01/01/2006	99/99/9999						
00078-0414-20		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.5 MG	60	EA	EA	PO	EA	0.25	MG	2	01/01/2013	99/99/9999						
00078-0414-61		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.5 MG	1	EA	EA	PO	EA	0.25	MG	2	01/01/2013	99/99/9999						
00078-0415-20		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.75 MG	60	EA	EA	PO	EA	0.25	MG	3	01/01/2013	99/99/9999						
00078-0415-61		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.75 MG	1	EA	EA	PO	EA	0.25	MG	3	01/01/2013	99/99/9999						
00078-0417-20		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.25 MG	60	EA	EA	PO	EA	0.25	MG	1	01/01/2013	99/99/9999						
00078-0417-61		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.25 MG	1	EA	EA	PO	EA	0.25	MG	1	01/01/2013	99/99/9999						
00078-0422-20		J7527		10/29/2018	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 1 MG	60	EA	ST	PO	EA	0.25	MG	4	10/29/2018	99/99/9999						
00078-0422-61		J7527		10/29/2018	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 1 MG	1	EA	ST	PO	EA	0.25	MG	4	10/29/2018	99/99/9999						
00078-0438-15		J8999		04/12/2005	05/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	GLEEVEC (FILM-COATED) 400 MG	30	EA	BO	PO	EA	1	EA	1	04/12/2005	05/31/2017						
00078-0467-61		J0895		01/05/2012	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL (INNER PACK) 500 MG	1	EA	VL	IJ	EA	500	MG	1	01/05/2012	99/99/9999						
00078-0467-91		J0895		05/01/2007	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL (USP) 500 MG	1	EA	VL	IJ	EA	500	MG	1	05/01/2007	99/99/9999						
00078-0494-71		J7682		04/01/2008	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBI (56X5ML,SDA,PF)	5	ML	PC	IH	ML	300	MG	0.2	04/01/2008	99/99/9999						
00078-0494-71	KO	J7682	KO	04/01/2008	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBI (56X5ML,SDA,PF)	5	ML	PC	IH	ML	300	MG	0.2	04/01/2008	99/99/9999						
00078-0639-41		J3247		07/01/2024	99/99/9999	INJECTION, SECUKINUMAB, INTRAVENOUS, 1 MG	COSENTYX (2 PENS (300MG DOSE),PF) 150 MG/1 ML	1	ML		SC	ML	1	MG	150	07/01/2024	99/99/9999						
00078-0639-68		J3247		07/01/2024	99/99/9999	INJECTION, SECUKINUMAB, INTRAVENOUS, 1 MG	COSENTYX (1 PEN (150MG DOSE),PF) 150 MG/1 ML	1	ML		SC	ML	1	MG	150	07/01/2024	99/99/9999						
00078-0639-97		J3247		07/01/2024	99/99/9999	INJECTION, SECUKINUMAB, INTRAVENOUS, 1 MG	COSENTYX (1 SYRINGE (150MG DOSE)) 150 MG/1 ML	1	ML		SC	ML	1	MG	150	07/01/2024	99/99/9999						
00078-0639-98		J3247		07/01/2024	99/99/9999	INJECTION, SECUKINUMAB, INTRAVENOUS, 1 MG	COSENTYX (2 SYRINGES (300MG DOSE)) 150 MG/1 ML	1	ML		SC	ML	1	MG	150	07/01/2024	99/99/9999						
00078-0641-61		J2502		01/05/2016	02/20/2020	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (6ML VIAL) 20 MG	1	EA	VL	IM	EA	1	MG	20	01/05/2016	02/20/2020						
00078-0642-61		J2502		01/05/2016	02/20/2020	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (6ML VIAL) 40 MG	1	EA	VL	IM	EA	1	MG	40	01/05/2016	02/20/2020						
00078-0643-61		J2502		01/05/2016	02/20/2020	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (6ML VIAL) 60 MG	1	EA	VL	IM	EA	1	MG	60	01/05/2016	02/20/2020						
00078-0649-13		J8999		09/17/2024	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	GLEEVEC FILM-COATED 400 MG	30	EA	BX	PO	EA	1	EA	1	09/17/2024	99/99/9999						
00078-0669-13		J9302		02/11/2016	10/15/2020	INJECTION, OFATUMUMAB, 10 MG	ARZERRA (SINGLE-USE W/2 FILTERS) 20 MG/1 ML	5	ML	VL	IV	ML	10	MG	2	02/11/2016	10/15/2020						
00078-0669-61		J9302		02/11/2016	10/15/2020	INJECTION, OFATUMUMAB, 10 MG	ARZERRA (PF,LATEX-FREE) 20 MG/1 ML	5	ML	VL	IV	ML	10	MG	2	02/11/2016	10/15/2020						
00078-0672-01		None		07/31/2017	99/99/9999	TOPOTECAN, ORAL, 0.25 MG	HYCAMTIN 0.25 MG	10	EA	BO	PO	EA	0.25	MG	1	07/31/2017	99/99/9999						
00078-0673-01		None		03/21/2017	99/99/9999	TOPOTECAN, ORAL, 0.25 MG	HYCAMTIN 1 MG	10	EA	BO	PO	EA	0.25	MG	4	03/21/2017	99/99/9999						
00078-0674-61		J9351		01/05/2017	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG	HYCAMTIN (S.D.V.) 4 MG	1	EA	VL	IV	EA	0.1	MG	40	01/05/2017	99/99/9999						
00078-0675-15		Q0162		03/20/2018	12/14/2021	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 4 MG	30	EA	BO	PO	EA	1	MG	4	03/20/2018	12/14/2021						
00078-0676-15		Q0162		01/11/2018	09/29/2020	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN (FILM COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/11/2018	09/29/2020						
00078-0683-06		J9261		10/11/2016	04/19/2021	INJECTION, NELARABINE, 50 MG	ARRANON (6X50ML,LATEX-FREE) 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	10/11/2016	04/19/2021						
00078-0683-61		J9261		10/11/2016	99/99/9999	INJECTION, NELARABINE, 50 MG	ARRANON (LATEX-FREE) 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	10/11/2016	99/99/9999						
00078-0690-61		J9302		02/11/2016	10/15/2020	INJECTION, OFATUMUMAB, 10 MG	ARZERRA (SINGLE-USE W/2 FILTERS) 20 MG/1 ML	50	ML	VL	IV	ML	10	MG	2	02/11/2016	10/15/2020						
00078-0734-61		J0638		03/08/2017	99/99/9999	INJECTION, CANAKINUMAB, 1 MG	ILARIS (PF) 150 MG/1 ML	1	ML	VL	SC	ML	1	MG	150	03/08/2017	99/99/9999						
00078-0741-81		J2502		08/23/2018	07/09/2020	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (SINGLE USE) 30 MG	1	EA	BX	IM	EA	1	MG	30	08/23/2018	07/09/2020						
00078-0748-81		J2502		08/23/2018	07/09/2020	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (SINGLE USE) 10 MG	1	EA	BX	IM	EA	1	MG	10	08/23/2018	07/09/2020						
00078-0755-61		J2502		08/23/2018	02/20/2020	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (6ML VIAL) 10 MG	1	EA	VL	IM	EA	1	MG	10	08/23/2018	02/20/2020						
00078-0769-61		J2502		08/23/2018	02/20/2020	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (6ML VIAL) 30 MG	1	EA	VL	IM	EA	1	MG	30	08/23/2018	02/20/2020						
00078-0790-61		J2353		07/11/2017	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (INNER PACK) 10 MG	1	EA	VL	IM	EA	1	MG	10	07/11/2017	99/99/9999						
00078-0797-61		J2353		07/11/2017	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (INNER PACK) 20 MG	1	EA	VL	IM	EA	1	MG	20	07/11/2017	99/99/9999						
00078-0804-61		J2353		07/11/2017	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (INNER PACK) 30 MG	1	EA	VL	IM	EA	1	MG	30	07/11/2017	99/99/9999						
00078-0811-81		J2353		05/10/2017	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1 1/2"X19G) 10 MG	1	EA	BX	IM	EA	1	MG	10	05/10/2017	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00078-0818-81		J2353		12/08/2016	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1 1/2"X19G) 20 MG	1	EA	BX	IM	EA	1	MG	20	12/08/2016	99/99/9999						
00078-0825-81		J2353		12/06/2016	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1 1/2"X19G) 30 MG	1	EA	BX	IM	EA	1	MG	30	12/06/2016	99/99/9999						
00078-0827-60		J0179		03/09/2022	99/99/9999	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	BEOVU (PF) 6 MG/0.05 ML	0.05	ML	SR	IO	ML	1	MG	120	03/09/2022	99/99/9999						
00078-0827-61		J0179		01/01/2020	09/30/2022	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	BEOVU (PF) 6 MG/0.05 ML	0.05	ML	VL	IO	ML	1	MG	120	01/01/2020	09/30/2022						
00078-0897-78		J3300		10/15/2024	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	TRIESENCE 40 MG/1 ML	1	ML	VL	IJ	ML	1	MG	40	10/15/2024	99/99/9999						
00078-0930-61		J0883		03/14/2018	01/25/2022	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (SINGLE USE VIAL,PF) 100 MG/1 ML	2.5	ML	VL	IV	ML	1	MG	100	03/14/2018	01/25/2022						
00078-1056-97		J3247		07/01/2024	99/99/9999	INJECTION, SECUKINUMAB, INTRAVENOUS, 1 MG	COSENTYX (1X0.5ML.PF) 75 MG/0.5 ML	0.5	ML		SC	ML	1	MG	150	07/01/2024	99/99/9999						
00078-1070-68		J3247		07/01/2024	99/99/9999	INJECTION, SECUKINUMAB, INTRAVENOUS, 1 MG	COSENTYX UNOREADY PEN 300MG/2ML (PF,LATEX-FREE) 150 MG/1 ML	2	ML		SC	ML	1	MG	150	07/01/2024	99/99/9999						
00078-1168-61		J3247		07/01/2024	99/99/9999	INJECTION, SECUKINUMAB, INTRAVENOUS, 1 MG	COSENTYX (SDV,PF,LATEX-FREE) 25 MG/1 ML	5	ML		IV	ML	1	MG	25	07/01/2024	99/99/9999						
00085-1133-01		J9214		01/01/2002	10/21/2021	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (M.D.V.,AF) 10 Million IU/ML	2.5	ML	VL	IJ	ML	1	MU	10	01/01/2002	10/21/2021						
00085-1136-01		J1327		01/01/2002	04/12/2021	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILIN (VIAL) 0.75 MG/ML	100	ML	VL	IV	ML	5	MG	0.15	01/01/2002	04/12/2021						
00085-1136-02		J1327		08/18/2014	01/01/2021	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILIN 0.75 MG/ML	100	ML	VL	IV	ML	5	MG	0.15	08/18/2014	01/01/2021						
00085-1168-01		J9214		01/01/2002	11/26/2021	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (M.D.V.,AF) 6 Million IU/ML	3	ML	VL	IJ	ML	1	MU	6	01/01/2002	11/26/2021						
00085-1177-01		J1327		01/01/2002	05/11/2021	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILIN (VIAL) 2 MG/ML	10	ML	VL	IV	ML	5	MG	0.4	01/01/2002	05/11/2021						
00085-1177-02		J1327		01/01/2002	12/29/2020	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILIN (VIAL) 2 MG/ML	100	ML	VL	IV	ML	5	MG	0.4	01/01/2002	12/29/2020						
00085-1366-03		None		12/05/2012	06/02/2022	TEMODAR, 100 MG, ORAL	TEMODAR, 100 MG	5	EA	BX	PO	EA	100	MG	1	12/05/2012	06/02/2022						
00085-1366-04		None		12/05/2012	06/02/2022	TEMODAR, 100 MG, ORAL	TEMODAR, 100 MG	14	EA	BX	PO	EA	100	MG	1	12/05/2012	06/02/2022						
00085-1417-02		None		12/05/2012	12/01/2022	TEMODAR, 250 MG, ORAL	TEMODAR, 250 MG	5	EA	BX	PO	EA	250	MG	1	12/05/2012	12/01/2022						
00085-1425-03		None		12/05/2012	04/11/2021	TEMODAR, 20 MG, ORAL	TEMODAR, 140 MG	5	EA	BX	PO	EA	20	MG	7	12/05/2012	04/11/2021						
00085-1425-04		None		12/05/2012	06/02/2022	TEMODAR, 20 MG, ORAL	TEMODAR, 140 MG	14	EA	BX	PO	EA	20	MG	7	12/05/2012	06/02/2022						
00085-1430-03		None		12/05/2012	06/02/2022	TEMODAR, 20 MG, ORAL	TEMODAR, 180 MG	5	EA	BX	PO	EA	20	MG	9	12/05/2012	06/02/2022						
00085-1430-04		None		12/05/2012	04/25/2021	TEMODAR, 20 MG, ORAL	TEMODAR, 180 MG	14	EA	BX	PO	EA	20	MG	9	12/05/2012	04/25/2021						
00085-1519-03		None		12/05/2012	02/04/2021	TEMODAR, 20 MG, ORAL	TEMODAR, 20 MG	5	EA	BX	PO	EA	20	MG	1	12/05/2012	02/04/2021						
00085-1519-04		None		12/05/2012	11/08/2019	TEMODAR, 20 MG, ORAL	TEMODAR, 20 MG	14	EA	BX	PO	EA	20	MG	1	12/05/2012	11/08/2019						
00085-3004-03		None		12/05/2012	11/21/2020	TEMODAR, 5 MG, ORAL	TEMODAR, 5 MG	5	EA	BX	PO	EA	5	MG	1	12/05/2012	11/21/2020						
00085-3004-04		None		12/05/2012	11/21/2020	TEMODAR, 5 MG, ORAL	TEMODAR, 5 MG	14	EA	BX	PO	EA	5	MG	1	12/05/2012	11/21/2020						
00085-4320-01		J0702		05/16/2017	08/24/2022	INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG	CELESTONE SOLUSPAN (MDV) 3 MG/1 ML-3 MG/1 ML	5	ML	VL	IJ	ML	6	MG	1	05/16/2017	08/24/2022						
00088-2220-33		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999						
00088-2500-33		J1817		01/24/2006	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	APIDRA 100 U/ML	10	ML	VL	SC	ML	50	U	2	01/24/2006	99/99/9999						
00088-2502-05		J1817		03/04/2009	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	APIDRA SOLOSTAR (5X3ML) 100U/ML	3	ML	EA	IJ	ML	50	U	2	03/04/2009	99/99/9999						
00093-2013-12		J3030		07/20/2016	07/29/2024	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE 4 MG/0.5 ML	0.5	ML	SR	SC	ML	6	MG	1.33333	07/20/2016	07/29/2024						
00093-2014-12		J3030		07/20/2016	07/29/2024	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE 6 MG/0.5 ML	0.5	ML	SR	SC	ML	6	MG	2	07/20/2016	07/29/2024						
00093-3750-28		J7682		09/15/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (28X4ML;USP) 300 MG/4 ML	4	ML	AM	IH	ML	300	MG	0.25	09/15/2020	99/99/9999						
00093-3750-28	KO	J7682	KO	09/15/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (28X4ML;USP) 300 MG/4 ML	4	ML	AM	IH	ML	300	MG	0.25	09/15/2020	99/99/9999						
00093-3750-63		J7682		09/15/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (56X4ML;USP) 300 MG/4 ML	4	ML	AM	IH	ML	300	MG	0.25	09/15/2020	99/99/9999						
00093-3750-63	KO	J7682	KO	09/15/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (56X4ML;USP) 300 MG/4 ML	4	ML	AM	IH	ML	300	MG	0.25	09/15/2020	99/99/9999						
00093-4061-06		J7606		06/22/2021	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (60X2ML;SD) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	06/22/2021	99/99/9999						
00093-4061-06	KO	J7606	KO	06/22/2021	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (60X2ML;SD) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	06/22/2021	99/99/9999						
00093-4061-30		J7606		06/22/2021	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (30X2ML;SD) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	06/22/2021	99/99/9999						
00093-4061-30	KO	J7606	KO	06/22/2021	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (30X2ML;SD) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	06/22/2021	99/99/9999						
00093-4085-63		J7682		11/19/2013	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	ML	0.2	11/19/2013	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00093-4085-63	KO	J7682	KO	11/19/2013	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	ML	0.2	11/19/2013	99/99/9999						
00093-4145-56		J7614		12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	12/14/2018	99/99/9999						
00093-4145-56	KO	J7614	KO	12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	12/14/2018	99/99/9999						
00093-4146-56		J7614		02/15/2019	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	02/15/2019	99/99/9999						
00093-4146-56	KO	J7614	KO	02/15/2019	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	02/15/2019	99/99/9999						
00093-4146-64		J7614		04/29/2013	02/15/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X4,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	04/29/2013	02/15/2019						
00093-4146-64	KO	J7614	KO	04/29/2013	02/15/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X4,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	04/29/2013	02/15/2019						
00093-4147-19		J7614		12/11/2014	09/30/2024	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (INNER PACK,PF) 1.25 MG/0.5 ML	1	EA	PC	IH	EA	0.5	MG	2.5	12/11/2014	09/30/2024						
00093-4147-19	KO	J7614	KO	12/11/2014	09/30/2024	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (INNER PACK,PF) 1.25 MG/0.5 ML	1	EA	PC	IH	EA	0.5	MG	2.5	12/11/2014	09/30/2024						
00093-4147-56		J7614		12/11/2014	10/14/2024	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (USP,PF) 1.25 MG/0.5 ML	30	EA	PC	IH	EA	0.5	MG	2.5	12/11/2014	10/14/2024						
00093-4147-56	KO	J7614	KO	12/11/2014	10/14/2024	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (USP,PF) 1.25 MG/0.5 ML	30	EA	PC	IH	EA	0.5	MG	2.5	12/11/2014	10/14/2024						
00093-4148-56		J7614		12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	12/14/2018	99/99/9999						
00093-4148-56	KO	J7614	KO	12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	12/14/2018	99/99/9999						
00093-4148-64		J7614		04/29/2013	03/31/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X4,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	04/29/2013	03/31/2019						
00093-4148-64	KO	J7614	KO	04/29/2013	03/31/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X4,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	04/29/2013	03/31/2019						
00093-5420-88		J8515		03/07/2007	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8	EA	BO	PO	EA	0.25	MG	2	03/07/2007	99/99/9999						
00093-5740-19		J7515		07/06/2015	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE, MODIFIED (INNERPACK,SOFT GELATIN) 25 MG	1	EA	BP	PO	EA	25	MG	1	07/06/2015	99/99/9999						
00093-5740-65		J7515		07/06/2015	12/31/2022	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE, MODIFIED (SOFT GELATIN) 25 MG	30	EA	BX	PO	EA	25	MG	1	07/06/2015	12/31/2022						
00093-5741-65		J7515		09/28/2015	01/31/2023	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE, MODIFIED (USP,SOFTGEL) 50 MG	30	EA	BX	PO	EA	25	MG	2	09/28/2015	01/31/2023						
00093-5742-65		J7502		08/27/2015	01/31/2023	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (USP,MODIFIED,SOFTGEL) 100 MG	30	EA	BX	PO	EA	100	MG	1	08/27/2015	01/31/2023						
00093-5955-06		J7605		12/06/2021	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	12/06/2021	99/99/9999						
00093-5955-06	KO	J7605	KO	12/06/2021	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	12/06/2021	99/99/9999						
00093-5955-56		J7605		12/06/2021	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	12/06/2021	99/99/9999						
00093-5955-56	KO	J7605	KO	12/06/2021	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	12/06/2021	99/99/9999						
00093-5985-27		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	EPINEPHRINE 0.15 MG/DELIVERY 0.15 MG/0.3 ML	2	EA		MR	EA	0.1	MG	1.5	07/01/2025	99/99/9999						
00093-5985-27		J0171		08/20/2019	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE (0.15 MG/DELIVERY) 0.15 MG/0.3 ML	2	EA	PN	MR	EA	0.1	MG	1.5	08/20/2019	06/30/2025						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00093-5986-27		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	EPINEPHRINE USP 0.3 MG/0.3 ML	2	EA		U	EA	0.1	MG	3	07/01/2025	99/99/9999						
00093-5986-27		J0171		11/27/2018	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE (USP) 0.3 MG/0.3 ML	2	EA	PG	U	EA	0.1	MG	3	11/27/2018	06/30/2025						
00093-6815-55		J7626		01/11/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,MICRONIZED) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	01/11/2019	99/99/9999						
00093-6815-55	KO	J7626	KO	01/11/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,MICRONIZED) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	01/11/2019	99/99/9999						
00093-6815-73		J7626		12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,MICRONIZED) 0.25 MG/2 ML	30	EA	PC	IH	ML	0.5	MG	0.25	12/15/2009	99/99/9999						
00093-6815-73	KO	J7626	KO	12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,MICRONIZED) 0.25 MG/2 ML	30	EA	PC	IH	ML	0.5	MG	0.25	12/15/2009	99/99/9999						
00093-6816-55		J7626		01/11/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,MICRONIZED) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	01/11/2019	99/99/9999						
00093-6816-55	KO	J7626	KO	01/11/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,MICRONIZED) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	01/11/2019	99/99/9999						
00093-6816-73		J7626		12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,MICRONIZED) 0.5 MG/2 ML	30	EA	PC	IH	ML	0.5	MG	0.5	12/15/2009	99/99/9999						
00093-6816-73	KO	J7626	KO	12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,MICRONIZED) 0.5 MG/2 ML	30	EA	PC	IH	ML	0.5	MG	0.5	12/15/2009	99/99/9999						
00093-6817-73		J7626		03/09/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	03/09/2016	99/99/9999						
00093-6817-73	KO	J7626	KO	03/09/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	03/09/2016	99/99/9999						
00093-7031-89		J7518		08/15/2019	04/27/2020	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 180 MG	120	EA	BO	PO	EA	180	MG	1	08/15/2019	04/27/2020						
00093-7032-89		J7518		08/15/2019	10/12/2020	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	08/15/2019	10/12/2020						
00093-7169-56		Q0144		11/14/2005	01/31/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	11/14/2005	01/31/2019						
00093-7334-01		J7517		05/06/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA		PO	EA	250	MG	1	05/06/2009	99/99/9999						
00093-7334-05		J7517		05/06/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	BO	PO	EA	250	MG	1	05/06/2009	99/99/9999						
00093-7473-06		None		03/07/2014	09/30/2024	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM-COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	03/07/2014	09/30/2024						
00093-7473-06		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM-COATED 150 MG	60	EA		PO	EA	50	MG	3	01/01/2025	99/99/9999						
00093-7474-89		None		03/07/2014	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM-COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	03/07/2014	09/30/2024						
00093-7474-89		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM-COATED 500 MG	120	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
00093-7599-41		None		08/12/2013	05/18/2020	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 5 MG	14	EA	BO	PO	EA	5	MG	1	08/12/2013	05/18/2020						
00093-7599-57		None		08/12/2013	05/18/2020	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 5MG	5	EA	BO	PO	EA	5	MG	1	08/12/2013	05/18/2020						
00093-7600-41		None		08/12/2013	05/18/2020	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 20 MG	14	EA	BO	PO	EA	20	MG	1	08/12/2013	05/18/2020						
00093-7600-57		None		08/12/2013	05/18/2020	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 20 MG	5	EA	BO	PO	EA	20	MG	1	08/12/2013	05/18/2020						
00093-7601-41		None		08/12/2013	05/18/2020	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 100 MG	14	EA	BO	PO	EA	100	MG	1	08/12/2013	05/18/2020						
00093-7601-57		None		08/12/2013	05/18/2020	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 100 MG	5	EA	BO	PO	EA	100	MG	1	08/12/2013	05/18/2020						
00093-7602-57		None		08/12/2013	05/18/2020	TEMODAR, 250 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 250 MG	5	EA	BO	PO	EA	250	MG	1	08/12/2013	05/18/2020						
00093-7638-41		None		08/12/2013	05/18/2020	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 140 MG	14	EA	BO	PO	EA	20	MG	7	08/12/2013	05/18/2020						
00093-7638-57		None		08/12/2013	05/18/2020	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 140 MG	5	EA	BO	PO	EA	20	MG	7	08/12/2013	05/18/2020						
00093-7639-41		None		08/12/2013	05/18/2020	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 180 MG	14	EA	BO	PO	EA	20	MG	9	08/12/2013	05/18/2020						
00093-7639-57		None		08/12/2013	05/18/2020	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 180 MG	5	EA	BO	PO	EA	20	MG	9	08/12/2013	05/18/2020						
00093-7704-56		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 200 MG-300 MG	30	EA		PO	EA	200	MG	1	01/02/2024	99/99/9999						
00093-7766-24		J7527		06/10/2020	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 2.5 MG	28	EA	BO	PO	EA	0.25	MG	10	06/10/2020	99/99/9999						
00093-7767-24		J7527		06/10/2020	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 5 MG	28	EA	BO	PO	EA	0.25	MG	20	06/10/2020	99/99/9999						
00093-7768-24		J7527		06/10/2020	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 7.5 MG	28	EA	BO	PO	EA	0.25	MG	30	06/10/2020	99/99/9999						
00093-8940-01		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	02/25/2019						
00093-8940-05		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500	EA	BO	PO	EA	1	EA	1	01/01/2002	02/25/2019						
00093-8943-01		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	02/25/2019						
00093-8943-05		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	500	EA	BO	PO	EA	1	EA	1	01/01/2002	02/25/2019						
00093-8947-01		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	02/25/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00093-8947-05		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500	EA	BO	PO	EA	1	EA	1	01/01/2002	02/25/2019						
00093-9018-65		J7515		06/08/2021	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE, MODIFIED (USP,SOFT GELATIN) 25 MG	30	EA	BX	PO	EA	25	MG	1	06/08/2021	99/99/9999						
00093-9019-65		J7515		06/08/2021	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE, MODIFIED (USP,SOFT GELATIN) 50 MG	30	EA	BX	PO	EA	25	MG	2	06/08/2021	99/99/9999						
00093-9020-65		J7502		06/08/2021	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE, MODIFIED (USP,SOFT GELATIN) 100 MG	30	EA	BX	PO	EA	100	MG	1	06/08/2021	99/99/9999						
00113-0379-26		Q0163		02/01/2022	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (ALCOHOL FREE,CHERRY) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	02/01/2022	99/99/9999	01/14/2004	06/30/2020				
00113-0462-62		Q0163		01/14/2004	11/30/2021	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (EASY TO SWALLOW) 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/14/2004	11/30/2021						
00113-0479-62		Q0163		01/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (EASY TO SWALLOW) 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/14/2004	99/99/9999						
00113-0479-78		Q0163		01/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (EASY TO SWALLOW) 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/14/2004	99/99/9999						
00115-1687-74		J7626		08/28/2024	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.25	08/28/2024	99/99/9999	11/10/2017	04/14/2023	0.25			
00115-1687-74	KO	J7626	KO	08/28/2024	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.25	08/28/2024	99/99/9999	11/10/2017	04/14/2023	0.25			
00115-1689-74		J7626		08/28/2024	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.5	08/28/2024	99/99/9999	11/07/2017	05/31/2023	0.5			
00115-1689-74	KO	J7626	KO	08/28/2024	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.5	08/28/2024	99/99/9999	11/07/2017	05/31/2023	0.5			
00115-1694-49		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	EPINEPHRINE USP 0.3 MG/0.3 ML	2	EA		U	EA	0.1	MG	3	07/01/2025	99/99/9999						
00115-1694-49		J0171		02/15/2017	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE (USP) 0.3 MG/0.3 ML	2	EA	BX	U	EA	0.1	MG	3	02/15/2017	06/30/2025						
00115-1695-49		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	EPINEPHRINE 0.15 MG/0.15 ML	2	EA		U	EA	0.1	MG	1.5	07/01/2025	99/99/9999						
00115-1695-49		J0171		02/10/2017	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE 0.15 MG/0.15 ML	2	EA	BX	U	EA	0.1	MG	1.5	02/10/2017	06/30/2025						
00115-1803-01		Q0177		04/23/2018	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	100	EA		PO	EA	25	MG	1	04/23/2018	99/99/9999						
00115-1803-02		Q0177		03/20/2018	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	500	EA		PO	EA	25	MG	1	03/20/2018	99/99/9999						
00115-1804-02		Q0177		12/03/2018	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25	MG	2	12/03/2018	99/99/9999						
00115-9930-78		J7614		01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	01/09/2018	99/99/9999						
00115-9930-78	KO	J7614	KO	01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	01/09/2018	99/99/9999						
00115-9931-78		J7614		01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	01/09/2018	99/99/9999						
00115-9931-78	KO	J7614	KO	01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	01/09/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00115-9932-78		J7614		01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	01/09/2018	99/99/9999						
00115-9932-78	KO	J7614	KO	01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	01/09/2018	99/99/9999						
00116-4023-16		Q0169		06/12/2025	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL STRAWBERRY, BANANA, FRUIT 6.25 MG/5 ML	473	ML	BO	PO	ML	12.5	MG	0.1	06/12/2025	99/99/9999						
00121-0489-00		Q0163		06/07/2017	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	5	ML	CP	PO	ML	50	MG	0.05	06/07/2017	99/99/9999						
00121-0489-05		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	5	ML	CP	PO	ML	50	MG	0.05	01/01/2002	99/99/9999						
00121-0759-08		J7510		05/02/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE,GRAPE) 15 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.6	05/02/2005	99/99/9999						
00121-0773-08		J7510		02/10/2017	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE,GRAPE) 10 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.4	02/10/2017	99/99/9999						
00121-0777-08		J7510		02/10/2017	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE) 20 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.8	02/10/2017	99/99/9999						
00121-0885-08		J7510		09/01/2023	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML		PO	ML	5	MG	0.6	09/01/2023	99/99/9999						
00121-0885-16		J7510		09/01/2023	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	480	ML		PO	ML	5	MG	0.6	09/01/2023	99/99/9999						
00121-0902-04		J7510		05/13/2021	07/11/2023	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (SF,DYE-FREE,RASPBERRY) 5 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.2	05/13/2021	07/11/2023						
00121-0927-16		Q0169		10/12/2020	08/01/2023	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL (1X473ML) 6.25 MG/5 ML	473	ML	BO	PO	ML	12.5	MG	0.1	10/12/2020	08/01/2023						
00121-0945-00		J8999		12/10/2021	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP,LATEX-FREE) 40 MG/1 ML	10	ML	CP	PO	ML	1	EA	1	12/10/2021	99/99/9999						
00121-0945-40		J8999		12/10/2021	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP,LATEX-FREE) 40 MG/1 ML	10	ML	CP	PO	ML	1	EA	1	12/10/2021	99/99/9999						
00121-0976-10		J0525		10/01/2025	99/99/9999	INJECTION, CEFOTETAN DISODIUM, 10 MG	CEFOTAN 1 GM	10	EA		IJ	EA	10	MG	100	10/01/2025	99/99/9999						
00121-0976-10		J3490		04/08/2024	09/30/2025	UNCLASSIFIED DRUGS	CEFOTAN (PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	1	EA	1	04/08/2024	09/30/2025						
00121-0977-10		J0525		10/01/2025	99/99/9999	INJECTION, CEFOTETAN DISODIUM, 10 MG	CEFOTAN 2 GM	10	EA		IJ	EA	10	MG	200	10/01/2025	99/99/9999						
00121-0977-10		J3490		04/08/2024	09/30/2025	UNCLASSIFIED DRUGS	CEFOTAN (PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	1	EA	1	04/08/2024	09/30/2025						
00121-0978-00		Q0163		06/07/2017	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	10	ML	CP	PO	ML	50	MG	0.05	06/07/2017	99/99/9999						
00121-1035-55		J2010		10/18/2024	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL MDV 300 MG/1 ML	10	ML	VL	IJ	ML	300	MG	1	10/18/2024	99/99/9999						
00121-1038-00		J8999		09/19/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE USP,LEMON-LIME 40 MG/1 ML	10	ML		PO	ML	1	EA	1	09/19/2025	99/99/9999						
00121-1038-40		J8999		09/19/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE USP,LEMON-LIME 40 MG/1 ML	10	ML		PO	ML	1	EA	1	09/19/2025	99/99/9999						
00121-1072-55		J2359		08/08/2025	99/99/9999	INJECTION, OLANZAPINE, 0.5 MG	OLANZAPINE SDV,LYOPHILIZED 10 MG	1	EA	VL	IM	EA	0.5	MG	20	08/08/2025	99/99/9999						
00121-1854-16		Q0169		08/07/2025	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL APPLE-WATERMELON 6.25 MG/5 ML	473	ML		PO	ML	12.5	MG	0.1	08/07/2025	99/99/9999						
00121-2036-30		J0574		08/08/2023	99/99/9999	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE	BUPRENORPHINE-NALOXONE (LEMON-LIME,UNCOATED) 8 MG-2 MG	30	EA	BO	SL	EA	8	MG	1	08/08/2023	99/99/9999						
00121-4759-50		J7510		03/22/2024	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE,LATEX-FREE) 15 MG/5 ML	5	ML	CP	PO	ML	5	MG	0.6	03/22/2024	99/99/9999						
00121-4776-10		J8999		07/07/2006	04/30/2023	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (40X10ML CUPS,APRICOT) 40 MG/ML	10	ML	CP	PO	ML	1	EA	1	07/07/2006	04/30/2023						
00143-9005-01		J1071		03/01/2022	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE NOVAPLUS (MDV,LATEX-FREE) 200 MG/1 ML	10	ML	VL	IM	ML	1	MG	200	03/01/2022	99/99/9999						
00143-9084-01		J9000		06/21/2021	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (MDV,PF,LATEX-FREE) 2 MG/1 ML	5	ML	VL	IV	ML	10	MG	0.2	06/21/2021	99/99/9999						
00143-9085-01		J9000		06/21/2021	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (MDV,PF,LATEX-FREE) 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	06/21/2021	99/99/9999						
00143-9086-01		J9000		06/21/2021	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (MDV,PF,LATEX-FREE) 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	06/21/2021	99/99/9999						
00143-9087-01		J9000		06/21/2021	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (MDV,PF,LATEX-FREE) 2 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.2	06/21/2021	99/99/9999						
00143-9088-01		J9000		06/21/2021	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL NOVAPLUS (PF,LATEX-FREE) 2 MG/1 ML	5	ML	VL	IV	ML	10	MG	0.2	06/21/2021	99/99/9999						
00143-9089-01		J9000		06/21/2021	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL NOVAPLUS (PF,LATEX-FREE) 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	06/21/2021	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00143-9090-01		J9000		06/21/2021	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL NOVAPLUS (PF,LATEX-FREE) 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	06/21/2021	99/99/9999						
00143-9091-01		J9000		06/21/2021	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL NOVAPLUS (PF,LATEX-FREE) 2 MG/1 ML	100	ML	GC	IV	ML	10	MG	0.2	06/21/2021	99/99/9999						
00143-9092-01		J9000		06/21/2021	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (PF,LATEX-FREE) 10 MG	1	EA	VL	IV	EA	10	MG	1	06/21/2021	99/99/9999						
00143-9093-01		J9000		03/22/2022	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (SDV,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	10	MG	5	03/22/2022	99/99/9999						
00143-9098-01		J9041		01/01/2023	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB (SDV,LATEX-FREE) 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	01/01/2023	99/99/9999						
00143-9098-01		J9044		07/27/2022	12/31/2022	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	BORTEZOMIB (SDV,LATEX-FREE) 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	07/27/2022	12/31/2022						
00143-9128-25		J1580		12/01/2022	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (25X2ML,MDV,LATEX-FREE) 40 MG/1 ML	2	ML	VL	IJ	ML	80	MG	0.5	12/01/2022	99/99/9999						
00143-9135-01		J9280		01/31/2023	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN NOVAPLUS (LATEX-FREE) 20 MG	1	EA	VL	IV	EA	5	MG	4	01/31/2023	99/99/9999						
00143-9136-01		J9280		01/31/2023	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN NOVAPLUS (LATEX-FREE) 40 MG	1	EA	VL	IV	EA	5	MG	8	01/31/2023	99/99/9999						
00143-9139-25		J0688		01/01/2024	99/99/9999	INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG	CEFAZOLIN (25X2GM,SDV,LATEX-FREE) 2 GM	25	EA		IV	EA	500	MG	4	01/01/2024	99/99/9999						
00143-9140-25		J0688		01/01/2024	99/99/9999	INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG	CEFAZOLIN (25X3GM,SDV,LATEX-FREE) 3 GM	25	EA		IV	EA	500	MG	6	01/01/2024	99/99/9999						
00143-9141-10		J1250		06/08/2023	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (SDV,LATEX-FREE) 12.5 MG/1 ML	20	ML	VL	IV	ML	250	MG	0.05	06/08/2023	99/99/9999						
00143-9150-10		J0138		10/01/2024	99/99/9999	INJECTION, ACETAMINOPHEN 10 MG AND IBUPROFEN 3 MG	COMBOGESIC 10 MG/1 ML-3 MG/1 ML	100	ML	GC	IV	ML	10	MG	1	10/01/2024	99/99/9999						
00143-9152-10		J3374		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	VANCOMYCIN HCL SDV,LYOPHILIZED 1.25 GM	10	EA		IV	EA	10	MG	125	07/01/2025	99/99/9999						
00143-9153-10		J3374		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	VANCOMYCIN HCL SDV,LYOPHILIZED 1.5 GM	10	EA		IV	EA	10	MG	150	07/01/2025	99/99/9999						
00143-9155-25		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	2	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
00143-9155-25		J1940		12/09/2024	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE SDV 10 MG/1 ML	2	ML		IJ	ML	20	MG	0.5	12/09/2024	03/31/2025						
00143-9156-10		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE USP 10 MG/1 ML	4	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
00143-9156-10		J1940		08/19/2024	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,PF,LATEX-FREE) 10 MG/1 ML	4	ML		IJ	ML	20	MG	0.5	08/19/2024	03/31/2025						
00143-9157-10		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE USP 10 MG/1 ML	10	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
00143-9157-10		J1940		08/19/2024	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,PF,LATEX-FREE) 10 MG/1 ML	10	ML		IJ	ML	20	MG	0.5	08/19/2024	03/31/2025						
00143-9158-01		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV, USP 10 MG/1 ML	50	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
00143-9158-01		J1940		11/04/2024	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE SDV, USP 10 MG/1 ML	50	ML		IJ	ML	20	MG	0.5	11/04/2024	03/31/2025						
00143-9159-01		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV, USP 10 MG/1 ML	100	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
00143-9159-01		J1940		11/04/2024	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE SDV, USP 10 MG/1 ML	100	ML		IJ	ML	20	MG	0.5	11/04/2024	03/31/2025						
00143-9161-10		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL SPRAY DRIED 500 MG	10	EA	VL	IV	EA	10	MG	50	07/01/2025	99/99/9999						
00143-9161-25		J3370		09/05/2023	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 500 MG	25	EA	VL	IV	EA	500	MG	1	09/05/2023	06/30/2025						
00143-9161-25		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL SPRAY DRIED 500 MG	25	EA		IV	EA	10	MG	50	07/01/2025	99/99/9999						
00143-9162-10		J3370		09/05/2023	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	09/05/2023	06/30/2025						
00143-9162-10		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL SPRAY DRIED 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
00143-9163-01		J3370		09/05/2023	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PKG,PF) 5 GM	1	EA	VL	IV	EA	500	MG	10	09/05/2023	06/30/2025						
00143-9163-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK PKG,SPRAY DRIED 5 GM	1	EA		IV	EA	10	MG	500	07/01/2025	99/99/9999						
00143-9164-01		J3370		09/05/2023	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK,PF) 10 GM	1	EA	VL	IV	EA	500	MG	20	09/05/2023	06/30/2025						
00143-9164-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK,SPRAY DRIED 10 GM	1	EA		IV	EA	10	MG	1000	07/01/2025	99/99/9999						
00143-9172-10		J2003		05/20/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 1%	20	ML	VL	IJ	ML	1	MG	10	05/20/2025	99/99/9999						
00143-9173-10		J2003		05/20/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 2%	20	ML	VL	IJ	ML	1	MG	20	05/20/2025	99/99/9999						
00143-9180-25		J0612		10/23/2023	99/99/9999	INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 MG	CALCIUM GLUCONATE (SDV,PF,LATEX-FREE) 100 MG/1 ML	10	ML		IV	ML	10	MG	10	10/23/2023	99/99/9999						
00143-9183-10		J1921		08/28/2025	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J1920, 5 MG	LABETALOL HCL 10X4ML,SDV 5 MG/1 ML	4	ML	VL	IV	ML	5	MG	1	08/28/2025	99/99/9999						
00143-9184-25		J0612		01/17/2024	99/99/9999	INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 MG	CALCIUM GLUCONATE (SDV,PF,LATEX-FREE) 100 MG/1 ML	50	ML	VL	IV	ML	10	MG	10	01/17/2024	99/99/9999						
00143-9185-20		J0612		05/28/2025	99/99/9999	INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG	CALCIUM GLUCONATE PHARMACY BULK PACKAGE 100 MG/1 ML	100	ML		IV	ML	10	MG	10	05/28/2025	99/99/9999						
00143-9199-01		J2359		09/18/2025	99/99/9999	INJECTION, OLANZAPINE, 0.5 MG	OLANZAPINE SDV,CRYSTALLINE 10 MG	1	EA	VL	IM	EA	0.5	MG	20	09/18/2025	99/99/9999						
00143-9202-01		J9178		01/11/2018	12/01/2021	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SDV,PF,LATEX-FREE) 2 MG/1 ML	25	ML		IV	ML	2	MG	1	01/11/2018	12/01/2021						
00143-9203-01		J9178		01/11/2018	12/01/2021	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SDV,PF,LATEX-FREE) 2 MG/1 ML	100	ML		IV	ML	2	MG	1	01/11/2018	12/01/2021						
00143-9204-01		J9171		04/19/2021	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP,SDV,LATEX-FREE) 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	04/19/2021	99/99/9999						
00143-9205-01		J9171		04/19/2021	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP,SDV,LATEX-FREE) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	04/19/2021	99/99/9999						
00143-9209-10		J2400		09/28/2017	12/31/2022	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (400MG/20ML, SDV, USP,PF) 2%	20	ML	VL	IJ	ML	30	ML	0.03333	09/28/2017	12/31/2022						
00143-9209-10		J2401		01/01/2023	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 1 MG	CHLOROPROCAINE HCL (400MG/20ML, SDV, USP,PF) 2%	20	ML	VL	IJ	ML	1	MG	20	01/01/2023	99/99/9999						
00143-9210-10		J2400		09/28/2017	12/31/2022	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (600MG/20ML, SDV, USP,PF) 3%	20	ML	VL	IJ	ML	30	ML	0.03333	09/28/2017	12/31/2022						
00143-9210-10		J2401		01/01/2023	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 1 MG	CHLOROPROCAINE HCL (600MG/20ML, SDV, USP,PF) 3%	20	ML	VL	IJ	ML	1	MG	30	01/01/2023	99/99/9999						
00143-9217-01		J9211		07/18/2017	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/1 ML	5	ML	VL	IV	ML	5	MG	0.2	07/18/2017	99/99/9999						
00143-9218-01		J9211		07/18/2017	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.2	07/18/2017	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00143-9219-01		J9211		07/18/2017	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	5	MG	0.2	07/18/2017	99/99/9999						
00143-9233-05		J0515		03/02/2022	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE (LATEX-FREE) 1 MG/1 ML	2	ML	VL	IJ	ML	1	MG	1	03/02/2022	99/99/9999						
00143-9240-01		J9040		05/16/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN (USP,LYOPHILIZED) 15 U	1	EA	VL	IJ	EA	15	U	1	05/16/2018	99/99/9999						
00143-9241-01		J9040		05/16/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN (USP,LYOPHILIZED) 30 U	1	EA	VL	IJ	EA	15	U	2	05/16/2018	99/99/9999						
00143-9245-10		J9130		07/20/2020	99/99/9999	DACARBAZINE, 100 MG	DACARBAZINE (SDV;USP) 200 MG	10	EA	VL	IV	EA	100	MG	2	07/20/2020	99/99/9999						
00143-9246-05		J0592		04/22/2020	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (5X1ML;SDV,LATEX-FREE) 0.3 MG/1 ML	1	ML	VL	IJ	ML	0.1	MG	3	04/22/2020	99/99/9999						
00143-9247-01		J1190		01/29/2018	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE (SDV W/DILUENT) 250 MG	1	EA	VL	IV	EA	250	MG	1	01/29/2018	99/99/9999						
00143-9248-01		J1190		01/29/2018	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE (SDV W/ DILUENT) 500 MG	1	EA	VL	IV	EA	250	MG	2	01/29/2018	99/99/9999						
00143-9252-01		J1265		11/13/2019	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (SDV,LATEX-FREE) 40 MG/1 ML	5	ML	VL	IV	ML	40	MG	1	11/13/2019	99/99/9999						
00143-9252-25		J1265		11/13/2019	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (SDV,LATEX-FREE) 40 MG/1 ML	5	ML	VL	IV	ML	40	MG	1	11/13/2019	99/99/9999						
00143-9254-01		J1265		11/13/2019	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (LATEX-FREE) 40 MG/1 ML	10	ML	VL	IV	ML	40	MG	1	11/13/2019	99/99/9999						
00143-9254-25		J1265		11/13/2019	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (SDV,LATEX-FREE) 40 MG/1 ML	10	ML	VL	IV	ML	40	MG	1	11/13/2019	99/99/9999						
00143-9260-01		J9209		06/21/2023	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (LATEX-FREE) 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	06/21/2023	99/99/9999						
00143-9261-10		J0690		07/27/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN NOVAPLUS (PF,LATEX-FREE) 10 GM	10	EA	VL	IV	EA	500	MG	20	07/27/2017	99/99/9999						
00143-9262-25		J0690		07/27/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN NOVAPLUS (PF,LATEX-FREE) 1 GM	25	EA	VL	IJ	EA	500	MG	2	07/27/2017	99/99/9999						
00143-9263-10		J2795		12/02/2020	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (10X20ML;SDV;USP,PF) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	12/02/2020	99/99/9999						
00143-9270-01		J9200		09/21/2018	01/27/2023	INJECTION, FLOXURIDINE, 500 MG	FLOXURIDINE (LYOPHILIZED) 0.5 GM	1	EA	VL	IJ	EA	500	MG	1	09/21/2018	01/27/2023						
00143-9273-10		J1110		11/28/2017	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE 1 MG/1 ML	1	ML	AM	IJ	ML	1	MG	1	11/28/2017	99/99/9999						
00143-9275-01		J9000		08/10/2018	01/01/2022	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 10 MG	1	EA	VL	IV	EA	10	MG	1	08/10/2018	01/01/2022						
00143-9277-01		J9000		08/10/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 50 MG	1	EA	VL	IV	EA	10	MG	5	08/10/2018	99/99/9999						
00143-9279-01		J9280		01/14/2019	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN 20 MG	1	EA	VL	IV	EA	5	MG	4	01/14/2019	99/99/9999						
00143-9280-01		J9280		01/14/2019	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN 40 MG	1	EA	VL	IV	EA	5	MG	8	01/14/2019	99/99/9999						
00143-9281-10		J1953		08/28/2025	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE 500 MG/100 ML-0.82%	100	ML	FC	IV	ML	10	MG	0.5	08/28/2025	99/99/9999						
00143-9282-10		J1953		08/28/2025	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE 1000 MG/100 ML-0.75%	100	ML	FC	IV	ML	10	MG	1	08/28/2025	99/99/9999						
00143-9283-10		J1953		08/28/2025	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE 1500 MG/100 ML-0.54%	100	ML	FC	IV	ML	10	MG	1.5	08/28/2025	99/99/9999						
00143-9284-10		J2471		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J2470, 40 MG	PANTOPRAZOLE SODIUM (SDV,LYOPHILIZED) 40 MG	10	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
00143-9289-01		J1380		01/23/2023	99/99/9999	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	ESTRADIOL VALERATE (MDV,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IM	ML	10	MG	1	01/23/2023	99/99/9999						
00143-9292-01		J9340		09/25/2024	06/30/2025	INJECTION, THIOTEPA, 15 MG	THIOTEPA SDV,LYOPHILIZED 100 MG	1	EA	VL	IJ	EA	15	MG	6.666667	09/25/2024	06/30/2025						
00143-9292-01		J9342		07/01/2025	99/99/9999	INJECTION, THIOTEPA, NOT OTHERWISE SPECIFIED, 1 MG	THIOTEPA SDV,LYOPHILIZED 100 MG	1	EA		IJ	EA	1	MG	100	07/01/2025	99/99/9999						
00143-9295-01		J1631		12/20/2019	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	12/20/2019	99/99/9999						
00143-9296-01		J1631		12/20/2019	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV,LATEX-FREE) 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	12/20/2019	99/99/9999						
00143-9298-10		J2916		02/14/2018	99/99/9999	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	SODIUM FERRIC GLUCONATE COMPLEX SUCROSE NOVAPLUS (LATEX-FREE) 62.5 MG/5 ML	5	ML	VL	IV	ML	12.5	MG	1	02/14/2018	99/99/9999						
00143-9299-10		J1570		06/14/2021	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	GANCICLOVIR (USP,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500	MG	1	06/14/2021	99/99/9999						
00143-9300-10		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM NOVAPLUS (SDV,LYOPHILIZED) 40 MG	10	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
00143-9300-10		J3490		02/12/2018	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM NOVAPLUS (SDV,LYOPHILIZED) 40 MG	10	EA	VL	IV	EA	1	EA	1	02/12/2018	06/30/2024						
00143-9306-01		J9211		04/26/2018	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HCL NOVAPLUS (SDV,PF) 1 MG/1 ML	5	ML		IV	ML	5	MG	0.2	04/26/2018	99/99/9999						
00143-9307-01		J9211		04/26/2018	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HCL NOVAPLUS (SDV,PF) 1 MG/1 ML	10	ML		IV	ML	5	MG	0.2	04/26/2018	99/99/9999						
00143-9308-01		J9211		04/26/2018	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HCL NOVAPLUS (SDV,PF) 1 MG/1 ML	20	ML		IV	ML	5	MG	0.2	04/26/2018	99/99/9999						
00143-9309-01		J9340		10/29/2018	06/30/2025	INJECTION, THIOTEPA, 15 MG	THIOTEPA NOVAPLUS (SDV,LYOPHILIZED) 15 MG	1	EA		IJ	EA	15	MG	1	10/29/2018	06/30/2025						
00143-9309-01		J9342		07/01/2025	99/99/9999	INJECTION, THIOTEPA, NOT OTHERWISE SPECIFIED, 1 MG	THIOTEPA NOVAPLUS SDV,LYOPHILIZED 15 MG	1	EA		IJ	EA	1	MG	15	07/01/2025	99/99/9999						
00143-9315-24		J1956		11/20/2018	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE NOVAPLUS (24X50ML, SINGLE-USE,PF) 5%-250 MG/50 ML	50	ML		IV	ML	250	MG	0.02	11/20/2018	99/99/9999						
00143-9316-24		J1956		11/20/2018	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE NOVAPLUS (24X100ML, SINGLE-USE,PF) 5%-500 MG/100 ML	100	ML		IV	ML	250	MG	0.02	11/20/2018	99/99/9999						
00143-9317-24		J1956		11/20/2018	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE NOVAPLUS (24X150ML, SINGLE-USE,PF) 5%-750 MG/150 ML	150	ML		IV	ML	250	MG	0.02	11/20/2018	99/99/9999						
00143-9319-25		J1630		10/18/2018	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	PREMIERPRO RX HALOPERIDOL 5 MG/1 ML	1	ML		IM	ML	5	MG	1	10/18/2018	99/99/9999						
00143-9320-01		J1920		07/01/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	PREMIERPRO RX LABETALOL HCL (MDV) 5 MG/1 ML	20	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						
00143-9326-10		J2260		01/14/2019	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	PREMIERPRO RX MILRINONE LACTATE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	5	MG	0.2	01/14/2019	99/99/9999						
00143-9328-10		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (10X50ML,MDV,LATEX-FREE) 0.25%	50	ML	VL	IJ	ML	0.5	MG	5	07/01/2023	99/99/9999						
00143-9328-10		J3490		11/28/2022	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (10X50ML,MDV,LATEX-FREE) 0.25%	50	ML	VL	IJ	ML	1	EA	1	11/28/2022	06/30/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00143-9329-10		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (LATEX-FREE) 0.5%	50	ML	VL	U	ML	0.5	MG	10	07/01/2023	99/99/9999						
00143-9329-10		J3490		12/12/2022	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (LATEX-FREE) 0.5%	50	ML	VL	U	ML	1	EA	1	12/12/2022	06/30/2023						
00143-9330-10		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (PF,LATEX-FREE) 0.25%	10	ML	VL	U	ML	0.5	MG	5	07/01/2023	99/99/9999						
00143-9330-10		J3490		10/11/2021	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (PF,LATEX-FREE) 0.25%	10	ML	VL	U	ML	1	EA	1	10/11/2021	06/30/2023						
00143-9331-10		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (PF,LATEX-FREE) 0.5%	10	ML	VL	U	ML	0.5	MG	10	07/01/2023	99/99/9999						
00143-9331-10		J3490		10/11/2021	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (PF,LATEX-FREE) 0.5%	10	ML	VL	U	ML	1	EA	1	10/11/2021	06/30/2023						
00143-9332-10		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (PF,LATEX-FREE) 0.75%	10	ML	VL	U	ML	0.5	MG	15	07/01/2023	99/99/9999						
00143-9332-10		J3490		10/11/2021	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (PF,LATEX-FREE) 0.75%	10	ML	VL	U	ML	1	EA	1	10/11/2021	06/30/2023						
00143-9333-10		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (PF,LATEX-FREE) 0.25%	30	ML	VL	U	ML	0.5	MG	5	07/01/2023	99/99/9999						
00143-9333-10		J3490		11/22/2021	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (PF,LATEX-FREE) 0.25%	30	ML	VL	U	ML	1	EA	1	11/22/2021	06/30/2023						
00143-9334-10		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (PF,LATEX-FREE) 0.5%	30	ML	VL	U	ML	0.5	MG	10	07/01/2023	99/99/9999						
00143-9334-10		J3490		11/22/2021	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (PF,LATEX-FREE) 0.5%	30	ML	VL	U	ML	1	EA	1	11/22/2021	06/30/2023						
00143-9335-10		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (PF,LATEX-FREE) 0.75%	30	ML	VL	U	ML	0.5	MG	15	07/01/2023	99/99/9999						
00143-9335-10		J3490		12/06/2021	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (PF,LATEX-FREE) 0.75%	30	ML	VL	U	ML	1	EA	1	12/06/2021	06/30/2023						
00143-9338-25		J0330		04/26/2021	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (25X10ML;MDV,LATEX-FREE) 20 MG/1 ML	10	ML	VL	U	ML	20	MG	1	04/26/2021	99/99/9999						
00143-9340-01		J9201		10/17/2025	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE 38 MG/1 ML	5.26	ML	VL	IV	ML	200	MG	0.19	10/17/2025	99/99/9999						
00143-9341-01		J9201		10/17/2025	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE 38 MG/1 ML	26.3	ML	VL	IV	ML	200	MG	0.19	10/17/2025	99/99/9999						
00143-9342-01		J9201		10/17/2025	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE 38 MG/1 ML	52.6	ML	VL	IV	ML	200	MG	0.19	10/17/2025	99/99/9999						
00143-9355-10		J3370		05/06/2019	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LYOPHILIZED) 750 MG	10	EA	VL	IV	EA	500	MG	1.5	05/06/2019	06/30/2025						
00143-9355-10		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL LYOPHILIZED 750 MG	10	EA		IV	EA	10	MG	75	07/01/2025	99/99/9999						
00143-9357-10		J3370		08/05/2022	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (10X1GM,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	08/05/2022	06/30/2025						
00143-9357-10		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL 10X1GM,LYOPHILIZED 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
00143-9358-01		J3370		04/29/2019	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PKG,PF) 5 GM	1	EA	BO	IV	EA	500	MG	10	04/29/2019	06/30/2025						
00143-9358-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK PKG,LYOPHILIZED 5 GM	1	EA		IV	EA	10	MG	500	07/01/2025	99/99/9999						
00143-9359-01		J3370		04/29/2019	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PKG) 10 GM	1	EA	BO	IV	EA	500	MG	20	04/29/2019	06/30/2025						
00143-9359-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK PKG,LYOPHILIZED 10 GM	1	EA		IV	EA	10	MG	1000	07/01/2025	99/99/9999						
00143-9361-01		J2248		09/10/2021	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	1	MG	50	09/10/2021	99/99/9999						
00143-9362-01		J2248		09/10/2021	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (PF,LATEX-FREE) 100 MG	1	EA	VL	IV	EA	1	MG	100	09/10/2021	99/99/9999						
00143-9363-10		J1921		07/01/2023	10/10/2024	INJECTION, LABETALOL HYDROCHLORIDE (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J1920, 5 MG	LABETALOL HCL-SODIUM CHLORIDE (10X100ML;SINGLE DOSE,PF) 100 MG/100 ML-0.72%	100	ML		IV	ML	5	MG	0.2	07/01/2023	10/10/2024						
00143-9364-10		J1921		07/01/2023	10/10/2024	INJECTION, LABETALOL HYDROCHLORIDE (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J1920, 5 MG	LABETALOL HCL-SODIUM CHLORIDE (10X200ML;SINGLE DOSE,PF) 200 MG/200 ML-0.72%	200	ML		IV	ML	5	MG	0.2	07/01/2023	10/10/2024						
00143-9365-10		J1921		07/01/2023	10/10/2024	INJECTION, LABETALOL HYDROCHLORIDE (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J1920, 5 MG	LABETALOL HCL-SODIUM CHLORIDE (10X300ML;SINGLE DOSE,PF) 300 MG/300 ML-0.72%	300	ML		IV	ML	5	MG	0.2	07/01/2023	10/10/2024						
00143-9366-10		J1921		07/01/2023	10/10/2024	INJECTION, LABETALOL HYDROCHLORIDE (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J1920, 5 MG	LABETALOL HCL-DEXTROSE (10X200ML;SINGLE DOSE,PF) 5%-200 MG/200 ML	200	ML		IV	ML	5	MG	0.2	07/01/2023	10/10/2024						
00143-9367-01		J9260		03/09/2020	99/99/9999	METHOTREXATE SODIUM, 50 MG	METHOTREXATE NOVAPLUS (SDV;USP,PF,LATEX-FREE) 1 GM	1	EA	VL	U	EA	50	MG	20	03/09/2020	99/99/9999						
00143-9368-01		J0640		03/09/2020	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM NOVAPLUS (PF,LATEX-FREE) 200 MG	1	EA	VL	U	EA	50	MG	4	03/09/2020	99/99/9999						
00143-9369-01		J9000		02/25/2020	01/01/2022	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN NOVAPLUS (PF,LATEX-FREE) 2 MG/1 ML	5	ML	VL	IV	ML	10	MG	0.2	02/25/2020	01/01/2022						
00143-9370-01		J9000		02/25/2020	01/01/2022	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN NOVAPLUS (PF,LATEX-FREE) 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	02/25/2020	01/01/2022						
00143-9371-01		J9000		02/25/2020	01/01/2022	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN NOVAPLUS (PF,LATEX-FREE) 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	02/25/2020	01/01/2022						
00143-9372-01		J9000		02/25/2020	01/01/2022	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN NOVAPLUS (PF,LATEX-FREE) 2 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.2	02/25/2020	01/01/2022						
00143-9373-10		J2260		03/10/2021	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE NOVAPLUS (10X10ML;USP,PF) 1 MG/1 ML	10	ML	CT	IV	ML	5	MG	0.2	03/10/2021	99/99/9999						
00143-9374-10		J2260		07/26/2021	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE NOVAPLUS (10X20ML;USP;SD,PF) 1 MG/1 ML	20	ML	VL	IV	ML	5	MG	0.2	07/26/2021	99/99/9999						
00143-9375-10		J3105		10/19/2020	99/99/9999	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	TERBUTALINE SULFATE NOVAPLUS (10X1ML;SDV;USP) 1 MG/1 ML	1	ML	VL	SC	ML	1	MG	1	10/19/2020	99/99/9999						
00143-9376-01		J9181		03/09/2020	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE NOVAPLUS (MDV;USP,LATEX-FREE) 20 MG/1 ML	5	ML	VL	IV	ML	10	MG	2	03/09/2020	99/99/9999						
00143-9377-01		J0883		09/14/2020	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN NOVAPLUS (SDV,PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	1	MG	1	09/14/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00143-9378-01		J0878		01/27/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	1	MG	500	01/27/2020	99/99/9999						
00143-9381-10		J1271		04/01/2025	99/99/9999	INJECTION, DOXYCYCLINE HYCLATE, 1 MG	DOXYCYCLINE USP, SDV,LYOPHILIZED 100 MG	10	EA		IV	EA	1	MG	100	04/01/2025	99/99/9999						
00143-9381-10		J3490		05/17/2021	03/31/2025	UNCLASSIFIED DRUGS	DOXYCYCLINE (USP, SDV,PF,LATEX-FREE) 100 MG	10	EA	VL	IV	EA	1	EA	1	05/17/2021	03/31/2025						
00143-9382-10		J0692		09/22/2025	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME SDV 1 GM	10	EA	VL	IJ	EA	500	MG	2	09/22/2025	99/99/9999						
00143-9383-10		J0692		09/22/2025	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME SDV 2 GM	10	EA	VL	IJ	EA	500	MG	4	09/22/2025	99/99/9999						
00143-9384-01		J1453		10/05/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	10/05/2020	99/99/9999						
00143-9385-01		J0894		09/21/2022	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (LATEX-FREE,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	09/21/2022	99/99/9999						
00143-9387-25		J3301		03/17/2025	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE SDV 40 MG/1 ML	1	ML	VL	IJ	ML	10	MG	4	03/17/2025	99/99/9999						
00143-9394-01		J9201		06/27/2022	05/09/2025	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE HCL (SDV,USP,PF,LATEX-FREE) 200 MG	1	EA	VL	IV	EA	200	MG	1	06/27/2022	05/09/2025						
00143-9398-10		J1335		08/16/2021	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (SDV,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	08/16/2021	99/99/9999						
00143-9428-01		J1453		10/11/2021	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT NOVAPLUS (SDV,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	10/11/2021	99/99/9999						
00143-9429-10		J1335		04/21/2025	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM LYOPHILIZED 1 GM	10	EA	VL	IJ	EA	500	MG	2	04/21/2025	99/99/9999						
00143-9430-10		J2185		12/23/2024	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM 500 MG	10	EA		IV	EA	100	MG	5	12/23/2024	99/99/9999						
00143-9431-10		J2185		12/23/2024	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM SDV 1 GM	10	EA		IV	EA	100	MG	10	12/23/2024	99/99/9999						
00143-9444-01		J0878		10/02/2025	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN SDV,LYOPHILIZED 500 MG	1	EA	VL	IV	EA	1	MG	500	10/02/2025	99/99/9999						
00143-9465-01		J0878		09/19/2025	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	PREMIERPRO RX DAPTOMYCIN SDV,LYOPHILIZED 500 MG	1	EA	VL	IV	EA	1	MG	500	09/19/2025	99/99/9999						
00143-9466-06		J3375		07/03/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (XELLIA), NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	TYZAVAN FLEXIBLE BAG 1.25 GM/250 ML	250	ML		IV	ML	10	MG	0.5	07/03/2025	99/99/9999						
00143-9467-06		J3375		07/03/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (XELLIA), NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	TYZAVAN FLEXIBLE BAG 1.75 GM/350 ML	350	ML		IV	ML	10	MG	0.5	07/03/2025	99/99/9999						
00143-9468-06		J3375		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (XELLIA), NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	TYZAVAN FLEXIBLE BAG 750 MG/150 ML	150	ML		IV	ML	10	MG	0.5	07/01/2025	99/99/9999						
00143-9468-12		J3375		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (XELLIA), NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	TYZAVAN FLEXIBLE BAG 750 MG/150 ML	150	ML		IV	ML	10	MG	0.5	07/01/2025	99/99/9999						
00143-9501-25		J1630		04/17/2017	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE 5 MG/1 ML	1	ML	VL	IM	ML	5	MG	1	04/17/2017	99/99/9999						
00143-9502-01		J1630		04/17/2017	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE 5 MG/1 ML	10	ML	VL	IM	ML	5	MG	1	04/17/2017	99/99/9999						
00143-9504-01		J9060		06/07/2019	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV,PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	06/07/2019	99/99/9999						
00143-9505-01		J9060		06/07/2019	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV,PF,LATEX-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.1	06/07/2019	99/99/9999						
00143-9510-01		J9181		02/26/2018	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (USP, MDV) 20 MG/1 ML	5	ML	VL	IV	ML	10	MG	2	02/26/2018	99/99/9999						
00143-9511-01		J9181		02/26/2018	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (USP, MDV) 20 MG/1 ML	25	ML	VL	IV	ML	10	MG	2	02/26/2018	99/99/9999						
00143-9512-01		J9181		02/26/2018	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (USP, MDV) 20 MG/1 ML	50	ML	VL	IV	ML	10	MG	2	02/26/2018	99/99/9999						
00143-9513-01		J2469		03/26/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (PF) 0.125 MG/1 ML	2	ML	VL	IV	ML	25	MCG	5	03/26/2018	99/99/9999						
00143-9514-25		J1790		12/02/2024	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL SDV 2.5 MG/1 ML	2	ML	VL	IJ	ML	5	MG	0.5	12/02/2024	99/99/9999						
00143-9515-25		J1790		12/02/2024	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL SDV 2.5 MG/1 ML	1	ML	VL	IJ	ML	5	MG	0.5	12/02/2024	99/99/9999						
00143-9519-10		J9250		02/13/2018	03/31/2024	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (10X2ML SDV,PF) 25 MG/1 ML	2	ML	VL	IJ	ML	5	MG	5	02/13/2018	03/31/2024						
00143-9519-10		J9260		04/01/2024	99/99/9999	INJECTION, METHOTREXATE SODIUM, 50 MG	METHOTREXATE SODIUM (10X2ML SDV,PF) 25 MG/1 ML	2	ML		IJ	ML	50	MG	0.5	04/01/2024	99/99/9999						
00143-9529-01		J2680		12/12/2016	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE 25 MG/1 ML	5	ML	VL	IJ	ML	25	MG	1	12/12/2016	99/99/9999						
00143-9530-01		J9208		01/11/2018	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (S.D.V, 1X60ML,PF) 3 GM/60 ML	60	ML	VL	IV	ML	1	GM	0.05	01/11/2018	99/99/9999						
00143-9531-01		J9208		12/14/2017	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (S.D.V, 1X20ML) 1 GM/20 ML	20	ML	VL	IV	ML	1	GM	0.05	12/14/2017	99/99/9999						
00143-9533-01		J0206		07/01/2023	99/99/9999	INJECTION, ALLOPURINOL SODIUM, 1 MG	ALLOPURINOL SODIUM (S.D.V.,PF) 500 MG	1	EA		IV	EA	1	MG	500	07/01/2023	99/99/9999						
00143-9534-10		J2020		01/30/2023	99/99/9999	INJECTION, LINEZOLID, 200 MG	LINEZOLID (10X300ML,LATEX-FREE) 600 MG/300 ML	300	ML	FC	IV	ML	200	MG	0.01	01/30/2023	99/99/9999						
00143-9542-10		J2404		01/01/2024	99/99/9999	INJECTION, NICARDIPINE, 0.1 MG	PREMIERPRO RX NICARDIPINE HCL 2.5 MG/1 ML	10	ML		IV	ML	0.1	MG	25	01/01/2024	99/99/9999						
00143-9546-01		J9000		11/04/2016	01/01/2022	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (M.D.V.,PF) 2 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.2	11/04/2016	01/01/2022						
00143-9547-01		J9000		11/04/2016	01/01/2022	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	11/04/2016	01/01/2022						
00143-9548-10		J9000		11/04/2016	03/10/2019	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	11/04/2016	03/10/2019						
00143-9549-10		J9000		11/04/2016	03/10/2019	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 2 MG/1 ML	5	ML	VL	IV	ML	10	MG	0.2	11/04/2016	03/10/2019						
00143-9551-10		J9150		05/15/2018	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (SDV,PF) 5 MG/1 ML	4	ML		IV	ML	10	MG	0.5	05/15/2018	99/99/9999						
00143-9552-01		J0640		08/24/2016	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LYOPHILIZED) 350 MG	1	EA	VL	IJ	EA	50	MG	7	08/24/2016	99/99/9999						
00143-9553-01		J0640		06/14/2017	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LATEX-FREE) 200 MG	1	EA	VL	IJ	EA	50	MG	4	06/14/2017	99/99/9999						
00143-9554-01		J0640		06/14/2017	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	50	MG	2	06/14/2017	99/99/9999						
00143-9555-01		J0640		06/14/2017	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LATEX-FREE) 50 MG	1	EA	VL	IJ	EA	50	MG	1	06/14/2017	99/99/9999						
00143-9558-01		J0641		08/01/2016	99/99/9999	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	08/01/2016	99/99/9999						
00143-9559-01		J0883		12/27/2016	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (SDV,PF) 1 MG/1 ML	50	ML	VL	IV	ML	1	MG	1	12/27/2016	99/99/9999						
00143-9564-10		J2760		11/04/2015	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	10	EA	VL	IJ	EA	5	MG	1	11/04/2015	99/99/9999						
00143-9565-01		J9340		08/31/2015	06/30/2025	INJECTION, THIOTEPA, 15 MG	THIOTEPA (LYOPHILIZED) 15 MG	1	EA	VL	IJ	EA	15	MG	1	08/31/2015	06/30/2025						
00143-9565-01		J9342		07/01/2025	99/99/9999	INJECTION, THIOTEPA, NOT OTHERWISE SPECIFIED, 1 MG	THIOTEPA LYOPHILIZED 15 MG	1	EA		IJ	EA	1	MG	15	07/01/2025	99/99/9999						
00143-9566-01		J7501		04/21/2016	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE SODIUM (LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	100	MG	1	04/21/2016	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00143-9570-10		J2916		04/21/2015	99/99/9999	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE (SDV) 62.5 MG/5 ML	5	ML	VL	IV	ML	12.5	MG	1	04/21/2015	99/99/9999						
00143-9575-10		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 2%	50	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
00143-9577-10		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 1%	50	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
00143-9593-10		J2404		01/01/2024	10/10/2024	INJECTION, NICARDIPINE, 0.1 MG	NICARDIPINE HCL NOVAPLUS 2.5 MG/1 ML	10	ML		IV	ML	0.1	MG	25	01/01/2024	10/10/2024						
00143-9594-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (PF) 2%	5	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
00143-9595-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (PF) 1%	5	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
00143-9596-25		J2501		08/17/2015	04/13/2021	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (MDV) 0.005 MG/1 ML	2	ML	VL	IV	ML	1	MCG	5	08/17/2015	04/13/2021						
00143-9606-01		J9025		09/08/2020	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE 100 MG	1	EA	VL	IJ	EA	1	MG	100	09/08/2020	99/99/9999						
00143-9622-01		J1920		07/01/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (MDV) 5 MG/1 ML	20	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						
00143-9623-01		J1920		07/01/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (MDV) 5 MG/1 ML	40	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						
00143-9624-25		J2501		08/17/2015	04/13/2021	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (SDV) 0.005 MG/1 ML	1	ML	VL	IV	ML	1	MCG	5	08/17/2015	04/13/2021						
00143-9625-25		J2501		08/17/2015	04/13/2021	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (SDV) 0.002 MG/1 ML	1	ML	VL	IV	ML	1	MCG	2	08/17/2015	04/13/2021						
00143-9659-01		J1071		11/08/2016	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	11/08/2016	99/99/9999						
00143-9670-10		J3490		01/08/2018	04/13/2021	UNCLASSIFIED DRUGS	CEFOTETAN DISODIUM (LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	1	EA	1	01/08/2018	04/13/2021						
00143-9671-10		J3490		01/08/2018	04/13/2021	UNCLASSIFIED DRUGS	CEFOTETAN DISODIUM (LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	1	EA	1	01/08/2018	04/13/2021						
00143-9673-25		J1953		07/29/2016	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	07/29/2016	99/99/9999						
00143-9678-01		J0696		08/19/2019	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PHARMACY BULK) 10 GM	1	EA	VL	IV	EA	250	MG	40	08/19/2019	99/99/9999						
00143-9689-10		J2404		01/01/2024	99/99/9999	INJECTION, NICARDIPINE, 0.1 MG	NICARDIPINE HCL 2.5 MG/1 ML	10	ML		IV	ML	0.1	MG	25	01/01/2024	99/99/9999						
00143-9708-01		J2260		03/29/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE, 1 MG/ML	1	ML	VL	IV	ML	5	MG	0.2	03/29/2011	99/99/9999						
00143-9709-10		J2260		03/29/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE, 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	03/29/2011	99/99/9999						
00143-9718-10		J2260		02/23/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE IN DEXTROSE (10X200ML, SINGLE DOSE) 5%-20 MG/100 ML	10	ML	FC	IV	ML	5	MG	0.04	02/23/2011	99/99/9999						
00143-9719-10		J2260		02/23/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE IN DEXTROSE (10X100ML, SINGLE DOSE) 5%-20 MG/100 ML	10	ML	FC	IV	ML	5	MG	0.04	02/23/2011	99/99/9999						
00143-9738-05		J7512		01/01/2016	08/31/2022	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	1	MG	20	01/01/2016	08/31/2022						
00143-9739-10		J7512		06/11/2013	06/30/2022	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	1	MG	10	06/11/2013	06/30/2022						
00143-9753-25		J2919		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV,LATEX-FREE) 40 MG	25	EA		IJ	EA	5	MG	8	04/01/2024	99/99/9999						
00143-9753-25		J2920		05/03/2023	03/31/2024	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV,LATEX-FREE) 40 MG	25	EA		IJ	EA	40	MG	1	05/03/2023	03/31/2024						
00143-9754-25		J2919		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV,LATEX-FREE) 125 MG	25	EA		IJ	EA	5	MG	25	04/01/2024	99/99/9999						
00143-9754-25		J2930		05/03/2023	03/31/2024	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV,LATEX-FREE) 125 MG	25	EA		IJ	EA	125	MG	1	05/03/2023	03/31/2024						
00143-9830-01		J9260		11/20/2017	99/99/9999	METHOTREXATE SODIUM, 50 MG	METHOTREXATE (SINGLE USE VIAL,PF) 1 GM	1	EA	VL	IJ	EA	50	MG	20	11/20/2017	99/99/9999						
00143-9850-01		J2919		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 500 MG	1	EA		IJ	EA	5	MG	100	04/01/2024	99/99/9999						
00143-9850-01		J2930		10/24/2019	03/31/2024	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 500 MG	1	EA	VL	IJ	EA	125	MG	4	10/24/2019	03/31/2024						
00143-9851-01		J2919		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 1 GM	1	EA		IJ	EA	5	MG	200	04/01/2024	99/99/9999						
00143-9851-01		J2930		10/24/2019	03/31/2024	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 1 GM	1	EA	VL	IJ	EA	125	MG	8	10/24/2019	03/31/2024						
00143-9852-10		J1955		09/13/2023	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (SDV,PF,LATEX-FREE) 200 MG/1 ML	5	ML	VL	IV	ML	1	GM	0.2	09/13/2023	99/99/9999						
00143-9871-01		J9065		12/13/2019	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	12/13/2019	99/99/9999						
00143-9872-10		J1800		02/12/2018	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (10X1ML) 1 MG/1 ML	1	ML	VL	IV	ML	1	MG	1	02/12/2018	99/99/9999						
00143-9875-25		J0282		03/30/2017	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (10X3ML) 50 MG/1 ML	3	ML	VL	IV	ML	30	MG	1.66666	03/30/2017	99/99/9999						
00143-9890-10		J2405		09/14/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (USP,MULTIDOSE) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	09/14/2016	99/99/9999						
00169-1833-11		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R (VIAL) 100 U/ML	10	ML	VL	IJ	ML	5	U	20	01/01/2003	99/99/9999						
00169-1834-11		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999						
00169-1837-11		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999						
00169-2100-11		J1815		06/07/2021	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	RELION NOVOLOG 100 U/1 ML	10	ML	VL	IJ	ML	5	U	20	06/07/2021	99/99/9999						
00169-2101-25		J1815		06/07/2021	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	RELION NOVOLOG FLEXPEN 100 U/1 ML	3	ML	PE	SC	ML	5	U	20	06/07/2021	99/99/9999						
00169-2200-11		J1815		06/07/2021	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	RELION NOVOLOG MIX 70/30 70 U/1 ML-30 U/1 ML	10	ML	VL	SC	ML	5	U	20	06/07/2021	99/99/9999						
00169-2201-25		J1815		06/07/2021	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	RELION NOVOLOG MIX 70/30 FLEXPEN 70 U/1 ML-30 U/1 ML	3	ML	PE	SC	ML	5	U	20	06/07/2021	99/99/9999						
00169-3201-11		J1811		07/01/2023	99/99/9999	INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	FIASP 100 U/1 ML	10	ML	VL	IJ	ML	50	U	2	07/01/2023	99/99/9999						
00169-3201-11		J1817		09/29/2017	06/30/2023	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	FIASP 100 U/1 ML	10	ML	VL	IJ	ML	50	U	2	09/29/2017	06/30/2023						
00169-3204-15		J1812		07/01/2023	99/99/9999	INSULIN (FIASP), PER 5 UNITS	FIASP FLEXTOUCH (PREFILLED PEN, SU) 100 U/1 ML	3	ML	CT	SC	ML	5	U	20	07/01/2023	99/99/9999						
00169-3204-15		J1815		09/29/2017	06/30/2023	INJECTION, INSULIN, PER 5 UNITS	FIASP FLEXTOUCH (PREFILLED PEN, SU) 100 U/1 ML	3	ML	CT	SC	ML	5	U	20	09/29/2017	06/30/2023						
00169-3205-15		J1812		07/01/2023	99/99/9999	INSULIN (FIASP), PER 5 UNITS	FIASP PENFILL (PREFILLED PEN) 100 U/1 ML	3	ML	CT	SC	ML	5	U	20	07/01/2023	99/99/9999						
00169-3205-15		J1815		09/24/2019	06/30/2023	INJECTION, INSULIN, PER 5 UNITS	FIASP PENFILL (PREFILLED PEN) 100 U/1 ML	3	ML	CT	SC	ML	5	U	20	09/24/2019	06/30/2023						
00169-3206-11		J1811		09/14/2023	99/99/9999	INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	FIASP PUMPCART (1X1.6ML CARTRIDGE) 100 U/1 ML	1.6	ML	CA	SC	ML	50	U	2	09/14/2023	99/99/9999						
00169-3206-15		J1811		09/14/2023	99/99/9999	INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	FIASP PUMPCART (5X1.6ML CARTRIDGE) 100 U/1 ML	1.6	ML	CA	SC	ML	50	U	2	09/14/2023	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00169-3303-12		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG (PENFILL CARTRIDGE) 100 U/ML	3	ML	CT	SC	ML	5	U	20	01/01/2003	99/99/9999						
00169-3685-12		J1815		02/10/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MIX 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	02/10/2003	99/99/9999						
00169-3696-19		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MIX 70/30 (FLEXPEN,SRN PREFILLED) 70 U/ML-30 U/ML	3	ML	SR	SC	ML	5	U	20	01/01/2003	99/99/9999						
00169-6339-10		J1815		02/10/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG FLEXPEN (PREFILLED SYRINGE) 100 U/ML	3	ML	SR	SC	ML	5	U	20	02/10/2003	99/99/9999						
00169-7065-15		J1610		06/01/2005	06/30/2024	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGEN HYPOKIT 1 MG	1	EA	BX	U	EA	1	MG	1	06/01/2005	06/30/2024						
00169-7501-11		J1817		01/01/2003	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	NOVOLOG (VIAL) 100 U/ML	10	ML	VL	SC	ML	50	U	2	01/01/2003	99/99/9999						
00169-7703-21		J2941		03/23/2015	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN FLEXPRO (PREFILLED PURPLE PEN) 30 MG/3 ML	3	ML	SR	SC	ML	1	MG	10	03/23/2015	99/99/9999						
00172-6406-49		J7631		01/01/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	01/01/2002	99/99/9999						
00172-6406-49	KO	J7631	KO	01/01/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	01/01/2002	99/99/9999						
00172-7313-20		J7502		04/14/2005	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (USP,MODIFIED) 100 MG/ML	50	ML	BO	PO	ML	100	MG	1	04/14/2005	99/99/9999						
00173-0446-00		Q0162		01/01/2012	02/28/2019	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	02/28/2019						
00173-0447-00		Q0162		01/01/2012	02/29/2020	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	02/29/2020						
00173-0449-02		J3030		01/01/2002	04/30/2021	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX (S.D.V.) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6	MG	2	01/01/2002	04/30/2021						
00173-0489-00		Q0162		01/01/2017	02/21/2019	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN (BERRY) 4 MG/5 ML	1	ML	BO	PO	ML	1	MG	0.8	01/01/2017	02/21/2019						
00173-0517-00		J1325		07/27/2010	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	07/27/2010	99/99/9999						
00173-0519-00		J1325		07/27/2010	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 1.5 MG	1	EA	VL	IV	EA	0.5	MG	3	07/27/2010	99/99/9999						
00173-0739-00		J3030		03/17/2006	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX STATDOSE 4 MG/0.5 ML	1	EA	BX	SC	EA	6	MG	0.66666	03/17/2006	99/99/9999						
00173-0739-02		J3030		03/17/2006	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX STATDOSE (REFILL W/2 SYRINGES) 4 MG/0.5 ML	1	EA	BX	SC	EA	6	MG	0.66666	03/17/2006	99/99/9999						
00173-0881-01		J2182		01/01/2017	99/99/9999	INJECTION, MEPOLIZUMAB, 1 MG	NUCALA (PF,LATEX-FREE) 100 MG	1	EA		SC	EA	1	MG	100	01/01/2017	99/99/9999						
00173-0892-01		J2182		06/07/2019	99/99/9999	INJECTION, MEPOLIZUMAB, 1 MG	NUCALA AUTOINJECTOR (29G1/2 IN NDLE,PF) 100 MG/1 ML	1	ML		SC	ML	1	MG	100	06/07/2019	99/99/9999						
00173-0892-42		J2182		06/07/2019	99/99/9999	INJECTION, MEPOLIZUMAB, 1 MG	NUCALA PFS (29G1/2 IN NDLE,PF) 100 MG/1 ML	1	ML		SC	ML	1	MG	100	06/07/2019	99/99/9999						
00173-0904-42		J2182		06/01/2022	99/99/9999	INJECTION, MEPOLIZUMAB, 1 MG	NUCALA PFS (29G1/2INNDLE,PF) 40 MG/0.4 ML	0.4	ML		SC	ML	1	MG	100	06/01/2022	99/99/9999						
00185-0615-01		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999						
00185-0615-05		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999						
00185-0648-01		Q0163		01/01/2002	05/31/2021	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	05/31/2021						
00185-0648-10		Q0163		01/01/2002	06/30/2021	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	06/30/2021						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00185-0649-01		Q0163		01/01/2002	04/30/2021	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	04/30/2021						
00185-0649-10		Q0163		01/01/2002	06/30/2021	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	01/01/2002	06/30/2021						
00185-0676-01		Q0177		09/13/2021	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	25	MG	2	09/13/2021	99/99/9999						
00185-0676-05		Q0177		09/13/2021	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25	MG	2	09/13/2021	99/99/9999						
00185-0932-30		J7515		01/01/2002	03/31/2020	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (SOFTGEL) 25 MG	30	EA	BO	PO	EA	25	MG	1	01/01/2002	03/31/2020						
00185-0933-30		J7502		01/01/2002	02/28/2020	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (SOFTGEL) 100 MG	30	EA	BO	PO	EA	100	MG	1	01/01/2002	02/28/2020						
00186-0859-81		J2795		01/01/2002	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (S.D. INFUSION BOTTLE) 2 MG/ML	100	ML	VL	IJ	ML	1	MG	2	01/01/2002	99/99/9999						
00186-1988-04		J7626		01/01/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	01/01/2006	99/99/9999	01/01/2002	12/31/2005	0.5			
00186-1988-04	KO	J7626	KO	01/01/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	01/01/2006	99/99/9999	01/01/2002	12/31/2005	0.5			
00186-1989-04		J7626		01/01/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	01/01/2002	99/99/9999						
00186-1989-04	KO	J7626	KO	01/01/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	01/01/2002	99/99/9999						
00186-1990-04		J7626		08/27/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (30X2ML) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	08/27/2007	99/99/9999						
00186-1990-04	KO	J7626	KO	08/27/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (30X2ML) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	08/27/2007	99/99/9999						
00206-8852-16		J2543		04/05/2006	07/15/2020	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN 2 GM-0.25 GM	1	EA	VL	IV	EA	1	GM	2	04/05/2006	07/15/2020						
00206-8854-16		J2543		03/06/2006	07/15/2020	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (SDV,10X50ML) 3 GM/50 ML-0.375 GM/50 ML	1	EA	VL	IV	EA	1	GM	3	03/06/2006	07/15/2020						
00206-8855-16		J2543		03/13/2006	07/15/2020	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (SDV,10X100ML) 4 GM/100 ML-0.5 GM/100 ML	1	EA	VL	IV	EA	1	GM	4	03/13/2006	07/15/2020						
00206-8859-10		J2543		04/28/2006	07/15/2020	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (PHARMACY BULK VIAL) 36 GM-4.5 GM	1	EA	VL	IV	EA	1	GM	36	04/28/2006	07/15/2020						
00206-8860-02		J2543		01/09/2006	12/31/2023	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (24 PRE-MIX BAGS OF 50ML) 2 GM/50 ML-0.25 GM/50 ML	50	ML	PC	IV	ML	1	GM	0.04	01/09/2006	12/31/2023						
00206-8861-02		J2543		01/09/2006	12/31/2023	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (24 PRE-MIX BAGS OF 50ML) 3 GM/50 ML-0.375 GM/50 ML	50	ML	PC	IV	ML	1	GM	0.06	01/09/2006	12/31/2023						
00206-8862-02		J2543		01/09/2006	12/31/2023	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN 4 GM/100 ML-0.5 GM/100 ML	100	ML	PC	IV	ML	1	GM	0.04	01/09/2006	12/31/2023						
00245-0809-38		J3030		12/21/2020	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ZEMBRACE SYMTOUCH (AUTOINJECTOR) 3 MG/0.5 ML	0.5	ML	PE	SC	ML	6	MG	1	12/21/2020	99/99/9999						
00245-0809-89		J3030		12/21/2020	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ZEMBRACE SYMTOUCH (AUTOINJECTOR) 3 MG/0.5 ML	0.5	ML	PE	SC	ML	6	MG	1	12/21/2020	99/99/9999						
00245-0822-30		J7527		06/24/2024	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	TORPENZ 2.5 MG	30	EA		PO	EA	0.25	MG	10	06/24/2024	99/99/9999						
00245-0823-30		J7527		06/24/2024	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	TORPENZ 5 MG	30	EA		PO	EA	0.25	MG	20	06/24/2024	99/99/9999						
00245-0824-30		J7527		06/24/2024	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	TORPENZ 7.5 MG	30	EA		PO	EA	0.25	MG	30	06/24/2024	99/99/9999						
00259-1605-01		J0588		07/30/2010	99/99/9999	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	XEOMIN (SINGLE-USE,LATEX-FREE) 50 U	1	EA		IJ	EA	1	U	50	07/30/2010	99/99/9999						
00259-1610-01		J0588		07/30/2010	99/99/9999	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	XEOMIN (SINGLE-USE,LATEX-FREE) 100 U	1	EA		IJ	EA	1	U	100	07/30/2010	99/99/9999						
00259-1620-01		J0588		01/25/2016	99/99/9999	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	XEOMIN (SINGLE-USE,PF) 200 U	1	EA	VL	IM	EA	1	U	200	01/25/2016	99/99/9999						
00264-1009-90		J1953		05/13/2024	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 1000 MG/100 ML-0.75%	100	ML	FC	IV	ML	10	MG	1	05/13/2024	99/99/9999						
00264-1509-90		J1953		05/13/2024	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 1500 MG/100 ML-0.54%	100	ML	FC	IV	ML	10	MG	1.5	05/13/2024	99/99/9999						
00264-1510-31		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (100 ML PAB) 5%	50	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00264-1510-32		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (150 ML PAB) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00264-1800-31		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (100 ML PAB) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00264-1800-32		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (150 ML PAB) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999						
00264-1800-36		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (100 ML PAB) 0.9%	25	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00264-1940-20		J3480		01/01/2002	02/28/2023	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (CONCENTRATE) 2 MEQ/ML	250	ML	GC	IV	ML	2	MEQ	1	01/01/2002	02/28/2023						
00264-1944-20		J3480		05/02/2022	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (PHARMACY BULK PKG) 2 MEQ/1 ML	250	ML	FC	IV	ML	2	MEQ	1	05/02/2022	99/99/9999						
00264-2101-00		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	1000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00264-2101-10		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	500	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00264-2101-50		A4217		01/01/2004	08/31/2022	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	2000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	08/31/2022						
00264-2101-70		A4217		01/01/2004	09/30/2021	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	4000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	09/30/2021						
00264-2201-00		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	1000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00264-2201-10		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	500	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00264-2201-50		A4217		01/01/2004	06/30/2022	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	2000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	06/30/2022						
00264-2201-70		A4217		01/01/2004	09/30/2021	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	4000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	09/30/2021						
00264-2303-50		J7799		01/01/2002	07/31/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	RESECTISOL 5%	2000	ML	PC	IL	ML	1	EA	1	01/01/2002	07/31/2020						
00264-3103-11		J0690		03/05/2003	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (DUPLEX) 1 GM/50 ML-4%	50	ML	FC	IV	ML	500	MG	0.04	03/05/2003	99/99/9999						
00264-3123-11		J0694		07/01/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 1 GM	1	EA	FC	IV	EA	1	GM	1	07/01/2006	99/99/9999						
00264-3125-11		J0694		07/01/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 2 GM	1	EA	FC	IV	EA	1	GM	2	07/01/2006	99/99/9999						
00264-3153-11		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE/DEXTROSE 1 GM/50 ML	50	ML	FC	IV	ML	250	MG	0.08	07/20/2005	99/99/9999						
00264-3155-11		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE/DEXTROSE 2 GM/50 ML	50	ML	FC	IV	ML	250	MG	0.16	07/20/2005	99/99/9999						
00264-3183-11		J2184		01/01/2023	99/99/9999	INJECTION, MEROPENEM (B. BRAUN) NOT THERAPEUTICALLY EQUIVALENT TO J2185, 100 MG	MEROPENEM 500 MG	24	EA	FC	IV	EA	100	MG	5	01/01/2023	99/99/9999						
00264-3183-11		J2185		09/15/2015	12/31/2022	INJECTION, MEROPENEM, 100 MG	MEROPENEM 500 MG	24	EA	FC	IV	EA	100	MG	5	09/15/2015	12/31/2022						
00264-3185-11		J2184		01/01/2023	99/99/9999	INJECTION, MEROPENEM (B. BRAUN) NOT THERAPEUTICALLY EQUIVALENT TO J2185, 100 MG	MEROPENEM 1 GM	24	EA	FC	IV	EA	100	MG	10	01/01/2023	99/99/9999						
00264-3185-11		J2185		09/15/2015	12/31/2022	INJECTION, MEROPENEM, 100 MG	MEROPENEM 1 GM	24	EA	FC	IV	EA	100	MG	10	09/15/2015	12/31/2022						
00264-3301-10		J1644		07/18/2025	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM-SODIUM CHLORIDE EXCEL BAG 25000 U/500 ML-0.45%	500	ML		IV	ML	1000	U	0.05	07/18/2025	99/99/9999						
00264-3462-20		J1644		07/18/2025	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM-SODIUM CHLORIDE EXCEL BAG 25000 U/250 ML-0.45%	250	ML		IV	ML	1000	U	0.1	07/18/2025	99/99/9999						
00264-4204-52		J3475		04/26/2021	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PAB,LATEX-FREE) 40 MG/1 ML	50	ML		IV	ML	500	MG	0.08	04/26/2021	99/99/9999						
00264-4205-52		J3475		10/04/2021	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (LATEX-FREE) 80 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.16	10/04/2021	99/99/9999						
00264-4206-54		J3475		10/04/2021	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (LATEX-FREE) 80 MG/1 ML	100	ML	FC	IV	ML	500	MG	0.16	10/04/2021	99/99/9999						
00264-4400-54		J3475		08/17/2021	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE-DEXTROSE (LATEX-FREE) 5%-1 GM/100 ML	100	ML	FC	IV	ML	500	MG	0.02	08/17/2021	99/99/9999						
00264-4850-01		J2704		05/10/2021	01/01/2023	INJECTION, PROPOFOL, 10 MG	PROPOFOL-LIPURO 1% (10X00ML;SDV,PF) 10 MG/1 ML	100	ML	VL	IV	ML	10	MG	1	05/10/2021	01/01/2023						
00264-5535-32		J1836		07/01/2023	99/99/9999	INJECTION, METRONIDAZOLE, 10 MG	METRONIDAZOLE (150 ML PAB CONTAINER) 500 MG/100 ML	100	ML		IV	ML	10	MG	0.5	07/01/2023	99/99/9999						
00264-5535-32		J3490		01/01/2002	06/30/2023	UNCLASSIFIED DRUGS	METRONIDAZOLE (150 ML PAB CONTAINER) 500 MG/100 ML	100	ML	FC	IV	ML	1	EA	1	01/01/2002	06/30/2023						
00264-5600-52		J0612		11/03/2023	99/99/9999	INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 MG	CALCIUM GLUCONATE (PF,LATEX-FREE) 100 MG/1 ML	100	ML	FC	IV	ML	10	MG	10	11/03/2023	99/99/9999						
00264-5705-05		J1644		04/22/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (NOT FOR LOCK FLUSH,PF) 5000 U/0.5 ML	0.5	ML	SR	U	ML	1000	IU	10	04/22/2019	99/99/9999						
00264-5705-10		J1644		04/20/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (NOT FOR LOCK FLUSH,PF) 5000 U/0.5 ML	0.5	ML	SR	U	ML	1000	U	10	04/20/2019	99/99/9999						
00264-5802-00		J7040		02/28/2022	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (EXCEL PLUS,PF) 0.9%	1000	ML	FC	IV	ML	500	ML	0.002	02/28/2022	99/99/9999						
00264-5802-10		J7040		02/28/2022	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (EXCEL PLUS,PF) 0.9%	500	ML	FC	IV	ML	500	ML	0.002	02/28/2022	99/99/9999						
00264-5804-00		A4216		11/01/2024	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE EXCEL PLUS 0.45%	1000	ML	FC	IV	ML	10	ML	0.1	11/01/2024	99/99/9999						
00264-7055-10		J2400		09/17/2018	12/31/2022	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CLOROTEKAL 10 MG/1 ML	5	ML	VL	IN	ML	30	ML	0.03333	09/17/2018	12/31/2022						
00264-7055-10		J2402		01/01/2023	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE (CLOROTEKAL), PER 1 MG	CLOROTEKAL 10 MG/1 ML	5	ML	VL	IN	ML	1	MG	10	01/01/2023	99/99/9999						
00264-7510-00		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (EXCEL) 5%	1000	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00264-7510-10		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (EXCEL) 5%	500	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00264-7510-20		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (EXCEL) 5%	250	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00264-7520-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (EXCEL) 10%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7520-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (EXCEL) 10%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7578-10		J2151		10/01/2025	99/99/9999	INJECTION, MANNITOL, 250 MG	MANNITOL EXCEL 20%	500	ML		IV	ML	250	MG	0.8	10/01/2025	99/99/9999						
00264-7578-10		J7799		01/01/2002	09/30/2025	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (EXCEL) 20%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	09/30/2025						
00264-7578-20		J7799		01/01/2002	03/31/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (EXCEL) 20%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	03/31/2019						
00264-7610-00		J7042		01/01/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.9%	1000	ML	FC	IV	ML	5	%	0.002	01/01/2002	99/99/9999						
00264-7610-10		J7042		01/01/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.9%	500	ML	FC	IV	ML	5	%	0.002	01/01/2002	99/99/9999						
00264-7612-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00264-7612-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.45%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7612-20		J7799		01/01/2002	03/31/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.45%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	03/31/2019						
00264-7614-00		J7799		01/01/2002	08/31/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.33%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	08/31/2019						
00264-7614-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.33%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7616-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.2%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7616-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.2%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7616-20		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.2%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7622-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 10%-0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7623-20		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 10%-0.2%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7750-00		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (EXCEL)	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999						
00264-7750-07		J7120		04/26/2024	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LATEX-FREE)	1000	ML	FC	IV	ML	1000	ML	0.001	04/26/2024	99/99/9999						
00264-7750-10		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (EXCEL)	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999						
00264-7750-20		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (EXCEL)	250	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999						
00264-7751-00		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	DEXTROSE 5%/LACTATED RINGERS (EXCEL)	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999						
00264-7751-10		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	DEXTROSE 5%/LACTATED RINGERS (EXCEL)	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999						
00264-7800-00		J7030		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (EXCEL) 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999						
00264-7800-01		J7040		05/31/2018	03/31/2025	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (ECOFLAC PLUS,LATEX-FREE) 0.9%	500	ML		IV	ML	500	ML	0.002	05/31/2018	03/31/2025						
00264-7800-10		J7040		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (EXCEL) 0.9%	500	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00264-7800-20		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (EXCEL) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999						
00264-7802-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (EXCEL) 0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7802-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (EXCEL) 0.45%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7805-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (HYPERTONIC,EXCEL) 3%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7806-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (HYPERTONIC,EXCEL) 5%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7850-00		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (EXCEL)	1000	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999						
00264-7850-10		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (EXCEL)	500	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999						
00264-7850-20		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (EXCEL)	250	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999						
00264-7865-00		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (EXCEL) 2 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.01	01/01/2002	99/99/9999						
00264-9009-90		J1953		05/13/2024	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 500 MG/100 ML-0.82%	100	ML		IV	ML	10	MG	0.5	05/13/2024	99/99/9999						
00264-9554-10		J2810		01/01/2002	05/31/2020	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (EXCEL) 5%-80 MG/100 ML	500	ML	FC	IV	ML	40	MG	0.02	01/01/2002	05/31/2020						
00264-9567-10		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (EXCEL) 5%-4000 U/100 ML	500	ML	FC	IV	ML	1000	U	0.04	01/01/2002	99/99/9999						
00264-9577-10		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (EXCEL) 5%-5000 U/100 ML	500	ML	FC	IV	ML	1000	U	0.05	01/01/2002	99/99/9999						
00264-9587-20		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (EXCEL) 5%-10000 U/100 ML	250	ML	FC	IV	ML	1000	U	0.1	01/01/2002	99/99/9999						
00264-9594-10		J2001		01/01/2004	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (EXCEL) 5%-0.4%	500	ML	FC	IV	ML	10	MG	0.4	01/01/2004	09/30/2024						
00264-9594-10		J2002		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HCL IN 5% DEXTROSE, 1 MG	LIDOCAINE HCL-DEXTROSE (EXCEL) 5%-0.4%	500	ML		IV	ML	1	MG	4	10/01/2024	99/99/9999						
00264-9594-20		J2001		01/01/2004	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (EXCEL) 5%-0.4%	250	ML	FC	IV	ML	10	MG	0.4	01/01/2004	09/30/2024						
00264-9594-20		J2002		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HCL IN 5% DEXTROSE, 1 MG	LIDOCAINE HCL-DEXTROSE (EXCEL) 5%-0.4%	250	ML		IV	ML	1	MG	4	10/01/2024	99/99/9999						
00264-9598-20		J2001		01/01/2004	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (EXCEL) 5%-0.8%	250	ML	FC	IV	ML	10	MG	0.8	01/01/2004	09/30/2024						
00264-9598-20		J2002		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HCL IN 5% DEXTROSE, 1 MG	LIDOCAINE HCL-DEXTROSE (EXCEL) 5%-0.8%	250	ML		IV	ML	1	MG	8	10/01/2024	99/99/9999						
00264-9872-10		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE 200 U/100 ML-0.9%	500	ML	FC	IV	ML	1000	U	0.002	01/01/2002	99/99/9999						
00270-0556-15		J2805		01/01/2006	99/99/9999	INJECTION, SINCALIDE, 5 MICROGRAMS	KINEVAC (VIAL) 5 MCG	1	EA	VL	IV	EA	5	MCG	1	01/01/2006	99/99/9999						
00310-0321-30		J2185		01/01/2004	12/17/2019	INJECTION, MEROPENEM, 100 MG	MERREM IV (VIAL) 1 GM	1	EA	VL	IV	EA	100	MG	10	01/01/2004	12/17/2019						
00310-0325-20		J2185		01/01/2004	12/17/2019	INJECTION, MEROPENEM, 100 MG	MERREM IV (VIAL) 500 MG	1	EA	VL	IV	EA	100	MG	5	01/01/2004	12/17/2019						
00310-0482-30		J8565		01/01/2005	99/99/9999	GEFITINIB, ORAL, 250 MG	IRESSA 250 MG	30	EA	BO	PO	EA	250	MG	1	07/14/2015	99/99/9999	01/01/2005	01/01/2012	1			
00310-1730-30		J0517		01/01/2019	99/99/9999	INJECTION, BENRALIZUMAB, 1 MG	FASENRA (PF,LATEX-FREE) 30 MG/1 ML	1	ML		SC	ML	1	MG	30	01/01/2019	99/99/9999						
00310-1730-30		J3490		11/14/2017	12/31/2018	UNCLASSIFIED DRUGS	FASENRA (PF) 30 MG/1 ML	1	ML	SR	SC	ML	1	MG	1	11/14/2017	12/31/2018						
00310-1830-30		J0517		10/04/2019	99/99/9999	INJECTION, BENRALIZUMAB, 1 MG	FASENRA PEN (PF,LATEX-FREE) 30 MG/1 ML	1	ML	PE	SC	ML	1	MG	30	10/04/2019	99/99/9999						
00310-3040-00		J0491		04/01/2022	99/99/9999	INJECTION, ANIFROLUMAB-FNIA, 1 MG	SAPHNELO (PF) 150 MG/1 ML	2	ML	VL	IV	ML	1	MG	150	04/01/2022	99/99/9999						
00310-3040-00		J3490		07/30/2021	03/31/2022	UNCLASSIFIED DRUGS	SAPHNELO (PF) 150 MG/1 ML	2	ML	VL	IV	ML	1	EA	1	07/30/2021	03/31/2022						
00310-4505-25		J9347		07/01/2023	99/99/9999	INJECTION, TREMELIMUMAB-ACTL, 1 MG	IMJUDO (PF) 20 MG/1 ML	1.25	ML		IV	ML	1	MG	20	07/01/2023	99/99/9999						
00310-4535-30		J9347		07/01/2023	99/99/9999	INJECTION, TREMELIMUMAB-ACTL, 1 MG	IMJUDO (PF) 20 MG/1 ML	15	ML		IV	ML	1	MG	20	07/01/2023	99/99/9999						
00310-4700-01		J9313		10/01/2019	07/01/2020	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	LUMOXITI (W/ IV SOLN STABILIZER) 1 MG	1	EA	VL	IV	EA	0.01	MG	100	10/01/2019	07/01/2020						
00338-0003-44		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	1000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0003-46		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	2000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0003-47		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	3000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0004-02		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	250	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0004-03		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	500	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0004-04		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	1000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0004-05		A4217		01/01/2004	10/31/2022	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	1500	ML	FC	IR	ML	500	ML	0.002	01/01/2004	10/31/2022						
00338-0008-01		J1453		11/14/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (LYOPHILIZED,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	11/14/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-0013-04		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	1000	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0013-06		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	2000	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0013-08		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	3000	ML	PC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0013-29		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	5000	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0017-02		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	250	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-03		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	500	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-04		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	1000	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-10		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (QUAD PACK, MINI-BAG) 5%	25	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-11		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (QUAD PACK, MINI-BAG) 5%	50	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-18		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (QUAD PACK, MINI-BAG) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-31		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MULTI PACK, MINI-BAG) 5%	50	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-38		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MULTI PACK, MINI-BAG) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-41		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (SINGLE PACK MINI-BAG) 5%	50	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-48		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (SINGLE PACK MINI-BAG) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0023-02		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE 10%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0023-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE 10%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0023-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE 10%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0024-20		J0164		10/01/2025	99/99/9999	INJECTION, EPINEPHRINE IN SODIUM CHLORIDE (BAXTER), 0.1 MG	EPINEPHRINE-SODIUM CHLORIDE VIAFLO 16 MG/250 ML-0.9%	250	ML		IV	ML	0.1	MG	0.64	10/01/2025	99/99/9999						
00338-0043-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 0.45%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0043-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0047-27		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	3000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0047-29		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	5000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0047-44		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (UROMATIC P.C.) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0047-46		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	2000	ML	BO	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0047-47		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	3000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0048-02		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	250	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0048-03		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	500	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0048-04		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (P.C.) 0.9%	1000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0048-05		A4217		01/01/2004	10/21/2022	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	1500	ML	PC	IR	ML	500	ML	0.002	01/01/2004	10/21/2022						
00338-0049-02		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE 0.9%	250	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999						
00338-0049-03		J7040		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE 0.9%	500	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0049-04		J7030		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999						
00338-0049-10		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	25	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00338-0049-11		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00338-0049-18		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999						
00338-0049-31		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (MULTI PACK, MINI-BAG) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00338-0049-38		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (MULTI PACK, MINI-BAG) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999						
00338-0049-41		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (SINGLE PACK, MINI-BAG) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00338-0049-48		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (SINGLE PACK, MINI-BAG) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999						
00338-0050-47		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PROCESSING) 0.9%	3000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0054-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 3%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0056-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 5%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0062-30		J7060		06/10/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (VIAFLO,PF,LATEX-FREE) 5%	250	ML	FC	IV	ML	500	ML	0.002	06/10/2019	99/99/9999						
00338-0063-01		Q2050		10/01/2019	12/31/2025	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXIL (STEALTH LIPOSOME, SDV) 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	10/01/2019	12/31/2025						
00338-0066-20		J7060		06/10/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (VIAFLO,PF,LATEX-FREE) 5%	500	ML	FC	IV	ML	500	ML	0.002	06/10/2019	99/99/9999						
00338-0067-01		Q2050		10/01/2019	12/31/2025	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXIL (STEALTH LIPOSOME) 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	10/01/2019	12/31/2025						
00338-0069-10		J1885		04/30/2019	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	04/30/2019	99/99/9999						
00338-0070-10		J7060		04/01/2021	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (PF,LATEX-FREE) 5%	1000	ML		IV	ML	500	ML	0.002	04/01/2021	99/99/9999						
00338-0072-25		J1885		01/30/2019	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	01/30/2019	99/99/9999						
00338-0073-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 2.5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0077-02		J7799		01/01/2002	12/31/2023	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.2%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	12/31/2023						
00338-0077-03		J7799		01/01/2002	12/31/2022	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.2%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	12/31/2022						
00338-0077-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.2%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0080-01		Q2050		10/01/2019	02/28/2022	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL (STEALTH LIPOSOME, SDV) 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	10/01/2019	02/28/2022						
00338-0081-03		J7799		01/01/2002	12/31/2022	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.33%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	12/31/2022						
00338-0085-02		J7799		05/01/2022	01/31/2025	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.45%	250	ML	FC	IV	ML	1	EA	1	05/01/2022	01/31/2025	01/01/2002	07/16/2016				
00338-0085-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.45%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-0085-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0086-01		Q2050		10/01/2019	03/31/2022	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL (STEALTH LIPOSOME, SDV) 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	10/01/2019	03/31/2022						
00338-0089-03		J7042		01/01/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE 5%-0.9%	500	ML	FC	IV	ML	5	%	0.002	01/01/2002	99/99/9999						
00338-0089-04		J7042		01/01/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE 5%-0.9%	1000	ML	FC	IV	ML	5	%	0.002	01/01/2002	99/99/9999						
00338-0110-01		A4217		11/28/2024	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	3000	ML	PC	IR	ML	500	ML	0.002	11/28/2024	99/99/9999						
00338-0117-02		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S	250	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999						
00338-0117-03		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999						
00338-0117-04		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999						
00338-0125-03		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	LACTATED RINGER'S AND 5% DEXTROSE (VIAFLEX)	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999						
00338-0125-04		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	LACTATED RINGER'S AND 5% DEXTROSE (VIAFLEX, 14X1000ML)	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999						
00338-0351-04		J7799		01/01/2002	01/31/2025	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX,AF) 5%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	01/31/2025						
00338-0353-03		J2151		10/01/2025	99/99/9999	INJECTION, MANNITOL, 250 MG	OSMITROL VIAFLEX 10%	500	ML		IV	ML	250	MG	0.4	10/01/2025	99/99/9999						
00338-0353-03		J7799		01/01/2002	09/30/2025	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX) 10%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	09/30/2025						
00338-0355-03		J7799		01/01/2002	12/31/2022	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX,AF) 15%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	12/31/2022						
00338-0357-02		J2151		10/01/2025	99/99/9999	INJECTION, MANNITOL, 250 MG	OSMITROL VIAFLEX 20%	250	ML		IV	ML	250	MG	0.8	10/01/2025	99/99/9999						
00338-0357-02		J7799		01/01/2002	09/30/2025	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX) 20%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	09/30/2025						
00338-0357-03		J2151		10/01/2025	99/99/9999	INJECTION, MANNITOL, 250 MG	OSMITROL VIAFLEX 20%	500	ML		IV	ML	250	MG	0.8	10/01/2025	99/99/9999						
00338-0357-03		J7799		01/01/2002	09/30/2025	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX) 20%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	09/30/2025						
00338-0409-03		J2001		01/01/2004	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL 5%-0.4%	500	ML	FC	IV	ML	10	MG	0.4	01/01/2004	09/30/2024						
00338-0409-03		J2002		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HCL IN 5% DEXTROSE, 1 MG	LIDOCAINE HCL-DEXTROSE 5%-0.4%	500	ML		IV	ML	1	MG	4	10/01/2024	99/99/9999						
00338-0411-02		J2001		01/01/2004	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL 5%-0.8%	250	ML	FC	IV	ML	10	MG	0.8	01/01/2004	09/30/2024						
00338-0411-02		J2002		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HCL IN 5% DEXTROSE, 1 MG	LIDOCAINE HCL-DEXTROSE 5%-0.8%	250	ML		IV	ML	1	MG	8	10/01/2024	99/99/9999						
00338-0433-04		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE 200 U/100 ML-0.9%	1000	ML	FC	IV	ML	1000	U	0.002	01/01/2002	99/99/9999						
00338-0503-48		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAFLEX) 0.8 MG/ML-0.9%	100	ML	FC	IV	ML	80	MG	0.01	01/01/2002	99/99/9999						
00338-0505-48		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE 100 MG/100 ML-0.9%	100	ML	FC	IV	ML	80	MG	0.0125	01/01/2002	99/99/9999						
00338-0507-41		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (24X50ML) 1.2 MG/ML-0.9%	50	ML	FC	IV	ML	80	MG	0.015	01/01/2002	99/99/9999						
00338-0507-48		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (24X100ML) 1.2 MG/ML-0.9%	100	ML	FC	IV	ML	80	MG	0.015	01/01/2002	99/99/9999						
00338-0509-41		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE 1.6 MG/ML-0.9%	50	ML	FC	IV	ML	80	MG	0.02	01/01/2002	99/99/9999						
00338-0511-41		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE 2 MG/ML-0.9%	50	ML	FC	IV	ML	80	MG	0.025	01/01/2002	99/99/9999						
00338-0551-11		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MINI-BAG PLUS) 5%	50	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0551-18		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MINI-BAG PLUS) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0553-11		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (MINI-BAG PLUS) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00338-0553-18		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (MINI-BAG PLUS) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999						
00338-0691-04		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE 2 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.01	01/01/2002	99/99/9999						
00338-0695-04		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE 4 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.02	01/01/2002	99/99/9999						
00338-0703-41		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 20 MEQ/50 ML	50	ML	PC	IV	ML	2	MEQ	0.2	01/01/2002	99/99/9999						
00338-0703-48		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 40 MEQ/100 ML	100	ML	PC	IV	ML	2	MEQ	0.2	01/01/2002	99/99/9999						
00338-0704-34		J3480		05/21/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (VIAFLEX BAG,PF) 2 MEQ/100 ML-0.45%	1000	ML	FC	IV	ML	2	MEQ	0.01	05/21/2003	99/99/9999						
00338-0705-41		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 10 MEQ/50 ML	50	ML	PC	IV	ML	2	MEQ	0.1	01/01/2002	99/99/9999						
00338-0705-48		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 20 MEQ/100 ML	100	ML	PC	IV	ML	2	MEQ	0.1	01/01/2002	99/99/9999						
00338-0709-48		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 10 MEQ/100 ML	100	ML	PC	IV	ML	2	MEQ	0.05	01/01/2002	99/99/9999						
00338-0719-06		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (BULK PACKAGE) 70%	2000	ML	PC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0720-01		J9305		08/23/2022	07/31/2023	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	10	MG	10	08/23/2022	07/31/2023						
00338-0722-01		J9305		08/23/2022	12/31/2023	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	10	MG	50	08/23/2022	12/31/2023						
00338-0811-04		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	POTASSIUM CHLORIDE SOLUTION (5%,DEXTROSE & LAC-RING) (14X1000ML)	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999						
00338-1005-02		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (PRE-MIX IN D5W) 5%-80 MG/100 ML	250	ML	PC	IV	ML	40	MG	0.02	01/01/2006	99/99/9999						
00338-1005-03		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-80 MG/100 ML	500	ML	PC	IV	ML	40	MG	0.02	01/01/2006	99/99/9999						
00338-1007-02		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-160 MG/100 ML	250	ML	PC	IV	ML	40	MG	0.04	01/01/2006	99/99/9999						
00338-1007-03		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-160 MG/100 ML	500	ML	PC	IV	ML	40	MG	0.04	01/01/2006	99/99/9999						
00338-1009-02		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-320 MG/100 ML	250	ML	PC	IV	ML	40	MG	0.08	01/01/2006	99/99/9999						
00338-1013-41		J2700		01/01/2002	10/31/2023	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (PREMIXED) 1 GM/50 ML	50	ML	PC	IV	ML	250	MG	0.08	01/01/2002	10/31/2023						
00338-1015-41		J2700		01/01/2002	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (PREMIXED) 2 GM/50 ML	50	ML	PC	IV	ML	250	MG	0.16	01/01/2002	99/99/9999						
00338-1017-41		J3490		01/01/2002	07/10/2024	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (GALAXY PREMIX) 1 GM/50 ML	50	ML	PC	IV	ML	1	EA	1	01/01/2002	07/10/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-1019-48		J2290		01/01/2025	09/30/2025	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN SODIUM GALAXY,PREMIX,FROZEN SOLUTION 2 GM/100 ML	100	ML		IV	ML	20	MG	1	01/01/2025	09/30/2025						
00338-1019-48		J2291		10/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM (BAXTER), 20 MG	NAFCILLIN SODIUM GALAXY,PREMIX,FROZEN SOLUTION 2 GM/100 ML	100	ML		IV	ML	20	MG	1	10/01/2025	99/99/9999						
00338-1021-41		J2540		01/01/2002	07/26/2023	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (GALAXY,PREMIX) 1 Million U/50 ML	50	ML	PC	IV	ML	600000	U	0.03333	01/01/2002	07/26/2023						
00338-1023-41		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (GALAXY,PREMIX) 2 Million U/50 ML	50	ML	PC	IV	ML	600000	U	0.06666	01/01/2002	99/99/9999						
00338-1025-41		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (GALAXY,PREMIX) 3 Million U/50 ML	50	ML	PC	IV	ML	600000	U	0.1	01/01/2002	99/99/9999						
00338-1047-02		J2305		07/01/2023	99/99/9999	INJECTION, NITROGLYCERIN, 5 MG	NITROGLYCERIN-DEXTROSE 5%-10 MG/100 ML	250	ML		IV	ML	5	MG	0.02	07/01/2023	99/99/9999						
00338-1049-02		J2305		07/01/2023	99/99/9999	INJECTION, NITROGLYCERIN, 5 MG	NITROGLYCERIN-DEXTROSE 5%-20 MG/100 ML	250	ML		IV	ML	5	MG	0.04	07/01/2023	99/99/9999						
00338-1051-02		J2305		07/01/2023	99/99/9999	INJECTION, NITROGLYCERIN, 5 MG	NITROGLYCERIN-DEXTROSE 5%-40 MG/100 ML	250	ML		IV	ML	5	MG	0.08	07/01/2023	99/99/9999						
00338-1055-48		J1836		07/01/2023	99/99/9999	INJECTION, METRONIDAZOLE, 10 MG	METRONIDAZOLE 500 MG/100 ML	100	ML		IV	ML	10	MG	0.5	07/01/2023	99/99/9999						
00338-1055-48		J3490		01/01/2002	06/30/2023	UNCLASSIFIED DRUGS	METRONIDAZOLE 500 MG/100 ML	100	ML	FC	IV	ML	1	EA	1	01/01/2002	06/30/2023						
00338-1073-02		J1250		01/01/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE 5%-100 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.004	01/01/2002	99/99/9999						
00338-1075-02		J1250		01/01/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE 5%-200 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.008	01/01/2002	99/99/9999						
00338-1077-02		J1250		01/01/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE 5%-400 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.016	01/01/2002	99/99/9999						
00338-1708-40		J3475		02/16/2021	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (2G;VIAFLO,LATEX-FREE) 40 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.08	02/16/2021	99/99/9999						
00338-1709-40		J3475		02/16/2021	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE-DEXTROSE (1G;VIAFLO,LATEX-FREE) 5%-1 GM/100 ML	100	ML		IV	ML	500	MG	0.02	02/16/2021	99/99/9999						
00338-1715-40		J3475		02/16/2021	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (4G;VIAFLO,LATEX-FREE) 40 MG/1 ML	100	ML	FC	IV	ML	500	MG	0.08	02/16/2021	99/99/9999						
00338-1719-40		J3475		02/16/2021	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (4G;VIAFLO,LATEX-FREE) 80 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.16	02/16/2021	99/99/9999						
00338-2691-75		J2175		05/02/2011	08/25/2025	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (SRN,PREFILLED,GLASS) 10 MG/ML	50	ML	SR	U	ML	100	MG	0.1	05/02/2011	08/25/2025						
00338-3503-41		J0689		01/01/2023	99/99/9999	INJECTION, CEFAZOLIN SODIUM (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG	CEFAZOLIN SODIUM (GALAXY P.C.) 1 GM/50 ML	50	ML	FC	IV	ML	500	MG	0.04	01/01/2023	99/99/9999						
00338-3503-41		J0690		01/01/2002	12/31/2022	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (GALAXY P.C.) 1 GM/50 ML	50	ML	FC	IV	ML	500	MG	0.04	01/01/2002	12/31/2022						
00338-3551-48		J3370		01/01/2002	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOCIN HCL (S.D. GALAXY PLASTIC) 5%-500 MG/100 ML	100	ML	PC	IV	ML	500	MG	0.01	01/01/2002	06/30/2025						
00338-3551-48		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL-DEXTROSE 12X100ML 5%-500 MG/100 ML	100	ML		IV	ML	10	MG	0.5	07/01/2025	99/99/9999						
00338-3552-48		J3370		01/01/2002	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOCIN HCL (S.D. GALAXY PLASTIC) 5%-500 MG/100 ML	200	ML	PC	IV	ML	500	MG	0.01	01/01/2002	06/30/2025						
00338-3552-48		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL-DEXTROSE S.D. GALAXY PLASTIC 5%-500 MG/100 ML	200	ML		IV	ML	10	MG	0.5	07/01/2025	99/99/9999						
00338-3581-01		J3370		05/10/2016	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL-SODIUM CHLORIDE (GALAXY CONTAINER) 0.9%-500 MG/100 ML	100	ML	VL	IV	ML	500	MG	0.01	05/10/2016	06/30/2025						
00338-3581-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL-SODIUM CHLORIDE GALAXY CONTAINER 0.9%-500 MG/100 ML	100	ML		IV	ML	10	MG	0.5	07/01/2025	99/99/9999						
00338-3582-01		J3370		05/10/2016	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL-SODIUM CHLORIDE (GALAXY CONTAINER) 0.9%-750 MG/150 ML	150	ML	VL	IV	ML	500	MG	0.01	05/10/2016	06/30/2025						
00338-3582-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL-SODIUM CHLORIDE GALAXY CONTAINER 0.9%-750 MG/150 ML	150	ML		IV	ML	10	MG	0.5	07/01/2025	99/99/9999						
00338-3583-01		J3370		04/18/2016	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL-SODIUM CHLORIDE 0.9%-1 GM	200	ML	VL	IV	ML	500	MG	0.01	04/18/2016	06/30/2025						
00338-3583-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL-SODIUM CHLORIDE 0.9%-1 GM	200	ML		IV	ML	10	MG	100	07/01/2025	99/99/9999						
00338-5002-41		J0696		09/06/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM/50 ML	50	ML	PC	IV	ML	250	MG	0.08	09/06/2005	99/99/9999						
00338-5003-41		J0696		09/06/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM/50 ML	50	ML	PC	IV	ML	250	MG	0.16	09/06/2005	99/99/9999						
00338-5197-41		J1308		04/01/2025	99/99/9999	INJECTION, FAMOTIDINE, 0.25 MG	FAMOTIDINE GALAXY PC 0.4 MG/1 ML	50	ML		IV	ML	0.25	MG	1.6	04/01/2025	99/99/9999						
00338-5197-41		J3490		01/01/2002	03/31/2025	UNCLASSIFIED DRUGS	FAMOTIDINE (GALAXY PC,PF) 0.4 MG/ML	50	ML	PC	IV	ML	1	EA	1	01/01/2002	03/31/2025						
00338-6010-48		J2260		06/05/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSE/MILRINONE LACTATE (BAG,INTRAVIA) 5%-20 MG/100 ML	100	ML	FC	IV	ML	5	MG	0.04	06/05/2002	99/99/9999						
00338-6011-37		J2260		06/05/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSE/MILRINONE LACTATE (BAG,INTRAVIA) 5%-20 MG/100 ML	200	ML	FC	IV	ML	5	MG	0.04	06/05/2002	99/99/9999						
00338-6045-37		J1450		07/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (INTRAVIA CONTAINER) 400 MG/200 ML	200	ML	PC	IV	ML	200	MG	0.01	07/29/2004	99/99/9999						
00338-6046-48		J1450		07/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (INTRAVIA CONTAINERS) 200 MG/100 ML	100	ML	PC	IV	ML	200	MG	0.01	07/29/2004	99/99/9999						
00338-6346-02		J7060		03/01/2007	11/30/2019	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (USP,40X250ML;AVIVA) 5%	250	ML	FC	IV	ML	500	ML	0.002	03/01/2007	11/30/2019						
00338-9051-12		J2246		07/01/2024	99/99/9999	INJECTION, MICAFUNGIN IN SODIUM (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J2248, 1 MG	MICAFUNGIN IN SODIUM CHLORIDE (PF) 50 MG/50 ML-0.9%	50	ML	FC	IV	ML	1	MG	1	07/01/2024	99/99/9999						
00338-9053-12		J2246		07/01/2024	99/99/9999	INJECTION, MICAFUNGIN IN SODIUM (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J2248, 1 MG	MICAFUNGIN IN SODIUM CHLORIDE (PF) 100 MG/100 ML-0.9%	100	ML	FC	IV	ML	1	MG	1	07/01/2024	99/99/9999						
00338-9143-30		J7060		03/03/2021	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (30X50ML;MINIBAG PLUS) 5%	50	ML		IV	ML	500	ML	0.002	03/03/2021	99/99/9999						
00338-9147-30		J7060		01/28/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MINI-BAG PLUS) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/28/2019	99/99/9999						
00338-9151-30		A4216		03/03/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (30X50ML;MINIBAG PLUS) 0.9%	50	ML		IV	ML	10	ML	0.1	03/03/2021	99/99/9999						
00338-9159-30		J7040		09/10/2018	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (MINI-BAG PLUS) 0.9%	100	ML		IV	ML	500	ML	0.002	09/10/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-9543-03		J7040		10/31/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE VIAFLO NON-DAC 0.9%	500	ML	FC	IV	ML	500	ML	0.002	10/31/2024	99/99/9999						
00338-9543-05		J7030		10/31/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE VIAFLO NON-DAC 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	10/31/2024	99/99/9999						
00338-9572-24		J0583		05/01/2018	09/16/2022	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN-SODIUM CHLORIDE 250 MG/50 ML-0.9%	50	ML	BG	IV	ML	1	MG	5	05/01/2018	09/16/2022						
00338-9576-12		J0583		05/01/2018	04/11/2019	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN-SODIUM CHLORIDE 500 MG/100 ML-0.9%	100	ML	BG	IV	ML	1	MG	5	05/01/2018	04/11/2019						
00338-9586-24		J2001		10/02/2017	03/31/2019	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL-DEXTROSE 5%-0.4%	500	ML	BG	IV	ML	10	MG	0.4	10/02/2017	03/31/2019						
00338-9590-30		J2001		10/02/2017	03/31/2019	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL-DEXTROSE 5%-0.4%	250	ML	BG	IV	ML	10	MG	0.4	10/02/2017	03/31/2019						
00338-9600-12		J7120		11/28/2024	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S	1000	ML	FC	IV	ML	1000	ML	0.001	11/28/2024	99/99/9999						
00338-9632-24		J2543		05/01/2023	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (24X50ML,SDC) 2 GM/50 ML-0.25 GM/50 ML	50	ML	PC	IV	ML	1.125	GM	0.04	05/01/2023	99/99/9999						
00338-9636-24		J2543		05/01/2023	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (24X50ML,SDC) 3 GM/50 ML-0.375 GM/50 ML	50	ML	PC	IV	ML	1.125	GM	0.06	05/01/2023	99/99/9999						
00338-9638-12		J2543		05/01/2023	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (12X100ML,SDC) 4 GM/100 ML-0.5 GM/100 ML	100	ML	PC	IV	ML	1.125	GM	0.04	05/01/2023	99/99/9999						
00338-9640-12		J2601		10/01/2024	99/99/9999	INJECTION, VASOPRESSIN (BAXTER), 1 UNIT	VASOPRESSIN-SODIUM CHLORIDE (SD,PF,LATEX-FREE) 0.9%-20 U/100 ML	100	ML		IV	ML	1	U	0.2	10/01/2024	99/99/9999						
00338-9644-12		J2472		01/01/2025	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM IN SODIUM CHLORIDE (BAXTER), 40 MG	PANTOPRAZOLE SODIUM-SODIUM CHLORIDE FROZEN 40 MG/100 ML-0.9%	100	ML		IV	ML	40	MG	0.01	01/01/2025	99/99/9999						
00338-9646-24		J2472		01/01/2025	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM IN SODIUM CHLORIDE (BAXTER), 40 MG	PANTOPRAZOLE SODIUM-SODIUM CHLORIDE FROZEN 40 MG/50 ML-0.9%	50	ML		IV	ML	40	MG	0.02	01/01/2025	99/99/9999						
00338-9647-12		J2601		10/01/2024	99/99/9999	INJECTION, VASOPRESSIN (BAXTER), 1 UNIT	VASOPRESSIN-SODIUM CHLORIDE (SD,PF,LATEX-FREE) 0.9%-40 U/100 ML	100	ML		IV	ML	1	U	0.4	10/01/2024	99/99/9999						
00338-9648-12		J2472		01/01/2025	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM IN SODIUM CHLORIDE (BAXTER), 40 MG	PANTOPRAZOLE SODIUM-SODIUM CHLORIDE FROZEN 80 MG/100 ML-0.9%	100	ML		IV	ML	40	MG	0.02	01/01/2025	99/99/9999						
00338-9649-75		J7060		03/01/2025	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 75X50ML;USP 5%	50	ML		IV	ML	500	ML	0.002	03/01/2025	99/99/9999						
00338-9653-60		J7060		03/01/2025	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 60X100ML;USP 5%	100	ML		IV	ML	500	ML	0.002	03/01/2025	99/99/9999						
00338-9657-75		A4216		03/01/2025	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 75X50ML;USP 0.9%	50	ML		IV	ML	10	ML	0.1	03/01/2025	99/99/9999						
00338-9660-40		A4216		06/01/2025	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE MINIBAG PLUS 0.9%	50	ML		IV	ML	10	ML	0.1	06/01/2025	99/99/9999						
00338-9661-60		A4216		03/01/2025	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 60X100ML;USP 0.9%	100	ML		IV	ML	10	ML	0.1	03/01/2025	99/99/9999						
00338-9662-35		A4216		06/01/2025	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE MINI-BAG PLUS 0.9%	100	ML		IV	ML	10	ML	0.1	06/01/2025	99/99/9999						
00338-9664-40		J7060		06/01/2025	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE MINI-BAG PLUS 5%	50	ML		IV	ML	500	ML	0.002	06/01/2025	99/99/9999						
00338-9665-01		Q2050		04/15/2025	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXIL STEALTH LIPOSOME, SDV 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	04/15/2025	99/99/9999						
00338-9666-35		J7060		06/01/2025	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE MINI-BAG PLUS 5%	100	ML		IV	ML	500	ML	0.002	06/01/2025	99/99/9999						
00338-9667-01		Q2050		04/15/2025	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXIL STEALTH LIPOSOME, SDV 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	04/15/2025	99/99/9999						
00338-9777-01		J9076		01/01/2025	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (BAXTER), 5 MG	CYCLOPHOSPHAMIDE MDV 200 MG/1 ML	2.5	ML		IV	ML	5	MG	40	01/01/2025	99/99/9999						
00338-9779-01		J9076		01/01/2025	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (BAXTER), 5 MG	CYCLOPHOSPHAMIDE MDV 200 MG/1 ML	5	ML		IV	ML	5	MG	40	01/01/2025	99/99/9999						
00338-9782-12		A4217		10/18/2024	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	1000	ML		IV	ML	500	ML	0.002	10/18/2024	99/99/9999						
00338-9785-04		J7799		10/18/2024	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	GLUCOSE 70% 70%	3000	ML		IV	ML	1	EA	1	10/18/2024	99/99/9999						
00338-9787-04		J7799		10/18/2024	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	GLUCOSE 50% VIAFLEX 50%	3000	ML		IV	ML	1	EA	1	10/18/2024	99/99/9999						
00338-9789-04		J7799		10/18/2024	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	GLUCOSE 70% 70%	3000	ML		IV	ML	1	EA	1	10/18/2024	99/99/9999						
00338-9791-40		J7050		11/23/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE IVINA CONTAINER 0.9%	250	ML		IV	ML	250	ML	0.004	11/23/2024	99/99/9999						
00338-9793-12		J7030		11/23/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE IVINA CONTAINER 0.9%	1000	ML		IV	ML	1000	ML	0.001	11/23/2024	99/99/9999						
00338-9799-12		J7042		12/17/2024	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	GLUCOSE-SODIUM CHLORIDE IVINA CONTAINER 5%-0.9%	1000	ML		IV	ML	500	ML	0.002	12/17/2024	99/99/9999						
00338-9804-40		J7050		01/08/2025	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE 0.9%	250	ML	FC	IV	ML	250	ML	0.004	01/08/2025	99/99/9999						
00338-9808-24		J7040		11/23/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE IVINA CONTAINER 0.9%	500	ML		IV	ML	500	ML	0.002	11/23/2024	99/99/9999						
00362-0898-05		J2004		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HCL WITH EPINEPHRINE, 1 MG	COOK-WAITE EPINEPHRINE-LIDOCAINE HCL 1:100000-2%	1.7	ML		U	ML	1	MG	20	10/01/2024	99/99/9999						
00378-0014-01		None		01/01/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	01/01/1994	99/99/9999						
00378-0144-91		J8999		02/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60	EA	BO	PO	EA	1	EA	1	02/20/2003	99/99/9999						
00378-0253-01		J8499		01/01/2002	08/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	08/31/2017						
00378-0274-93		J8999		02/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	30	EA	BO	PO	EA	1	EA	1	02/20/2003	99/99/9999						
00378-0315-93		Q0162		01/01/2012	01/31/2020	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	01/31/2020						
00378-0344-93		Q0162		01/01/2012	01/31/2020	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	01/31/2020						
00378-0640-01		J7512		03/08/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	03/08/2019	99/99/9999						
00378-0640-10		J7512		03/08/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	1	MG	5	03/08/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00378-0641-01		J7512		04/04/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	04/04/2019	99/99/9999						
00378-0641-10		J7512		04/04/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	1	MG	10	04/04/2019	99/99/9999						
00378-0642-01		J7512		02/11/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	02/11/2020	99/99/9999						
00378-0642-05		J7512		02/06/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	1	MG	20	02/06/2020	99/99/9999						
00378-0642-10		J7512		02/11/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	1	MG	20	02/11/2020	99/99/9999						
00378-1005-01		J7500		12/22/2009	04/30/2022	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE, 50 MG	100	EA	BO	PO	EA	50	MG	1	12/22/2009	04/30/2022						
00378-1631-91		J7606		06/22/2021	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (60X2ML;SD) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	06/22/2021	99/99/9999						
00378-1631-91	KO	J7606	KO	06/22/2021	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (60X2ML;SD) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	06/22/2021	99/99/9999						
00378-1631-93		J7606		06/22/2021	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (30X2ML;SD) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	06/22/2021	99/99/9999						
00378-1631-93	KO	J7606	KO	06/22/2021	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (30X2ML;SD) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	06/22/2021	99/99/9999						
00378-1930-93		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 200 MG-300 MG	30	EA		PO	EA	200	MG	1	01/02/2024	99/99/9999						
00378-2045-01		J7507		09/23/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	EA	PO	EA	1	MG	0.5	09/23/2010	99/99/9999						
00378-2046-01		J7507		09/23/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	EA	PO	EA	1	MG	1	09/23/2010	99/99/9999						
00378-2047-01		J7507		09/23/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	EA	PO	EA	1	MG	5	09/23/2010	99/99/9999						
00378-2250-01		J7517		05/04/2009	06/30/2025	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250MG	100	EA	BO	PO	EA	250	MG	1	05/04/2009	06/30/2025						
00378-2511-91		None		08/08/2014	08/31/2023	CAPECITABINE, 150 MG	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	08/08/2014	08/31/2023						
00378-2512-78		None		08/08/2014	06/30/2023	CAPECITABINE, 500 MG	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	08/08/2014	06/30/2023						
00378-3096-85		J7527		09/10/2020	02/28/2025	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (4X7) 2.5 MG	28	EA	BO	PO	EA	0.25	MG	10	09/10/2020	02/28/2025						
00378-3097-85		J7527		09/10/2020	02/28/2025	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS 5 MG	28	EA	BO	PO	EA	0.25	MG	20	09/10/2020	02/28/2025						
00378-3098-85		J7527		09/10/2020	02/28/2025	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS 7.5 MG	28	EA	BO	PO	EA	0.25	MG	30	09/10/2020	02/28/2025						
00378-3266-94		None		10/19/2001	99/99/9999	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE (BLISTER PACK,SOFTGEL) 50 MG	20	EA	BX	PO	EA	50	MG	1	10/19/2001	99/99/9999						
00378-3547-25		J8999		07/01/2005	06/30/2025	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE (U.S.P.) 50 MG	250	EA	BO	PO	EA	1	EA	1	07/01/2005	06/30/2025						
00378-3547-52		J8999		07/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE (U.S.P.) 50 MG	25	EA	BO	PO	EA	1	EA	1	07/01/2005	99/99/9999						
00378-4201-78		J7518		01/08/2014	02/26/2023	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 180 MG	120	EA	BO	PO	EA	180	MG	1	01/08/2014	02/26/2023						
00378-4202-78		J7518		01/08/2014	02/26/2023	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	01/08/2014	02/26/2023						
00378-4472-01		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	05/04/2009	99/99/9999						
00378-4472-05		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	500	EA	BO	PO	EA	250	MG	2	05/04/2009	99/99/9999						
00378-5105-01		Q0164		01/01/2002	12/31/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2020						
00378-5110-01		Q0164		01/01/2014	12/31/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2014	12/31/2020						
00378-6960-93		J1595		10/04/2017	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG	GLATIRAMER ACETATE 20 MG/1 ML	1	ML	SR	SC	ML	20	MG	1	10/04/2017	99/99/9999						
00378-6961-12		J1595		10/04/2017	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG	GLATIRAMER ACETATE 40 MG/1 ML	1	ML	SR	SC	ML	20	MG	2	10/04/2017	99/99/9999						
00378-6986-01		A4216		10/08/2009	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (100X5ML,PF) 0.9%	5	ML	PC	IH	ML	10	ML	0.1	10/08/2009	99/99/9999						
00378-6991-52		J7613		11/02/2009	09/30/2023	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.63 MG/3 ML	3	ML	EA	IH	ML	1	MG	0.21	11/02/2009	09/30/2023						
00378-6991-52	KO	J7613	KO	11/02/2009	09/30/2023	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.63 MG/3 ML	3	ML	EA	IH	ML	1	MG	0.21	11/02/2009	09/30/2023						
00378-6992-52		J7613		11/02/2009	11/30/2023	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 1.25 MG/3 ML	3	ML	EA	IH	ML	1	MG	0.4166	11/02/2009	11/30/2023						
00378-6992-52	KO	J7613	KO	11/02/2009	11/30/2023	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 1.25 MG/3 ML	3	ML	EA	IH	ML	1	MG	0.4166	11/02/2009	11/30/2023						
00378-6993-93		J7612		08/28/2009	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (USP,PF) 1.25 MG/0.5 ML	30	EA	SOL	IH	ML	0.5	MG	5	08/28/2009	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00378-6993-93	KO	J7612	KO	08/28/2009	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (USP,PF) 1.25 MG/0.5 ML	30	EA	SOL	IH	ML	0.5	MG	5	08/28/2009	99/99/9999						
00378-7057-52		J7613		10/07/2022	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	1	MG	0.21	10/07/2022	99/99/9999						
00378-7057-52	KO	J7613	KO	10/07/2022	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	1	MG	0.21	10/07/2022	99/99/9999						
00378-7058-52	KO	J7613	KO	10/07/2022	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	1	mg	0.416667	10/07/2022	99/99/9999						
00378-7058-52		J7613		10/07/2022	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	1	mg	0.416667	10/07/2022	99/99/9999						
00378-7732-93		Q0162		01/01/2012	05/31/2024	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	05/31/2024						
00378-7734-93		Q0162		01/01/2012	05/31/2024	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	05/31/2024						
00378-7734-97		Q0162		01/01/2012	05/31/2024	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP) 8 MG	10	EA	BO	PO	EA	1	MG	8	01/01/2012	05/31/2024						
00378-7970-52		J7644		04/03/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/03/2013	99/99/9999						
00378-7970-52	KO	J7644	KO	04/03/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/03/2013	99/99/9999						
00378-7970-91		J7644		03/04/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	2.5	ML	CT	IH	ML	1	MG	0.2	03/04/2013	99/99/9999						
00378-7970-91	KO	J7644	KO	03/04/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	2.5	ML	CT	IH	ML	1	MG	0.2	03/04/2013	99/99/9999						
00378-7970-93		J7644		02/19/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/19/2013	99/99/9999						
00378-7970-93	KO	J7644	KO	02/19/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/19/2013	99/99/9999						
00378-8067-90		J1610		02/26/2025	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT W/DILUENT SYRINGE,LYOPHILIZED 1 MG	1	EA	BX	IJ	EA	1	MG	1	02/26/2025	99/99/9999						
00378-8270-52		J7613		12/13/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83333	12/13/2012	99/99/9999						
00378-8270-52	KO	J7613	KO	12/13/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83333	12/13/2012	99/99/9999						
00378-8270-55		J7613		03/07/2014	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	3	ML		IH	ML	1	mg	0.83	03/07/2014	99/99/9999						
00378-8270-55	KO	J7613	KO	03/07/2014	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	3	ML		IH	ML	1	mg	0.83	03/07/2014	99/99/9999						
00378-8270-91		J7613		04/11/2013	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/11/2013	99/99/9999						
00378-8270-91	KO	J7613	KO	04/11/2013	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/11/2013	99/99/9999						
00378-8270-93		J7613		01/22/2013	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX30) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/22/2013	99/99/9999						
00378-8270-93	KO	J7613	KO	01/22/2013	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX30) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/22/2013	99/99/9999						
00378-8712-73		J8499		10/10/2018	02/28/2023	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (BANANA) 200 MG/5 ML	473	ML		PO	ML	1	EA	1	10/10/2018	02/28/2023						
00378-9671-30		J7620		01/28/2016	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30X3ML,5 VIALS/POUCH)	3	ML	PC	IH	ML	3	MG	0.33333	01/28/2016	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00378-9671-60		J7620		03/03/2016	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (STERILE (60X3ML)) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	03/03/2016	99/99/9999						
00378-9671-93		J7620		06/13/2013	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML, 1 VIAL/POUCH) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	06/13/2013	99/99/9999						
00378-9680-44		J7614		03/15/2013	08/31/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12,PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	03/15/2013	08/31/2019						
00378-9680-44	KO	J7614	KO	03/15/2013	08/31/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12,PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	03/15/2013	08/31/2019						
00378-9681-44		J7614		03/15/2013	08/31/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	03/15/2013	08/31/2019						
00378-9681-44	KO	J7614	KO	03/15/2013	08/31/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	03/15/2013	08/31/2019						
00378-9682-44		J7614		03/15/2013	08/31/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	03/15/2013	08/31/2019						
00378-9682-44	KO	J7614	KO	03/15/2013	08/31/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	03/15/2013	08/31/2019						
00378-9690-52		J7614		07/23/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	07/23/2018	99/99/9999						
00378-9690-52	KO	J7614	KO	07/23/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	07/23/2018	99/99/9999						
00378-9691-52		J7614		07/23/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	07/23/2018	99/99/9999						
00378-9691-52	KO	J7614	KO	07/23/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	07/23/2018	99/99/9999						
00378-9692-52		J7614		09/10/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	09/10/2018	99/99/9999						
00378-9692-52	KO	J7614	KO	09/10/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	09/10/2018	99/99/9999						
00378-9735-73		J8499		10/05/2018	02/28/2023	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG/5 ML	473	ML		PO	ML	1	EA	1	10/05/2018	02/28/2023						
00406-0646-02		J0706		01/01/2002	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
00406-0672-52		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
00406-1130-52		J3010		01/01/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2002	99/99/9999						
00406-1395-04		J3520		01/01/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	99/99/9999						
00406-1510-56		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
00406-1510-57		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
00406-1510-59		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
00406-1521-53		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE	5	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999						
00406-1521-55		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE	25	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999						
00406-1521-56		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE	50	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999						
00406-1521-57		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE	100	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999						
00406-1548-32		J0745		01/01/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2002	99/99/9999						
00406-1548-35		J0745		01/01/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2002	99/99/9999						
00406-1585-55		J2175		01/01/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	99/99/9999						
00406-4200-12		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
00406-6845-04		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	99/99/9999						
00406-6858-04		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (A.C.S.)	1	EA	NA	NA	GM	2	MEQ	6.71141	01/01/2002	99/99/9999						
00406-8020-03		J0574		01/05/2018	99/99/9999	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE	BUPRENORPHINE-NALOXONE (LEMON) 8 MG-2 MG	30	EA	BO	SL	EA	8	MG	1	01/05/2018	99/99/9999						
00406-8642-12		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	99/99/9999						
00409-0001-25		J2250		01/27/2025	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM SDV 1 MG/1 ML	2	ML	VL	IJ	ML	1	MG	1	01/27/2025	99/99/9999						
00409-0007-10		J2004		10/28/2024	99/99/9999	INJECTION, LIDOCAINE HCL WITH EPINEPHRINE, 1 MG	EPINEPHRINE-LIDOCAINE HCL MDV, FLIPTOP 1:100000-1%	20	ML		IJ	ML	1	MG	10	10/28/2024	99/99/9999						
00409-0009-25		J2405		12/16/2024	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	PREMIERPRO RX ONDANSETRON SDV 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	12/16/2024	99/99/9999						
00409-0016-01		J9171		01/10/2022	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL NOVAPLUS (MDV,LATEX-FREE) 10 MG/1 ML	16	ML		IV	ML	1	MG	10	01/10/2022	99/99/9999						
00409-0024-10		A4216		03/31/2025	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER FOR INJECTION NOVAPLUS	10	ML	VL	IJ	ML	10	ML	0.1	03/31/2025	99/99/9999						
00409-0064-10		J0675		10/01/2025	99/99/9999	INJECTION, CARBOPROST TROMETHAMINE, 0.1 MG	CARBOPROST TROMETHAMINE SDV 250 MCG/1 ML	1	ML		IM	ML	0.1	MG	2.5	10/01/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-0106-01		J0878		01/04/2017	12/17/2019	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	01/04/2017	12/17/2019						
00409-0120-01		J0877		01/01/2023	99/99/9999	INJECTION, DAPTOMYCIN (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IV	EA	1	MG	350	01/01/2023	99/99/9999						
00409-0120-01		J0878		08/04/2021	12/31/2022	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IV	EA	1	MG	350	08/04/2021	12/31/2022						
00409-0122-01		J0877		01/01/2023	99/99/9999	INJECTION, DAPTOMYCIN (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	1	MG	500	01/01/2023	99/99/9999						
00409-0122-01		J0878		08/04/2021	12/31/2022	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	1	MG	500	08/04/2021	12/31/2022						
00409-0125-25		J1920		08/07/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (MDV,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	5	MG	1	08/07/2023	99/99/9999						
00409-0147-10		J2004		10/28/2024	99/99/9999	INJECTION, LIDOCAINE HCL WITH EPINEPHRINE, 1 MG	EPINEPHRINE-LIDOCAINE HCL MDV, FLIPTOP 1:100000-2%	20	ML		IJ	ML	1	MG	20	10/28/2024	99/99/9999						
00409-0152-24		J1836		07/01/2023	99/99/9999	INJECTION, METRONIDAZOLE, 10 MG	METRONIDAZOLE (PF,LATEX-FREE) 500 MG/100 ML	100	ML		IV	ML	10	MG	0.5	07/01/2023	99/99/9999						
00409-0152-24		J3490		12/13/2021	06/30/2023	UNCLASSIFIED DRUGS	METRONIDAZOLE (PF,LATEX-FREE) 500 MG/100 ML	100	ML	BG	IV	ML	1	EA	1	12/13/2021	06/30/2023						
00409-0212-01		J2260		04/06/2015	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (SDV,PF) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	04/06/2015	99/99/9999						
00409-0212-02		J2260		04/06/2015	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (SDV,PF) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	04/06/2015	99/99/9999						
00409-0212-03		J2260		04/06/2015	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (SDV,PF) 1 MG/ML	50	ML	VL	IV	ML	5	MG	0.2	04/06/2015	99/99/9999						
00409-0222-10		J2185		12/05/2022	99/99/9999	INJECTION, MEROPENEM, 100 MG	PREMIERPRO RX MEROPENEM (SDV;USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	100	MG	5	12/05/2022	99/99/9999						
00409-0323-20		J9040		04/02/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE NOVAPLUS (S.D.V.) 30 U	1	EA		IJ	EA	15	U	2	04/02/2018	99/99/9999						
00409-0332-20		J9040		04/02/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE NOVAPLUS (S.D.V.) 15 U	1	EA		IJ	EA	15	U	1	04/02/2018	99/99/9999						
00409-0365-01		J9171		06/28/2021	99/99/9999	INJECTION, DOCETAXEL, 1 MG	PREMIERPRO RX DOCETAXEL (1X8ML;MDV,LATEX-FREE) 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	06/28/2021	99/99/9999						
00409-0366-01		J9171		07/08/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	07/08/2016	99/99/9999						
00409-0367-01		J9171		07/08/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	07/08/2016	99/99/9999						
00409-0368-01		J9171		12/08/2017	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	12/08/2017	99/99/9999						
00409-0525-25		J0665		12/09/2024	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	MARCAINE MDV 0.5%	50	ML	VL	IJ	ML	0.5	MG	10	12/09/2024	99/99/9999						
00409-0528-15		J1956		05/15/2017	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X50ML, SINGLE-USE,PF) 5%-250 MG/50 ML	50	ML	BG	IV	ML	250	MG	0.02	05/15/2017	99/99/9999						
00409-0528-25		J1956		05/15/2017	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X100ML, SINGLE-USE,PF) 5%-500 MG/100 ML	100	ML	BG	IV	ML	250	MG	0.02	05/15/2017	99/99/9999						
00409-0528-35		J1956		05/15/2017	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X150ML, SINGLE-USE,PF) 5%-750 MG/150 ML	150	ML	BG	IV	ML	250	MG	0.02	05/15/2017	99/99/9999						
00409-0801-01		J9268		07/20/2007	99/99/9999	INJECTION, PENTOSTATIN, 10 MG	NIPENT (SDV) 10 MG	1	EA	VL	IV	EA	10	MG	1	07/20/2007	99/99/9999						
00409-0805-11		J0690		12/15/2015	07/02/2020	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (INNER NDC) 1 GM	1	EA	VL	IJ	EA	500	MG	2	12/15/2015	07/02/2020						
00409-0829-01		J0457		07/01/2023	99/99/9999	INJECTION, AZTREONAM, 100 MG	AZTREONAM (SDV,USP,PF,LATEX-FREE) 1 GM	10	EA		IJ	EA	100	MG	10	07/01/2023	99/99/9999						
00409-0830-01		J0457		07/01/2023	99/99/9999	INJECTION, AZTREONAM, 100 MG	AZTREONAM (SDV,USP,PF,LATEX-FREE) 2 GM	10	EA		IJ	EA	100	MG	20	07/01/2023	99/99/9999						
00409-1007-01		J2501		01/01/2018	05/25/2022	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (LATEX-FREE) 0.002 MG/1 ML	1	ML	VL	IV	ML	1	MCG	2	01/01/2018	05/25/2022						
00409-1008-01		J2501		11/01/2014	05/25/2022	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL 0.005 MG/ML	1	ML	VL	IV	ML	1	MCG	5	11/01/2014	05/25/2022						
00409-1008-02		J2501		11/01/2014	05/25/2022	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL 0.005 MG/ML	2	ML	VL	IV	ML	1	MCG	5	11/01/2014	05/25/2022						
00409-1036-30		J0670		03/21/2006	05/25/2022	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE 1%	30	ML	VL	IJ	ML	10	ML	0.1	03/21/2006	05/25/2022						
00409-1038-50		J0670		10/08/2007	05/25/2022	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE (MDV) 1%	50	ML	VL	IJ	ML	10	ML	0.1	10/08/2007	05/25/2022						
00409-1041-30		J0670		04/26/2006	05/25/2022	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE (PF) 1.5%	30	ML	VL	IJ	ML	10	ML	0.1	04/26/2006	05/25/2022						
00409-1060-01		J9305		06/21/2022	06/30/2023	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IV	EA	10	MG	10	06/21/2022	06/30/2023						
00409-1060-01		J9323		07/01/2023	07/14/2025	INJECTION, PEMETREXED DITROMETHAMINE, 10 MG	PEMETREXED (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IV	EA	10	MG	10	07/01/2023	07/14/2025						
00409-1061-01		J9305		06/21/2022	06/30/2023	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	10	MG	50	06/21/2022	06/30/2023						
00409-1061-01		J9323		07/01/2023	07/14/2025	INJECTION, PEMETREXED DITROMETHAMINE, 10 MG	PEMETREXED (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	10	MG	50	07/01/2023	07/14/2025						
00409-1067-20		J0670		01/15/2007	05/25/2022	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE (SDV,USP,PF) 2%	20	ML	VL	IJ	ML	10	ML	0.1	01/15/2007	05/25/2022						
00409-1082-01		J7060		04/25/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (THERMOJECT KIT) 5%	10	ML	VL	IV	ML	500	ML	0.002	04/25/2005	99/99/9999						
00409-1112-01		J0594		02/28/2019	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SINGLE-USE) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	02/28/2019	99/99/9999						
00409-1130-02		J7799		05/13/2005	05/01/2011	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 23.4%	250	ML	GC	IV	ML	1	EA	1	05/13/2005	05/01/2011						
00409-1134-03		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, FLIPTOP) 50 MG/ML	20	ML	VL	IJ	ML	10	MG	5	01/01/2015	99/99/9999						
00409-1134-05		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LATEX-FREE) 50 MG/ML	50	ML	VL	IJ	ML	10	MG	5	01/01/2015	99/99/9999						
00409-1135-02		J2274		01/01/2015	10/20/2020	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (HIGH CONCENTRATION,PF) 25 MG/ML	10	ML	VL	IJ	ML	10	MG	2.5	01/01/2015	10/20/2020						
00409-1140-01		J0883		02/22/2017	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (SDV,PF) 100 MG/1 ML	2.5	ML	VL	IV	ML	1	MG	100	02/22/2017	99/99/9999						
00409-1141-02		J7799		04/13/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (VIAL,FLIPTOP,BULK PKG) 23.4%	100	ML	VL	IV	ML	1	EA	1	04/13/2005	99/99/9999						
00409-1159-01		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (USP,25X2ML,LATEX-FREE) 0.25%	10	ML	VL	IJ	ML	0.5	MG	5	07/01/2023	99/99/9999						
00409-1159-01		J3490		06/29/2005	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (USP,25X2ML,LATEX-FREE) 0.25%	10	ML	VL	IJ	ML	1	EA	1	06/29/2005	06/30/2023						
00409-1159-02		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (25X30ML,LATEX-FREE) 0.25%	30	ML	VL	IJ	ML	0.5	MG	5	07/01/2023	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-1159-02		J3490		08/10/2005	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (25X30ML,LATEX-FREE) 0.25%	30	ML	VL	U	ML	1	EA	1	08/10/2005	06/30/2023						
00409-1160-01		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (VIAL,FLIPTOP,LATEX-FREE) 0.25%	50	ML		U	ML	0.5	MG	5	07/01/2023	99/99/9999						
00409-1160-01		J3490		04/12/2005	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,FLIPTOP,LATEX-FREE) 0.25%	50	ML	VL	U	ML	1	EA	1	04/12/2005	06/30/2023						
00409-1162-01		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (25X10ML) 0.5%	10	ML	VL	U	ML	0.5	MG	10	07/01/2023	99/99/9999						
00409-1162-01		J3490		03/08/2006	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (25X10ML) 0.5%	10	ML	VL	U	ML	1	EA	1	03/08/2006	06/30/2023						
00409-1162-02		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.5%	30	ML	VL	U	ML	0.5	MG	10	07/01/2023	99/99/9999						
00409-1162-02		J3490		11/22/2005	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.5%	30	ML	VL	U	ML	1	EA	1	11/22/2005	06/30/2023						
00409-1163-01		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (VIAL,FLIPTOP,LATEX-FREE) 0.5%	50	ML		U	ML	0.5	MG	10	07/01/2023	99/99/9999						
00409-1163-01		J3490		03/30/2005	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,FLIPTOP,LATEX-FREE) 0.5%	50	ML	VL	U	ML	1	EA	1	03/30/2005	06/30/2023						
00409-1165-01		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.75%	10	ML	VL	U	ML	0.5	MG	15	07/01/2023	99/99/9999						
00409-1165-01		J3490		12/08/2005	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.75%	10	ML	VL	U	ML	1	EA	1	12/08/2005	06/30/2023						
00409-1165-02		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (TTV,LATEX-FREE) 0.75%	30	ML	VL	U	ML	0.5	MG	15	07/01/2023	99/99/9999						
00409-1165-02		J3490		05/24/2005	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (TTV,LATEX-FREE) 0.75%	30	ML	VL	U	ML	1	EA	1	05/24/2005	06/30/2023						
00409-1176-30		J2175		08/25/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LLK,SLIM PK,LATEX-FREE) 25 MG/ML	1	ML	SR	U	ML	100	MG	0.25	08/25/2005	99/99/9999						
00409-1178-30		J2175		09/14/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LATEX-FREE,CARPUJECT) 50 MG/ML	1	ML	SR	U	ML	100	MG	0.5	09/14/2005	99/99/9999						
00409-1179-30		J2175		12/08/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LATEX-FREE,CARPUJECT) 75 MG/ML	1	ML	SR	U	ML	100	MG	0.75	12/08/2005	99/99/9999						
00409-1180-69		J2175		09/14/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (CARPUJECT) 100 MG/ML	1	ML	SR	U	ML	100	MG	1	09/14/2005	99/99/9999						
00409-1181-30		J2175		01/31/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL (USP,MDV,STERILE) 50 MG/ML	30	ML	VL	U	ML	100	MG	0.5	01/31/2006	99/99/9999						
00409-1187-01		J1790		08/23/2005	08/19/2020	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (10X2ML AMP,LATEX-FREE) 2.5 MG/ML	2	ML	AM	U	ML	5	MG	0.5	08/23/2005	08/19/2020						
00409-1201-20		J2175		03/09/2006	03/30/2021	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL (MDV) 100 MG/ML	20	ML	VL	U	ML	100	MG	1	03/09/2006	03/30/2021						
00409-1203-01		J2175		12/16/2005	07/02/2020	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (UNI-AMP, 5X5,LATEX-FREE) 50 MG/ML	0.5	ML	AM	U	ML	100	MG	0.5	12/16/2005	07/02/2020						
00409-1207-03		J1580		08/30/2005	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAL,FLIPTOP) 40 MG/ML	2	ML	VL	U	ML	80	MG	0.5	08/30/2005	99/99/9999						
00409-1209-65		J2004		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HCL WITH EPINEPHRINE, 1 MG	EPINEPHRINE-LIDOCAINE HCL (EPIDURAL TEST DOSE) 1:200000-1.5%	5	ML		EP	ML	1	MG	15	10/01/2024	99/99/9999						
00409-1215-01		J2310		07/08/2005	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (VIAL,FLIPTOP,10X1ML) 0.4 MG/ML	1	ML	VL	U	ML	1	MG	0.4	07/08/2005	06/30/2025						
00409-1215-01		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL VIAL,FLIPTOP,10X1ML 0.4 MG/1 ML	1	ML		U	ML	0.01	MG	40	07/01/2025	99/99/9999						
00409-1219-01		J2310		04/03/2006	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HYDROCHLORIDE 0.4 MG/ML	10	ML	VL	U	ML	1	MG	0.4	04/03/2006	06/30/2025						
00409-1219-01		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL 0.4 MG/1 ML	10	ML		U	ML	0.01	MG	40	07/01/2025	99/99/9999						
00409-1253-01		J2175		01/04/2006	07/02/2020	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LATEX-FREE) 50 MG/ML	1	ML	AM	U	ML	100	MG	0.5	01/04/2006	07/02/2020						
00409-1254-01		J2175		03/20/2006	07/02/2020	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL (25X1.5ML) 50 MG/ML	1.5	ML	AM	U	ML	100	MG	0.5	03/20/2006	07/02/2020						
00409-1255-02		J2175		11/23/2005	05/25/2022	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (UNI-AMP 5X5,LATEX-FREE) 50 MG/ML	2	ML	AM	U	ML	100	MG	0.5	11/23/2005	05/25/2022						
00409-1256-01		J2175		01/26/2006	07/02/2020	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (25X1ML,LATEX-FREE) 100 MG/ML	1	ML	AM	U	ML	100	MG	1	01/26/2006	07/02/2020						
00409-1273-32		J3360		08/23/2005	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X2ML, LUER LOCK) 5 MG/ML	2	ML	CR	U	ML	5	MG	1	08/23/2005	99/99/9999						
00409-1276-32		J3010		07/27/2005	10/03/2023	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (LUER LOCK,10X2ML,PF) 0.05 MG/ML	2	ML	SR	U	ML	0.1	MG	0.5	07/27/2005	10/03/2023						
00409-1280-31		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	1	ML	SR	IV	ML	10	U	1	10/01/2009	99/99/9999						
00409-1280-32		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	2	ML	SR	IV	ML	10	U	1	10/01/2009	99/99/9999						
00409-1280-33		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	3	ML	CR	IV	ML	10	U	1	10/01/2009	99/99/9999						
00409-1280-35		J1642		03/03/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	5	ML	CR	IV	ML	10	U	1	03/03/2009	99/99/9999						
00409-1281-31		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,50X1ML) 100 U/ML	1	ML	CR	IV	ML	10	U	10	10/01/2009	99/99/9999						
00409-1281-32		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,CARPUJECT) 100 U/ML	2	ML	CR	IV	ML	10	U	10	10/01/2009	99/99/9999						
00409-1281-33		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,25X3ML) 100 U/ML	3	ML	CR	IV	ML	10	U	10	10/01/2009	99/99/9999						
00409-1281-35		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,CARPUJECT) 100 U/ML	5	ML	CR	IV	ML	10	U	10	10/01/2009	99/99/9999						
00409-1283-05		J1170		10/22/2012	04/12/2023	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,ISECURE SINGLE-DOSE) 1 MG/ML	0.5	ML	SR	U	ML	4	MG	0.25	10/22/2012	04/12/2023						
00409-1283-10		J1170		05/15/2009	02/19/2020	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,ISECURE SINGLE-DOSE) 1 MG/ML	10	EA	SR	U	ML	4	MG	0.25	05/15/2009	02/19/2020						
00409-1283-31		J1170		06/14/2005	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (LUER LOCK,10X1ML) 1 MG/ML	1	ML	CR	U	ML	4	MG	0.25	06/14/2005	09/30/2024						
00409-1283-31		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (LUER LOCK,10X1ML) 1 MG/1 ML	1	ML		U	ML	0.1	MG	10	10/01/2024	99/99/9999						
00409-1283-37		J1170		01/11/2021	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (NEXJECT,LATEX-FREE) 1 MG/1 ML	1	ML	SR	U	ML	4	MG	0.25	01/11/2021	09/30/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-1283-37		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (NEXJECT,LATEX-FREE) 1 MG/1 ML	1	ML		U	ML	0.1	MG	10	10/01/2024	99/99/9999						
00409-1304-31		J1170		07/13/2005	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (LUER LOCK,10X1ML) 4 MG/ML	1	ML	CR	U	ML	4	MG	1	07/13/2005	09/30/2024						
00409-1304-31		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (LUER LOCK,10X1ML) 4 MG/1 ML	1	ML		U	ML	0.1	MG	40	10/01/2024	99/99/9999						
00409-1312-10		J1170		10/01/2010	02/19/2020	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,ISECURE SINGLE-DOSE) 2 MG/ML	10	EA	SR	U	ML	4	MG	0.5	10/01/2010	02/19/2020						
00409-1312-30		J1170		07/07/2005	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (10X1ML,LLK,SLIM PK) 2 MG/ML	1	ML	CR	U	ML	4	MG	0.5	07/07/2005	09/30/2024						
00409-1312-30		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (10X1ML,LLK,SLIM PK) 2 MG/1 ML	1	ML		U	ML	0.1	MG	20	10/01/2024	99/99/9999						
00409-1312-36		J1170		02/01/2021	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (10X1ML;NEXJECT) 2 MG/1 ML	1	ML	SR	U	ML	4	MG	0.5	02/01/2021	09/30/2024						
00409-1312-36		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (10X1ML;NEXJECT) 2 MG/1 ML	1	ML		U	ML	0.1	MG	20	10/01/2024	99/99/9999						
00409-1316-32		J1644		03/23/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 10000 U/ML	0.5	ML	SR	U	ML	1000	U	10	03/23/2005	99/99/9999						
00409-1319-01		J3370		11/02/2021	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	500	MG	20	11/02/2021	06/30/2025						
00409-1319-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK PACKAGE,LYOPHILIZED 10 GM	1	EA		IV	EA	10	MG	1000	07/01/2025	99/99/9999						
00409-1323-05		J2001		12/08/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (10X5ML, ANSYR) 2%	5	ML	SR	U	ML	10	MG	2	12/08/2005	09/30/2024						
00409-1323-05		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (10X5ML, ANSYR) 2%	5	ML		U	ML	1	MG	20	10/01/2024	99/99/9999						
00409-1330-01		J1270		10/21/2019	09/21/2022	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (MDV) 2 MCG/1 ML	2	ML	VL	IV	ML	1	MCG	2	10/21/2019	09/21/2022						
00409-1362-01		J2175		04/16/2021	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL (10X1ML;NEXJECT,PF) 25 MG/1 ML	1	ML	SR	U	ML	100	MG	0.25	04/16/2021	99/99/9999						
00409-1390-51		J2185		10/08/2019	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (LATEX-FREE) 500 MG	10	EA	VL	IV	EA	100	MG	5	10/08/2019	99/99/9999						
00409-1391-22		J2185		10/08/2019	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (LATEX-FREE) 1 GM	10	EA	VL	IV	EA	100	MG	10	10/08/2019	99/99/9999						
00409-1412-04		J3490		06/14/2006	10/27/2022	UNCLASSIFIED DRUGS	BUMETANIDE (SDFLIPTOP VIAL,USP) 0.25 MG/ML	4	ML	VL	U	ML	1	EA	1	06/14/2006	10/27/2022						
00409-1412-10		J3490		06/29/2006	09/28/2022	UNCLASSIFIED DRUGS	BUMETANIDE (MDV,USP,10X10ML) 0.25 MG/ML	10	ML	VL	U	ML	1	EA	1	06/29/2006	09/28/2022						
00409-1418-01		J2175		04/16/2021	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL (10X1ML;NEXJECT,PF) 50 MG/1 ML	1	ML	SR	U	ML	100	MG	0.5	04/16/2021	99/99/9999						
00409-1463-01		J2300		03/09/2005	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (AMP,LATEX-FREE) 10 MG/ML	1	ML	AM	U	ML	10	MG	1	03/09/2005	99/99/9999						
00409-1464-01		J2300		07/13/2005	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (25X10ML) 10 MG/ML	10	ML	VL	U	ML	10	MG	1	07/13/2005	99/99/9999						
00409-1465-01		J2300		11/18/2004	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (AMP,LATEX-FREE) 20 MG/ML	1	ML	AM	U	ML	10	MG	2	11/18/2004	99/99/9999						
00409-1467-01		J2300		05/12/2005	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (VIAL,FLIPTOP) 20 MG/ML	10	ML	VL	U	ML	10	MG	2	05/12/2005	99/99/9999						
00409-1522-01		J7060		04/11/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X150ML) 5%	150	ML	GC	IV	ML	500	ML	0.002	04/11/2005	99/99/9999						
00409-1522-02		J7060		03/09/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X250ML) 5%	250	ML	GC	IV	ML	500	ML	0.002	03/09/2005	99/99/9999						
00409-1522-03		J7060		06/16/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X500ML) 5%	500	ML	GC	IV	ML	500	ML	0.002	06/16/2005	99/99/9999						
00409-1523-01		J7060		09/16/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (50/150ML PART FILL) 5%	50	ML	GC	IV	ML	500	ML	0.002	09/16/2005	99/99/9999						
00409-1523-11		J7060		07/27/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X100ML) 5%	100	ML	GC	IV	ML	500	ML	0.002	07/27/2005	99/99/9999						
00409-1530-25		J0665		08/25/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	MARCAINE SDV 0.5%	30	ML		U	ML	0.5	MG	10	08/25/2025	99/99/9999						
00409-1535-03		J7799		09/08/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML) 20%	500	ML	GC	IV	ML	1	EA	1	09/08/2005	99/99/9999						
00409-1539-31		J2060		12/23/2005	10/25/2021	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML, LUER LOCK) 4 MG/ML	1	ML	CR	U	ML	2	MG	2	12/23/2005	10/25/2021						
00409-1559-10		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	MARCAINE HCL (10X10ML, S.D.V.) 0.25%	10	ML	VL	U	ML	0.5	MG	5	07/01/2023	99/99/9999						
00409-1559-10		J3490		08/22/2005	06/30/2023	UNCLASSIFIED DRUGS	MARCAINE HCL (10X10ML, S.D.V.) 0.25%	10	ML	VL	U	ML	1	EA	1	08/22/2005	06/30/2023						
00409-1559-30		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	MARCAINE HCL (S.D.V.,LATEX-FREE) 0.25%	30	ML	VL	U	ML	0.5	MG	5	07/01/2023	99/99/9999						
00409-1559-30		J3490		09/07/2005	06/30/2023	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.,LATEX-FREE) 0.25%	30	ML	VL	U	ML	1	EA	1	09/07/2005	06/30/2023						
00409-1560-10		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	MARCAINE HCL (S.D.V.,PF) 0.5%	10	ML	VL	U	ML	0.5	MG	10	07/01/2023	99/99/9999						
00409-1560-10		J3490		08/31/2005	06/30/2023	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	10	ML	VL	U	ML	1	EA	1	08/31/2005	06/30/2023						
00409-1560-29		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	MARCAINE HCL (S.D.V.,PF) 0.5%	30	ML	VL	U	ML	0.5	MG	10	07/01/2023	99/99/9999						
00409-1560-29		J3490		08/05/2005	06/30/2023	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	30	ML	VL	U	ML	1	EA	1	08/05/2005	06/30/2023						
00409-1582-10		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	MARCAINE HCL (10X10ML, S.D.V.,PF) 0.75%	10	ML		U	ML	0.5	MG	15	07/01/2023	99/99/9999						
00409-1582-10		J3490		07/22/2005	06/30/2023	UNCLASSIFIED DRUGS	MARCAINE HCL (10X10ML, S.D.V.) 0.75%	10	ML	VL	U	ML	1	EA	1	07/22/2005	06/30/2023						
00409-1582-29		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	MARCAINE HCL (10X30ML,PF) 0.75%	30	ML	VL	U	ML	0.5	MG	15	07/01/2023	99/99/9999						
00409-1582-29		J3490		08/04/2005	06/30/2023	UNCLASSIFIED DRUGS	MARCAINE HCL (10X30ML,LATEX-FREE) 0.75%	30	ML	VL	U	ML	1	EA	1	08/04/2005	06/30/2023						
00409-1583-01		J7050		07/20/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (12X150ML,PF) 0.9%	150	ML	FC	IV	ML	250	ML	0.004	07/20/2005	99/99/9999						
00409-1583-02		J7050		09/14/2005	08/06/2024	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (12X250ML,PF) 0.9%	250	ML	GC	IV	ML	250	ML	0.004	09/14/2005	08/06/2024						
00409-1584-11		J7050		09/16/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (12X100ML,150ML VIAL,PF) 0.9%	100	ML	GC	IV	ML	250	ML	0.004	09/16/2005	99/99/9999						
00409-1586-03		J7799		03/24/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (12X500ML) 5%	500	ML	GC	IV	ML	1	EA	1	03/24/2006	99/99/9999						
00409-1587-50		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	MARCAINE HCL (M.D.V.,LATEX-FREE) 0.25%	50	ML	VL	U	ML	0.5	MG	5	07/01/2023	99/99/9999						
00409-1587-50		J3490		01/10/2006	06/30/2023	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.,LATEX-FREE) 0.25%	50	ML	VL	U	ML	1	EA	1	01/10/2006	06/30/2023						
00409-1590-02		A4217		08/05/2005	05/01/2012	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (12X250ML,PF,LATEX-FREE)	250	ML	GC	IV	ML	500	ML	0.002	08/05/2005	05/01/2012						
00409-1610-50		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	MARCAINE HCL (M.D.V.,PF) 0.5%	50	ML	VL	U	ML	0.5	MG	10	07/01/2023	99/99/9999						
00409-1610-50		J3490		11/22/2005	06/30/2023	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.) 0.5%	50	ML	VL	U	ML	1	EA	1	11/22/2005	06/30/2023						
00409-1623-01		J0595		09/20/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 1 MG/ML	1	ML	VL	U	ML	1	MG	1	09/20/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-1623-49		J0595		10/19/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE NOVATION (10X1ML) 1 MG/ML	1	ML	VL	U	ML	1	MG	1	10/19/2005	99/99/9999						
00409-1626-01		J0595		03/21/2006	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 2 MG/ML	1	ML	VL	U	ML	1	MG	2	03/21/2006	99/99/9999						
00409-1626-02		J0595		12/21/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X2ML) 2 MG/ML	2	ML	VL	U	ML	1	MG	2	12/21/2005	99/99/9999						
00409-1626-49		J0595		05/24/2006	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	NOVAPLUS BUTORPHANOL TARTRATE (VHA,10X1ML) 2 MG/ML	1	ML	VL	U	ML	1	MG	2	05/24/2006	99/99/9999						
00409-1626-51		J0595		12/08/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE NOVATION (10X2ML) 2 MG/ML	2	ML	VL	U	ML	1	MG	2	12/08/2005	99/99/9999						
00409-1639-10		J1940		01/23/2006	04/12/2023	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (10X10ML, ANSYR) 10 MG/ML	10	ML	SR	U	ML	20	MG	0.5	01/23/2006	04/12/2023						
00409-1700-01		J9041		07/27/2022	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB (SDV,PF,LATEX-FREE) 3.5 MG	1	EA	VL	U	EA	0.1	MG	35	07/27/2022	99/99/9999						
00409-1732-01		J9171		06/28/2021	99/99/9999	INJECTION, DOCETAXEL, 1 MG	PREMIERPRO RX DOCETAXEL (1X16ML;MDV,LATEX-FREE) 10 MG/1 ML	16	ML	VL	IV	ML	1	MG	10	06/28/2021	99/99/9999						
00409-1754-10		J3475		11/27/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (10X10ML,SINGLE-DOSE,USP) 500 MG/ML	10	ML	SR	U	ML	500	MG	1	11/27/2006	99/99/9999						
00409-1761-02		J3490		06/06/2005	08/30/2022	UNCLASSIFIED DRUGS	MARCAINE SPINAL (AMP,W/DEXTROSE,PF) 0.75%	2	ML	AM	U	ML	1	EA	1	06/06/2005	08/30/2022						
00409-1761-10		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	MARCAINE SPINAL (PF) 0.75%	2	ML	AM	U	ML	0.5	MG	15	07/01/2023	99/99/9999						
00409-1761-10		J3490		08/08/2022	06/30/2023	UNCLASSIFIED DRUGS	MARCAINE SPINAL (PF) 0.75%	2	ML	AM	U	ML	1	EA	1	08/08/2022	06/30/2023						
00409-1775-10		J7799		02/20/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (2.5GM INFANT ANSYR SYR) 25%	10	ML	SR	IV	ML	1	EA	1	02/20/2006	99/99/9999						
00409-1782-69		J2310		09/29/2005	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (10X1ML, CARPUJECT) 0.4 MG/ML	1	ML	SR	U	ML	1	MG	0.4	09/29/2005	06/30/2025						
00409-1782-69		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL 10X1ML, CARPUJECT 0.4 MG/1 ML	1	ML		U	ML	0.01	MG	40	07/01/2025	99/99/9999						
00409-1805-01		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (NEXJECT,LATEX-FREE) 0.25 MG/0.5 ML	0.5	ML		U	ML	0.1	MG	5	10/01/2024	99/99/9999						
00409-1886-05		J1953		01/29/2018	04/12/2023	INJECTION, LEVETIRACETAM, 10 MG	PREMIERPRO RX LEVETIRACETAM (SDV) 100 MG/1 ML	5	ML		IV	ML	10	MG	10	01/29/2018	04/12/2023						
00409-1890-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 2 MG/ML	1	ML	SR	IV	ML	10	MG	0.2	01/01/2015	99/99/9999						
00409-1890-23		J2274		01/11/2021	07/14/2025	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (10X1ML;NEXJECT,PF) 2 MG/1 ML	1	ML	SR	IV	ML	10	MG	0.2	01/11/2021	07/14/2025						
00409-1891-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 4 MG/ML	1	ML	SR	IV	ML	10	MG	0.4	01/01/2015	99/99/9999						
00409-1891-11		J2274		01/01/2015	02/19/2020	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (ISECURE SINGLE USE) 4 MG/ML	1	ML	SR	IV	ML	10	MG	0.4	01/01/2015	02/19/2020						
00409-1891-23		J2274		02/01/2021	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (10X1ML;NEXJECT,PF) 4 MG/1 ML	1	ML	SR	IV	ML	10	MG	0.4	02/01/2021	99/99/9999						
00409-1893-01		J2274		01/01/2015	07/14/2025	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 10 MG/ML	1	ML	SR	IV	ML	10	MG	1	01/01/2015	07/14/2025						
00409-1893-23		J2274		02/01/2021	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (10X1ML;NEXJECT,PF) 10 MG/1 ML	1	ML	SR	IV	ML	10	MG	1	02/01/2021	99/99/9999						
00409-1902-01		J2690		03/10/2006	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HYDROCHLORIDE (25X10ML,FTV) 100 MG/ML	10	ML	VL	U	ML	1	GM	0.1	03/10/2006	99/99/9999						
00409-1903-01		J2690		08/24/2005	08/30/2022	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL 500 MG/ML	2	ML	VL	IV	ML	1	GM	0.5	08/24/2005	08/30/2022						
00409-1918-32		A4216		01/01/2007	07/02/2020	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LUER LOCK,50X2ML,PF) 0.9%	2	ML	CR	IV	ML	10	ML	0.1	01/01/2007	07/02/2020						
00409-1918-33		A4216		01/01/2007	08/25/2021	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5	ML	CR	IV	ML	10	ML	0.1	01/01/2007	08/25/2021						
00409-1918-35		A4216		01/01/2007	07/02/2020	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5	ML	CR	IV	ML	10	ML	0.1	01/01/2007	07/02/2020						
00409-1966-05		A4216		05/02/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (25X20ML,LATEX-FREE) 0.9%	20	ML	VL	IV	ML	10	ML	0.1	05/02/2005	99/99/9999						
00409-1966-07		A4216		04/05/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (VIAL,FLIPTOP PLASTIC) 0.9%	30	ML	VL	IV	ML	10	ML	0.1	04/05/2005	99/99/9999						
00409-1966-12		A4216		10/06/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (25X10ML, LS-PLASTIC) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	10/06/2005	99/99/9999						
00409-1966-14		A4216		06/01/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (FLIPTOP,LS-PLASTIC) 0.9%	30	ML	VL	IV	ML	10	ML	0.1	06/01/2005	99/99/9999						
00409-1985-30		J2060		06/01/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (LUER LOCK,CARPUJECT) 2 MG/ML	1	ML	CR	U	ML	2	MG	1	06/01/2005	99/99/9999						
00409-2011-25		J1953		11/01/2021	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM NOVAPLUS (25X5ML;USP;SDV) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	11/01/2021	99/99/9999						
00409-2012-32		J0592		06/17/2005	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (10X1ML,CARPUJECT) 0.3 MG/ML	1	ML	SR	U	ML	0.1	MG	3.24	06/17/2005	99/99/9999						
00409-2025-20		J1250		02/20/2006	10/20/2020	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE (10X20ML) 12.5 MG/ML	20	ML	VL	IV	ML	250	MG	0.05	02/20/2006	10/20/2020						
00409-2025-54		J1250		11/10/2005	03/19/2020	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (10X40ML) 12.5 MG/ML	40	ML	VL	IV	ML	250	MG	0.05	11/10/2005	03/19/2020						
00409-2026-01		J9171		01/10/2022	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL NOVAPLUS (SDV,LATEX-FREE) 10 MG/1 ML	2	ML		IV	ML	1	MG	10	01/10/2022	99/99/9999						
00409-2045-10		J2260		04/04/2022	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE IN DEXTROSE (PF,LATEX-FREE) 5%-20 MG/100 ML	100	ML	FC	IV	ML	5	MG	0.04	04/04/2022	99/99/9999						
00409-2047-50		J0670		09/22/2006	03/30/2021	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE (M.D.V.,USP) 2%	50	ML	VL	U	ML	10	ML	0.1	09/22/2006	03/30/2021						
00409-2050-20		J3475		11/14/2022	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PF,LATEX-FREE) 40 MG/1 ML	500	ML	FC	IV	ML	500	MG	0.08	11/14/2022	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-2066-05		J2001		09/06/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL,LATEX-FREE) 2%	5	ML	VL	U	ML	10	MG	2	09/06/2005	09/30/2024						
00409-2066-05		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (VIAL,LATEX-FREE) 2%	5	ML		U	ML	1	MG	20	10/01/2024	99/99/9999						
00409-2102-05		A4216		01/01/2007	12/05/2019	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (25X5ML,PF) 0.9%	5	ML	VL	IV	ML	10	ML	0.1	01/01/2007	12/05/2019						
00409-2168-02		J3475		01/31/2005	08/19/2020	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (VIAL, FLIPTOP) 500 MG/ML	20	ML	VL	U	ML	500	MG	1	01/31/2005	08/19/2020						
00409-2168-77		J3475		03/15/2021	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PF,LATEX-FREE) 500 MG/1 ML	20	ML	VL	U	ML	500	MG	1	03/15/2021	99/99/9999						
00409-2220-24		J1956		06/10/2024	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X50ML, SINGLE-USE,PF) 5%-250 MG/50 ML	50	ML		IV	ML	250	MG	0.02	06/10/2024	99/99/9999						
00409-2253-25		J0665		05/12/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	MARCAINE HCL SDV 0.75%	30	ML	VL	U	ML	0.5	MG	15	05/12/2025	99/99/9999						
00409-2265-01		J2597		02/04/2005	08/19/2020	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (UNI-AMP) 4 MCG/ML	1	ML	AM	U	ML	1	MCG	4	02/04/2005	08/19/2020						
00409-2267-20		J1920		07/01/2023	07/14/2025	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (USP,MDV) 5 MG/1 ML	20	ML		IV	ML	5	MG	1	07/01/2023	07/14/2025						
00409-2267-54		J1920		07/01/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (M.D.V.,LATEX-FREE) 5 MG/1 ML	40	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						
00409-2287-31		J1885		04/25/2005	10/25/2021	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LUER LOCK,CARPUJECT) 30 MG/ML	1	ML	CR	U	ML	15	MG	2	04/25/2005	10/25/2021						
00409-2287-61		J1885		06/20/2005	10/25/2021	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE ((LUER LOCK),10X2ML) 30 MG/ML	2	ML	SR	IM	ML	15	MG	2	06/20/2005	10/25/2021						
00409-2290-31		J1200		04/25/2005	10/20/2020	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (LUER LOCK,CARPUJECT) 50 MG/ML	1	ML	CR	U	ML	50	MG	1	04/25/2005	10/20/2020						
00409-2300-24		J0744		07/05/2023	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN IN DEXTROSE (PF,LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	07/05/2023	99/99/9999						
00409-2305-05		J2250		12/21/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (PF) 1 MG/ML	5	ML	VL	U	ML	1	MG	1	12/21/2005	99/99/9999						
00409-2305-50		J2250		09/13/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FTV,10X5ML,PF) 1 MG/ML	5	ML	VL	U	ML	1	MG	1	09/13/2005	99/99/9999						
00409-2305-61		J2250		10/03/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL AMERINET CHOICE (VIAL,FLIPTOP,PF) 1 MG/ML	2	ML	VL	U	ML	1	MG	1	10/03/2005	99/99/9999						
00409-2305-62		J2250		10/03/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL AMERINET CHOICE (VIAL,FLIPTOP,PF) 1 MG/ML	5	ML	VL	U	ML	1	MG	1	10/03/2005	99/99/9999						
00409-2306-62		J2250		03/10/2005	10/25/2021	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LUER LOCK,STERILE,PF) 1 MG/ML	2	ML	SR	U	ML	1	MG	1	03/10/2005	10/25/2021						
00409-2307-60		J2250		04/25/2005	10/25/2021	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X1ML,PF,CARPUJECT) 5 MG/ML	1	ML	CR	U	ML	1	MG	5	04/25/2005	10/25/2021						
00409-2308-01		J2250		06/07/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X1ML,PF) 5 MG/ML	1	ML	VL	U	ML	1	MG	5	06/07/2005	99/99/9999						
00409-2308-02		J2250		10/10/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,PF) 5 MG/ML	2	ML	VL	U	ML	1	MG	5	10/10/2005	99/99/9999						
00409-2308-49		J2250		12/29/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FLIPTOP VIAL,PF) 5 MG/ML	1	ML	VL	U	ML	1	MG	5	12/29/2005	99/99/9999						
00409-2308-50		J2250		11/18/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (VIAL,FLIPTOP,PF) 5 MG/ML	2	ML	VL	U	ML	1	MG	5	11/18/2005	99/99/9999						
00409-2336-10		J0895		04/25/2005	03/30/2021	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (LATEX-FREE) 500 MG	1	EA	VL	U	EA	500	MG	1	04/25/2005	03/30/2021						
00409-2337-25		J0895		03/21/2005	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (VIAL,LATEX-FREE) 2 GM	1	EA	VL	U	EA	500	MG	4	03/21/2005	99/99/9999						
00409-2344-01		J1250		07/27/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (VIAL,FLIPTOP) 12.5 MG/ML	20	ML	VL	IV	ML	250	MG	0.05	07/27/2005	99/99/9999						
00409-2344-02		J1250		06/29/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE (10X20ML,FTV) 12.5 MG/ML	20	ML	VL	IV	ML	250	MG	0.05	06/29/2005	99/99/9999						
00409-2344-88		J1250		03/21/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE NOVAPLUS (S.D.V., U.S.P.) 12.5 MG/ML	20	ML	VL	IV	ML	250	MG	0.05	03/21/2005	99/99/9999						
00409-2346-32		J1250		08/11/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE IN DEXTROSE (12X250ML,LATEX-FREE) 5%-100 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.004	08/11/2005	99/99/9999						
00409-2347-32		J1250		01/11/2006	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE (LATEX-FREE) 5%-200 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.008	01/11/2006	99/99/9999						
00409-2504-10		J2469		11/15/2018	04/12/2023	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	11/15/2018	04/12/2023						
00409-2510-25		J0665		08/28/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	MARCAINE SDV 0.25%	10	ML	VL	U	ML	0.5	MG	5	08/28/2025	99/99/9999						
00409-2540-01		J1170		09/21/2005	07/02/2020	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (USP,10X1ML) 4 MG/ML	1	ML	AM	U	ML	4	MG	1	09/21/2005	07/02/2020						
00409-2552-01		J1170		09/21/2005	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (USP,10X1ML) 1 MG/ML	1	ML	AM	U	ML	4	MG	0.25	09/21/2005	09/30/2024						
00409-2552-01		J1171		10/01/2024	10/30/2024	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (USP,10X1ML) 1 MG/1 ML	1	ML		U	ML	0.1	MG	10	10/01/2024	10/30/2024						
00409-2581-02		J1644		03/24/2006	07/01/2011	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (ADD-VANTAGE VIAL) 2000 U/ML	5	ML	VL	IV	ML	1000	U	2	03/24/2006	07/01/2011						
00409-2585-01		J0690		06/27/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (SDV,ADD-VANTAGE) 1 GM	25	EA	VL	IV	EA	500	MG	2	06/27/2007	99/99/9999						
00409-2587-05		J2250		01/27/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE (10X10ML,FLIPTOPVIAL) 1 MG/ML	10	ML	VL	U	ML	1	MG	1	01/27/2006	99/99/9999						
00409-2587-53		J2250		03/07/2006	04/01/2015	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	NOVAPLUS MIDAZOLAM HCL (10X10ML,FTV) 1 MG/ML	10	ML	VL	U	ML	1	MG	1	03/07/2006	04/01/2015						
00409-2596-03		J2250		10/28/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,LATEX-FREE) 5 MG/ML	5	ML	VL	U	ML	1	MG	5	10/28/2005	99/99/9999						
00409-2596-05		J2250		01/11/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL, FLIPTOP) 5 MG/ML	10	ML	VL	U	ML	1	MG	5	01/11/2006	99/99/9999						
00409-2596-52		J2250		01/23/2006	01/14/2020	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	NOVAPLUS MIDAZOLAM HYDROCHLORIDE (10X5ML) 5 MG/ML	5	ML	VL	U	ML	1	MG	5	01/23/2006	01/14/2020						
00409-2596-53		J2250		09/27/2005	01/14/2020	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FTV,10X10ML,LATEX-FREE) 5 MG/ML	10	ML	VL	U	ML	1	MG	5	09/27/2005	01/14/2020						
00409-2689-01		J0295		10/09/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (SDV,ADD-VANTAGE) 1 GM-0.5 GM	1	EA	VL	IV	EA	1.5	GM	1	07/31/2017	99/99/9999	10/09/2006	10/01/2013	1			
00409-2689-11		J0295		07/01/2007	10/01/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM (USP,ADD-VANTAGE) 1 GM-0.5 GM	1	EA	VL	IV	EA	1.5	GM	1	07/01/2007	10/01/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-2757-01		J0878		09/22/2020	09/21/2022	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	1	MG	500	09/22/2020	09/21/2022						
00409-2776-02		J2260		03/08/2006	05/25/2022	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (IN 5% DEXTROSE,10X200ML) 5%-20 MG/100 ML	200	ML	FC	IV	ML	5	MG	0.04	03/08/2006	05/25/2022						
00409-2776-23		J2260		06/15/2005	05/25/2022	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSE/MILRINONE LACTATE (10X100ML,LATEX-FREE) 5%-20 MG/100 ML	100	ML	FC	IV	ML	5	MG	0.04	06/15/2005	05/25/2022						
00409-2987-03		J0295		10/09/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (SDV,ADD-VANTAGE) 2 GM-1 GM	1	EA	VL	IV	EA	1.5	GM	2	01/01/2018	99/99/9999	10/09/2006	10/01/2013	2			
00409-2987-13		J0295		07/01/2007	10/01/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM (USP,ADD-VANTAGE) 2 GM-1 GM	1	EA	VL	IV	EA	1.5	GM	2	07/01/2007	10/01/2013						
00409-2999-14		J2543		01/23/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LYOPHILIZED) 12 GM-1.5 GM	1	EA	BO	IV	EA	1.125	GM	12	01/23/2017	99/99/9999						
00409-3150-20		J1644		01/03/2023	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM-SODIUM CHLORIDE (20X500ML,SDC,PF) 25000 U/500 ML-0.45%	500	ML	FC	IV	ML	1000	U	0.05	01/03/2023	99/99/9999						
00409-3164-12		J3475		06/19/2023	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SD,PF,LATEX-FREE) 40 MG/1 ML	1000	ML	FC	IV	ML	500	MG	0.08	06/19/2023	99/99/9999						
00409-3213-12		J3360		10/01/2007	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X10ML,USP,MDV,FLIPTOP) 5 MG/ML	10	ML	VL	IJ	ML	5	MG	1	10/01/2007	99/99/9999						
00409-3300-24		J0744		01/03/2022	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (24X200ML,SDC,USP,PF) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	01/03/2022	99/99/9999						
00409-3307-03		J7608		04/11/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30	ML	VL	IH	ML	1	GM	0.1	04/11/2005	99/99/9999						
00409-3307-03	KO	J7608	KO	04/11/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30	ML	VL	IH	ML	1	GM	0.1	04/11/2005	99/99/9999						
00409-3308-03		J7608		05/25/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (3X30ML) 20%	30	ML	VL	IH	ML	1	GM	0.2	05/25/2005	99/99/9999						
00409-3308-03	KO	J7608	KO	05/25/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (3X30ML) 20%	30	ML	VL	IH	ML	1	GM	0.2	05/25/2005	99/99/9999						
00409-3330-24		J1956		06/10/2024	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X100ML, SINGLE-USE,PF) 5%-500 MG/100 ML	100	ML		IV	ML	250	MG	0.02	06/10/2024	99/99/9999						
00409-3356-01		J1170		09/21/2005	07/02/2020	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (10X1ML,USP) 2 MG/ML	1	ML	AM	IJ	ML	4	MG	0.5	09/21/2005	07/02/2020						
00409-3365-01		J1170		09/21/2005	10/25/2021	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (SDV,25X1ML) 2 MG/ML	1	ML	VL	IJ	ML	4	MG	0.5	09/21/2005	10/25/2021						
00409-3365-10		J1170		06/14/2021	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (10X1ML;SD,LATEX-FREE) 2 MG/1 ML	1	ML	VL	IJ	ML	4	MG	0.5	06/14/2021	09/30/2024						
00409-3365-10		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (10X1ML;SD,LATEX-FREE) 2 MG/1 ML	1	ML		IJ	ML	0.1	MG	20	10/01/2024	99/99/9999						
00409-3382-21		J3490		07/15/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (10X1ML,LATEX-FREE) 50 MCG/ML	1	ML	VL	IJ	ML	1	EA	1	07/15/2005	99/99/9999						
00409-3382-22		J3490		07/18/2005	10/25/2021	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (10X2ML,LATEX-FREE) 50 MCG/ML	2	ML	VL	IJ	ML	1	EA	1	07/18/2005	10/25/2021						
00409-3382-25		J3490		10/19/2005	10/25/2021	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (USP,10X5ML) 50 MCG/ML	5	ML	VL	IJ	ML	1	EA	1	10/19/2005	10/25/2021						
00409-3383-10		J2543		06/09/2025	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM SINGLE DOSE 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	06/09/2025	99/99/9999						
00409-3385-15		J2543		06/09/2025	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM SINGLE DOSE 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	06/09/2025	99/99/9999						
00409-3390-10		J2543		06/09/2025	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM SINGLE DOSE 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	06/09/2025	99/99/9999						
00409-3400-01		J1580		03/24/2006	12/01/2010	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (25X6ML,ADD-VANTAGE) 10 MG/ML	6	ML	VL	IV	ML	80	MG	0.125	03/24/2006	12/01/2010						
00409-3412-10		J2185		12/05/2022	99/99/9999	INJECTION, MEROPENEM, 100 MG	PREMIERPRO RX MEROPENEM (SDV;USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	100	MG	10	12/05/2022	99/99/9999						
00409-3414-11		J2765		08/26/2024	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL SDV 5 MG/1 ML	2	ML		IJ	ML	10	MG	0.5	08/26/2024	99/99/9999						
00409-3435-24		J1450		03/03/2025	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IN SODIUM CHLORIDE 200 MG/100 ML	100	ML		IV	ML	200	MG	0.01	03/03/2025	99/99/9999						
00409-3459-07		J1170		06/27/2018	10/25/2021	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (PF,LATEX-FREE) 2 MG/1 ML	1	ML	AM	IJ	ML	4	MG	0.5	06/27/2018	10/25/2021						
00409-3510-22		J1335		09/29/2020	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (LYOPHILIZED) 1 GM	10	EA	VL	IJ	EA	500	MG	2	09/29/2020	99/99/9999						
00409-3515-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL LYOPHILIZED 1.5 GM	10	EA		IV	EA	10	MG	150	07/01/2025	99/99/9999						
00409-3578-01		J3260		11/02/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (VIAL,FLIPTOP) 40 MG/ML	2	ML	VL	IJ	ML	80	MG	0.5	11/02/2004	99/99/9999						
00409-3595-01		J0698		01/22/2018	02/19/2025	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	25	EA	VL	IJ	EA	1	GM	1	01/22/2018	02/19/2025						
00409-3613-01		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE SPINAL (AMP) 0.75%	2	ML	AM	IJ	ML	0.5	MG	15	07/01/2023	99/99/9999						
00409-3613-01		J3490		01/07/2005	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE SPINAL AMPUL (AMP,LATEX-FREE) 0.25%	2	ML	AM	IJ	ML	1	EA	1	01/07/2005	06/30/2023						
00409-3713-01		J3490		01/01/2018	10/25/2021	UNCLASSIFIED DRUGS	NAFCILLIN (PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	1	EA	1	01/01/2018	10/25/2021						
00409-3714-01		J3490		01/01/2018	10/25/2021	UNCLASSIFIED DRUGS	NAFCILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	1	EA	1	01/01/2018	10/25/2021						
00409-3715-01		J3490		01/01/2018	10/25/2021	UNCLASSIFIED DRUGS	NAFCILLIN (PF,LATEX-FREE) 10 GM	10	EA	VL	IV	EA	1	EA	1	01/01/2018	10/25/2021						
00409-3718-01		J0290		08/07/2017	09/28/2022	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IJ	EA	500	MG	1	08/07/2017	09/28/2022						
00409-3719-01		J0290		08/07/2017	03/30/2021	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	08/07/2017	03/30/2021						
00409-3720-01		J0290		08/01/2017	07/27/2022	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	08/01/2017	07/27/2022						
00409-3724-32		J1250		10/07/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE (LATEX-FREE) 5%-400 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.016	10/07/2005	99/99/9999						
00409-3725-01		J0290		08/07/2017	10/03/2023	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 10 GM	10	EA	VL	IJ	EA	500	MG	20	08/07/2017	10/03/2023						
00409-3726-01		J0290		08/01/2017	10/04/2022	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	08/01/2017	10/04/2022						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-3793-01		J1885		05/31/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,FLIPTOP VIAL) 15 MG/ML	1	ML	VL	U	ML	15	MG	1	05/31/2005	99/99/9999						
00409-3793-25		J1885		12/30/2024	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE USP,FLIPTOP VIAL 15 MG/1 ML	1	ML	VL	U	ML	15	MG	1	12/30/2024	99/99/9999						
00409-3795-01		J1885		01/06/2006	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LATEX-FREE) 30 MG/ML	1	ML	VL	U	ML	15	MG	2	01/06/2006	99/99/9999						
00409-3795-19		J1885		01/06/2006	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (INNER PACK,LATEX-FREE) 30 MG/1 ML	1	ML	VL	U	ML	15	MG	2	01/06/2006	99/99/9999						
00409-3796-01		J1885		12/21/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (VIAL, FLIPTOP) 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	12/21/2005	99/99/9999						
00409-3796-25		J1885		01/27/2025	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/1 ML	2	ML	VL	IM	ML	15	MG	2	01/27/2025	99/99/9999						
00409-3814-12		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (5X10ML,PF,LATEX-FREE) 0.5 MG/ML	10	ML	VL	U	ML	10	MG	0.05	01/01/2015	99/99/9999						
00409-3815-12		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (5X10ML,LATEX-FREE) 1 MG/ML	10	ML	VL	U	ML	10	MG	0.1	01/01/2015	99/99/9999						
00409-3977-03		A4216		04/07/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION BACTERIOSTATIC (VIAL,FLIPTOP,LATEX-FREE)	30	ML	VL	IV	ML	10	ML	0.1	04/07/2005	99/99/9999						
00409-4029-03		A4216		03/01/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (AMP,PF,LATEX-FREE)	20	ML	AM	IV	ML	10	ML	0.1	03/01/2005	99/99/9999						
00409-4031-01		J2150		10/19/2004	09/30/2025	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (VIAL, FLIPTOP) 25%	50	ML	VL	IV	ML	50	ML	0.02	10/19/2004	09/30/2025						
00409-4031-01		J2151		10/01/2025	99/99/9999	INJECTION, MANNITOL, 250 MG	MANNITOL VIAL, FLIPTOP 25%	50	ML		IV	ML	250	MG	1	10/01/2025	99/99/9999						
00409-4044-02		A4216		02/09/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (25X10ML,PF,LATEX-FREE)	10	ML	AM	IV	ML	10	ML	0.1	02/09/2006	99/99/9999						
00409-4121-50		J3475		12/27/2022	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SDC,PF,LATEX-FREE) 40 MG/1 ML	100	ML	FC	IV	ML	500	MG	0.08	12/27/2022	99/99/9999						
00409-4215-01		J3489		08/21/2017	05/25/2022	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SINGLE USE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	08/21/2017	05/25/2022						
00409-4215-05		J3489		03/07/2019	05/25/2022	INJECTION, ZOLEDRONIC ACID, 1 MG	PREMIERPRO RX ZOLEDRONIC ACID 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	03/07/2019	05/25/2022						
00409-4228-01		J3489		08/21/2017	11/03/2021	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SINGLE USE,LATEX-FREE) 5 MG/100 ML	100	ML	BG	IV	ML	1	MG	0.05	08/21/2017	11/03/2021						
00409-4229-01		J3489		08/21/2017	11/03/2021	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SINGLE USE,LATEX-FREE) 4 MG/100 ML	100	ML	BG	IV	ML	1	MG	0.04	08/21/2017	11/03/2021						
00409-4235-01		J9171		06/28/2021	99/99/9999	INJECTION, DOCETAXEL, 1 MG	PREMIERPRO RX DOCETAXEL (1X1ML;SDV,LATEX-FREE) 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	06/28/2021	99/99/9999						
00409-4264-01		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (SDS) 0.5 MG/0.5 ML	0.5	ML		U	ML	0.1	MG	10	10/01/2024	99/99/9999						
00409-4275-01		J2001		12/30/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL, FLIPTOP) 0.5%	50	ML	VL	U	ML	10	MG	0.5	12/30/2005	09/30/2024						
00409-4275-01		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (VIAL, FLIPTOP) 0.5%	50	ML		U	ML	1	MG	5	10/01/2024	99/99/9999						
00409-4276-01		J2001		08/12/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (FTV,25X20ML) 1%	20	ML	VL	EP	ML	10	MG	1	08/12/2005	09/30/2024						
00409-4276-01		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (FTV,25X20ML) 1%	20	ML		U	ML	1	MG	10	10/01/2024	99/99/9999						
00409-4276-02		J2001		07/07/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X50ML) 1%	50	ML	VL	EP	ML	10	MG	1	07/07/2005	09/30/2024						
00409-4276-02		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (25X50ML) 1%	50	ML		U	ML	1	MG	10	10/01/2024	99/99/9999						
00409-4277-01		J2001		06/13/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X20ML,LATEX-FREE) 2%	20	ML	VL	U	ML	10	MG	2	06/13/2005	09/30/2024						
00409-4277-01		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (25X20ML) 2%	20	ML		U	ML	1	MG	20	10/01/2024	99/99/9999						
00409-4277-02		J2001		08/12/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (FTV,25X50ML,LATEX-FREE) 2%	50	ML	VL	U	ML	10	MG	2	08/12/2005	09/30/2024						
00409-4277-02		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (FTV,25X50ML,LATEX-FREE) 2%	50	ML		U	ML	1	MG	20	10/01/2024	99/99/9999						
00409-4278-01		J2001		06/29/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X50ML) 0.5%	50	ML	VL	U	ML	10	MG	0.5	06/29/2005	09/30/2024						
00409-4278-01		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (25X50ML) 0.5%	50	ML		U	ML	1	MG	5	10/01/2024	99/99/9999						
00409-4279-02		J2001		08/31/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (TEARDROP BOTTLE) 1%	30	ML	VL	EP	ML	10	MG	1	08/31/2005	09/30/2024						
00409-4279-02		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (TEARDROP BOTTLE,PF) 1%	30	ML		U	ML	1	MG	10	10/01/2024	99/99/9999						
00409-4282-01		J2001		09/09/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP,25X2ML,LATEX-FREE) 2%	2	ML	AM	U	ML	10	MG	2	09/09/2005	09/30/2024						
00409-4282-01		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (AMP,25X2ML,LATEX-FREE) 2%	2	ML		U	ML	1	MG	20	10/01/2024	99/99/9999						
00409-4282-02		J2001		02/08/2006	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HYDROCHLORIDE (USP,25X10ML,SDA,PF) 2%	10	ML	AM	U	ML	10	MG	2	02/08/2006	09/30/2024						
00409-4282-02		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (USP,25X10ML,SDA,PF) 2%	10	ML		U	ML	1	MG	20	10/01/2024	99/99/9999						
00409-4283-01		J2001		05/16/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP,LATEX-FREE) 4%	5	ML	AM	U	ML	10	MG	4	05/16/2005	09/30/2024						
00409-4283-01		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (AMP,LATEX-FREE) 4%	5	ML		U	ML	1	MG	40	10/01/2024	99/99/9999						
00409-4321-24		J1450		02/03/2025	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IN SODIUM CHLORIDE 24X200ML 400 MG/200 ML	200	ML		IV	ML	200	MG	0.01	02/03/2025	99/99/9999						
00409-4332-01		J3370		04/25/2005	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,FLIPTOP) 500 MG	1	EA	VL	IV	EA	500	MG	1	04/25/2005	06/30/2025						
00409-4332-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL VIAL,FLIPTOP 500 MG	10	EA		IV	EA	10	MG	50	07/01/2025	99/99/9999						
00409-4346-73		J0281		04/01/2025	99/99/9999	INJECTION, AMINOCAPROIC ACID, 1 GRAM	AMINOCAPROIC ACID VIAL,FLIPTOP 250 MG/1 ML	20	ML		IV	ML	1	GM	0.25	04/01/2025	99/99/9999						
00409-4346-73		J3490		04/13/2005	03/31/2025	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (VIAL,FLIPTOP) 250 MG/ML	20	ML	VL	IV	ML	1	EA	1	04/13/2005	03/31/2025						
00409-4444-24		J1956		06/10/2024	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X150ML, SINGLE-USE,PF) 5%-750 MG/150 ML	150	ML		IV	ML	250	MG	0.02	06/10/2024	99/99/9999						
00409-4520-30		J1644		12/12/2022	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM IN DEXTROSE (30X250ML,LATEX-FREE) 5%-25000 U/250 ML	250	ML	FC	IV	ML	1000	U	0.1	12/12/2022	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-4688-12		J1450		12/29/2015	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	12/29/2015	99/99/9999						
00409-4688-18		J1450		12/18/2015	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	12/18/2015	99/99/9999						
00409-4688-23		J1450		06/16/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X100ML,LATEX FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	06/16/2006	99/99/9999						
00409-4699-24		J3490		03/22/2006	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (FLIPTOP VIAL) 10 MG/ML	100	ML	VL	IV	ML	1	EA	1	03/22/2006	99/99/9999						
00409-4699-30		J3490		03/22/2006	09/30/2022	UNCLASSIFIED DRUGS	PROPOFOL (FLIPTOP VIAL) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	03/22/2006	09/30/2022						
00409-4699-33		J3490		03/22/2006	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (FLIPTOP VIAL) 10 MG/ML	50	ML	VL	IV	ML	1	EA	1	03/22/2006	99/99/9999						
00409-4713-02		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (25X5ML,LATEX-FREE) 1%	5	ML		EP	ML	1	MG	10	10/01/2024	99/99/9999						
00409-4713-02		J2001		11/21/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X5ML,LATEX-FREE) 1%	5	ML	AM	EP	ML	10	MG	1	11/21/2005	09/30/2024						
00409-4713-32		J2001		09/06/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (LATEX-FREE) 1%	2	ML	AM	EP	ML	10	MG	1	09/06/2005	09/30/2024						
00409-4713-32		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (LATEX-FREE) 1%	2	ML		EP	ML	1	MG	10	10/01/2024	99/99/9999						
00409-4755-61		J2405		12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	AMERINET CHOICE ONDANSETRON (5X2ML,SDV,USP) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	12/26/2006	99/99/9999						
00409-4759-01		J2405		12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	12/26/2006	99/99/9999						
00409-4776-01		J2001		02/06/2006	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HYDROCHLORIDE (25X20ML,PF) 1.5%	20	ML	AM	IJ	ML	10	MG	1.5	02/06/2006	09/30/2024						
00409-4776-01		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (25X20ML,PF) 1.5%	20	ML		IJ	ML	1	MG	15	10/01/2024	99/99/9999						
00409-4777-02		J0744		03/19/2008	10/03/2023	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (24X200ML,SINGLEDOSE,USP) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	03/19/2008	10/03/2023						
00409-4777-23		J0744		03/19/2008	10/03/2023	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (24X100ML,SINGLEDOSE,USP) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	03/19/2008	10/03/2023						
00409-4777-61		J0744		05/19/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	AMERINET CHOICE CIPROFLOXACIN (24X100ML,SINGLEDOSE,USP) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	05/19/2008	99/99/9999						
00409-4778-86		J0744		08/29/2006	08/25/2025	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (SINGLE-DOSE,USP) 10 MG/ML	40	ML	VL	IV	ML	200	MG	0.05	01/01/2017	08/25/2025	08/29/2006	11/01/2015	0.05			
00409-4883-01		J2020		06/22/2015	12/31/2022	INJECTION, LINEZOLID, 200MG	LINEZOLID 2 MG/ML	300	ML	FC	IV	ML	200	MG	0.01	06/22/2015	12/31/2022						
00409-4883-01		J2021		01/01/2023	99/99/9999	INJECTION, LINEZOLID (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J2020, 200 MG	LINEZOLID 2 MG/ML	300	ML	FC	IV	ML	200	MG	0.01	01/01/2023	99/99/9999						
00409-4883-10		J2021		06/19/2023	99/99/9999	INJECTION, LINEZOLID (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J2020, 200 MG	LINEZOLID (FREEFLEX BAG,LATEX-FREE) 2 MG/1 ML	300	ML	PC	IV	ML	200	MG	0.01	06/19/2023	99/99/9999						
00409-4887-10		A4216		08/18/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (FTV,25X10ML,PF)	10	ML	VL	IV	ML	10	ML	0.1	08/18/2005	99/99/9999						
00409-4887-20		A4216		06/16/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (25X20ML,STERILE,PF)	20	ML	VL	IV	ML	10	ML	0.1	06/16/2005	99/99/9999						
00409-4887-50		A4216		08/05/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (FTV,25X50ML,PF)	50	ML	VL	IV	ML	10	ML	0.1	08/05/2005	99/99/9999						
00409-4887-99		A4216		08/03/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (FTV,25X100ML,PF)	100	ML	VL	IV	ML	10	ML	0.1	08/03/2005	99/99/9999						
00409-4888-10		A4216		04/22/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL,FLIPTOP,ADDITIVE) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	04/22/2005	99/99/9999						
00409-4888-12		A4216		07/15/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (25X10ML,PF,LATEX-FREE) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	07/15/2005	99/99/9999						
00409-4888-20		A4216		02/23/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL, FLIPTOP, ADDITIVE) 0.9%	20	ML	VL	IV	ML	10	ML	0.1	02/23/2005	99/99/9999						
00409-4888-50		A4216		02/14/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL,FLIPTOP,ADDITIVE) 0.9%	50	ML	VL	IV	ML	10	ML	0.1	02/14/2005	99/99/9999						
00409-4902-34		J7799		12/08/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFESHEILD, 18G1-1/2) 50%	1	ML	SR	IV	ML	1	EA	1	12/08/2005	99/99/9999						
00409-4903-34		J2001		12/01/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (21GX1-1/2",LATEX-FREE) 2%	5	ML	SR	IJ	ML	10	MG	2	12/01/2005	09/30/2024						
00409-4903-34		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (21GX1-1/2",LATEX-FREE) 2%	5	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
00409-4904-34		J2001		08/23/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (10X5ML,LATEX-FREE) 1%	5	ML	SR	EP	ML	10	MG	1	08/23/2005	09/30/2024						
00409-4904-34		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (10X5ML,LATEX-FREE) 1%	5	ML		EP	ML	1	MG	10	10/01/2024	99/99/9999						
00409-4933-01		J0167		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG	EPINEPHRINE ABBOJECT 0.1 MG/1 ML	10	ML	SY	IV	ML	0.1	MG	1	07/01/2025	99/99/9999						
00409-4933-10		J0167		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG	EPINEPHRINE ABBOJECT 0.1 MG/1 ML	10	ML		IV	ML	0.1	MG	1	07/01/2025	99/99/9999						
00409-5010-25		J0665		02/03/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	MARCAINE SDV 0.5%	10	ML	VL	IJ	ML	0.5	MG	10	02/03/2025	99/99/9999						
00409-5017-01		J3370		11/02/2021	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVAPLUS (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	500	MG	20	11/02/2021	06/30/2025						
00409-5017-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL NOVAPLUS PHARMACY BULK PACKAGE,LYOPHILIZED 10 GM	1	EA		IV	EA	10	MG	1000	07/01/2025	99/99/9999						
00409-5068-01		J9171		06/28/2021	99/99/9999	INJECTION, DOCETAXEL, 1 MG	PREMIERPRO RX DOCETAXEL (1X4ML;MDV,LATEX-FREE) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	06/28/2021	99/99/9999						
00409-5082-16		J0713		10/24/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (LATEX-FREE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	10/24/2005	99/99/9999						
00409-5084-11		J0713		12/05/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF 2 GM	1	EA	VL	IJ	EA	500	MG	4	12/05/2005	99/99/9999						
00409-5086-11		J0713		04/19/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (BULK PHARMACY) 6 GM	1	EA	VL	IV	EA	500	MG	12	04/19/2006	99/99/9999						
00409-5092-16		J0713		05/02/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (SINGLE-DOSE ADD-VANTAGE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	05/02/2006	99/99/9999						
00409-5093-11		J0713		04/03/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (ADD-VANTAGE,USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/03/2006	99/99/9999						
00409-5239-60		J3475		12/27/2022	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SDC,PF,LATEX-FREE) 40 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.08	12/27/2022	99/99/9999						
00409-5255-15		J2765		08/26/2024	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	PREMIERPRO RX METOCLOPRAMIDE HCL SDV 5 MG/1 ML	2	ML		IJ	ML	10	MG	0.5	08/26/2024	99/99/9999						
00409-5255-25		J2765		11/14/2022	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	PREMIERPRO RX METOCLOPRAMIDE HCL (SDV,PF,LATEX-FREE) 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	11/14/2022	99/99/9999						
00409-5820-01		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (FLIPTOP) 40 MG/ML	5	ML	VL	IV	ML	40	MG	1	01/01/2006	99/99/9999						
00409-5921-01		J0280		04/25/2005	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (VIAL,FLIPTOP,25X10ML) 25 MG/ML	10	ML	VL	IV	ML	250	MG	0.1	04/25/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-5922-01		J0280		12/24/2004	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (VIAL, FLIPTOP,ABBOJECT) 25 MG/ML	20	ML	VL	IV	ML	250	MG	0.1	12/24/2004	99/99/9999						
00409-5933-01		J0878		10/26/2020	08/30/2022	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IV	EA	1	MG	350	10/26/2020	08/30/2022						
00409-6010-25		J2704		05/17/2022	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (LATEX-FREE) 10 MG/1 ML	20	ML	VL	IV	ML	10	MG	1	05/17/2022	99/99/9999						
00409-6028-04		J2270		01/01/2015	05/15/2020	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SDV,30MLX10,PF) 5 MG/ML	30	ML	VL	IV	ML	10	MG	0.5	01/01/2015	05/15/2020						
00409-6062-02		J2270		01/10/2006	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE IN 5% DEXTROSE (PREMIX) 5%-100 MG/100 ML	250	ML	GC	IV	ML	10	MG	0.1	01/10/2006	99/99/9999						
00409-6102-02		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE VIAL,FLIPTOP,ABBOJECT 10 MG/1 ML	2	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
00409-6102-02		J1940		02/18/2005	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	02/18/2005	03/31/2025						
00409-6102-04		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE VIAL,FLIPTOP,ABBOJECT 10 MG/1 ML	4	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
00409-6102-04		J1940		02/21/2005	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	4	ML	VL	IJ	ML	20	MG	0.5	02/21/2005	03/31/2025						
00409-6102-10		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE VIAL,FLIPTOP,ABBOJECT 10 MG/1 ML	10	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
00409-6102-10		J1940		03/24/2005	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	10	ML	VL	IJ	ML	20	MG	0.5	03/24/2005	03/31/2025						
00409-6138-03		A4217		06/01/2005	01/24/2020	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (USP,AQUALITE,PF) 0.9%	500	ML	PC	IR	ML	500	ML	0.002	06/01/2005	01/24/2020						
00409-6138-22		A4217		09/01/2005	04/17/2020	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE, 24X250ML,PF) 0.9%	250	ML	PC	IR	ML	500	ML	0.002	09/01/2005	04/17/2020						
00409-6139-03		A4217		05/09/2005	02/12/2020	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE, U.S.P.)	500	ML	PC	IR	ML	500	ML	0.002	05/09/2005	02/12/2020						
00409-6139-22		A4217		05/04/2005	08/01/2022	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE, U.S.P.)	250	ML	PC	IR	ML	500	ML	0.002	05/04/2005	08/01/2022						
00409-6476-44		J1364		03/10/2006	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (ADD-VANTAGE VIAL,PF) 500 MG	1	EA	VL	IV	EA	500	MG	1	03/10/2006	99/99/9999						
00409-6482-01		J1364		05/23/2005	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	05/23/2005	99/99/9999						
00409-6509-01		J3370		06/06/2005	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (BULK,LATEX-FREE) 5 GM	1	EA	VL	IV	EA	500	MG	10	06/06/2005	06/30/2025						
00409-6509-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL BULK 5 GM	1	EA		IV	EA	10	MG	500	07/01/2025	99/99/9999						
00409-6509-49		J3370		06/03/2005	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVAPLUS (BULK) 5 GM	1	EA	VL	IV	EA	500	MG	10	06/03/2005	06/30/2025						
00409-6509-49		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL NOVAPLUS BULK,LYOPHILIZED 5 GM	1	EA		IV	EA	10	MG	500	07/01/2025	99/99/9999						
00409-6533-01		J3370		03/15/2005	10/25/2021	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,FLIPTOP,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	500	MG	2	03/15/2005	10/25/2021						
00409-6533-21		J3370		03/22/2021	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (FLIPTOP,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	03/22/2021	06/30/2025						
00409-6533-21		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL FLIPTOP,LYOPHILIZED 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
00409-6533-31		J3370		01/16/2020	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVAPLUS (SDV,FLIPTOP,USP,PF) 1 GM	10	EA	VL	IV	EA	500	MG	2	01/16/2020	06/30/2025						
00409-6533-31		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL NOVAPLUS SDV,FLIPTOP,USP,LYOPHILIZED 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
00409-6534-01		J3370		06/08/2005	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (ADD-VANTAGE,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	06/08/2005	06/30/2025						
00409-6534-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL ADD-VANTAGE 500 MG	10	EA		IV	EA	10	MG	50	07/01/2025	99/99/9999						
00409-6535-01		J3370		03/29/2005	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HYDROCHLORIDE (ADD-VANTAGE,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	500	MG	2	03/29/2005	06/30/2025						
00409-6535-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL ADD-VANTAGE 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
00409-6557-01		J1071		07/19/2016	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1MG	TESTOSTERONE CYPIONATE (MDV) 100 MG/1 ML	10	ML	VL	IM	ML	1	MG	100	07/19/2016	99/99/9999						
00409-6562-01		J1071		07/19/2016	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1MG	TESTOSTERONE CYPIONATE 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	07/19/2016	99/99/9999						
00409-6562-20		J1071		07/19/2016	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1MG	TESTOSTERONE CYPIONATE (MDV) 200 MG/1 ML	10	ML	VL	IM	ML	1	MG	200	07/19/2016	99/99/9999						
00409-6629-02		J0330		04/25/2005	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	QUELICIN (VIAL,FLIPTOP) 20 MG/ML	10	ML	VL	IV	ML	20	MG	1	04/25/2005	99/99/9999						
00409-6635-01		J3480		09/21/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FTV,25X5ML,10ML VIAL) 2 MEQ/ML	5	ML	VL	IV	ML	2	MEQ	1	09/21/2005	99/99/9999						
00409-6648-02		J7799		03/29/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAL,FLIPTOP,ADDITIVE) 50%	50	ML	VL	IV	ML	1	EA	1	03/29/2005	99/99/9999						
00409-6651-06		J3480		11/10/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (VIAL,FLIPTOP,20ML) 2 MEQ/ML	10	ML	VL	IV	ML	2	MEQ	1	11/10/2005	99/99/9999						
00409-6653-05		J3480		08/09/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FTV,30ML,LATEX-FREE) 2 MEQ/ML	20	ML	VL	IV	ML	2	MEQ	1	08/09/2005	99/99/9999						
00409-6660-75		J7799		07/26/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (25X40ML,LATEX-FREE) 14.6%	40	ML	VL	IV	ML	1	EA	1	07/26/2005	99/99/9999						
00409-6727-23		J3475		09/20/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	DEXTROSE/MAGNESIUM SULFATE (PLASTIC CONTAINER) 5%-1 GM/100 ML	100	ML	FC	IV	ML	500	MG	0.02	09/20/2005	99/99/9999						
00409-6727-50		J3475		12/27/2022	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE-DEXTROSE (SDC,PF,LATEX-FREE) 5%-1 GM/100 ML	100	ML	FC	IV	ML	500	MG	0.02	12/27/2022	99/99/9999						
00409-6729-03		J3475		08/16/2005	02/01/2024	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (24X500ML,LATEX-FREE) 40 MG/ML	500	ML	PC	IV	ML	500	MG	0.08	08/16/2005	02/01/2024						
00409-6729-09		J3475		09/22/2005	06/18/2024	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PLASTIC CONTAINER) 40 MG/ML	1000	ML	PC	IV	ML	500	MG	0.08	09/22/2005	06/18/2024						
00409-6729-23		J3475		10/06/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (24X100ML,LATEX-FREE) 40 MG/ML	100	ML	PC	IV	ML	500	MG	0.08	10/06/2005	99/99/9999						
00409-6729-24		J3475		12/01/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SINGLE DOSE,LATEX-FREE) 40 MG/ML	50	ML	FC	IV	ML	500	MG	0.08	12/01/2006	99/99/9999						
00409-6730-13		J3475		04/03/2006	04/12/2023	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (LATEX-FREE) 80 MG/ML	50	ML	FC	IV	ML	500	MG	0.16	04/03/2006	04/12/2023						
00409-6730-60		J3475		12/27/2022	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SDC,PF,LATEX-FREE) 80 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.16	12/27/2022	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-6778-02		J2060		01/27/2006	10/03/2023	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML) 2 MG/ML	1	ML	VL	U	ML	2	MG	1	01/27/2006	10/03/2023						
00409-6778-05		J2060		03/06/2018	05/25/2022	INJECTION, LORAZEPAM, 2 MG	PREMIERPRO RX LORAZEPAM (LATEX-FREE) 2 MG/1 ML	1	ML		U	ML	2	MG	1	03/06/2018	05/25/2022						
00409-6778-62		J2060		06/28/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML) 2 MG/ML	1	ML	VL	U	ML	2	MG	1	06/28/2005	99/99/9999						
00409-6779-02		J2060		01/05/2006	10/25/2021	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL, FLIPTOP) 4 MG/ML	10	ML	VL	U	ML	2	MG	2	01/05/2006	10/25/2021						
00409-6780-02		J2060		12/29/2005	10/25/2021	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL,FLIPTOP) 2 MG/ML	10	ML	VL	U	ML	2	MG	1	12/29/2005	10/25/2021						
00409-7074-26		J3480		04/25/2005	09/03/2019	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (P.C.,LATEX-FREE) 10 MEQ/100 ML	100	ML	PC	IV	ML	2	MEQ	0.05	04/25/2005	09/03/2019						
00409-7075-14		J3480		06/08/2005	05/01/2020	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (24X50ML,LATEX-FREE) 10 MEQ/50 ML	50	ML	PC	IV	ML	2	MEQ	0.1	06/08/2005	05/01/2020						
00409-7075-26		J3480		04/11/2005	08/02/2019	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (PC,24X100ML,LATEX-FREE) 20 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.1	04/11/2005	08/02/2019						
00409-7077-14		J3480		06/28/2005	11/01/2019	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (24X50ML,LATEX-FREE) 20 MEQ/50 ML	50	ML	FC	IV	ML	2	MEQ	0.2	06/28/2005	11/01/2019						
00409-7077-26		J3480		05/04/2005	04/17/2020	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (HIGHLY CONC.,24X100ML) 40 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.2	05/04/2005	04/17/2020						
00409-7100-02		J7060		07/22/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (ADD-VANTAGE,24X250ML) 5%	250	ML	FC	IV	ML	500	ML	0.002	07/22/2005	99/99/9999						
00409-7100-66		J7060		08/17/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (ADD-VANTAGE,LATEX-FREE) 5%	50	ML	FC	IV	ML	500	ML	0.002	08/17/2005	99/99/9999						
00409-7100-67		J7060		09/14/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (ADD-VANTAGE,50X100ML) 5%	100	ML	FC	IV	ML	500	ML	0.002	09/14/2005	99/99/9999						
00409-7101-02		J7050		07/08/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (ADD-VANTAGE,24X250ML,PF) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	07/08/2005	99/99/9999						
00409-7101-66		A4216		07/28/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (ADD-VANT,LIFECARE) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	07/28/2005	99/99/9999						
00409-7101-67		J7050		08/24/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (50X100ML, ADD-VANTAGE) 0.9%	100	ML	PC	IV	ML	250	ML	0.004	08/24/2005	99/99/9999						
00409-7111-09		J7120		08/05/2005	12/19/2019	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEX/LACT. RINGERS/POTASSIUM CHL (12X1000ML,LATEX-FREE)	1000	ML	FC	IV	ML	1000	ML	0.001	08/05/2005	12/19/2019						
00409-7115-09		J3480		04/06/2005	06/02/2020	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (12X1000ML,LATEX-FREE) 2 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.01	04/06/2005	06/02/2020						
00409-7116-09		J3480		06/22/2005	06/02/2020	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (12X1000ML,LATEX-FREE) 4 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.02	06/22/2005	06/02/2020						
00409-7118-07		A4217		08/16/2005	12/19/2019	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (BULK PACKAGE,PF)	2000	ML	FC	IR	ML	500	ML	0.002	08/16/2005	12/19/2019						
00409-7120-07		J7799		07/06/2005	12/19/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (6X2000ML,LATEX-FREE) 70%	2000	ML	FC	IV	ML	1	EA	1	07/06/2005	12/19/2019						
00409-7132-02		J7799		05/26/2006	01/30/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (USP,ADD-VANTAGE) 0.45%	250	ML	FC	IV	ML	1	EA	1	05/26/2006	01/30/2020						
00409-7132-66		J7799		09/12/2005	10/09/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (ADD-VANTAGE,LATEX-FREE) 0.45%	50	ML	FC	IV	ML	1	EA	1	09/12/2005	10/09/2019						
00409-7132-67		J7799		11/14/2005	10/09/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (ADD-VANTAGE,LATEX-FREE) 0.45%	100	ML	PC	IV	ML	1	EA	1	11/14/2005	10/09/2019						
00409-7138-09		A4217		05/11/2005	02/12/2020	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,12X1000ML,PF) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	05/11/2005	02/12/2020						
00409-7138-36		A4217		06/09/2005	03/06/2020	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,9X1500ML,PF) 0.9%	1500	ML	PC	IR	ML	500	ML	0.002	06/09/2005	03/06/2020						
00409-7139-09		A4217		03/02/2005	03/13/2020	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE W/HANGER,PF)	1000	ML	PC	IR	ML	500	ML	0.002	03/02/2005	03/13/2020						
00409-7139-36		A4217		05/04/2005	02/25/2020	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE)	1500	ML	PC	IR	ML	500	ML	0.002	05/04/2005	02/25/2020						
00409-7241-61		J0171		01/01/2018	03/30/2021	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE 1 MG/1 ML	1	ML	AM	U	ML	0.1	MG	10	01/01/2018	03/30/2021						
00409-7332-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,FLIPTOP VIAL) 1 GM	1	EA	VL	U	EA	250	MG	4	07/20/2005	99/99/9999						
00409-7332-20		J0696		04/30/2018	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP) 1 GM	10	EA		U	EA	250	MG	4	04/30/2018	99/99/9999						
00409-7333-04		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	U	EA	250	MG	4	07/20/2005	99/99/9999						
00409-7333-49		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	U	EA	250	MG	4	07/20/2005	99/99/9999						
00409-7334-10		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,BULK PACK) 10 GM	1	EA	VL	U	EA	250	MG	40	07/20/2005	99/99/9999						
00409-7334-20		J0696		02/28/2018	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP) 10 GM	1	EA		IV	EA	250	MG	40	02/28/2018	99/99/9999						
00409-7335-20		J0696		04/30/2018	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP) 2 GM	10	EA		U	EA	250	MG	8	04/30/2018	99/99/9999						
00409-7336-04		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,ADD-VANTAGE VIAL) 2 GM	1	EA	VL	U	EA	250	MG	8	07/20/2005	99/99/9999						
00409-7337-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1	EA	VL	U	EA	250	MG	1	07/20/2005	99/99/9999						
00409-7337-20		J0696		02/28/2018	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP) 250 MG	10	EA		U	EA	250	MG	1	02/28/2018	99/99/9999						
00409-7338-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1	EA	VL	U	EA	250	MG	2	07/20/2005	99/99/9999						
00409-7338-20		J0696		02/28/2018	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP) 500 MG	10	EA		U	EA	250	MG	2	02/28/2018	99/99/9999						
00409-7418-03		J7100		02/14/2006	99/99/9999	INFUSION, DEXTRAN 40, 500 ML	LMD IN DEXTROSE (12X500ML,LATEX-FREE) 10%-5%	500	ML	FC	IV	ML	500	ML	0.002	02/14/2006	99/99/9999						
00409-7419-03		J7100		08/09/2005	99/99/9999	INFUSION, DEXTRAN 40, 500 ML	LMD W/0.9% SODIUM CHLORIDE (LATEX-FREE) 10%-0.9%	500	ML	FC	IV	ML	500	ML	0.002	08/09/2005	99/99/9999						
00409-7517-16		J7799		12/07/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (ANSYR II,LATEX-FREE) 50%	50	ML	SR	IV	ML	1	EA	1	12/07/2005	99/99/9999						
00409-7535-25		J0665		05/27/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	MARCAINE SDV 0.25%	30	ML		U	ML	0.5	MG	5	05/27/2025	99/99/9999						
00409-7620-03		J1644		04/05/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (18X500ML,LATEX-FREE) 200 U/100 ML-0.9%	500	ML	FC	IV	ML	1000	U	0.002	04/05/2005	99/99/9999						
00409-7620-59		J1644		04/13/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (LATEX-FREE) 200 U/100 ML-0.9%	1000	ML	FC	IV	ML	1000	U	0.002	04/13/2005	99/99/9999						
00409-7650-30		J1644		01/30/2023	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM-SODIUM CHLORIDE (PF,LATEX-FREE) 25000 U/250 ML-0.45%	250	ML	FC	IV	ML	1000	U	0.1	01/30/2023	99/99/9999						
00409-7650-62		J1644		07/06/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (24X250ML,LATEX-FREE) 10000 U/100 ML-0.45%	250	ML	FC	IV	ML	1000	U	0.1	07/06/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7651-03		J1644		06/28/2005	04/12/2023	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (24X500ML,LATEX-FREE) 5000 U/100 ML-0.45%	500	ML	FC	IV	ML	1000	U	0.05	06/28/2005	04/12/2023						
00409-7651-62		J1644		07/28/2005	10/03/2023	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (24X250ML,LATEX-FREE) 5000 U/100 ML-0.45%	250	ML	FC	IV	ML	1000	U	0.05	07/28/2005	10/03/2023						
00409-7705-62		J2810		05/27/2006	12/01/2010	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE IN DEXTROSE (USP,250MLX24) 5%-320 MG/100 ML	250	ML	FC	IV	ML	40	MG	0.08	05/27/2006	12/01/2010						
00409-7714-03		J7799		08/30/2005	01/22/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (LATEX-FREE) 15%	500	ML	FC	IV	ML	1	EA	1	08/30/2005	01/22/2019						
00409-7715-02		J7799		11/14/2005	09/08/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (FLEX CONTAINER,24X250ML) 20%	250	ML	FC	IV	ML	1	EA	1	11/14/2005	09/08/2020						
00409-7715-03		J7799		09/16/2005	12/19/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (FLEX CONTAINER,12X500ML) 20%	500	ML	FC	IV	ML	1	EA	1	09/16/2005	12/19/2019						
00409-7730-20		J7799		07/27/2005	07/28/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (QUAD-PK,48X25ML) 0.45%	25	ML	FC	IV	ML	1	EA	1	07/27/2005	07/28/2005						
00409-7730-36		J7799		07/11/2005	02/07/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (80X50ML,LATEX-FREE) 0.45%	50	ML	FC	IV	ML	1	EA	1	07/11/2005	02/07/2020						
00409-7730-37		J7799		09/16/2005	05/08/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (80X100ML,LATEX-FREE) 0.45%	100	ML	FC	IV	ML	1	EA	1	09/16/2005	05/08/2020						
00409-7760-03		J1644		08/30/2005	01/01/2012	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (LATEX-FREE) 5%-4000 U/100 ML	500	ML	FC	IV	ML	1000	U	0.04	08/30/2005	01/01/2012						
00409-7761-03		J1644		07/22/2005	07/01/2012	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (24X500ML,LATEX-FREE) 5%-5000 U/100 ML	500	ML	FC	IV	ML	1000	U	0.05	07/22/2005	07/01/2012						
00409-7793-62		J1644		10/14/2005	10/03/2023	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (24X250ML,LATEX-FREE) 5%-10000 U/100 ML	250	ML	FC	IV	ML	1000	U	0.1	10/14/2005	10/03/2023						
00409-7809-22		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-160 MG/100 ML	250	ML	PC	IV	ML	40	MG	0.04	01/01/2006	99/99/9999						
00409-7809-24		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,12X500ML) 5%-100 MG/100 ML	500	ML	FC	IV	ML	40	MG	0.025	01/01/2006	99/99/9999						
00409-7810-22		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,12X250ML) 5%-320 MG/100 ML	250	ML	FC	IV	ML	40	MG	0.08	01/01/2006	99/99/9999						
00409-7811-24		J3490		08/31/2005	08/30/2022	UNCLASSIFIED DRUGS	METRONIDAZOLE (S.D.V.,LATEX-FREE) 500 MG/100 ML	100	ML	FC	IV	ML	1	EA	1	08/31/2005	08/30/2022						
00409-7811-37		J1836		07/01/2023	04/01/2024	INJECTION, METRONIDAZOLE, 10 MG	METRONIDAZOLE (LIFECARE,QUAD PACK) 500 MG/100 ML	100	ML		IV	ML	10	MG	0.5	07/01/2023	04/01/2024						
00409-7811-37		J3490		09/22/2005	06/30/2023	UNCLASSIFIED DRUGS	METRONIDAZOLE (LIFECARE,QUAD PACK) 500 MG/100 ML	100	ML	FC	IV	ML	1	EA	1	09/22/2005	06/30/2023						
00409-7870-01		J9171		06/28/2021	99/99/9999	INJECTION, DOCETAXEL, 1 MG	PREMIERPRO RX DOCETAXEL (1X8ML;MDV,LATEX-FREE) 10 MG/1 ML	8	ML	VL	IV	ML	1	MG	10	06/28/2021	99/99/9999						
00409-7881-13		J1580		01/23/2006	08/01/2010	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE, 24X50ML) 1.4 MG/ML-0.9%	50	ML	FC	IV	ML	80	MG	0.0175	01/23/2006	08/01/2010						
00409-7884-23		J1580		07/06/2005	05/01/2015	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,24X100ML) 80 MG/100 ML-0.9%	100	ML	FC	IV	ML	80	MG	0.01	07/06/2005	05/01/2015						
00409-7886-23		J1580		01/27/2006	07/01/2010	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE IN SODIUM CHLORIDE (LIFECARE,24X100ML) 90 MG/100 ML-0.9%	100	ML	FC	IV	ML	80	MG	0.01125	01/27/2006	07/01/2010						
00409-7889-23		J1580		09/20/2005	07/01/2015	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,24X100ML) 100 MG/100 ML-0.9%	100	ML	FC	IV	ML	80	MG	0.0125	09/20/2005	07/01/2015						
00409-7918-19		J7799		07/08/2005	12/04/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE) 70%	500	ML	PC	IV	ML	1	EA	1	07/08/2005	12/04/2019						
00409-7922-02		J7060		04/05/2005	12/04/2019	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	250	ML	FC	IV	ML	500	ML	0.002	04/05/2005	12/04/2019						
00409-7922-03		J7060		02/25/2005	06/09/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	500	ML	FC	IV	ML	500	ML	0.002	02/25/2005	06/09/2020						
00409-7922-09		J7060		02/21/2005	01/24/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	1000	ML	FC	IV	ML	500	ML	0.002	02/21/2005	01/24/2020						
00409-7922-53		J7060		09/01/2005	12/19/2019	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,24X250ML) 5%	250	ML	FC	IV	ML	500	ML	0.002	09/01/2005	12/19/2019						
00409-7922-55		J7060		10/31/2006	12/19/2019	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (18X500ML,LATEX-FREE) 5%	500	ML	FC	IV	ML	500	ML	0.002	10/31/2006	12/19/2019						
00409-7922-61		J7060		08/05/2005	01/02/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,32X150ML) 5%	150	ML	FC	IV	ML	500	ML	0.002	08/05/2005	01/02/2020						
00409-7923-13		J7060		06/09/2005	06/24/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (48X50ML,LATEX-FREE) 5%	50	ML	FC	IV	ML	500	ML	0.002	06/09/2005	06/24/2020						
00409-7923-20		J7060		06/17/2005	04/09/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,48X25ML) 5%	25	ML	FC	IV	ML	500	ML	0.002	06/17/2005	04/09/2020						
00409-7923-23		J7060		07/15/2005	05/27/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (48X100ML,LATEX-FREE) 5%	100	ML	FC	IV	ML	500	ML	0.002	07/15/2005	05/27/2020						
00409-7923-36		J7060		04/05/2005	04/17/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,QUAD PACK) 5%	50	ML	FC	IV	ML	500	ML	0.002	04/05/2005	04/17/2020						
00409-7923-37		J7060		03/16/2005	02/12/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,80X100ML) 5%	100	ML	FC	IV	ML	500	ML	0.002	03/16/2005	02/12/2020						
00409-7924-02		J7799		07/28/2005	01/01/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (24X250ML,LATEX-FREE) 5%-0.225%	250	ML	FC	IV	ML	1	EA	1	07/28/2005	01/01/2020						
00409-7924-03		J7799		07/28/2005	05/08/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.225%	500	ML	FC	IV	ML	1	EA	1	07/28/2005	05/08/2020						
00409-7924-09		J7799		12/21/2005	06/09/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE, PLASTIC) 5%-0.225%	1000	ML	FC	IV	ML	1	EA	1	12/21/2005	06/09/2020						
00409-7925-03		J7799		09/16/2005	12/20/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE,PLASTIC) 5%-0.3%	500	ML	FC	IV	ML	1	EA	1	09/16/2005	12/20/2019						
00409-7925-09		J7799		03/17/2006	05/04/2021	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (12X1000ML) 5%-0.3%	1000	ML	FC	IV	ML	1	EA	1	03/17/2006	05/04/2021						
00409-7926-02		J7799		08/30/2005	01/02/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.45%	250	ML	FC	IV	ML	1	EA	1	08/30/2005	01/02/2020						
00409-7926-03		J7799		06/07/2005	12/18/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (24X500ML,LATEX-FREE) 5%-0.45%	500	ML	FC	IV	ML	1	EA	1	06/07/2005	12/18/2020						
00409-7926-09		J7799		08/25/2005	03/06/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (12X1000ML, LIFECARE) 5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	08/25/2005	03/06/2020						
00409-7926-30		J7799		04/14/2006	04/15/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (VISIV CONTAINER) 5%-0.45%	500	ML	FC	IV	ML	1	EA	1	04/14/2006	04/15/2006						
00409-7926-48		J7799		04/14/2006	04/15/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (VISIV CONTAINER) 5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	04/14/2006	04/15/2006						
00409-7929-03		J7121		01/01/2016	01/24/2020	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	DEXTROSE 5% IN RINGERS (LATEX-FREE)	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	01/24/2020						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7929-09		J7121		01/01/2016	03/13/2020	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	DEXTROSE 5% IN RINGERS (LIFECARE,LATEX-FREE)	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	03/13/2020						
00409-7930-02		J7799		07/05/2005	08/15/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (24X250ML,LIFECARE) 10%	250	ML	FC	IV	ML	1	EA	1	07/05/2005	08/15/2019						
00409-7930-03		J7799		01/12/2005	12/11/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFECARE,LATEX-FREE) 10%	500	ML	FC	IV	ML	1	EA	1	01/12/2005	12/11/2020						
00409-7930-09		J7799		03/16/2005	10/16/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFECARE,LATEX-FREE) 10%	1000	ML	FC	IV	ML	1	EA	1	03/16/2005	10/16/2020						
00409-7935-19		J7799		09/12/2005	12/01/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000ML CONTAINER) 20%	500	ML	FC	IV	ML	1	EA	1	09/12/2005	12/01/2020						
00409-7936-19		J7799		06/24/2005	07/12/2021	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE) 50%	500	ML	PC	IV	ML	1	EA	1	06/24/2005	07/12/2021						
00409-7936-29		J7799		10/28/2005	02/01/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (2000ML BAG,6X1000ML) 50%	1000	ML	FC	IV	ML	1	EA	1	10/28/2005	02/01/2009						
00409-7937-19		J7799		08/24/2005	05/04/2021	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE) 40%	500	ML	FC	IV	ML	1	EA	1	08/24/2005	05/04/2021						
00409-7938-19		J7799		09/29/2005	05/04/2021	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000ML CONTAINER) 10%	500	ML	PC	IV	ML	1	EA	1	09/29/2005	05/04/2021						
00409-7941-02		J7042		05/27/2006	12/01/2010	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE AND SODIUM CHLORIDE (250MLX24,USP,LATEX-FREE) 5%-0.9%	250	ML	FC	IV	ML	5	%	0.002	05/27/2006	12/01/2010						
00409-7941-03		J7042		09/20/2005	07/06/2020	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (24X500ML,LATEX-FREE) 5%-0.9%	500	ML	FC	IV	ML	5	%	0.002	09/20/2005	07/06/2020						
00409-7941-09		J7042		08/08/2005	12/20/2019	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (LIFECARE,12X1000ML) 5%-0.9%	1000	ML	FC	IV	ML	5	%	0.002	08/08/2005	12/20/2019						
00409-7953-02		J7120		03/09/2005	06/24/2020	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE,LATEX-FREE)	250	ML	FC	IV	ML	1000	ML	0.001	03/09/2005	06/24/2020						
00409-7953-03		J7120		05/20/2005	02/26/2021	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE,24X500ML)	500	ML	PC	IV	ML	1000	ML	0.001	05/20/2005	02/26/2021						
00409-7953-09		J7120		05/18/2005	02/25/2020	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE,LATEX-FREE)	1000	ML	PC	IV	ML	1000	ML	0.001	05/18/2005	02/25/2020						
00409-7953-30		J7120		04/14/2006	08/25/2025	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (VISIV CONTAINER)	500	ML	FC	IV	ML	1000	ML	0.001	04/14/2006	08/25/2025						
00409-7953-48		J7120		04/14/2006	08/25/2025	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (VISIV CONTAINER)	1000	ML	FC	IV	ML	1000	ML	0.001	04/14/2006	08/25/2025						
00409-7972-05		A4217		09/01/2005	05/08/2020	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEXIBLE CONTAINER,PF) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	09/01/2005	05/08/2020						
00409-7972-07		A4217		04/05/2005	06/02/2020	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEX CONTAINER,6X2000ML) 0.9%	2000	ML	FC	IR	ML	500	ML	0.002	04/05/2005	06/02/2020						
00409-7972-08		A4217		05/18/2005	05/01/2021	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEX CONTAINER,4X3000ML) 0.9%	3000	ML	PC	IR	ML	500	ML	0.002	05/18/2005	05/01/2021						
00409-7973-05		A4217		03/16/2005	01/24/2020	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (FLEXIBLE CONTAINER,PF)	1000	ML	FC	IR	ML	500	ML	0.002	03/16/2005	01/24/2020						
00409-7973-07		A4217		08/09/2005	01/24/2020	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (FLEXIBLE, CONTAINER,PF)	2000	ML	FC	IR	ML	500	ML	0.002	08/09/2005	01/24/2020						
00409-7973-08		A4217		07/14/2005	10/22/2019	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (4X3000ML,PF,LATEX-FREE)	3000	ML	FC	IR	ML	500	ML	0.002	07/14/2005	10/22/2019						
00409-7975-07		A4217		04/26/2006	12/01/2009	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (USP,6X2000ML) 0.45%	2000	ML	FC	IR	ML	500	ML	0.002	04/26/2006	12/01/2009						
00409-7983-02		J7050		07/01/2005	08/19/2019	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,24X250ML,PF) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	07/01/2005	08/19/2019						
00409-7983-03		J7040		01/05/2005	04/17/2020	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (LIFECARE,P.C.,24X500ML) 0.9%	500	ML	FC	IV	ML	500	ML	0.002	01/05/2005	04/17/2020						
00409-7983-09		J7030		02/07/2005	01/02/2020	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (LIFECARE,P.C.,12X1000ML) 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	02/07/2005	01/02/2020						
00409-7983-53		J7050		09/30/2005	07/01/2021	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,2 PORTS,PC,LF) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	09/30/2005	07/01/2021						
00409-7983-55		J7040		04/11/2005	03/23/2020	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (LIFECARE,2 PORTS,PC,LF) 0.9%	500	ML	FC	IV	ML	500	ML	0.002	04/11/2005	03/23/2020						
00409-7983-61		J7050		06/17/2005	01/02/2020	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,P.C.,32X150ML) 0.9%	150	ML	FC	IV	ML	250	ML	0.004	06/17/2005	01/02/2020						
00409-7984-13		A4216		06/20/2005	08/19/2019	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (48X50ML,PF,LATEX-FREE) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	06/20/2005	08/19/2019						
00409-7984-20		A4216		06/17/2005	03/06/2020	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LIFECARE,QUAD PACK,LF) 0.9%	25	ML	FC	IV	ML	10	ML	0.1	06/17/2005	03/06/2020						
00409-7984-23		J7050		05/18/2005	07/01/2019	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE SINGLE-P/F) 0.9%	100	ML	PC	IV	ML	250	ML	0.004	05/18/2005	07/01/2019						
00409-7984-36		A4216		07/14/2005	09/01/2020	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LFCARE,QUAD,LF,80X50ML) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	07/14/2005	09/01/2020						
00409-7984-37		J7050		07/15/2005	10/22/2019	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LFCARE,QUAD,LF,80X100ML) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	07/15/2005	10/22/2019						
00409-7985-02		J7799		04/06/2005	11/01/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (24X250ML,LATEX-FREE) 0.45%	250	ML	FC	IV	ML	1	EA	1	04/06/2005	11/01/2019						
00409-7985-03		J7799		04/06/2005	03/08/2021	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (LIFECARE,24X500ML) 0.45%	500	ML	FC	IV	ML	1	EA	1	04/06/2005	03/08/2021						
00409-7985-09		J7799		11/24/2004	08/24/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (LIFECARE,12X1000ML) 0.45%	1000	ML	FC	IV	ML	1	EA	1	11/24/2004	08/24/2020						
00409-7990-09		A4217		09/02/2005	03/27/2020	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (LIFECARE,PF,LATEX-FREE)	1000	ML	FC	IV	ML	500	ML	0.002	09/02/2005	03/27/2020						
00409-8004-15		J7799		08/01/2005	09/07/2021	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE) 30%	500	ML	FC	IV	ML	1	EA	1	08/01/2005	09/07/2021						
00409-8300-10		J0583		08/03/2015	04/12/2023	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SINGLE-USE,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	08/03/2015	04/12/2023						
00409-8300-15		J0583		10/05/2015	03/27/2024	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SINGLE-USE ADD-VANTAGE) 250 MG	10	EA	VL	IV	EA	1	MG	250	10/05/2015	03/27/2024						
00409-9093-32		J3010		11/14/2005	10/30/2024	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (10X2ML,LATEX-FREE) 0.05 MG/ML	2	ML	AM	IJ	ML	0.1	MG	0.5	11/14/2005	10/30/2024						
00409-9093-35		J3010		12/13/2005	10/30/2024	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,LATEX-FREE) 0.05 MG/ML	5	ML	AM	IJ	ML	0.1	MG	0.5	12/13/2005	10/30/2024						
00409-9094-22		J3010		10/12/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (FTV,25X2ML,LATEX-FREE) 0.05 MG/ML	2	ML	VL	IJ	ML	0.1	MG	0.5	10/12/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-9094-25		J3010		11/07/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VIAL,FLIPTOP,LATEX-FREE) 0.05 MG/ML	5	ML	VL	IJ	ML	0.1	MG	0.5	11/07/2005	99/99/9999						
00409-9094-28		J3010		02/14/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X10ML,FTV) 0.05 MG/ML	10	ML	VL	IJ	ML	0.1	MG	0.5	02/14/2006	99/99/9999						
00409-9094-31		J3010		09/23/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (FTV,LATEX-FREE) 0.05 MG/ML	20	ML	VL	IJ	ML	0.1	MG	0.5	09/23/2005	99/99/9999						
00409-9094-61		J3010		12/30/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VIAL, FLIPTOP) 0.05 MG/ML	50	ML	VL	IJ	ML	0.1	MG	0.5	12/30/2005	99/99/9999						
00409-9104-20		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (25X10ML) 40 MG/ML	10	ML	VL	IV	ML	40	MG	1	01/01/2006	99/99/9999						
00409-9137-05		J2001		06/30/2005	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (ANSYR,10X5ML,LATEX-FREE) 1%	5	ML	SR	EP	ML	10	MG	1	06/30/2005	09/30/2024						
00409-9137-05		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (ANSYR,10X5ML,LATEX-FREE) 1%	5	ML		EP	ML	1	MG	10	10/01/2024	99/99/9999						
00409-9566-10		J0692		07/21/2020	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP;SDV) 1 GM	10	EA	VL	IJ	EA	500	MG	2	07/21/2020	99/99/9999						
00409-9631-04		J1940		04/21/2006	08/30/2022	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (PF) 10 MG/ML	4	ML	SR	IJ	ML	20	MG	0.5	04/21/2006	08/30/2022						
00409-9735-10		J0692		07/21/2020	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP;SDV) 2 GM	10	EA	VL	IJ	EA	500	MG	4	07/21/2020	99/99/9999						
00469-0607-73		J7507		01/01/2002	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	01/01/2002	99/99/9999						
00469-0617-11		J7507		01/01/2002	03/03/2020	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF (10X10,BLISTER PACK) 1 MG	100	EA	BX	PO	EA	1	MG	1	01/01/2002	03/03/2020						
00469-0617-73		J7507		02/13/2002	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 1 MG	100	EA	BO	PO	EA	1	MG	1	02/13/2002	99/99/9999						
00469-0647-73		J7508		01/01/2014	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG	ASTAGRAF XL 0.5 MG	30	EA	BO	PO	EA	0.1	MG	5	01/01/2014	99/99/9999						
00469-0657-11		J7507		01/01/2004	03/03/2020	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF (10X10,BLISTER PACK) 5 MG	100	EA	BX	PO	EA	1	MG	5	01/01/2004	03/03/2020						
00469-0657-73		J7507		01/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2004	99/99/9999						
00469-0677-73		J7508		01/01/2014	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG	ASTAGRAF XL 1 MG	30	EA	BO	PO	EA	0.1	MG	10	01/01/2014	99/99/9999						
00469-0687-73		J7508		01/01/2014	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG	ASTAGRAF XL 5 MG	30	EA	BO	PO	EA	0.1	MG	50	01/01/2014	99/99/9999						
00469-1230-50		J7507		03/08/2019	03/31/2025	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 0.2 MG	50	EA	PA	PO	EA	1	MG	0.2	03/08/2019	03/31/2025						
00469-1230-50		J7521		04/01/2025	99/99/9999	TACROLIMUS, GRANULES, ORAL SUSPENSION, 0.1 MG	PROGRAF 0.2 MG	50	EA		PO	EA	0.1	MG	2	04/01/2025	99/99/9999						
00469-1330-50		J7507		03/08/2019	03/31/2025	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 1 MG	50	EA	PA	PO	EA	1	MG	1	03/08/2019	03/31/2025						
00469-1330-50		J7521		04/01/2025	99/99/9999	TACROLIMUS, GRANULES, ORAL SUSPENSION, 0.1 MG	PROGRAF 1 MG	50	EA		PO	EA	0.1	MG	10	04/01/2025	99/99/9999						
00469-3016-01		J7525		01/01/2002	99/99/9999	TACROLIMUS, PARENTERAL, 5 MG	PROGRAF (AMP,PF) 5 MG/ML	1	ML	AM	IV	ML	5	MG	1	01/01/2002	99/99/9999						
00469-3051-30		J0289		01/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	AMBISOME 50 MG	1	EA	VL	IV	EA	10	MG	5	01/01/2003	99/99/9999						
00469-3211-10		J2248		01/01/2007	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MYCAMINE (W/RED FLIP-OFF CAP) 100 MG	1	EA	VL	IV	EA	1	MG	100	01/01/2007	99/99/9999						
00469-3250-10		J2248		01/01/2007	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MYCAMINE (PF) 50 MG	1	EA	VL	IV	EA	1	MG	50	01/01/2007	99/99/9999						
00469-3425-10		J1326		07/01/2025	99/99/9999	INJECTION, ZOLBETUXIMAB-CLZB, 2 MG	VYLOY SDV,LYOPHILIZED 100 MG	1	EA		IV	EA	2	MG	50	07/01/2025	99/99/9999						
00469-4425-30		J1326		07/01/2025	99/99/9999	INJECTION, ZOLBETUXIMAB-CLZB, 2 MG	VYLOY SDV,LYOPHILIZED 300 MG	1	EA		IV	EA	2	MG	150	07/01/2025	99/99/9999						
00469-8234-12		J0153		01/01/2015	12/01/2020	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOCARD (ANSYR,LUER LOK) 3 MG/ML	2	ML	SR	IV	ML	1	MG	3	01/01/2015	12/01/2020						
00469-8234-14		J0153		01/01/2015	04/01/2019	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOCARD (ANSYR,LUER LOK) 3 MG/ML	4	ML	SR	IV	ML	1	MG	3	01/01/2015	04/01/2019						
00472-0082-16		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG/5 ML	480	ML	BO	PO	ML	1	EA	1	01/01/2002	99/99/9999						
00480-1175-22		J7517		06/02/2022	06/03/2024	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (USP,MIXED FRUIT) 200 MG/1 ML	170	ML	BO	PO	ML	250	MG	0.8	06/02/2022	06/03/2024						
00480-3290-01		J9258		07/02/2024	09/30/2024	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J9264, 1 MG	PACLITAXEL PROTEIN-BOUND PARTICLES (ALBUMIN-BOUND) 100 MG	1	EA	VL	IV	EA	1	MG	100	07/02/2024	09/30/2024						
00480-3290-01		J9264		10/01/2024	99/99/9999	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	PACLITAXEL PROTEIN-BOUND PARTICLES (ALBUMIN-BOUND) 100 MG	1	EA		IV	EA	1	MG	100	10/01/2024	99/99/9999						
00480-3571-01		J7517		09/09/2022	05/13/2024	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	09/09/2022	05/13/2024						
00480-3571-05		J7517		09/09/2022	05/13/2024	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	500	EA	BO	PO	EA	250	MG	2	09/09/2022	05/13/2024						
00480-4053-56		J8565		06/21/2023	99/99/9999	GEFITINIB, ORAL, 250 MG	GEFITINIB (FILM-COATED) 250 MG	30	EA	BO	PO	EA	250	MG	1	06/21/2023	99/99/9999						
00480-4111-03		J3490		09/09/2022	05/13/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (SDV,FREEZE-DRIED) 40 MG	10	EA	VL	IV	EA	1	EA	1	09/09/2022	05/13/2024						
00480-9257-08		J2353		03/20/2025	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	OCTREOTIDE ACETATE 1 1/2"X19G 10 MG	1	EA		IM	EA	1	MG	10	03/20/2025	99/99/9999						
00480-9259-08		J2353		09/30/2024	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	OCTREOTIDE ACETATE 1 1/2"X19G 20 MG	1	EA	BX	IM	EA	1	MG	20	09/30/2024	99/99/9999						
00480-9262-08		J2353		09/30/2024	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	OCTREOTIDE ACETATE 1 1/2"X19G 30 MG	1	EA	BX	IM	EA	1	MG	30	09/30/2024	99/99/9999						
00487-0201-01		J7620		01/01/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30	ML	PC	IH	ML	3	MG	0.33333	01/01/2008	99/99/9999						
00487-0201-03		J7620		01/01/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30X3ML)	3	ML	PC	IH	ML	3	MG	0.33333	01/01/2008	99/99/9999						
00487-0201-60		J7620		01/01/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	60	ML	PC	IH	ML	3	MG	0.33333	01/01/2008	99/99/9999						
00487-0301-01		J7613		07/19/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,LDPE VIAL,PF) 0.63 MG/3 ML	30	EA	PC	IH	ML	1	MG	0.21	07/19/2010	99/99/9999						
00487-0301-01	KO	J7613	KO	07/19/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,LDPE VIAL,PF) 0.63 MG/3 ML	30	EA	PC	IH	ML	1	MG	0.21	07/19/2010	99/99/9999						
00487-4301-05		J7040		07/16/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (PF,LATEX-FREE) 0.9%	50	ML		IV	ML	500	ML	0.002	07/16/2020	99/99/9999						
00487-4301-10		J7040		07/16/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (PF,LATEX-FREE) 0.9%	100	ML		IV	ML	500	ML	0.002	07/16/2020	99/99/9999						
00487-4301-25		J7040		07/16/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (PF,LATEX-FREE) 0.9%	250	ML		IV	ML	500	ML	0.002	07/16/2020	99/99/9999						
00487-4301-50		J7040		07/16/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (PF,LATEX-FREE) 0.9%	500	ML		IV	ML	500	ML	0.002	07/16/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00487-9007-60		A4216		03/13/2017	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (30 x 4ML,PF) 7%	4	ML	VL	IH	ML	10	ML	0.1	03/13/2017	99/99/9999						
00487-9301-03		A4216		01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL) 0.9%	3	ML	PC	IH	ML	10	ML	0.1	01/01/2006	99/99/9999						
00487-9301-33		A4216		01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 0.9%	3	ML	PC	IH	ML	10	ML	0.1	01/01/2006	99/99/9999						
00487-9501-01		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
00487-9501-01	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
00487-9501-03		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
00487-9501-03	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
00487-9501-25		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
00487-9501-25	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
00487-9501-60		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
00487-9501-60	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
00487-9601-01		J7626		06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) .25MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.25	06/13/2016	99/99/9999						
00487-9601-01	KO	J7626	KO	06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) .25MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.25	06/13/2016	99/99/9999						
00487-9601-30		J7626		06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) .25MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.25	06/13/2016	99/99/9999						
00487-9601-30	KO	J7626	KO	06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) .25MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.25	06/13/2016	99/99/9999						
00487-9701-01		J7626		06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) .5MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.5	06/13/2016	99/99/9999						
00487-9701-01	KO	J7626	KO	06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) .5MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.5	06/13/2016	99/99/9999						
00487-9701-30		J7626		06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) .5MG/2ML	30	ML	AM	IH	ML	0.5	MG	0.5	06/13/2016	99/99/9999						
00487-9701-30	KO	J7626	KO	06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) .5MG/2ML	30	ML	AM	IH	ML	0.5	MG	0.5	06/13/2016	99/99/9999						
00487-9801-01		J7644		01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999						
00487-9801-01	KO	J7644	KO	01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999						
00487-9801-25		J7644		10/11/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	10/11/2002	99/99/9999						
00487-9801-25	KO	J7644	KO	10/11/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	10/11/2002	99/99/9999						
00487-9801-30		J7644		01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999						
00487-9801-30	KO	J7644	KO	01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999						
00487-9801-60		J7644		01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00487-9801-60	KO	J7644	KO	01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999						
00487-9901-30		J7611		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (UNIT OF USE,PF) 0.5%	0.5	ML	PC	IH	ML	1	MG	5	04/01/2008	99/99/9999						
00487-9904-01		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	99/99/9999						
00487-9904-01	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	99/99/9999						
00487-9904-25		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (LDPE VIAL) 0.042%	3	ML	VL	IH	ML	1	MG	0.42	04/01/2008	99/99/9999						
00487-9904-25	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (LDPE VIAL) 0.042%	3	ML	VL	IH	ML	1	MG	0.42	04/01/2008	99/99/9999						
00517-0020-10		J0706		09/10/2007	12/31/2020	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (USP,10X3ML,SINGLE-DOSE) 20 MG/ML	3	ML	VL	IV	ML	5	MG	4	08/19/2015	12/31/2020	09/10/2007	03/31/2014	4			
00517-0031-01		J3420		12/05/2015	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	1	ML	VL	U	ML	1000	MCG	1	12/05/2015	99/99/9999						
00517-0031-25		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/ML	1	ML	VL	IM	ML	1000	MCG	1	01/01/2002	99/99/9999						
00517-0032-25		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	10	ML	VL	IM	ML	1000	MCG	1	01/01/2002	99/99/9999						
00517-0130-05		J3420		05/29/2003	12/21/2018	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	05/29/2003	12/21/2018						
00517-0650-02		J1439		12/01/2017	06/30/2019	INJECTION, FERRIC CARBOXYMALTOSE, 1 MG	INJECTAFER (2 X15ML) 50 MG/1 ML	15	ML	VL	IV	ML	1	MG	50	04/01/2019	06/30/2019	12/01/2017	02/22/2019	50			
00517-0710-01		J1451		07/16/2018	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	FOMEPIZOLE (1X1.5ML,PF) 1 GM/1 ML	1.5	ML	VL	IV	ML	15	MG	66.66666	07/16/2018	99/99/9999						
00517-0735-01		J2404		01/01/2024	99/99/9999	INJECTION, NICARDIPINE, 0.1 MG	NICARDIPINE HCL (1X10ML,SDV) 2.5 MG/1 ML	10	ML		IV	ML	0.1	MG	25	01/01/2024	99/99/9999						
00517-0735-10		J2404		01/01/2024	99/99/9999	INJECTION, NICARDIPINE, 0.1 MG	NICARDIPINE HCL (10X10ML,SDV) 2.5 MG/1 ML	10	ML		IV	ML	0.1	MG	25	01/01/2024	99/99/9999						
00517-0740-01		J2210		01/01/2020	99/99/9999	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	METHYLERGONOVINE MALEATE 0.2 MG/1 ML	1	ML		U	ML	0.2	MG	1	01/01/2020	99/99/9999						
00517-0920-01		J0594		04/01/2017	06/30/2022	INJECTION, BUSULFAN, 1 MG	BUSULFAN 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	04/01/2017	06/30/2022						
00517-0920-08		J0594		04/01/2017	06/30/2022	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SINGLE-USE) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	04/01/2017	06/30/2022						
00517-0955-01		J2359		10/01/2023	99/99/9999	INJECTION, OLANZAPINE, 0.5 MG	OLANZAPINE (CRYSTALLINE) 10 MG	1	EA	VL	IM	EA	0.5	MG	20	05/14/2012	99/99/9999						
00517-1001-25		J0462		10/01/2025	99/99/9999	INJECTION, ATROPINE SULFATE, NOT THERAPEUTICALLY EQUIVALENT TO J0461, 0.01 MG	ATROPINE SULFATE SDV 1 MG/1 ML	1	ML		IV	ML	0.01	MG	100	10/01/2025	99/99/9999						
00517-1004-25		J0462		10/01/2025	99/99/9999	INJECTION, ATROPINE SULFATE, NOT THERAPEUTICALLY EQUIVALENT TO J0461, 0.01 MG	ATROPINE SULFATE SDV 0.4 MG/1 ML	1	ML		IV	ML	0.01	MG	40	10/01/2025	99/99/9999						
00517-1020-25		J2599		07/01/2023	99/99/9999	INJECTION, VASOPRESSIN (AMERICAN REGENT) NOT THERAPEUTICALLY EQUIVALENT TO J2598, 1 UNIT	VASOPRESSIN (SDV) 20 U/1 ML	1	ML		IV	ML	1	U	20	07/01/2023	99/99/9999						
00517-1030-01		J2599		06/19/2023	99/99/9999	INJECTION, VASOPRESSIN (AMERICAN REGENT) NOT THERAPEUTICALLY EQUIVALENT TO J2598, 1 UNIT	VASOPRESSIN (LATEX-FREE) 20 U/1 ML	10	ML		IV	ML	1	U	20	06/19/2023	99/99/9999						
00517-1045-01		J1955		08/01/2023	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (SDV,PF) 200 MG/1 ML	5	ML		IV	ML	1	GM	0.2	08/01/2023	99/99/9999						
00517-1045-05		J1955		08/01/2023	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (SDV,PF) 200 MG/1 ML	5	ML		IV	ML	1	GM	0.2	08/01/2023	99/99/9999						
00517-1075-01		J1955		06/19/2023	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (SDV,PF) 200 MG/1 ML	20	ML	VL	IV	ML	1	GM	0.2	06/19/2023	99/99/9999						
00517-1133-01		J2710		05/11/2018	02/28/2021	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (INNER PACK,LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	05/11/2018	02/28/2021						
00517-1133-05		J2710		05/11/2018	02/28/2021	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	05/11/2018	02/28/2021						
00517-1134-01		J2710		05/11/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (INNER PACK,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	05/11/2018	99/99/9999						
00517-1134-05		J2710		05/11/2018	02/28/2021	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	05/11/2018	02/28/2021						
00517-1767-01		J1729		06/22/2018	09/30/2024	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (PF) 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	06/22/2018	09/30/2024						
00517-1791-01		J1729		02/26/2020	11/30/2022	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE NOVAPLUS (SDV,PF) 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	02/26/2020	11/30/2022						
00517-1820-01		J1205		04/01/2015	99/99/9999	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	CHLOROTHIAZIDE SODIUM (USP, SDV,LYOPHILIZED) 0.5 GM	1	EA	VL	IV	EA	500	MG	1	04/01/2015	99/99/9999						
00517-1825-10		J2800		01/29/2018	09/12/2023	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL 100 MG/1 ML	10	ML	VL	U	ML	10	ML	0.1	01/29/2018	09/12/2023						
00517-1830-01		J1071		10/22/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1MG	TESTOSTERONE CYPIONATE (SDV, USP) 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	10/22/2019	99/99/9999						
00517-1980-05		J0500		08/30/2017	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	08/30/2017	99/99/9999						
00517-2310-05		J1756		05/01/2007	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	VENOFER (5X10ML,SDV,USP,PF) 20 MG/ML	10	ML	VL	IV	ML	1	MG	20	05/01/2007	99/99/9999						
00517-2340-01		J1756		01/01/2021	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	VENOFER (SDV,PF) 20 MG/1 ML	5	ML	VL	IV	ML	1	MG	20	01/01/2021	99/99/9999						
00517-2340-10		J1756		01/01/2003	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	VENOFER (S.D.V.,PF) 20 MG/ML	5	ML	VL	IV	ML	1	MG	20	01/01/2003	99/99/9999						
00517-2340-25		J1756		10/01/2006	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	VENOFER (25X5ML SDV,PF) 20 MG/ML	5	ML	VL	IV	ML	1	MG	20	10/01/2006	99/99/9999						
00517-2901-01		J1612		10/01/2025	99/99/9999	INJECTION, GLUCAGON (GVOKE), 0.01 MG	GVOKE VIALDX SDV, FOR DIAGNOSTIC USE ONLY 1 MG/0.2 ML	0.2	ML	VL	IV	ML	0.01	MG	500	10/01/2025	99/99/9999						
00517-2901-10		J1612		10/01/2025	99/99/9999	INJECTION, GLUCAGON (GVOKE), 0.01 MG	GVOKE VIALDX SDV, FOR DIAGNOSTIC USE ONLY 1 MG/0.2 ML	0.2	ML	VL	IV	ML	0.01	MG	500	10/01/2025	99/99/9999						
00517-3005-25		A4216		01/01/2004	09/30/2021	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	5	ML	VL	IV	ML	10	ML	0.1	01/01/2004	09/30/2021						
00517-3010-25		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00517-3020-25		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	20	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00517-3030-01		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	EPINEPHRINE MDV 1 MG/1 ML	30	ML		U	ML	0.1	MG	10	07/01/2025	99/99/9999						
00517-3030-01		J0171		09/10/2024	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE MDV 1 MG/1 ML	30	ML	VL	U	ML	0.1	MG	10	09/10/2024	06/30/2025						
00517-3900-25		J0610		01/01/2002	08/31/2017	INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 ML	CALCIUM GLUCONATE (VIAL,PF) 100 MG/ML	100	ML	VL	IV	ML	10	ML	0.1	01/01/2002	08/31/2017						
00517-4002-25		J2440		09/15/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (S.D.V.) 30 MG/ML	2	ML	VL	U	ML	60	MG	0.5	09/15/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00517-4201-01		J3410		08/01/2024	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (SDV) 25 MG/1 ML	1	ML		IM	ML	25	MG	1	08/01/2024	99/99/9999						
00517-4201-25		J3410		01/01/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (S.D.V.) 25 MG/ML	1	ML	VL	IM	ML	25	MG	1	01/01/2002	99/99/9999						
00517-4300-01		J9259		07/01/2023	12/31/2024	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES (AMERICAN REGENT) NOT THERAPEUTICALLY EQUIVALENT TO J9264, 1 MG	PACLITAXEL PROTEIN-BOUND PARTICLES (ALBUMIN-BOUND) 100 MG	1	EA		IV	EA	1	MG	100	07/01/2023	12/31/2024						
00517-4300-01		J9264		01/01/2025	99/99/9999	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	PACLITAXEL PROTEIN-BOUND PARTICLES ALBUMIN-BOUND,LYOPHILIZED 100 MG	1	EA		IV	EA	1	MG	100	01/01/2025	99/99/9999						
00517-4601-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (S.D.V.) 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
00517-4601-25		J7643		01/01/2002	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	1	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	12/31/2023						
00517-4601-25	KO	J7643	KO	01/01/2002	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	1	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	12/31/2023						
00517-4602-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (S.D.V.) 0.2 MG/1 ML	2	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
00517-4602-25		J7643		01/01/2002	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	2	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	12/31/2023						
00517-4602-25	KO	J7643	KO	01/01/2002	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	2	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	12/31/2023						
00517-4605-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (M.D.V.) 0.2 MG/1 ML	5	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
00517-4605-25		J7643		01/01/2002	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	5	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	12/31/2023						
00517-4605-25	KO	J7643	KO	01/01/2002	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	5	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	12/31/2023						
00517-4620-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (M.D.V.) 0.2 MG/1 ML	20	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
00517-4620-25		J7643		01/01/2002	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	20	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	12/31/2023						
00517-4620-25	KO	J7643	KO	01/01/2002	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	20	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	12/31/2023						
00517-4810-25		J2305		07/01/2023	99/99/9999	INJECTION, NITROGLYCERIN, 5 MG	NITROGLYCERIN (S.D.V.,PF) 5 MG/1 ML	10	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						
00517-5601-01		J3410		08/01/2024	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (SDV) 50 MG/1 ML	1	ML		IM	ML	25	MG	2	08/01/2024	99/99/9999						
00517-5601-25		J3410		01/01/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (S.D.V.) 50 MG/ML	1	ML	VL	IM	ML	25	MG	2	01/01/2002	99/99/9999						
00517-5602-01		J3410		08/01/2024	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (SDV) 50 MG/1 ML	2	ML		IM	ML	25	MG	2	08/01/2024	99/99/9999						
00517-5602-25		J3410		01/01/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (S.D.V.) 50 MG/ML	2	ML	VL	IM	ML	25	MG	2	01/01/2002	99/99/9999						
00517-5610-25		J3410		01/01/2002	02/22/2019	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (M.D.V.) 50 MG/ML	10	ML	VL	IM	ML	25	MG	2	01/01/2002	02/22/2019						
00517-7504-25		J7608		01/24/2003	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 10%	4	ML	VL	IH	ML	1	GM	0.1	01/24/2003	99/99/9999						
00517-7504-25	KO	J7608	KO	01/24/2003	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 10%	4	ML	VL	IH	ML	1	GM	0.1	01/24/2003	99/99/9999						
00517-7510-03		J7608		01/01/2002	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 10%	10	ML	VL	IH	ML	1	GM	0.1	01/01/2002	99/99/9999						
00517-7510-03	KO	J7608	KO	01/01/2002	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 10%	10	ML	VL	IH	ML	1	GM	0.1	01/01/2002	99/99/9999						
00517-7604-01		J7608		08/01/2024	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 20%	4	ML		IH	ML	1	GM	0.2	08/01/2024	99/99/9999						
00517-7604-01	KO	J7608	KO	08/01/2024	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 20%	4	ML		IH	ML	1	GM	0.2	08/01/2024	99/99/9999						
00517-7604-25		J7608		01/29/2003	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 20%	4	ML	VL	IH	ML	1	GM	0.2	01/29/2003	99/99/9999						
00517-7604-25	KO	J7608	KO	01/29/2003	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 20%	4	ML	VL	IH	ML	1	GM	0.2	01/29/2003	99/99/9999						
00517-9120-25		J0281		04/01/2025	99/99/9999	INJECTION, AMINOCAPROIC ACID, 1 GRAM	AMINOCAPROIC ACID M.D.V. 250 MG/1 ML	20	ML		IV	ML	1	GM	0.25	04/01/2025	99/99/9999						
00517-9120-25		J3490		03/12/2003	03/31/2025	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (M.D.V.) 250 MG/ML	20	ML	VL	IV	ML	1	EA	1	02/25/2019	03/31/2025	03/12/2003	01/31/2014	1			
00517-9191-01		J0281		04/01/2025	99/99/9999	INJECTION, AMINOCAPROIC ACID, 1 GRAM	AMINOCAPROIC ACID NOVAPLUS MDV 250 MG/1 ML	20	ML		IV	ML	1	GM	0.25	04/01/2025	99/99/9999						
00517-9191-01		J3490		12/13/2019	03/31/2025	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID NOVAPLUS (MDV) 250 MG/1 ML	20	ML	VL	IV	ML	1	EA	1	12/13/2019	03/31/2025						
00517-9191-25		J0281		04/01/2025	99/99/9999	INJECTION, AMINOCAPROIC ACID, 1 GRAM	AMINOCAPROIC ACID NOVAPLUS MDV, FLIPTOP VIAL 250 MG/1 ML	20	ML		IV	ML	1	GM	0.25	04/01/2025	99/99/9999						
00517-9191-25		J3490		12/13/2019	03/31/2025	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID NOVAPLUS (MDV, FLIPTOP VIAL) 250 MG/1 ML	20	ML	VL	IV	ML	1	EA	1	12/13/2019	03/31/2025						
00517-9702-25		J1790		01/01/2002	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (S.D.V.) 2.5 MG/ML	2	ML	VL	IJ	ML	5	MG	0.5	01/01/2002	99/99/9999						
00527-1450-06		Q0167		10/30/2018	02/18/2020	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GEL) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	10/30/2018	02/18/2020						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00527-1451-06		Q0167		10/30/2018	05/22/2020	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GEL) 5 MG	60	EA	BO	PO	EA	2.5	MG	2	10/30/2018	05/22/2020						
00527-1452-06		Q0167		10/30/2018	10/13/2020	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GEL) 10 MG	60	EA	BO	PO	EA	2.5	MG	4	10/30/2018	10/13/2020						
00527-2370-20		Q0144		01/26/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6	EA		PO	EA	1	GM	0.25	01/26/2024	99/99/9999						
00527-2370-32		Q0144		05/01/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	05/01/2020	99/99/9999						
00527-2395-19		Q0144		01/26/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3	EA		PO	EA	1	GM	0.5	01/26/2024	99/99/9999						
00527-2395-32		Q0144		05/01/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	05/01/2020	99/99/9999						
00527-2930-37		J7512		10/21/2019	08/31/2023	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 1 MG	100	EA	BO	PO	EA	1	MG	1	10/21/2019	08/31/2023						
00527-2930-43		J7512		10/21/2019	08/31/2023	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 1 MG	1000	EA	BO	PO	EA	1	MG	1	10/21/2019	08/31/2023						
00527-2931-37		J7512		10/21/2019	01/31/2023	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 2.5 MG	100	EA	BO	PO	EA	1	MG	2.5	10/21/2019	01/31/2023						
00527-2932-37		J7512		10/21/2019	01/31/2023	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	1	MG	5	10/21/2019	01/31/2023						
00527-2932-43		J7512		10/21/2019	01/31/2023	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	1	MG	5	10/21/2019	01/31/2023						
00527-2933-37		J7512		10/21/2019	08/31/2023	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	100	EA	BO	PO	EA	1	MG	10	10/21/2019	08/31/2023						
00527-2933-41		J7512		10/21/2019	08/31/2023	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	500	EA	BO	PO	EA	1	MG	10	10/21/2019	08/31/2023						
00527-2934-37		J7512		10/21/2019	08/31/2023	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	100	EA	BO	PO	EA	1	MG	20	10/21/2019	08/31/2023						
00527-2934-41		J7512		10/21/2019	08/31/2023	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	500	EA	BO	PO	EA	1	MG	20	10/21/2019	08/31/2023						
00527-2935-37		J7512		10/21/2019	04/30/2023	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	100	EA	BO	PO	EA	1	MG	50	10/21/2019	04/30/2023						
00527-2962-37		Q0161		02/08/2021	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (COATED) 25 MG	100	EA	BO	PO	EA	5	MG	5	02/08/2021	99/99/9999						
00527-2962-43		Q0161		02/08/2021	11/19/2021	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (COATED) 25 MG	1000	EA	BO	PO	EA	5	MG	5	02/08/2021	11/19/2021						
00527-5160-82		J7517		09/02/2021	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (TUTTI-FRUTTI) 200 MG/1 ML	160	ML	BO	PO	ML	250	MG	0.8	09/02/2021	99/99/9999						
00527-5406-68		J7510		04/21/2025	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE USP,CHERRY 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	04/21/2025	99/99/9999						
00527-5406-70		J7510		04/21/2025	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE USP,CHERRY 15 MG/5 ML	480	ML	BO	PO	ML	5	MG	0.6	04/21/2025	99/99/9999						
00536-0770-85		Q0163		01/01/2002	04/02/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHIST 12.5 MG/5 ML	480	ML	BO	PO	ML	50	MG	0.05	01/01/2002	04/02/2019						
00536-0770-97		Q0163		01/01/2002	05/09/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHIST 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	05/09/2019						
00548-5001-00		J3490		06/20/2022	99/99/9999	UNCLASSIFIED DRUGS	GANIRELIX ACETATE (LATEX-FREE) 250 MCG/0.5 ML	0.5	ML	SR	SC	ML	1	EA	1	06/20/2022	99/99/9999						
00548-5400-00		J1050		01/15/2018	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	01/15/2018	99/99/9999						
00548-5400-25		J1050		02/05/2018	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	02/05/2018	99/99/9999						
00548-5410-00		J1050		04/30/2019	10/01/2024	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE NOVAPLUS 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	04/30/2019	10/01/2024						
00548-5410-25		J1050		04/30/2019	10/01/2024	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE NOVAPLUS 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	04/30/2019	10/01/2024						
00548-5608-00		J1650		09/23/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (MDV) 100 MG/1 ML	3	ML	VL	U	ML	10	MG	10	09/23/2019	99/99/9999						
00548-5701-00		J1050		01/15/2018	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (PRE-FILLED SYRINGE) 150 MG/1 ML	1	ML	SR	IM	ML	1	MG	150	01/15/2018	99/99/9999						
00548-5711-00		J1050		04/30/2019	10/01/2024	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE NOVAPLUS 150 MG/1 ML	1	ML	SR	IM	ML	1	MG	150	04/30/2019	10/01/2024						
00548-5850-00		J1610		01/18/2021	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT (W/DILUENT SYRINGE) 1 MG	1	EA	BX	U	EA	1	MG	1	01/18/2021	99/99/9999						
00548-9021-00		J1885		03/01/2016	09/19/2019	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/1 ML	1	ML	VL	U	ML	15	MG	2	03/01/2016	09/19/2019						
00548-9090-10		J3470		10/05/2015	99/99/9999	INJECTION, HYALURONIDASE, UP TO 150 UNITS	AMPHADASE 150 U/1 ML	10	EA	VL	SC	EA	150	UNITS	1	10/05/2015	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00548-9601-00		J2710		10/10/2017	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	10/10/2017	99/99/9999						
00548-9602-00		J2710		10/10/2017	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	10/10/2017	99/99/9999						
00548-9701-00		J2598		07/01/2023	99/99/9999	INJECTION, VASOPRESSIN, 1 UNIT	VASOPRESSIN (10X1ML SDV) 20 U/1 ML	1	ML		IV	ML	1	U	20	07/01/2023	99/99/9999						
00555-0302-02		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999						
00555-0302-04		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999						
00555-0323-02		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	100	EA	BO	PO	EA	25	MG	1	01/01/2002	99/99/9999						
00555-0323-04		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	500	EA	BO	PO	EA	25	MG	1	01/01/2002	99/99/9999						
00555-0324-02		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 100 MG	100	EA	BO	PO	EA	25	MG	4	01/01/2014	99/99/9999						
00555-0572-02		None		01/01/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	01/01/1994	99/99/9999						
00555-0572-35		None		01/01/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	01/01/1994	99/99/9999						
00555-0606-02		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
00555-0607-02		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
00555-0882-02		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
00562-7805-00		J2790		01/08/2014	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	RHOGAM ULTRA-FILTERED PLUS (INNER PACK,PF) 300 MCG	1	EA	SR	IM	EA	300	MCG	1	01/08/2014	99/99/9999						
00562-7805-01		J2790		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	RHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 300 MCG	1	EA	SR	IM	EA	300	MCG	1	09/01/2007	99/99/9999						
00562-7805-05		J2790		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	RHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 300 MCG	5	EA	SR	IM	EA	300	MCG	1	09/01/2007	99/99/9999						
00562-7805-25		J2790		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	RHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 300 MCG	25	EA	SR	IM	EA	300	MCG	1	09/01/2007	99/99/9999						
00562-7806-01		J2788		09/01/2007	01/28/2024	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	1	EA	SR	IM	EA	50	MCG	1	09/01/2007	01/28/2024						
00562-7806-05		J2788		09/01/2007	01/28/2024	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	5	EA	SR	IM	EA	50	MCG	1	09/01/2007	01/28/2024						
00562-7806-25		J2788		09/01/2007	01/28/2024	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	25	EA	SR	IM	EA	50	MCG	1	09/01/2007	01/28/2024						
00574-0421-25		J1700		01/01/2002	03/31/2023	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	03/31/2023						
00574-0805-30		J0132		12/27/2012	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG	ACETYLCYSTEINE (SDV, 4X30ML,PF) 200 MG/1 ML	30	ML	VL	IV	ML	100	MG	2	12/27/2012	99/99/9999						
00574-0820-01		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (1X1ML,USP) 200 MG/ML	1	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999						
00574-0820-10		J1071		12/12/2014	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (1x10 Ml,USP) 200 MG/1 ML	10	ML	VL	IM	ML	1	MG	200	12/12/2014	99/99/9999						
00574-0827-01		J1071		03/08/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	03/08/2019	99/99/9999						
00574-0827-10		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP, MDV) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	03/08/2019	99/99/9999	01/01/2015	08/31/2017	200			
00574-0850-05		J1110		08/04/2003	01/31/2025	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (AMP) 1 MG/ML	1	ML	AM	IJ	ML	1	MG	1	08/04/2003	01/31/2025						
00574-0850-10		J1110		03/15/2004	01/31/2025	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (AMP) 1 MG/ML	1	ML	AM	IJ	ML	1	MG	1	03/15/2004	01/31/2025						
00574-0851-05		J1110		05/18/2020	09/30/2021	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE NOVAPLUS (SDV;USP) 1 MG/1 ML	1	ML	AM	IJ	ML	1	MG	1	05/18/2020	09/30/2021						
00574-0866-10		J7516		12/12/2012	08/01/2024	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE 50 MG/ML	5	ML	AM	IV	ML	250	MG	0.2	12/12/2012	08/01/2024						
00574-0930-10		Q2050		10/13/2021	04/30/2024	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME (SDV,PF,LATEX-FREE) 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	10/13/2021	04/30/2024						
00574-0931-25		Q2050		10/13/2021	04/30/2024	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME (SDV,PF,LATEX-FREE) 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	10/13/2021	04/30/2024						
00574-7226-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPRO 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
00591-0800-01		Q0177		09/18/2006	06/30/2018	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (USP) 25 MG	100	EA	BO	PO	EA	25	MG	1	09/18/2006	06/30/2018						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00591-0800-05		Q0177		09/18/2006	05/31/2018	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (USP) 25 MG	500	EA	BO	PO	EA	25	MG	1	09/18/2006	05/31/2018						
00591-0801-01		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999						
00591-0801-05		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999						
00591-2738-23		J7614		07/01/2014	02/18/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83	07/01/2014	02/18/2019						
00591-2738-23	KO	J7614	KO	07/01/2014	02/18/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83	07/01/2014	02/18/2019						
00591-2888-30		J3425		01/01/2024	99/99/9999	INJECTION, HYDROXOCOBALAMIN, 10 MCG	HYDROXOCOBALAMIN (MDV) 1000 MCG/1 ML	30	ML		IM	ML	10	MCG	100	01/01/2024	99/99/9999						
00591-2897-49		J9025		09/16/2016	10/21/2019	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	U	EA	1	MG	100	09/16/2016	10/21/2019						
00591-3128-79		J2675		12/17/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE IN SESAME OIL (VIAL) 50 MG/ML	10	ML	VL	IM	ML	50	MG	1	12/17/2002	99/99/9999						
00591-3221-26		J3121		01/01/2015	12/31/2019	INJECTION, TESTOSTERONE ENANTHATE,1 MG	TESTOSTERONE ENANTHATE 200 MG/ML	5	ML	VL	IM	ML	1	MG	200	01/01/2015	12/31/2019						
00591-3467-53	KO	J7613	KO	04/01/2008	01/31/2021	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.021%	3	ML	PC	IH	ML	1	MG	0.21	04/01/2008	01/31/2021						
00591-3467-53		J7613		04/01/2008	01/31/2021	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.021%	3	ML	PC	IH	ML	1	MG	0.21	04/01/2008	01/31/2021						
00591-3468-53		J7613		04/01/2008	04/30/2021	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	04/30/2021						
00591-3468-53	KO	J7613	KO	04/01/2008	04/30/2021	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	04/30/2021						
00591-3797-30		J7613		11/04/2010	07/26/2021	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	11/04/2010	07/26/2021						
00591-3797-30	KO	J7613	KO	11/04/2010	07/26/2021	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	11/04/2010	07/26/2021						
00591-3797-60		J7613		11/04/2010	07/26/2021	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (60X3ML)	60	EA	SOL	IH	ML	1	MG	0.83	11/04/2010	07/26/2021						
00591-3797-60	KO	J7613	KO	11/04/2010	07/26/2021	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (60X3ML)	60	EA	SOL	IH	ML	1	MG	0.83	11/04/2010	07/26/2021						
00591-3797-83	KO	J7613	KO	11/04/2010	07/26/2021	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (25X3ML)	25	EA	SOL	IH	ML	1	MG	0.83	11/04/2010	07/26/2021						
00591-3797-83		J7613		11/04/2010	07/26/2021	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (25X3ML)	25	EA	SOL	IH	ML	1	MG	0.83	11/04/2010	07/26/2021						
00591-3798-30		J7644		06/24/2011	05/10/2021	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30	ML	PC	IH	ML	1	MG	0.2	06/24/2011	05/10/2021						
00591-3798-30	KO	J7644	KO	06/24/2011	05/10/2021	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30	ML	PC	IH	ML	1	MG	0.2	06/24/2011	05/10/2021						
00591-3798-60		J7644		05/23/2011	05/10/2021	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,LDPE,PF) 0.02%	60	ML	PC	IH	ML	1	MG	0.2	05/23/2011	05/10/2021						
00591-3798-60	KO	J7644	KO	05/23/2011	05/10/2021	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,LDPE,PF) 0.02%	60	ML	PC	IH	ML	1	MG	0.2	05/23/2011	05/10/2021						
00591-3817-39		J7620		02/25/2016	11/11/2019	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	02/25/2016	11/11/2019						
00591-3817-66		J7620		02/25/2016	11/11/2019	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	02/25/2016	11/11/2019						
00591-4130-54		J0641		02/06/2017	03/18/2019	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	LEVOLEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 175 MG	1	EA	VL	IV	EA	0.5	MG	350	02/06/2017	03/18/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00591-4385-79		J1453		09/19/2019	12/31/2022	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,PF,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/19/2019	12/31/2022						
00591-4385-79		J1456		01/01/2023	99/99/9999	INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,PF,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	01/01/2023	99/99/9999						
00591-5052-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00591-5052-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00591-5052-21		J7512		04/05/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	BX	PO	EA	1	MG	5	04/05/2016	99/99/9999						
00591-5052-43		J7512		04/05/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	48	EA	BX	PO	EA	1	MG	5	04/05/2016	99/99/9999						
00591-5307-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999						
00591-5307-10		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	1000	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999						
00591-5319-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 50 MG	100	EA	BO	PO	EA	12.5	MG	4	01/01/2014	99/99/9999						
00591-5442-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00591-5442-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	500	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00591-5442-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00591-5442-21		J7512		04/05/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BX	PO	EA	1	MG	10	04/05/2016	99/99/9999						
00591-5442-43		J7512		04/05/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	48	EA	BX	PO	EA	1	MG	10	04/05/2016	99/99/9999						
00591-5443-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
00591-5443-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
00591-5443-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
00597-0035-10		J1747		04/01/2023	99/99/9999	INJECTION, SPESOLIMAB-SBZO, 1 MG	SPEVIGO (PF) 60 MG/1 ML	7.5	ML		IV	ML	1	MG	60	04/01/2023	99/99/9999						
00597-0053-45		J1610		04/09/2015	03/31/2024	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGEN (VIAL) 1 MG	10	EA	VL	U	EA	1	MG	1	04/09/2015	03/31/2024						
00597-0143-60		J8499		10/16/2014	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	OFEV 100 MG	60	EA	BO	PO	EA	1	EA	1	10/16/2014	99/99/9999						
00597-0145-60		J8499		10/16/2014	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	OFEV 150 MG	60	EA	BO	PO	EA	1	EA	1	10/16/2014	99/99/9999						
00597-0260-10		J1610		04/09/2015	03/31/2024	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGEN DIAGNOSTIC KIT (VIAL W/STERILE WATER) 1 MG	1	EA	VL	U	EA	1	MG	1	04/09/2015	03/31/2024						
00597-0370-82		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	CYLTEZO PFS 2X40MG/0.8ML 10 MG/0.2 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00597-0375-16		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	CYLTEZO PEN STARTER PACK CROHN'S,UC,HS 6X40MG/0.8ML 10 MG/0.2 ML	6	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00597-0375-23		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	CYLTEZO PEN STARTER PACK PSORIASIS 4X40MG/0.8ML 10 MG/0.2 ML	4	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00597-0375-97		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	CYLTEZO PEN 2X40MG/0.8ML 10 MG/0.2 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00597-0400-89		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	CYLTEZO PFS 2X10MG/0.2ML 10 MG/0.2 ML	2	EA		SC	EA	1	MG	10	01/01/2025	99/99/9999						
00597-0405-80		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	CYLTEZO PFS 2X20MG/0.4ML 10 MG/0.2 ML	2	EA		SC	EA	1	MG	20	01/01/2025	99/99/9999						
00597-0485-20		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	CYLTEZO PFS 2X40MG/0.4ML 40 MG/0.4 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00597-0495-40		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	CYLTEZO PEN STARTER PACK PSORIASIS/UVEITIS 4X40MG/0.4ML 40 MG/0.4 ML	4	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00597-0495-50		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	CYLTEZO PEN 2X40MG/0.4ML 40 MG/0.4 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00597-0495-60		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	CYLTEZO PEN STARTER PACK CROHN'S,UC,HS 6X40MG/0.4ML 40 MG/0.4 ML	6	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00597-0545-22		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	ADALIMUMAB-ADBM PEN 40MG/0.8ML DOSE 10 MG/0.2 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00597-0545-44		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	ADALIMUMAB-ADBM STARTER PACK PSORIASIS/UVEITIS 10 MG/0.2 ML	4	EA		SC	EA	1	MG	10	01/01/2025	99/99/9999						
00597-0545-66		Q5143		01/01/2025	06/30/2025	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	ADALIMUMAB-ADBM STARTER PACK CROHN'S, UC, HS 10 MG/0.2 ML	6	EA		SC	EA	1	MG	10	01/01/2025	06/30/2025						
00597-0555-80		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	ADALIMUMAB-ADBM 20MG/0.4ML DOSE 10 MG/0.2 ML	2	EA		SC	EA	1	MG	20	01/01/2025	99/99/9999						
00597-0565-20		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	ADALIMUMAB-ADBM PFS 2X40MG/0.4ML 40 MG/0.4 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00597-0575-40		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	ADALIMUMAB-ADBM STARTER PACK PSORIASIS/UVEITIS 4X40MG/0.4ML 40 MG/0.4 ML	4	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00597-0575-50		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	ADALIMUMAB-ADBM PEN 2X40MG/0.4ML 40 MG/0.4 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00597-0575-60		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	ADALIMUMAB-ADBM STARTER PACK CROHN'S, UC, HS 6X40MG/0.4ML 40 MG/0.4 ML	6	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00597-0585-89		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	ADALIMUMAB-ADBM 10MG/0.2ML DOSE 10 MG/0.2 ML	2	EA		SC	EA	1	MG	10	01/01/2025	99/99/9999						
00597-0595-20		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	ADALIMUMAB-ADBM 40MG/0.8ML DOSE 10 MG/0.2 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
00603-1567-56		J7510		07/01/2013	05/31/2019	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	07/01/2013	05/31/2019						
00603-1567-58		J7510		07/01/2013	06/30/2019	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	480	ML	BO	PO	ML	5	MG	0.6	07/01/2013	06/30/2019						
00603-4593-15		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999						
00603-4593-21		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	01/01/2002	99/99/9999						
00603-5335-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999						
00603-5335-32		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	1000	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999						
00603-5336-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 2.5 MG	100	EA	BO	PO	EA	1	MG	2.5	01/01/2016	99/99/9999						
00603-5337-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (DOSE PACK) 5 MG	21	EA	DP	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00603-5337-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00603-5337-31		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (DOSE PACK) 5 MG	48	EA	DP	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00603-5337-32		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00603-5338-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (DOSE PACK) 10 MG	21	EA	DP	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00603-5338-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00603-5338-28		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	500	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00603-5338-31		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (DOSE PACK) 10 MG	48	EA	DP	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00603-5338-32		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00603-5339-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
00603-5339-28		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
00603-5339-32		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
00603-6330-20		J8499		11/18/2014	11/30/2022	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (USP,FILM-COATED) 450 MG	60	EA	BO	PO	EA	1	MG	1	11/18/2014	11/30/2022						
00641-0121-25		J1170		01/01/2002	04/13/2021	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (VIAL, DOSETTE) 2 MG/ML	1	ML	VL	U	ML	4	MG	0.5	01/01/2002	04/13/2021						
00641-0367-21		J1100		12/08/2004	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (VIAL, DOSETTE) 10 MG/ML	1	ML	VL	U	ML	1	MG	10	12/08/2004	99/99/9999						
00641-0367-25		J1100		04/27/1983	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (VIAL, DOSETTE) 10 MG/1 ML	1	ML	VL	U	ML	1	MG	10	04/27/1983	99/99/9999						
00641-0376-21		J1200		12/08/2004	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (DOSETTE VIAL) 50 MG/ML	1	ML	VL	U	ML	50	MG	1	12/08/2004	99/99/9999						
00641-0476-21		J2560		12/08/2004	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (VIAL, DOSETTE) 65 MG/ML	1	ML	VL	U	ML	120	MG	0.54166	12/08/2004	99/99/9999						
00641-0477-21		J2560		12/08/2004	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (DOSETTE VIAL) 130 MG/ML	1	ML	VL	U	ML	120	MG	1.08333	12/08/2004	99/99/9999						
00641-0493-21		J1165		12/08/2004	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (DOSETTE,VIAL) 50 MG/ML	2	ML	VL	IV	ML	50	MG	1	12/08/2004	99/99/9999						
00641-0928-21		J2550		12/08/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE,VIAL) 25 MG/ML	1	ML	VL	U	ML	50	MG	0.5	12/08/2004	99/99/9999						
00641-0928-25		J2550		12/27/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE,VIAL) 25 MG/1 ML	1	ML	VL	U	ML	50	MG	0.5	12/27/2002	99/99/9999						
00641-0929-21		J2550		12/08/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE,VIAL) 50 MG/ML	1	ML	VL	U	ML	50	MG	1	12/08/2004	99/99/9999						
00641-0929-25		J2550		12/27/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE,VIAL) 50 MG/ML	1	ML	VL	U	ML	50	MG	1	12/27/2002	99/99/9999						
00641-0948-31		J2550		12/08/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (AMP,DOSETTE) 25 MG/ML	1	ML	AM	U	ML	50	MG	0.5	12/08/2004	99/99/9999						
00641-0949-31		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (DOSETTE) 50 MG/ML	1	ML	AM	U	ML	50	MG	1	05/05/2007	99/99/9999						
00641-0955-21		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (DOSETTE) 25 MG/ML	1	ML	VL	U	ML	50	MG	0.5	05/05/2007	99/99/9999						
00641-0956-21		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (DOSETTE) 50 MG/ML	1	ML	VL	U	ML	50	MG	1	05/05/2007	99/99/9999						
00641-1397-31		J3230		05/05/2007	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (USP) 25 MG/ML	1	ML	AM	U	ML	50	MG	0.5	05/05/2007	99/99/9999						
00641-1398-35		J3230		01/01/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (AMP, DOSETTE) 25 MG/ML	2	ML	AM	U	ML	50	MG	0.5	01/01/2002	99/99/9999						
00641-1410-31		J1160		05/05/2007	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (USP) 0.25 MG/ML	2	ML	AM	IV	ML	0.5	MG	0.5	05/05/2007	99/99/9999						
00641-1495-31		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (USP) 25 MG/ML	1	ML	AM	U	ML	50	MG	0.5	05/05/2007	99/99/9999						
00641-1496-31		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (USP) 50 MG/ML	1	ML	AM	U	ML	50	MG	1	05/05/2007	99/99/9999						
00641-2341-41		J1170		01/01/2002	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (M.D.V.) 2 MG/ML	20	ML	VL	U	ML	4	MG	0.5	01/01/2002	09/30/2024						
00641-2341-41		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (M.D.V., USP) 2 MG/1 ML	20	ML		U	ML	0.1	MG	20	10/01/2024	99/99/9999						
00641-2555-10		J1165		10/23/2023	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (SDV) 50 MG/1 ML	5	ML	VL	U	ML	50	MG	1	10/23/2023	99/99/9999						
00641-2555-41		J1165		05/05/2007	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (USP) 50 MG/ML	1	ML	VL	IV	ML	50	MG	1	05/05/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00641-2569-41		J1245		05/05/2007	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (SDV) 5 MG/ML	10	ML	VL	IV	ML	10	MG	0.5	05/05/2007	99/99/9999						
00641-6019-10		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	DURAMORPH (10X10ML,PF) 1 MG/ML	10	ML	AM	IJ	ML	10	MG	0.1	01/01/2015	99/99/9999						
00641-6020-10		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	DURAMORPH (10X10ML,PF) 0.5 MG/ML	10	ML	AM	IJ	ML	10	MG	0.05	01/01/2015	99/99/9999						
00641-6023-10		J1308		04/01/2025	99/99/9999	INJECTION, FAMOTIDINE, 0.25 MG	FAMOTIDINE 10 MG/1 ML	4	ML		IV	ML	0.25	MG	40	04/01/2025	99/99/9999						
00641-6023-10		J3490		02/12/2024	03/31/2025	UNCLASSIFIED DRUGS	FAMOTIDINE 10 MG/1 ML	4	ML	VL	IV	ML	1	EA	1	02/12/2024	03/31/2025						
00641-6024-10		J3010		10/10/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SINGLE DOSE, 10X2ML) 0.05 MG/ML	10	ML	AM	IJ	ML	0.1	MG	0.5	10/10/2012	99/99/9999						
00641-6025-10		J3010		11/13/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE 0.05 MG/ML	10	ML	AM	IJ	ML	0.1	MG	0.5	11/13/2012	99/99/9999						
00641-6026-05		J3010		10/10/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SINGLE DOSE, 20MLX5) 0.05 MG/ML	5	ML	AM	IJ	ML	0.1	MG	0.5	10/10/2012	99/99/9999						
00641-6027-25		J3010		07/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X2ML,USP,SDV,PF) 0.05 MG/ML	25	ML	VL	IJ	ML	0.1	MG	0.5	07/25/2012	99/99/9999						
00641-6028-10		J3010		10/28/2024	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE 10X5ML,USP,SDV 0.05 MG/1 ML	5	ML		IJ	ML	0.1	MG	0.5	10/28/2024	99/99/9999						
00641-6028-25		J3010		07/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X5ML,USP,SDV,PF) 0.05 MG/ML	25	ML	VL	IJ	ML	0.1	MG	0.5	07/25/2012	99/99/9999						
00641-6029-01		J3010		12/15/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SDV;USP,PF,LATEX-FREE) 0.05 MG/1 ML	20	ML	VL	IJ	ML	0.1	MG	0.5	12/15/2021	99/99/9999						
00641-6029-25		J3010		10/10/2012	05/01/2022	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X20ML,SDV,PF) 0.05 MG/ML	25	ML	VL	IJ	ML	0.1	MG	0.5	10/10/2012	05/01/2022						
00641-6030-01		J3010		07/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (S.D.V) 0.05 MG/ML	1	ML	VL	IJ	ML	0.1	MG	0.5	07/25/2012	99/99/9999						
00641-6039-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	INFUMORPH 200 (1X20ML,PF) 10 MG/ML	20	ML	AM	IJ	ML	10	MG	1	01/01/2015	99/99/9999						
00641-6040-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	INFUMORPH 500 (1X20ML,PF) 25 MG/ML	20	ML	AM	IJ	ML	10	MG	2.5	01/01/2015	99/99/9999						
00641-6103-10		J2800		02/12/2024	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	ROBAXIN (SDV,LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	02/12/2024	99/99/9999						
00641-6132-25		J2310		11/09/2015	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL 0.4 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.4	11/09/2015	06/30/2025						
00641-6132-25		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL 0.4 MG/1 ML	1	ML		IJ	ML	0.01	MG	40	07/01/2025	99/99/9999						
00641-6135-25		J0780		10/31/2016	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	10/31/2016	99/99/9999						
00641-6139-10		J1165		10/23/2023	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM NOVAPLUS (SDV) 50 MG/1 ML	5	ML	VL	IJ	ML	50	MG	1	10/23/2023	99/99/9999						
00641-6145-25		J1100		01/20/2017	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	DEXAMETHASONE SODIUM PHOSPHATE 4 MG/1 ML	2	ML	VL	IJ	ML	1	MG	4	01/20/2017	99/99/9999						
00641-6146-10		J1100		11/06/2023	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	DEXAMETHASONE SODIUM PHOSPHATE (LATEX-FREE) 4 MG/1 ML	5	ML	VL	IJ	ML	1	MG	4	11/06/2023	99/99/9999						
00641-6146-25		J1100		01/20/2017	10/10/2024	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	DEXAMETHASONE SODIUM PHOSPHATE 4 MG/1 ML	5	ML	VL	IJ	ML	1	MG	4	01/20/2017	10/10/2024						
00641-6147-10		A4216		10/22/2019	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER FOR INJECTION	10	ML	VL	IJ	ML	10	ML	0.1	10/22/2019	99/99/9999						
00641-6147-25		A4216		07/20/2018	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER FOR INJECTION	10	ML		IJ	ML	10	ML	0.1	07/20/2018	99/99/9999						
00641-6151-25		J1170		10/01/2018	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (PF,LATEX-FREE) 2 MG/1 ML	1	ML	VL	IJ	ML	4	MG	0.5	10/01/2018	09/30/2024						
00641-6151-25		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (PF,LATEX-FREE) 2 MG/1 ML	1	ML		IJ	ML	0.1	MG	20	10/01/2024	99/99/9999						
00641-6164-10		J0706		05/14/2015	01/19/2024	INJECTION, CAFFEINE CITRATE, 5MG	CAFCIT (SINGLE USE,10X3ML,PF) 20 MG/ML	3	ML	VL	IV	ML	5	MG	4	05/14/2015	01/19/2024						
00641-6166-10		J0278		12/02/2015	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (10X4ML) 250 MG/1 ML	4	ML	VL	IJ	ML	100	MG	2.5	12/02/2015	99/99/9999						
00641-6167-10		J0278		12/02/2015	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (10X2ML) 250 MG/1 ML	2	ML	VL	IJ	ML	100	MG	2.5	12/02/2015	99/99/9999						
00641-6169-10		J1170		06/03/2024	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (SD PREFILLED SYRINGE) 1 MG/1 ML	1	ML		IJ	ML	4	MG	0.25	06/03/2024	09/30/2024						
00641-6169-10		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (SD PREFILLED SYRINGE) 1 MG/1 ML	1	ML		IJ	ML	0.1	MG	10	10/01/2024	99/99/9999						
00641-6173-10		J0500		03/23/2016	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	03/23/2016	99/99/9999						
00641-6174-10		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 50 MCG/1 ML	1	ML	VL	IJ	ML	25	MCG	2	10/20/2017	99/99/9999						
00641-6175-10		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 100 MCG/1 ML	1	ML	VL	IJ	ML	25	MCG	4	10/20/2017	99/99/9999						
00641-6176-10		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 500 MCG/1 ML	1	ML	VL	IJ	ML	25	MCG	20	10/20/2017	99/99/9999						
00641-6177-01		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 200 MCG/1 ML	5	ML	VL	IJ	ML	25	MCG	8	10/20/2017	99/99/9999						
00641-6178-01		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 1000 MCG/1 ML	5	ML	VL	IJ	ML	25	MCG	40	10/20/2017	99/99/9999						
00641-6182-10		J2360		11/07/2017	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE 30 MG/1 ML	2	ML	VL	IJ	ML	60	MG	0.5	11/07/2017	99/99/9999						
00641-6182-25		J2360		08/14/2024	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (PF,LATEX-FREE) 30 MG/1 ML	2	ML		IJ	ML	60	MG	0.5	08/14/2024	99/99/9999						
00641-6188-10		J2370		08/09/2019	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	08/09/2019	06/30/2023						
00641-6188-10		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL 10 MG/1 ML	5	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
00641-6189-10		J2370		08/09/2019	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	08/09/2019	06/30/2023						
00641-6189-10		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00641-6191-10		J2274		04/18/2025	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG	MORPHINE SULFATE SINGLE DOSE 2 MG/1 ML	1	ML	SY	IV	ML	10	MG	0.2	04/18/2025	99/99/9999						
00641-6192-10		J2274		04/18/2025	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG	MORPHINE SULFATE SINGLE DOSE 4 MG/1 ML	1	ML	SY	IV	ML	10	MG	0.4	04/18/2025	99/99/9999						
00641-6193-10		J2312		07/25/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL SD 0.4 MG/1 ML	1	ML		U	ML	0.01	MG	40	07/25/2025	99/99/9999						
00641-6194-10		J2704		05/08/2020	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (10X20ML,SDV,PF) 10 MG/1 ML	20	ML	VL	IV	ML	10	MG	1	05/08/2020	99/99/9999						
00641-6195-20		J2704		05/08/2020	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (20X50ML,SDV,PF) 10 MG/1 ML	50	ML	VL	IV	ML	10	MG	1	05/08/2020	99/99/9999						
00641-6196-10		J2704		05/08/2020	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (10X100ML,SDV,PF) 10 MG/1 ML	100	ML	VL	IV	ML	10	MG	1	05/08/2020	99/99/9999						
00641-6199-10		J1644		09/06/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (PF) 5000 U/1 ML	1	ML	SR	U	ML	1000	U	5	09/06/2019	99/99/9999						
00641-6204-10		J1644		06/30/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (10X0.5ML;USP,PF) 5000 U/0.5 ML	0.5	ML	SR	U	ML	1000	U	10	06/30/2020	99/99/9999						
00641-6205-10		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL 10X2ML,SDS 1 MG/1 ML	2	ML		U	ML	0.01	MG	100	07/01/2025	99/99/9999						
00641-6206-10		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (PFS,PF) 0.5 MG/0.5 ML	0.5	ML		U	ML	0.1	MG	10	10/01/2024	99/99/9999						
00641-6212-10		J1596		08/28/2025	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE SD 0.2 MG/1 ML	1	ML	SR	U	ML	0.1	MG	2	08/28/2025	99/99/9999						
00641-6213-10		J1596		08/28/2025	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE SD 0.2 MG/1 ML	2	ML	SR	U	ML	0.1	MG	2	08/28/2025	99/99/9999						
00641-6217-10		J2800		04/15/2024	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	ROBAXIN NOVAPLUS (SDV,LATEX-FREE) 100 MG/1 ML	10	ML	VL	U	ML	10	ML	0.1	04/15/2024	99/99/9999						
00641-6217-25		J2800		03/08/2018	10/10/2024	INJECTION, METHOCARBAMOL, UP TO 10 ML	ROBAXIN NOVAPLUS (25X10ML, SDV) 100 MG/1 ML	10	ML		U	ML	10	ML	0.1	03/08/2018	10/10/2024						
00641-6219-10		J2250		04/08/2024	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (PFS,PF) 5 MG/1 ML	2	ML		U	ML	1	MG	5	04/08/2024	99/99/9999						
00641-6220-10		J2250		04/08/2024	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (PFS,PF) 1 MG/1 ML	2	ML		U	ML	1	MG	1	04/08/2024	99/99/9999						
00641-6228-25		J3411		02/12/2021	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (25X1ML;USP;MDV) 100 MG/1 ML	2	ML	VL	U	ML	100	MG	1	02/12/2021	99/99/9999						
00641-6229-25		J2370		10/18/2018	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PREMIERPRO RX PHENYLEPHRINE HCL 10 MG/1 ML	1	ML		IV	ML	1	ML	1	10/18/2018	06/30/2023						
00641-6229-25		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PREMIERPRO RX PHENYLEPHRINE HCL 10 MG/1 ML	1	ML		IV	ML	20	MCG	500	07/01/2023	99/99/9999						
00641-6231-25		J0360		04/12/2021	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (25X1ML;SDV;USP,PF) 20 MG/1 ML	1	ML	VL	U	ML	20	MG	1	04/12/2021	99/99/9999						
00641-6234-10		J0330		10/24/2022	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (SDS;USP,PF,LATEX-FREE) 20 MG/1 ML	5	ML	SR	U	ML	20	MG	1	10/24/2022	99/99/9999						
00641-6240-10		J2710		06/14/2023	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (PF,LATEX-FREE) 1 MG/1 ML	3	ML	SR	IV	ML	0.5	MG	2	06/14/2023	99/99/9999						
00641-6243-10		J3360		04/17/2023	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X10ML,MDV,LATEX-FREE) 5 MG/1 ML	10	ML	VL	U	ML	5	MG	1	04/17/2023	99/99/9999						
00641-6244-10		J3360		01/04/2022	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/1 ML	2	ML	SR	U	ML	5	MG	1	01/04/2022	99/99/9999						
00641-6245-10		J2373		07/01/2024	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE (IMMPHENTIV), 20 MICROGRAMS	IMMPHENTIV (SDV,LATEX-FREE) 100 MCG/1 ML	5	ML		IV	ML	20	MCG	5	07/01/2024	99/99/9999						
00641-6246-10		J2373		07/01/2024	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE (IMMPHENTIV), 20 MICROGRAMS	IMMPHENTIV (SDV,LATEX-FREE) 100 MCG/1 ML	10	ML		IV	ML	20	MCG	5	07/01/2024	99/99/9999						
00641-6247-25		J3010		07/05/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (PF,LATEX-FREE) 0.05 MG/1 ML	1	ML	VL	U	ML	0.1	MG	0.5	07/05/2021	99/99/9999						
00641-6248-10		J3010		02/05/2024	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (PF) 0.05 MG/1 ML	1	ML		U	ML	0.1	MG	0.5	02/05/2024	99/99/9999						
00641-6252-10		J1921		07/01/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J1920, 5 MG	LABETALOL HCL (10X2ML,SDS,PF) 5 MG/1 ML	2	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						
00641-6254-01		J1171		05/13/2025	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL 2 MG/1 ML	20	ML	VL	U	ML	0.1	MG	20	05/13/2025	99/99/9999						
00641-6259-10		J1171		10/07/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL SD PREFILLED SYRINGE 0.2 MG/1 ML	1	ML	SY	U	ML	0.1	MG	2	10/07/2024	99/99/9999						
00641-6264-10		J2710		06/13/2025	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE NOVAPLUS 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	06/13/2025	99/99/9999						
00641-6265-10		J2710		03/11/2024	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE NOVAPLUS (MDV,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	03/11/2024	99/99/9999						
00641-6266-01		J1230		06/12/2025	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL USP;MDV 10 MG/1 ML	20	ML	VL	U	ML	10	MG	1	06/12/2025	99/99/9999						
00641-6267-10		J0706		06/10/2024	99/99/9999	INJECTION, CAFFEINE CITRATE, 5 MG	CAFFEINE CITRATE (SDV,PF,LATEX-FREE) 20 MG/1 ML	3	ML	VL	IV	ML	5	MG	4	06/10/2024	99/99/9999						
00641-6277-10		J2710		03/27/2024	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	PREMIERPRO RX NEOSTIGMINE METHYLSULFATE (MDV,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	03/27/2024	99/99/9999						
00641-6281-25		J2250		10/29/2024	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVAPLUS 25X2ML 1 MG/1 ML	2	ML	VL	U	ML	1	MG	1	10/29/2024	99/99/9999						
00641-6282-25		J1200		10/29/2024	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL NOVAPLUS HIGH POTENCY;25X1ML 50 MG/1 ML	1	ML	VL	U	ML	50	MG	1	10/29/2024	99/99/9999						
00641-6284-10		J1939		04/08/2025	99/99/9999	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE NOVAPLUS MDV 0.25 MG/1 ML	4	ML	TB	U	ML	0.5	MG	0.5	04/08/2025	99/99/9999						
00641-6285-10		J1939		04/14/2025	99/99/9999	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE NOVAPLUS MDV 0.25 MG/1 ML	10	ML	VL	U	ML	0.5	MG	0.5	04/14/2025	99/99/9999						
00641-6286-01		J2405		03/20/2025	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON NOVAPLUS MDV 2 MG/1 ML	20	ML		U	ML	1	MG	2	03/20/2025	99/99/9999						
00703-0031-01		J1030		03/09/2005	07/10/2023	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (SDV) 40 MG/ML	1	ML	VL	U	ML	40	MG	1	03/09/2005	07/10/2023						
00703-0031-04		J1030		03/09/2005	07/10/2023	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (SDV) 40 MG/ML	1	ML	VL	U	ML	40	MG	1	03/09/2005	07/10/2023						
00703-0043-01		J1030		10/31/2006	07/10/2023	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (MDV,USP) 40 MG/ML	5	ML	VL	U	ML	40	MG	1	10/31/2006	07/10/2023						
00703-0045-01		J1030		10/31/2006	07/10/2023	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (MDV,USP) 40 MG/ML	10	ML	VL	U	ML	40	MG	1	10/31/2006	07/10/2023						
00703-0051-01		J1040		03/09/2005	07/10/2023	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (SDV) 80 MG/ML	1	ML	VL	U	ML	80	MG	1	03/09/2005	07/10/2023						
00703-0051-04		J1040		03/09/2005	07/10/2023	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (SDV) 80 MG/ML	1	ML	VL	U	ML	80	MG	1	03/09/2005	07/10/2023						
00703-0063-01		J1040		10/31/2006	07/10/2023	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (MDV,USP) 80 MG/ML	5	ML	VL	U	ML	80	MG	1	10/31/2006	07/10/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00703-0125-01		J0878		09/14/2016	01/10/2022	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	09/14/2016	01/10/2022						
00703-0241-01		J3301		08/29/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (LATEX-FREE) 40 MG/1 ML	1	ML	VL	IJ	ML	10	MG	4	08/29/2019	99/99/9999						
00703-0243-01		J3301		08/29/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (LATEX-FREE) 40 MG/1 ML	5	ML	VL	IJ	ML	10	MG	4	08/29/2019	99/99/9999						
00703-0245-01		J3301		08/29/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (LATEX-FREE) 40 MG/1 ML	10	ML	VL	IJ	ML	10	MG	4	08/29/2019	99/99/9999						
00703-0666-01		J3285		09/30/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.,LATEX-FREE) 1 MG/1 ML	20	ML	VL	IJ	ML	1	MG	1	09/30/2019	99/99/9999						
00703-0676-01		J3285		09/30/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.,LATEX-FREE) 2.5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2.5	09/30/2019	99/99/9999						
00703-0686-01		J3285		09/30/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	5	09/30/2019	99/99/9999						
00703-0696-01		J3285		09/30/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.,LATEX-FREE) 10 MG/1 ML	20	ML	VL	IJ	ML	1	MG	10	09/30/2019	99/99/9999						
00703-1165-01		J1327		07/06/2016	03/18/2019	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	07/06/2016	03/18/2019						
00703-1179-01		J1327		12/11/2015	09/12/2022	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	12/11/2015	09/12/2022						
00703-1501-02		J0270		01/01/2002	07/10/2023	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (S.D.V.) 0.5 MG/ML	1	ML	VL	IV	ML	1.25	MCG	400	01/01/2002	07/10/2023						
00703-1985-01		J1325		04/23/2008	07/10/2023	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL SODIUM 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	04/23/2008	07/10/2023						
00703-1995-01		J1325		04/23/2008	07/10/2023	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL SODIUM 1.5 MG	1	EA	VL	IV	EA	0.5	MG	3	04/23/2008	07/10/2023						
00703-2191-04		J2550		09/30/2002	09/03/2019	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 25 MG/ML	1	ML	VL	IJ	ML	50	MG	0.5	09/30/2002	09/03/2019						
00703-2201-04		J2550		09/30/2002	09/03/2019	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	09/30/2002	09/03/2019						
00703-3015-13		J9190		09/02/2003	05/18/2020	INJECTION, FLUOROURACIL, 500 MG	ADRUCIL (S.D.V.) 50 MG/ML	10	ML	VL	IV	ML	500	MG	0.1	09/02/2003	05/18/2020						
00703-3018-12		J9190		09/02/2003	05/18/2020	INJECTION, FLUOROURACIL, 500 MG	ADRUCIL (PHARMACY BULK PACKAGE) 50 MG/ML	50	ML	VL	IV	ML	500	MG	0.1	09/02/2003	05/18/2020						
00703-3019-12		J9190		09/02/2003	02/24/2020	INJECTION, FLUOROURACIL, 500 MG	ADRUCIL (PHARMACY BULK PACKAGE) 50 MG/ML	100	ML	VL	IV	ML	500	MG	0.1	09/02/2003	02/24/2020						
00703-3154-01		J9040		01/01/2002	07/10/2023	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE (S.D.V.) 15 U	1	EA	VL	IJ	EA	15	U	1	01/01/2002	07/10/2023						
00703-3155-01		J9040		01/01/2002	07/10/2023	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE (S.D.V.) 30 U	1	EA	VL	IJ	EA	15	U	2	01/01/2002	07/10/2023						
00703-3213-01		J9267		07/07/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	07/07/2020	99/99/9999						
00703-3213-81		J9267		07/07/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PREMIERPRO RX PACLITAXEL (1X5ML;MDV) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	07/07/2020	99/99/9999						
00703-3216-01		J9267		03/25/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	03/25/2020	99/99/9999						
00703-3216-81		J9267		03/05/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PREMIERPRO RX PACLITAXEL (1X16.7ML;MDV) 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	03/05/2020	99/99/9999						
00703-3217-01		J9267		03/05/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (M.D.V,1X25ML) 6 MG/1 ML	25	ML	VL	IV	ML	1	MG	6	03/05/2020	99/99/9999						
00703-3218-01		J9267		03/05/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (1X50ML;MDV) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	03/05/2020	99/99/9999						
00703-3218-81		J9267		03/05/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PREMIERPRO RX PACLITAXEL (1X50ML;MDV) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	03/05/2020	99/99/9999						
00703-3301-04		J2354		11/14/2005	07/10/2023	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (1MLX25 VIALS) 50 MCG/ML	1	ML	VL	IJ	ML	25	MCG	2	11/14/2005	07/10/2023						
00703-3311-04		J2354		11/14/2005	07/10/2023	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (1MLX25 VIALS) 100 MCG/ML	1	ML	VL	IJ	ML	25	MCG	4	11/14/2005	07/10/2023						
00703-3321-04		J2354		11/14/2005	07/10/2023	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (1MLX25 VIALS) 500 MCG/ML	1	ML	VL	IJ	ML	25	MCG	20	11/14/2005	07/10/2023						
00703-3333-01		J2354		11/23/2005	07/10/2023	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 200 MCG/ML	5	ML	VL	IJ	ML	25	MCG	8	11/23/2005	07/10/2023						
00703-3343-01		J2354		11/23/2005	07/10/2023	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 1000 MCG/ML	5	ML	VL	IJ	ML	25	MCG	40	11/23/2005	07/10/2023						
00703-3427-11		J9208		07/26/2007	07/10/2023	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE 1 GM	1	EA	VL	IV	EA	1	GM	1	07/26/2007	07/10/2023						
00703-3429-11		J9208		07/26/2007	07/10/2023	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE 3 GM	1	EA	VL	IV	EA	1	GM	3	07/26/2007	07/10/2023						
00703-4014-19		J9218		01/01/2002	99/99/9999	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (M.D.V.) 5 MG/ML	2.8	ML	VL	SC	ML	1	MG	5	01/01/2002	99/99/9999						
00703-4085-51		J2430		11/08/2005	09/12/2022	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 9 MG/ML	10	ML	VL	IV	ML	30	MG	0.3	11/08/2005	09/12/2022						
00703-4094-01		J2469		03/23/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (S.D.V.) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/23/2018	99/99/9999						
00703-4154-11		J9211		09/24/2002	07/10/2023	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (S.D.V.) 1 MG/ML	5	ML	VL	IV	ML	5	MG	0.2	09/24/2002	07/10/2023						
00703-4155-11		J9211		09/24/2002	07/10/2023	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (S.D.V.) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	09/24/2002	07/10/2023						
00703-4156-11		J9211		09/24/2002	07/10/2023	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (S.D.V.) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	09/24/2002	07/10/2023						
00703-4244-01		J9045		05/01/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (1X5ML) 10 MG/ML	5	ML	VL	IV	ML	50	MG	0.2	05/01/2006	99/99/9999						
00703-4246-01		J9045		05/01/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (1X15ML) 10 MG/ML	15	ML	VL	IV	ML	50	MG	0.2	05/01/2006	99/99/9999						
00703-4248-01		J9045		02/01/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 10 MG/ML	45	ML	VL	IV	ML	50	MG	0.2	02/01/2006	99/99/9999						
00703-4402-11		J9370		01/01/2002	06/24/2019	VINCRISTINE SULFATE, 1 MG	VINCRISTINE SULFATE (S.D.V.) 1 MG/ML	1	ML	VL	IV	ML	1	MG	1	01/01/2002	06/24/2019						
00703-4412-11		J9370		01/01/2002	03/11/2019	VINCRISTINE SULFATE, 1 MG	VINCRISTINE SULFATE (S.D.V.) 1 MG/ML	2	ML	VL	IV	ML	1	MG	1	01/01/2002	03/11/2019						
00703-4432-11		J9206		02/28/2008	04/16/2019	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML,SINGLE DOSE) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	02/28/2008	04/16/2019						
00703-4502-04		J2765		12/20/2013	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HYDROCHLORIDE (S.D.V.) 5 MG/ML	2	ML	VL	IJ	ML	10	MG	0.5	12/20/2013	99/99/9999						
00703-4502-93		J2765		09/04/2024	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE NOVAPLUS SDV 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	09/04/2024	99/99/9999						
00703-4636-01		J9320		12/03/2003	03/17/2025	INJECTION, STREPTOZOCIN, 1 GRAM	ZANOSAR 1 GM	1	EA	VL	IV	EA	1	GM	1	12/03/2003	03/17/2025						
00703-4680-01		J9293		04/11/2006	07/10/2023	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (MDV,PF) 2 MG/ML	12.5	ML	VL	IV	ML	5	MG	0.4	04/11/2006	07/10/2023						
00703-4685-01		J9293		04/11/2006	07/10/2023	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (MDV,PF) 2 MG/ML	10	ML	VL	IV	ML	5	MG	0.4	04/11/2006	07/10/2023						
00703-4686-01		J9293		04/11/2006	07/10/2023	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (MDV,PF) 2 MG/ML	15	ML	VL	IV	ML	5	MG	0.4	04/11/2006	07/10/2023						
00703-4805-01		J9209		04/23/2015	01/21/2020	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	04/23/2015	01/21/2020						
00703-5040-01		J9000		01/01/2002	01/08/2019	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (M.D.V, POLYMER) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	01/01/2002	01/08/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00703-5043-03		J9000		01/01/2002	01/08/2019	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (S.D.V. POLYMER) 2 MG/ML	5	ML	VL	IV	ML	10	MG	0.2	01/01/2002	01/08/2019						
00703-5046-01		J9000		01/01/2002	01/08/2019	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (S.D.V. POLYMER) 2 MG/ML	25	ML	VL	IV	ML	10	MG	0.2	01/01/2002	01/08/2019						
00703-5051-03		J2597		01/01/2002	07/10/2023	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (VIAL) 4 MCG/ML	1	ML	VL	IJ	ML	1	MCG	4	01/01/2002	07/10/2023						
00703-5054-01		J2597		01/01/2002	07/10/2023	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (M.D.V.) 4 MCG/ML	10	ML	VL	IJ	ML	1	MCG	4	01/01/2002	07/10/2023						
00703-5140-01		J0640		01/01/2002	07/10/2023	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (VIAL,PF) 100 MG	1	EA	VL	IJ	EA	50	MG	2	01/01/2002	07/10/2023						
00703-5145-01		J0640		01/01/2002	07/10/2023	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF) 350 MG	1	EA	VL	IJ	EA	50	MG	7	01/01/2002	07/10/2023						
00703-5233-13		J9150		01/27/2003	07/10/2023	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (S.D.V.,PF) 5 MG/ML	4	ML	VL	IV	ML	10	MG	0.5	01/27/2003	07/10/2023						
00703-5653-01		J9181		01/01/2002	07/10/2023	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V. POLYMER) 20 MG/ML	5	ML	VL	IV	ML	10	MG	2	01/01/2002	07/10/2023						
00703-5656-01		J9181		01/01/2002	07/10/2023	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V. POLYMER) 20 MG/ML	25	ML	VL	IV	ML	10	MG	2	01/01/2002	07/10/2023						
00703-5657-01		J9181		01/01/2002	07/10/2023	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	50	ML	VL	IV	ML	10	MG	2	01/01/2002	07/10/2023						
00703-5747-11		J9060		06/19/2000	99/99/9999	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG	CISPLATIN (M.D.V.) 1 MG/ML	1	ML	VL	IV	ML	10	MG	0.1	06/19/2000	99/99/9999						
00703-5854-01		J9185		09/12/2003	12/31/2018	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE 50 MG	1	EA	VL	IV	EA	50	MG	1	09/12/2003	12/31/2018						
00703-6801-01		J1050		01/01/2013	07/10/2023	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (ODOR-FREE) 150 mg/1 ml	1	ML	VL	IM	ML	1	MG	150	01/01/2013	07/10/2023						
00703-7011-03		J1631		01/01/2002	12/03/2019	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 50 MG/ML	1	ML	VL	IM	ML	50	MG	1	01/01/2002	12/03/2019						
00703-7013-01		J1631		01/01/2002	09/30/2020	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 50 MG/ML	5	ML	VL	IM	ML	50	MG	1	01/01/2002	09/30/2020						
00703-7021-03		J1631		01/01/2002	07/31/2021	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 100 MG/ML	1	ML	VL	IM	ML	50	MG	2	01/01/2002	07/31/2021						
00703-7023-01		J1631		01/01/2002	10/08/2019	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 100 MG/ML	5	ML	VL	IM	ML	50	MG	2	01/01/2002	10/08/2019						
00703-7121-03		J1631		12/04/2019	07/10/2023	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (10X1ML) 50 MG/1 ML	1	ML	VL	IM	ML	50	MG	1	12/04/2019	07/10/2023						
00703-7123-01		J1631		04/15/2020	07/10/2023	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV) 50 MG/1 ML	5	ML	VL	IM	ML	50	MG	1	04/15/2020	07/10/2023						
00703-7131-03		J1631		06/28/2019	07/10/2023	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV) 100 MG/1 ML	1	ML		IM	ML	50	MG	2	06/28/2019	07/10/2023						
00703-7133-01		J1631		10/09/2019	07/10/2023	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE ((M.D.V.),1X5ML) 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	10/09/2019	07/10/2023						
00703-8315-01		J2404		01/01/2024	99/99/9999	INJECTION, NICARDIPINE, 0.1 MG	NICARDIPINE HCL (1X10ML) 2.5 MG/1 ML	10	ML		IV	ML	0.1	MG	25	01/01/2024	99/99/9999						
00703-8510-21		J1650		11/19/2014	12/20/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 150 MG/ML	1	ML	SR	IJ	ML	10	MG	15	11/19/2014	12/20/2021						
00703-8510-23		J1650		11/19/2014	12/20/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 150 MG/ML	1	ML	SR	IJ	ML	10	MG	15	11/19/2014	12/20/2021						
00703-8530-21		J1650		11/19/2014	12/20/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 30 MG/0.3 ML	0.3	ML	SR	IJ	ML	10	MG	10	11/19/2014	12/20/2021						
00703-8530-23		J1650		11/19/2014	12/20/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 30 MG/0.3 ML	0.3	ML	SR	IJ	ML	10	MG	10	11/19/2014	12/20/2021						
00703-8540-21		J1650		11/19/2014	12/20/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 40 MG/0.4 ML	0.4	ML	SR	IJ	ML	10	MG	10	11/19/2014	12/20/2021						
00703-8540-23		J1650		11/19/2014	12/20/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 40 MG/0.4 ML	0.4	ML	SR	IJ	ML	10	MG	10	11/19/2014	12/20/2021						
00703-8560-21		J1650		11/19/2014	12/20/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 60 MG/0.6 ML	0.6	ML	SR	IJ	ML	10	MG	10	11/19/2014	12/20/2021						
00703-8560-23		J1650		11/19/2014	12/20/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 60 MG/0.6 ML	0.6	ML	SR	IJ	ML	10	MG	10	11/19/2014	12/20/2021						
00703-8580-21		J1650		11/19/2014	12/20/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 100 MG/ML	1	ML	SR	IJ	ML	10	MG	10	11/19/2014	12/20/2021						
00703-8580-23		J1650		11/19/2014	12/20/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 100 MG/ML	1	ML	SR	IJ	ML	10	MG	10	11/19/2014	12/20/2021						
00703-8610-21		J1650		11/19/2014	12/20/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 120 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	15	11/19/2014	12/20/2021						
00703-8610-23		J1650		11/19/2014	12/20/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 120 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	15	11/19/2014	12/20/2021						
00703-8680-21		J1650		11/19/2014	12/20/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 80 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	10	11/19/2014	12/20/2021						
00703-8680-23		J1650		11/19/2014	12/20/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 80 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	10	11/19/2014	12/20/2021						
00703-9032-03		J0278		01/01/2006	07/10/2023	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (S.D.V.) 250 MG/ML	2	ML	VL	IJ	ML	100	MG	2.5	01/01/2006	07/10/2023						
00703-9040-03		J0278		01/01/2006	07/10/2023	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (VIAL) 250 MG/ML	4	ML	VL	IJ	ML	100	MG	2.5	01/01/2006	07/10/2023						
00703-9503-03		J2865		04/01/2025	99/99/9999	INJECTION, SULFAMETHOXAZOLE 5 MG AND TRIMETHOPRIM 1 MG	SMZ-TMP CONCENTRATE S.D.V. 80 MG/1 ML-16 MG/1 ML	5	ML		IV	ML	5	MG	16	04/01/2025	99/99/9999						
00703-9503-03		J3490		01/01/2002	03/31/2025	UNCLASSIFIED DRUGS	SMZ-TMP CONCENTRATE (S.D.V.) 80 MG/ML-16 MG/ML	5	ML	VL	IV	ML	1	EA	1	01/01/2002	03/31/2025						
00703-9514-03		J2865		04/01/2025	99/99/9999	INJECTION, SULFAMETHOXAZOLE 5 MG AND TRIMETHOPRIM 1 MG	SMZ-TMP CONCENTRATE M.D.V. 80 MG/1 ML-16 MG/1 ML	10	ML		IV	ML	5	MG	16	04/01/2025	99/99/9999						
00703-9514-03		J3490		01/01/2002	03/31/2025	UNCLASSIFIED DRUGS	SMZ-TMP CONCENTRATE (M.D.V.) 80 MG/ML-16 MG/ML	10	ML	VL	IV	ML	1	EA	1	01/01/2002	03/31/2025						
00703-9514-93		J2865		04/01/2025	99/99/9999	INJECTION, SULFAMETHOXAZOLE 5 MG AND TRIMETHOPRIM 1 MG	SULFAMETHOXAZOLE/TRIMETHOPRIM NOVAPLUS 80 MG/1 ML-16 MG/1 ML	10	ML		IV	ML	5	MG	16	04/01/2025	99/99/9999						
00703-9514-93		J3490		02/27/2020	03/31/2025	UNCLASSIFIED DRUGS	SULFAMETHOXAZOLE/TRIMETHOPRIM NOVAPLUS 80 MG/1 ML-16 MG/1 ML	10	ML	VL	IV	ML	1	EA	1	02/27/2020	03/31/2025						
00703-9526-01		J2865		04/01/2025	99/99/9999	INJECTION, SULFAMETHOXAZOLE 5 MG AND TRIMETHOPRIM 1 MG	SMZ-TMP M.D.V. 80 MG/1 ML-16 MG/1 ML	30	ML		IV	ML	5	MG	16	04/01/2025	99/99/9999						
00703-9526-01		J3490		01/01/2002	03/31/2025	UNCLASSIFIED DRUGS	SMZ-TMP (M.D.V.) 80 MG/ML-16 MG/ML	30	ML	VL	IV	ML	1	EA	1	01/01/2002	03/31/2025						
00703-9526-81		J2865		04/01/2025	99/99/9999	INJECTION, SULFAMETHOXAZOLE 5 MG AND TRIMETHOPRIM 1 MG	PREMIERPRO RX SULFAMETHOXAZOLE/TRIMETHOPRIM MDV 80 MG/1 ML-16 MG/1 ML	30	ML		IV	ML	5	MG	16	04/01/2025	99/99/9999						
00703-9526-81		J3490		08/15/2024	03/31/2025	UNCLASSIFIED DRUGS	PREMIERPRO RX SULFAMETHOXAZOLE/TRIMETHOPRIM (MDV) 80 MG/1 ML-16 MG/1 ML	30	ML		IV	ML	1	EA	1	08/15/2024	03/31/2025						
00713-0135-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
00713-0351-09		J0780		02/01/2022	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (MDV) 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	02/01/2022	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00713-0351-25		J0780		02/01/2022	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (MDV) 5 MG/1 ML	2	ML	VL	U	ML	10	MG	0.5	02/01/2022	99/99/9999						
00713-0526-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
00713-0536-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 12.5 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
00761-0914-20		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTI-HIST 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
00781-1046-01		Q0175		01/01/2002	12/31/2021	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE 2 MG	100	EA	BO	PO	EA	4	MG	0.5	01/01/2002	12/31/2021						
00781-1046-10		Q0175		01/01/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE 2 MG	1000	EA	BO	PO	EA	4	MG	0.5	05/16/2008	99/99/9999	01/01/2002	12/01/2004	0.5			
00781-1046-13		Q0175		01/01/2002	12/31/2021	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE 2 MG	100	EA	BX	PO	EA	4	MG	0.5	01/01/2002	12/31/2021						
00781-1047-01		Q0175		01/01/2002	12/31/2021	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE 4 MG	100	EA	BO	PO	EA	4	MG	1	01/01/2002	12/31/2021						
00781-1047-13		Q0175		01/01/2002	12/31/2021	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE 4 MG	100	EA	BX	PO	EA	4	MG	1	01/01/2002	12/31/2021						
00781-1048-01		Q0175		01/01/2014	12/31/2021	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE 8 MG	100	EA	BO	PO	EA	4	MG	2	01/01/2014	12/31/2021						
00781-1048-13		Q0175		01/01/2014	12/31/2021	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE 8 MG	100	EA	BX	PO	EA	4	MG	2	01/01/2014	12/31/2021						
00781-1049-01		Q0175		01/01/2014	12/31/2021	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE 16 MG	100	EA	BO	PO	EA	4	MG	4	01/01/2014	12/31/2021						
00781-1681-31		Q0162		01/01/2012	11/30/2019	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	11/30/2019						
00781-1830-01		Q0169		01/01/2014	04/30/2024	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	100	EA	BO	PI	EA	12.5	MG	2	01/01/2014	04/30/2024						
00781-1830-10		Q0169		01/01/2014	09/30/2024	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	1000	EA	BO	PI	EA	12.5	MG	2	01/01/2014	09/30/2024						
00781-1832-01		Q0169		01/01/2014	11/30/2023	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 50 MG	100	EA	BO	PO	EA	12.5	MG	4	01/01/2014	11/30/2023						
00781-2067-01		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	05/04/2009	99/99/9999						
00781-2067-05		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	BO	PO	EA	250	MG	1	05/04/2009	99/99/9999						
00781-2067-89		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (12X120,HARD GELATIN) 250 MG	1440	EA	BO	PO	EA	250	MG	1	05/04/2009	99/99/9999						
00781-2102-01		J7507		08/10/2009	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	08/10/2009	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-2103-01		J7507		08/10/2009	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	08/10/2009	99/99/9999						
00781-2104-01		J7507		08/10/2009	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1	MG	5	08/10/2009	99/99/9999						
00781-2691-44		None		08/12/2013	09/12/2022	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	08/12/2013	09/12/2022						
00781-2691-75		None		08/12/2013	09/12/2022	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	08/12/2013	09/12/2022						
00781-2692-44		None		08/12/2013	09/12/2022	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	08/12/2013	09/12/2022						
00781-2692-75		None		08/12/2013	09/12/2022	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	08/12/2013	09/12/2022						
00781-2693-44		None		08/12/2013	09/12/2022	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	08/12/2013	09/12/2022						
00781-2693-75		None		08/12/2013	09/12/2022	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	08/12/2013	09/12/2022						
00781-2694-44		None		08/12/2013	09/12/2022	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	08/12/2013	09/12/2022						
00781-2694-75		None		08/12/2013	09/12/2022	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	08/12/2013	09/12/2022						
00781-2695-44		None		08/12/2013	09/12/2022	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	08/12/2013	09/12/2022						
00781-2695-75		None		08/12/2013	09/12/2022	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	08/12/2013	09/12/2022						
00781-2696-75		None		09/30/2013	09/12/2022	TEMODAR, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	09/30/2013	09/12/2022						
00781-3000-95		J2185		09/12/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM 500 MG	10	EA	VL	IV	EA	100	MG	5	09/12/2016	99/99/9999						
00781-3000-96		J2185		09/12/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM 500 MG	25	EA	VL	IV	EA	100	MG	5	09/12/2016	99/99/9999						
00781-3001-07		J2941		03/12/2008	99/99/9999	INJECTION, SOMATROPIN, 1 MG	OMNITROPE (1X1.5ML,W/DILUENT) 5 MG/1.5 ML	1.5	ML	CT	SC	ML	1	MG	3.33333	03/12/2008	99/99/9999						
00781-3001-26		J2941		03/12/2008	99/99/9999	INJECTION, SOMATROPIN, 1 MG	OMNITROPE (5X1.5ML,W/DILUENT) 5 MG/1.5 ML	1.5	ML	CT	SC	ML	1	MG	3.33333	03/12/2008	99/99/9999						
00781-3033-95		J0295		09/05/2006	05/31/2020	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 2 GM-1 GM	1	EA	VL	IJ	EA	1.5	GM	2	09/05/2006	05/31/2020						
00781-3059-95		J1160		07/21/2006	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (USP,10X2ML) 0.25 MG/ML	2	ML	AM	IJ	ML	0.5	MG	0.5	07/21/2006	99/99/9999						
00781-3095-80		J2700		03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (USP,ADD-VANTAGE VIAL) 2 GM	1	EA	VL	IV	EA	250	MG	8	03/19/2008	99/99/9999						
00781-3098-95		J2185		09/12/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM 1 GM	10	EA	VL	IV	EA	100	MG	10	09/12/2016	99/99/9999						
00781-3098-96		J2185		09/12/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM 1 GM	25	EA	VL	IV	EA	100	MG	10	09/12/2016	99/99/9999						
00781-3124-85		J3490		09/09/2005	05/31/2022	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM 1 GM	1	EA	VL	IJ	EA	1	EA	1	09/09/2005	05/31/2022						
00781-3124-95		J3490		04/27/2004	07/31/2020	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (VIAL) 1 GM	1	EA	VL	IJ	EA	1	EA	1	04/27/2004	07/31/2020						
00781-3125-85		J3490		09/09/2005	05/31/2022	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM 2 GM	1	EA	VL	IJ	EA	1	EA	1	09/09/2005	05/31/2022						
00781-3125-92		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN SODIUM ADD-VANTAGE VIAL 2 GM	10	EA		IJ	EA	20	MG	100	01/01/2025	99/99/9999						
00781-3125-92		J3490		02/23/2005	12/31/2024	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (ADD-VANTAGE VIAL) 2 GM	1	EA	VL	IJ	EA	1	EA	1	02/23/2005	12/31/2024						
00781-3125-95		J3490		04/27/2004	05/31/2022	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (VIAL) 2 GM	1	EA	VL	IJ	EA	1	EA	1	04/27/2004	05/31/2022						
00781-3126-46		J3490		09/09/2005	05/31/2022	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM 10 GM	1	EA	VL	IJ	EA	1	EA	1	09/09/2005	05/31/2022						
00781-3126-95		J3490		04/27/2004	05/31/2022	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (VIAL,PHARMACY BULK) 10 GM	1	EA	VL	IJ	EA	1	EA	1	04/27/2004	05/31/2022						
00781-3128-92		J3490		04/17/2006	07/31/2020	UNCLASSIFIED DRUGS	NAFCILLIN (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	IV	EA	1	EA	1	04/17/2006	07/31/2020						
00781-3129-92		J3490		02/22/2006	05/31/2022	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (2GMX10, ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	1	EA	1	02/22/2006	05/31/2022						
00781-3158-95		J0583		07/06/2015	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SINGLE-USE,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	07/06/2015	99/99/9999						
00781-3159-72		J2359		10/01/2023	99/99/9999	INJECTION, OLANZAPINE, 0.5 MG	OLANZAPINE (SINGLE USE) 10 MG	1	EA	VL	IM	EA	0.5	MG	20	11/28/2011	99/99/9999						
00781-3177-96		J0713		02/23/2007	06/30/2019	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	02/23/2007	06/30/2019						
00781-3178-95		J0713		02/23/2007	06/30/2019	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (USP) 2 GM	1	EA	VL	IV	EA	500	MG	4	02/23/2007	06/30/2019						
00781-3180-94		J2543		11/10/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PHARMACY BULK;USP,PF) 36 GM-4.5 GM	1	EA	VL	IV	EA	1.125	GM	36	11/10/2021	99/99/9999						
00781-3204-70		J2404		01/01/2024	99/99/9999	INJECTION, NICARDIPINE, 0.1 MG	NICARDIPINE HCL (1X10ML,SINGLE DOSE) 2.5 MG/1 ML	10	ML		IV	ML	0.1	MG	25	01/01/2024	99/99/9999						
00781-3206-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/19/2005	99/99/9999						
00781-3207-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	VL	IJ	EA	250	MG	2	07/19/2005	99/99/9999						
00781-3208-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/19/2005	99/99/9999						
00781-3209-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1	EA	VL	IJ	EA	250	MG	8	07/19/2005	99/99/9999						
00781-3210-46		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 10 GM	1	EA	VL	IJ	EA	250	MG	40	07/19/2005	99/99/9999						
00781-3222-80		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (S.D.V,USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	04/14/2008	99/99/9999						
00781-3222-95		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	04/14/2008	99/99/9999						
00781-3223-91		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (S.D.V,USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/14/2008	99/99/9999						
00781-3223-95		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/14/2008	99/99/9999						
00781-3232-95		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (SDV,FREEZE-DRIED) 40 MG	10	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
00781-3232-95		J3490		03/30/2020	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (SDV,FREEZE-DRIED) 40 MG	10	EA	VL	IV	EA	1	EA	1	03/30/2020	06/30/2024						
00781-3233-94		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 500 MG	1	EA		IV	EA	5	MG	100	04/01/2024	99/99/9999						
00781-3238-63		J1650		02/16/2021	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.3ML,SINGLE-DOSE,PF) 30 MG/0.3 ML	0.3	ML	SR	SC	ML	10	MG	10	02/16/2021	99/99/9999						
00781-3244-94		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 1 GM	1	EA		IV	EA	5	MG	200	04/01/2024	99/99/9999						
00781-3246-64		J1650		02/16/2021	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.4ML;SINGLE DOSE,PF) 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	02/16/2021	99/99/9999						
00781-3250-89		J1595		02/27/2018	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG	GLATOPA 40 MG/1 ML	1	ML	SR	SC	ML	20	MG	2	02/27/2018	99/99/9999						
00781-3255-94		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 2 GM	1	EA		IV	EA	5	MG	400	04/01/2024	99/99/9999						
00781-3256-66		J1650		02/16/2021	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.6ML,SINGLE-DOSE,PF) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	02/16/2021	99/99/9999						
00781-3262-68		J1650		02/16/2021	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.8ML,SINGLE-DOSE,PF) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	02/16/2021	99/99/9999						
00781-3268-69		J1650		02/16/2021	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X1ML;SINGLE-DOSE,PF) 100 MG/1 ML	1	ML	SR	SC	ML	10	MG	10	02/16/2021	99/99/9999						
00781-3295-70		J0878		07/13/2020	07/31/2022	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	07/13/2020	07/31/2022						
00781-3296-80		J0894		03/30/2020	05/31/2022	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	03/30/2020	05/31/2022						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-3298-68		J1650		02/16/2021	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.8ML;SINGLE-DOSE,PF) 120 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	15	02/16/2021	99/99/9999						
00781-3299-69		J1650		02/16/2021	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X1ML;SINGLE-DOSE,PF) 150 MG/1 ML	1	ML	SR	SC	ML	10	MG	15	02/16/2021	99/99/9999						
00781-3312-75		J2469		03/23/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/23/2018	99/99/9999						
00781-3312-95		J2469		10/30/2024	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL SDV 0.05 MG/1 ML	5	ML		IV	ML	25	MCG	2	10/30/2024	99/99/9999						
00781-3315-70		J9263		04/14/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (1X10ML,SINGLE USE,PF) 5 MG/ML	10	ML	VL	IV	ML	0.5	MG	10	04/14/2015	99/99/9999						
00781-3317-80		J9263		04/14/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (1X20ML,SINGLE USE,PF) 5 MG/ML	20	ML	VL	IV	ML	0.5	MG	10	04/14/2015	99/99/9999						
00781-3338-70		J0690		08/23/2004	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (1X10ML VIAL) 500 MG	1	EA	VL	IJ	EA	500	MG	1	08/23/2004	99/99/9999						
00781-3344-95		J2543		11/10/2015	10/31/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE USE,PF) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	11/10/2015	10/31/2019						
00781-3367-95		J2543		11/10/2015	01/31/2020	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE USE,PF) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	11/10/2015	01/31/2020						
00781-3400-95		J0290		05/12/2004	01/31/2025	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 125 MG	1	EA	VL	IJ	EA	500	MG	0.25	05/12/2004	01/31/2025						
00781-3402-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 250 MG	1	EA	VL	IJ	EA	500	MG	0.5	12/01/2005	99/99/9999						
00781-3404-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 1 GM	1	EA	VL	IJ	EA	500	MG	2	12/01/2005	99/99/9999						
00781-3407-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 500 MG	1	EA	VL	IJ	EA	500	MG	1	12/01/2005	99/99/9999						
00781-3408-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 2 GM	1	EA	VL	IJ	EA	500	MG	4	12/01/2005	99/99/9999						
00781-3409-95		J0290		05/12/2004	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 10 GM	1	EA	VL	IJ	EA	500	MG	20	05/12/2004	99/99/9999						
00781-3411-95		J0330		07/17/2017	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	ANECTINE (MDV) 20 MG/1 ML	10	ML	VL	IV	ML	20	MG	1	07/17/2017	99/99/9999						
00781-3412-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE,USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	03/20/2007	99/99/9999						
00781-3413-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE,ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	03/20/2007	99/99/9999						
00781-3415-75		J2469		01/08/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL NOVAPLUS (SDV) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	01/08/2019	99/99/9999						
00781-3420-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 1 MG/1 ML	20	ML	VL	IJ	ML	1	MG	1	02/27/2019	99/99/9999						
00781-3421-94		J0637		11/12/2018	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	5	MG	10	11/12/2018	99/99/9999						
00781-3422-70		J2370		09/05/2019	04/30/2021	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	09/05/2019	04/30/2021						
00781-3422-92		J2370		12/16/2019	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (10X1ML,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	12/16/2019	06/30/2023						
00781-3422-92		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (10X1ML,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
00781-3422-95		J2370		09/05/2019	04/30/2021	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	09/05/2019	04/30/2021						
00781-3423-94		J0637		11/12/2018	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LYOPHILIZED) 70 MG	1	EA	VL	IV	EA	5	MG	14	11/12/2018	99/99/9999						
00781-3425-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 2.5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2.5	02/27/2019	99/99/9999						
00781-3427-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	5	02/27/2019	99/99/9999						
00781-3430-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 10 MG/1 ML	20	ML	VL	IJ	ML	1	MG	10	02/27/2019	99/99/9999						
00781-3433-95		J2020		08/02/2016	99/99/9999	INJECTION, LINEZOLID, 200MG	LINEZOLID (10X300ML BAGS) 2 MG/1 ML	300	ML	FC	IV	ML	200	MG	0.01	08/02/2016	99/99/9999						
00781-3443-12		J1652		11/20/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF,LATEX-FREE) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	11/20/2020	99/99/9999						
00781-3443-95		J1652		11/20/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF,LATEX-FREE) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	11/20/2020	99/99/9999						
00781-3447-95		J0583		03/18/2020	06/30/2023	INJECTION, BIVALIRUDIN, 1 MG	ANGIOMAX (LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	03/18/2020	06/30/2023						
00781-3450-95		J0690		11/08/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (USP) 500 MG	1	EA	VL	IJ	EA	500	MG	1	11/08/2006	99/99/9999						
00781-3451-96		J0690		09/13/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	09/13/2006	99/99/9999						
00781-3452-95		J0690		09/13/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (USP) 10 GM	1	EA	VL	IV	EA	500	MG	20	09/13/2006	99/99/9999						
00781-3454-12		J1652		11/20/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF,LATEX-FREE) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG	25	11/20/2020	99/99/9999						
00781-3454-95		J1652		11/20/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF,LATEX-FREE) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG	25	11/20/2020	99/99/9999						
00781-3458-95		J2370		01/16/2020	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	01/16/2020	06/30/2023						
00781-3458-95		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
00781-3465-12		J1652		11/20/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF,LATEX-FREE) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	11/20/2020	99/99/9999						
00781-3465-95		J1652		11/20/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF,LATEX-FREE) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	11/20/2020	99/99/9999						
00781-3466-70		J2370		01/16/2020	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	01/16/2020	06/30/2023						
00781-3466-70		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
00781-3474-32		J9050		06/18/2021	99/99/9999	INJECTION, CARMUSTINE, 100 MG	CARMUSTINE (W/DILUENT,DYE-FREE) 100 MG	1	EA	VL	IV	EA	100	MG	1	06/18/2021	99/99/9999						
00781-3476-12		J1652		11/20/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF,LATEX-FREE) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	11/20/2020	99/99/9999						
00781-3476-95		J1652		11/20/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF,LATEX-FREE) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	11/20/2020	99/99/9999						
00781-3481-92		J3243		11/30/2017	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (10ML VIALS,PF) 50 MG	10	EA	VL	IV	EA	1	MG	50	11/30/2017	99/99/9999						
00781-3485-95		J1756		09/24/2025	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	IRON SUCROSE SDV 20 MG/1 ML	2.5	ML	VL	IV	ML	1	MG	20	09/24/2025	99/99/9999						
00781-3485-96		J1756		09/24/2025	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	IRON SUCROSE SDV 20 MG/1 ML	2.5	ML	VL	IV	ML	1	MG	20	09/24/2025	99/99/9999						
00781-3486-95		J1756		09/24/2025	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	IRON SUCROSE SDV 20 MG/1 ML	5	ML	VL	IV	ML	1	MG	20	09/24/2025	99/99/9999						
00781-3486-96		J1756		09/24/2025	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	IRON SUCROSE SDV 20 MG/1 ML	5	ML	VL	IV	ML	1	MG	20	09/24/2025	99/99/9999						
00781-3487-14		J1756		09/24/2025	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	IRON SUCROSE SDV 20 MG/1 ML	10	ML	VL	IV	ML	1	MG	20	09/24/2025	99/99/9999						
00781-3487-94		J1756		09/24/2025	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	IRON SUCROSE SDV 20 MG/1 ML	10	ML	VL	IV	ML	1	MG	20	09/24/2025	99/99/9999						
00781-3491-94		J9025		08/21/2024	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE SDV,LYOPHILIZED 100 MG	1	EA		IJ	EA	1	MG	100	08/21/2024	99/99/9999						
00781-3497-75		J1453		09/02/2020	02/29/2024	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/02/2020	02/29/2024						
00781-3516-75		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (USP,MDV,CORN-FREE) 80 MG/1 ML	5	ML		IJ	ML	1	MG	80	04/01/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-3516-75		J1040		03/17/2023	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,CORN-FREE) 80 MG/1 ML	5	ML		U	ML	80	MG	1	03/17/2023	03/31/2024						
00781-3522-70		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (MDV) 40 MG/1 ML	10	ML	VL	U	ML	1	MG	40	04/01/2024	99/99/9999						
00781-3522-75		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (MDV) 40 MG/1 ML	5	ML	VL	U	ML	1	MG	40	04/01/2024	99/99/9999						
00781-3531-91		J9264		10/10/2024	99/99/9999	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	PACLITAXEL PROTEIN-BOUND PARTICLES ALBUMIN-BOUND,LYOPHILIZED 100 MG	1	EA	VL	IV	EA	1	MG	100	10/10/2024	99/99/9999						
00781-3538-25		J1644		09/17/2024	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM MDV 1000 U/1 ML	1	ML	VL	U	ML	1000	U	1	09/17/2024	99/99/9999						
00781-3540-25		J1644		09/17/2024	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM MDV 1000 U/1 ML	10	ML	VL	U	ML	1000	U	1	09/17/2024	99/99/9999						
00781-3543-25		J1644		09/17/2024	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM MDV 1000 U/1 ML	30	ML	VL	U	ML	1000	U	1	09/17/2024	99/99/9999						
00781-3545-25		J1644		09/17/2024	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM MDV 5000 U/1 ML	1	ML	VL	U	ML	1000	U	5	09/17/2024	99/99/9999						
00781-3550-25		J1644		09/17/2024	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM MDV 5000 U/1 ML	10	ML	VL	U	ML	1000	U	5	09/17/2024	99/99/9999						
00781-3555-25		J1644		09/17/2024	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM SDV 1000 U/1 ML	2	ML	VL	U	ML	1000	U	1	09/17/2024	99/99/9999						
00781-3825-96		J7643		08/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML	VL	U	ML	1	MG	0.2	08/15/2019	12/31/2023						
00781-3825-96	KO	J7643	KO	08/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML	VL	U	ML	1	MG	0.2	08/15/2019	12/31/2023						
00781-3825-96		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
00781-3827-96		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE 0.2 MG/1 ML	2	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
00781-3827-96		J7643		08/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	2	ML	VL	U	ML	1	MG	0.2	08/15/2019	12/31/2023						
00781-3827-96	KO	J7643	KO	08/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	2	ML	VL	U	ML	1	MG	0.2	08/15/2019	12/31/2023						
00781-3829-96		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE 0.2 MG/1 ML	5	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
00781-3829-96		J7643		08/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	5	ML	VL	U	ML	1	MG	0.2	08/15/2019	12/31/2023						
00781-3829-96	KO	J7643	KO	08/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	5	ML	VL	U	ML	1	MG	0.2	08/15/2019	12/31/2023						
00781-3831-95		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE 0.2 MG/1 ML	20	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
00781-3831-95		J7643		08/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	20	ML	VL	U	ML	1	MG	0.2	08/15/2019	12/31/2023						
00781-3831-95	KO	J7643	KO	08/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	20	ML	VL	U	ML	1	MG	0.2	08/15/2019	12/31/2023						
00781-4004-36		J2941		01/15/2007	99/99/9999	INJECTION, SOMATROPIN, 1 MG	OMNITROPE (W/ 8 VIALS OF DILUENT) 5.8 MG	1	EA	VL	SC	EA	1	MG	5.8	01/15/2007	99/99/9999						
00781-5022-01		J7509		04/04/2003	01/31/2024	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	04/04/2003	01/31/2024						
00781-5022-07		J7509		04/04/2003	04/30/2023	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIT OF USE) 4 MG	21	EA	DP	PO	EA	4	MG	1	04/04/2003	04/30/2023						
00781-5175-01		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	05/04/2009	99/99/9999						
00781-5175-05		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	500	EA	BO	PO	EA	250	MG	2	05/04/2009	99/99/9999						
00781-5238-64		Q0162		12/18/2008	11/30/2020	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,3X10,STRAWBERRY) 4 MG	30	EA	BX	PO	EA	1	MG	4	12/18/2008	11/30/2020						
00781-6135-95		J2540		11/25/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM 5 Million U	1	EA	VL	IV	EA	600000	U	8.33333	11/25/2002	99/99/9999						
00781-6136-94		J2540		11/25/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM 20 Million U	1	EA	VL	IV	EA	600000	U	33.33333	11/25/2002	99/99/9999						
00781-6153-95		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	PENICILLIN G SODIUM (VIAL) 5 Million U	1	EA	VL	IV	EA	1	EA	1	01/01/2002	99/99/9999						
00781-7146-63		J7620		02/21/2017	04/30/2020	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	VL	IH	ML	3	MG	0.33333	02/21/2017	04/30/2020						
00781-7146-87		J7620		03/15/2017	09/30/2019	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	VL	IH	ML	3	MG	0.33333	03/15/2017	09/30/2019						
00781-7157-29		J7644		09/09/2011	12/31/2018	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	ML	0.2	09/09/2011	12/31/2018						
00781-7157-29	KO	J7644	KO	09/09/2011	12/31/2018	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	ML	0.2	09/09/2011	12/31/2018						
00781-7157-64		J7644		09/09/2011	12/31/2018	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	09/09/2011	12/31/2018						
00781-7157-64	KO	J7644	KO	09/09/2011	12/31/2018	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	09/09/2011	12/31/2018						
00781-7157-86		J7644		09/11/2009	12/31/2018	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	09/11/2009	12/31/2018						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-7157-86	KO	J7644	KO	09/11/2009	12/31/2018	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	09/11/2009	12/31/2018						
00781-7171-56		J7682		07/08/2014	07/16/2021	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (PF) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	07/08/2014	07/16/2021						
00781-7171-56	KO	J7682	KO	07/08/2014	07/16/2021	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (PF) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	07/08/2014	07/16/2021						
00781-7515-87		J7626		08/20/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	08/20/2015	99/99/9999						
00781-7515-87	KO	J7626	KO	08/20/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	08/20/2015	99/99/9999						
00781-7516-87		J7626		08/20/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	08/20/2015	99/99/9999						
00781-7516-87	KO	J7626	KO	08/20/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	08/20/2015	99/99/9999						
00781-7517-87		J7626		07/27/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (SINGLE DOSE) 1 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	1	07/27/2015	99/99/9999						
00781-7517-87	KO	J7626	KO	07/27/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (SINGLE DOSE) 1 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	1	07/27/2015	99/99/9999						
00781-8046-01		Q0175		03/02/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM-COATED) 2 MG	100	EA	BO	PO	EA	4	MG	0.5	03/02/2020	99/99/9999						
00781-8047-01		Q0175		03/02/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP) 4 MG	100	EA	BO	PO	EA	4	MG	1	03/02/2020	99/99/9999						
00781-8048-01		Q0175		03/02/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP) 8 MG	100	EA	BO	PO	EA	4	MG	2	03/02/2020	99/99/9999						
00781-8049-01		Q0175		03/02/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP) 16 MG	100	EA	BO	PO	EA	4	MG	4	03/02/2020	99/99/9999						
00781-8089-26		Q0144		08/23/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6	EA	BO	PO	EA	1	GM	0.25	08/23/2019	99/99/9999						
00781-8089-31		Q0144		10/01/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	10/01/2019	99/99/9999						
00781-8090-03		Q0144		10/01/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3	EA	BO	PO	EA	1	GM	0.5	10/01/2019	99/99/9999						
00781-8090-31		Q0144		04/17/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	04/17/2020	99/99/9999						
00781-8091-31		Q0144		04/08/2021	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	04/08/2021	99/99/9999						
00781-9053-95		J0330		06/11/2019	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	ANECTINE NOVAPLUS (MDV) 20 MG/1 ML	10	ML	VL	IV	ML	20	MG	1	06/11/2019	99/99/9999						
00781-9105-72		J2359		10/01/2023	99/99/9999	INJECTION, OLANZAPINE, 0.5 MG	PREMIERPRO RX OLANZAPINE 10 MG	1	EA		IM	EA	0.5	MG	20	12/10/2015	99/99/9999						
00781-9109-85		J2700		02/01/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 1 GM	1	EA	VL	U	EA	250	MG	4	02/01/2007	99/99/9999						
00781-9109-95		J2700		03/01/2006	01/31/2018	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP) 1 GM	1	EA	VL	U	EA	250	MG	4	03/01/2006	01/31/2018						
00781-9110-15		J2700		03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	IV	EA	250	MG	4	03/19/2008	99/99/9999						
00781-9110-92		J2700		03/19/2008	11/30/2017	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (1X10,USP,ADD-VANTAGE) 1 GM	1	EA	VL	IV	EA	250	MG	4	03/19/2008	11/30/2017						
00781-9111-80		J2700		02/01/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 2 GM	1	EA	VL	U	EA	250	MG	8	02/01/2007	99/99/9999						
00781-9111-95		J2700		05/04/2006	11/30/2018	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP) 2 GM	1	EA	VL	U	EA	250	MG	8	05/04/2006	11/30/2018						
00781-9112-20		J2700		03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP,ADD-VANTAGE VIAL) 2 GM	1	EA	VL	IV	EA	250	MG	8	03/19/2008	99/99/9999						
00781-9112-92		J2700		03/19/2008	11/30/2018	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (1X10,USP,ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	250	MG	8	03/19/2008	11/30/2018						
00781-9113-46		J2700		02/01/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 10 GM	1	EA	VL	U	EA	250	MG	40	02/01/2007	99/99/9999						
00781-9113-95		J2700		05/03/2006	03/31/2018	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 10 GM	1	EA	VL	U	EA	250	MG	40	05/03/2006	03/31/2018						
00781-9124-85		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN NOVAPLUS 1 GM	1	EA		U	EA	20	MG	50	01/01/2025	99/99/9999						
00781-9124-85		J3490		02/01/2007	12/31/2024	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN 1 GM	1	EA	VL	U	EA	1	EA	1	02/01/2007	12/31/2024						
00781-9124-95		J3490		02/01/2006	07/31/2020	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN 1 GM	1	EA	VL	U	EA	1	EA	1	02/01/2006	07/31/2020						
00781-9125-85		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN NOVAPLUS 2 GM	1	EA		U	EA	20	MG	100	01/01/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-9125-85		J3490		02/01/2007	12/31/2024	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN 2 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2007	12/31/2024						
00781-9125-95		J3490		02/01/2006	04/30/2018	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN 2 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2006	04/30/2018						
00781-9126-46		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN NOVAPLUS 10 GM	1	EA		IV	EA	20	MG	500	01/01/2025	99/99/9999						
00781-9126-46		J3490		03/31/2007	12/31/2024	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN 10 GM	1	EA	VL	IV	EA	1	EA	1	03/31/2007	12/31/2024						
00781-9126-95		J3490		02/01/2006	03/31/2018	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN (BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	1	EA	1	02/01/2006	03/31/2018						
00781-9166-95		J2354		04/07/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 50 MCG/ML	1	ML	AM	IJ	ML	25	MCG	2	04/07/2005	99/99/9999						
00781-9167-95		J2354		04/07/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 100 MCG/ML	1	ML	AM	IJ	ML	25	MCG	4	04/07/2005	99/99/9999						
00781-9168-95		J2354		04/07/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 500 MCG/ML	1	ML	AM	IJ	ML	25	MCG	20	04/07/2005	99/99/9999						
00781-9210-95		J2543		10/17/2018	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN SODIUM-TAZOBACTAM SODIUM NOVAPLUS (PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	10/17/2018	99/99/9999						
00781-9213-95		J2543		09/11/2018	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN SODIUM-TAZOBACTAM SODIUM NOVAPLUS (PF) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	09/11/2018	99/99/9999						
00781-9214-95		J2543		11/05/2018	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN SODIUM-TAZOBACTAM SODIUM NOVAPLUS (PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	11/05/2018	99/99/9999						
00781-9224-15		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN NOVAPLUS ADD-VANTAGE 1 GM	1	EA		IV	EA	20	MG	50	01/01/2025	99/99/9999						
00781-9224-15		J3490		02/01/2007	12/31/2024	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN (ADD-VANTAGE) 1 GM	1	EA	VL	IV	EA	1	EA	1	02/01/2007	12/31/2024						
00781-9224-92		J3490		09/18/2006	11/30/2020	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN (USP,ADD-VANTAGE) 1 GM	1	EA	VL	IV	EA	1	EA	1	09/18/2006	11/30/2020						
00781-9225-20		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN NOVAPLUS ADD-VANTAGE 2 GM	1	EA		IV	EA	20	MG	100	01/01/2025	99/99/9999						
00781-9225-20		J3490		02/01/2007	12/31/2024	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN (ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	1	EA	1	02/01/2007	12/31/2024						
00781-9225-92		J3490		09/18/2006	07/31/2020	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN (USP,ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	1	EA	1	09/18/2006	07/31/2020						
00781-9227-95		J2371		02/25/2021	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL NOVAPLUS (LATEX-FREE) 10 MG/1 ML	5	ML		IV	ML	20	MCG	500	02/25/2021	99/99/9999						
00781-9228-70		J2371		05/10/2024	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL NOVAPLUS (PHARMACY BULK) 10 MG/1 ML	10	ML		IV	ML	20	MCG	500	05/10/2024	99/99/9999						
00781-9242-95		J0290		12/10/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	PREMIERPRO RX AMPICILLIN 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	12/10/2015	99/99/9999						
00781-9250-95		J0290		12/10/2015	11/30/2024	INJECTION, AMPICILLIN SODIUM, 500 MG	PREMIERPRO RX AMPICILLIN 500 MG	10	EA	VL	IJ	EA	500	MG	1	12/10/2015	11/30/2024						
00781-9261-95		J0290		12/10/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	PREMIERPRO RX AMPICILLIN 1 GM	10	EA	VL	IJ	EA	500	MG	2	12/10/2015	99/99/9999						
00781-9273-95		J0290		12/10/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	PREMIERPRO RX AMPICILLIN 2 GM	10	EA	VL	IJ	EA	500	MG	4	12/10/2015	99/99/9999						
00781-9326-95		J0696		07/19/2005	08/31/2012	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/19/2005	08/31/2012						
00781-9328-95		J0696		07/19/2005	08/31/2017	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/19/2005	08/31/2017						
00781-9329-90		J0696		03/31/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 2 GM	1	EA	VL	IJ	EA	250	MG	8	03/31/2007	99/99/9999						
00781-9338-85		J0690		02/27/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	NOVAPLUS CEFAZOLIN 500 MG	1	EA	VL	IJ	EA	500	MG	1	02/27/2006	99/99/9999						
00781-9338-95		J0690		02/27/2006	06/30/2019	INJECTION, CEFAZOLIN SODIUM, 500 MG	NOVAPLUS CEFAZOLIN (USP) 500 MG	1	EA	VL	IJ	EA	500	MG	1	02/27/2006	06/30/2019						
00781-9401-78		J0290		02/01/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 125 MG	1	EA	VL	IJ	EA	500	MG	0.25	02/01/2007	99/99/9999						
00781-9401-95		J0290		02/01/2006	01/31/2025	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 125 MG	1	EA	VL	IJ	EA	500	MG	0.25	02/01/2006	01/31/2025						
00781-9402-78		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 250 MG	1	EA	VL	IJ	EA	500	MG	0.5	01/24/2006	99/99/9999						
00781-9402-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 250 MG	1	EA	VL	IJ	EA	500	MG	0.5	02/01/2006	99/99/9999						
00781-9404-85		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/24/2006	99/99/9999						
00781-9404-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	02/01/2006	99/99/9999						
00781-9407-78		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 500 MG	1	EA	VL	IJ	EA	500	MG	1	01/24/2006	99/99/9999						
00781-9407-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 500 MG	1	EA	VL	IJ	EA	500	MG	1	02/01/2006	99/99/9999						
00781-9408-80		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 2 GM	1	EA	VL	IJ	EA	500	MG	4	01/24/2006	99/99/9999						
00781-9408-92		J0290		02/01/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	02/01/2007	99/99/9999						
00781-9408-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	02/01/2006	99/99/9999						
00781-9409-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 10 GM	1	EA	VL	IJ	EA	500	MG	20	02/01/2006	99/99/9999						
00781-9412-15		J0290		02/01/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	02/01/2007	99/99/9999						
00781-9412-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	03/20/2007	99/99/9999						
00781-9413-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	03/20/2007	99/99/9999						
00832-0533-03		J8999		07/26/2024	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA		PO	EA	1	EA	1	07/26/2024	99/99/9999						
00832-6018-00		Q0161		01/26/2022	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (FILM COATED) 25 MG	100	EA	BO	PO	EA	5	MG	5	01/26/2022	99/99/9999						
00832-6018-10		Q0161		10/31/2021	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (FILM COATED) 25 MG	1000	EA	BO	PO	EA	5	MG	5	10/31/2021	99/99/9999						
00904-1228-00		Q0163		01/01/2002	04/26/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BANOPHEN (AF) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	04/26/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00904-2035-24		Q0163		01/01/2002	02/24/2021	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BANOPHEN 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	02/24/2021						
00904-3571-61		J8999		01/01/2002	03/04/2022	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 40 MG	100	EA	BX	PO	EA	1	EA	1	01/01/2002	03/04/2022						
00904-5174-16		Q0163		01/01/2002	04/18/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BANOPHEN 12.5 MG/5 ML	480	ML	BO	PO	ML	50	MG	0.05	01/01/2002	04/18/2019						
00904-5306-61		Q0163		05/12/2003	12/07/2022	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (10X10) 25 MG	100	EA	BX	PO	EA	50	MG	0.5	05/12/2003	12/07/2022						
00904-5307-60		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999						
00904-5307-80		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999						
00904-5551-59		Q0163		08/13/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BANOPHEN (MINI TABS,MINI TAB) 25 MG	100	EA	BX	PO	EA	50	MG	0.5	08/13/2002	99/99/9999						
00904-5789-61		J8499		09/13/2013	06/18/2025	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10,USP,HARD GELATIN) 200 MG	100	EA	BX	PO	EA	1	MG	1	09/13/2013	06/18/2025						
00904-5790-61		J8499		09/13/2013	03/11/2025	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10,USP) 400 MG	100	EA	BX	PO	EA	1	MG	1	09/13/2013	03/11/2025						
00904-6425-61		J7507		01/09/2015	08/21/2019	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	1	EA	BX	PO	EA	1	MG	1	01/09/2015	08/21/2019						
00904-6617-61		Q0177		06/11/2018	04/24/2025	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE HCL (FILM-COATED) 25 MG	100	EA		PO	EA	25	MG	1	06/11/2018	04/24/2025						
00904-6621-04		J8999		04/08/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BX	PO	EA	1	EA	1	04/08/2019	99/99/9999						
00904-6623-61		J7507		03/20/2017	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	ST	PO	EA	1	MG	0.5	03/20/2017	99/99/9999						
00904-6624-61		J7507		03/20/2017	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	ST	PO	EA	1	MG	5	03/20/2017	99/99/9999						
00904-6708-06		Q0144		02/25/2019	05/08/2023	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (5X10,FILM-COATED) 250 MG	50	EA	BX	PO	EA	1	GM	0.25	02/25/2019	05/08/2023						
00904-6708-61		Q0144		02/25/2019	02/06/2023	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (10X10,FILM-COATED) 250 MG	100	EA	BX	PO	EA	1	GM	0.25	02/25/2019	02/06/2023						
00904-6745-61		Q0167		10/01/2018	08/09/2021	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (USP,SOFT GELATIN) 2.5 MG	100	EA	ST	PO	EA	2.5	MG	1	10/01/2018	08/09/2021						
00904-6746-04		Q0167		10/01/2018	10/06/2021	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (USP,SOFT GELATIN) 5 MG	30	EA	ST	PO	EA	2.5	MG	2	10/01/2018	10/06/2021						
00904-6785-04		J7518		12/24/2018	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (3X10) 180 MG	30	EA	BX	PO	EA	180	MG	1	12/24/2018	99/99/9999						
00904-6785-61		J7518		12/24/2018	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (10X10) 180 MG	100	EA	BX	PO	EA	180	MG	1	12/24/2018	99/99/9999						
00904-6786-04		J7518		04/15/2019	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (ENTERIC COATED) 360 MG	30	EA	CT	PO	EA	180	MG	2	04/15/2019	99/99/9999						
00904-6786-61		J7518		04/15/2019	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (ENTERIC COATED) 360 MG	100	EA	CT	PO	EA	180	MG	2	04/15/2019	99/99/9999						
00904-6796-04		J8499		08/27/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	30	EA		PO	EA	1	EA	1	08/27/2018	99/99/9999						
00904-6796-10		J8499		08/27/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	20	EA		PO	EA	1	EA	1	08/27/2018	99/99/9999						
00904-6893-61		Q0161		07/29/2019	07/01/2021	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (10X10,FILM-COATED) 25 MG	100	EA	BP	PO	EA	5	MG	5	07/29/2019	07/01/2021						
00904-6909-04		Q0144		03/08/2021	05/26/2023	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X10;USP,FILM-COATED) 500 MG	30	EA	BX	PO	EA	1	GM	0.5	03/08/2021	05/26/2023						
00904-6914-61		J7509		08/19/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BX	PO	EA	4	MG	1	08/19/2019	99/99/9999						
00904-6923-61		J7512		02/24/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 10 MG	100	EA	BX	PO	EA	1	MG	10	02/24/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00904-6939-61		J8999		04/15/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA (10X10, USP) 500 MG	100	EA	BX	PO	EA	1	EA	1	04/15/2019	99/99/9999						
00904-7010-06		J0574		12/21/2020	99/99/9999	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE	BUPRENORPHINE-NALOXONE (5X10;USP,LEMON-LIME) 8 MG-2 MG	50	EA	BX	SL	EA	8	MG	1	12/21/2020	99/99/9999						
00904-7065-61		Q0177		10/05/2020	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (10X10) 25 MG	100	EA	BO	PO	EA	25	MG	1	10/05/2020	99/99/9999						
00904-7073-93		Q0162		11/30/2020	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 4 MG/5 ML	5	ML	CP	PO	ML	1	MG	0.8	11/30/2020	99/99/9999						
00904-7074-61		J7517		03/08/2021	12/28/2023	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (10X10;USP,HARD GELATIN) 250 MG	100	EA	CT	PO	EA	250	MG	1	03/08/2021	12/28/2023						
00904-7078-61		J7517		12/07/2020	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (10X10, USP,FILM-COATED) 500 MG	100	EA	BX	PO	EA	250	MG	2	12/07/2020	99/99/9999						
00904-7097-61		J7507		03/01/2021	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (10X10;USP) 1 MG	100	EA	BX	PO	EA	1	MG	1	03/01/2021	99/99/9999						
00904-7127-61		J7512		09/07/2021	01/05/2025	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 20 MG	100	EA	BX	PO	EA	1	MG	20	09/07/2021	01/05/2025						
00904-7130-06		Q0161		10/30/2023	03/17/2025	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (5X10,FILM-COATED) 25 MG	50	EA	BX	PO	EA	5	MG	5	10/30/2023	03/17/2025						
00904-7130-61		Q0161		06/15/2021	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (10X10,FILM-COATED) 25 MG	100	EA	BX	PO	EA	5	MG	5	06/15/2021	99/99/9999						
00904-7141-10		None		07/05/2021	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE (10X10;USP) 2.5 MG	100	EA	BX	PO	EA	2.5	MG	1	07/05/2021	99/99/9999						
00904-7144-61		Q0167		02/10/2025	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (10X10;USP,SOFT GELATIN) 2.5 MG	100	EA	BX	PO	EA	2.5	MG	1	02/10/2025	99/99/9999	08/16/2021	03/13/2024	1			
00904-7145-04		Q0167		02/10/2025	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (3X10;USP,SOFT GELATIN) 5 MG	30	EA	BX	PO	EA	2.5	MG	2	02/10/2025	99/99/9999	08/16/2021	03/06/2024	2			
00904-7172-07		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 200 MG-300 MG	30	EA		PO	EA	200	MG	1	01/02/2024	99/99/9999						
00904-7236-61		J8999		06/15/2022	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100	EA	BX	PO	EA	1	EA	1	06/15/2022	99/99/9999						
00904-7248-04		J7520		08/15/2022	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (FILM-COATED) 1 MG	30	EA	BX	PO	EA	1	MG	1	08/15/2022	99/99/9999						
00904-7266-61		J8540		12/27/2022	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (USP) 4 MG	100	EA	BX	PO	EA	0.25	MG	16	12/27/2022	99/99/9999						
00904-7267-61		J8540		10/14/2024	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 10X10, USP 6 MG	100	EA	BX	PO	EA	0.25	MG	24	10/14/2024	99/99/9999						
00904-7304-61		Q0169		05/15/2023	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL (USP) 25 MG	100	EA	BX	PO	EA	12.5	MG	2	05/15/2023	99/99/9999						
00904-7350-06		Q0144		04/14/2023	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (5X10,FILM-COATED) 250 MG	50	EA	BX	PO	EA	1	GM	0.25	04/14/2023	99/99/9999						
00904-7350-61		Q0144		11/06/2023	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (10X10,FILM-COATED) 250 MG	100	EA		PO	EA	1	GM	0.25	11/06/2023	99/99/9999						
00904-7351-04		Q0144		05/18/2023	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X10,FILM-COATED) 500 MG	30	EA		PO	EA	1	GM	0.5	05/18/2023	99/99/9999						
00904-7372-61		J7518		09/15/2025	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID DELAYED RELEASE 360 MG	100	EA	BX	PO	EA	180	MG	2	09/15/2025	99/99/9999						
00904-7378-40		Q0177		10/16/2023	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE HCL (USP,FILM-COATED) 25 MG	500	EA	BO	PO	EA	25	MG	1	10/16/2023	99/99/9999						
00904-7378-80		Q0177		10/16/2023	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE HCL (USP,FILM-COATED) 25 MG	1000	EA		PO	EA	25	MG	1	10/16/2023	99/99/9999						
00904-7381-06		Q0164		12/26/2023	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP,FILM-COATED) 5 MG	50	EA	BX	PO	EA	5	MG	1	12/26/2023	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00904-7382-06		Q0164		12/26/2023	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP,FILM-COATED) 10 MG	50	EA	BX	PO	EA	5	MG	2	12/26/2023	99/99/9999						
00904-7444-61		J8540		10/14/2024	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	100	EA	BX	PO	EA	0.25	MG	8	10/14/2024	99/99/9999						
00904-7454-11		J7606		11/18/2024	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML		IH	ML	20	MCG	0.5	11/18/2024	99/99/9999						
00904-7454-11	KO	J7606	KO	11/18/2024	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML		IH	ML	20	MCG	0.5	11/18/2024	99/99/9999						
00904-7454-14		J7606		11/18/2024	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML		IH	ML	20	MCG	0.5	11/18/2024	99/99/9999						
00904-7454-14	KO	J7606	KO	11/18/2024	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML		IH	ML	20	MCG	0.5	11/18/2024	99/99/9999						
00904-7507-61		J8499		03/17/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 10X10 400 MG	100	EA	BX	PO	EA	1	EA	1	03/17/2025	99/99/9999						
00927-0616-34		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TWILITE 50 MG	20	EA	BX	PO	EA	50	MG	1	01/01/2002	99/99/9999						
00927-0617-12		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALLERMAX 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999						
00944-2510-02		J1575		01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	26.25	ML	VL	SC	ML	100	MG	1	01/01/2016	99/99/9999						
00944-2511-02		J1575		01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	52.5	ML	VL	SC	ML	100	MG	1	01/01/2016	99/99/9999						
00944-2512-02		J1575		01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	105	ML	VL	SC	ML	100	MG	1	01/01/2016	99/99/9999						
00944-2513-02		J1575		01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	210	ML	VL	SC	ML	100	MG	1	01/01/2016	99/99/9999						
00944-2514-02		J1575		01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	315	ML	VL	SC	ML	100	MG	1	01/01/2016	99/99/9999						
00944-2656-03		J1566		01/24/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D (IGA<1UG/ML) (SINGLE DOSE) 5 GM	1	EA	VL	IV	EA	500	MG	10	01/24/2013	99/99/9999						
00944-2658-04		J1566		01/24/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D (IGA<1UG/ML) 10 GM	1	EA	VL	IV	EA	500	MG	20	01/24/2013	99/99/9999						
00944-2700-02		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED,(E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	10	ML	VL	IV	ML	500	MG	0.2	01/01/2008	99/99/9999						
00944-2700-03		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED,(E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	25	ML	VL	IV	ML	500	MG	0.2	01/01/2008	99/99/9999						
00944-2700-04		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED,(E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	50	ML	VL	IV	ML	500	MG	0.2	01/01/2008	99/99/9999						
00944-2700-05		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED,(E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	100	ML	VL	IV	ML	500	MG	0.2	01/01/2008	99/99/9999						
00944-2700-06		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED,(E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	200	ML	VL	IV	ML	500	MG	0.2	01/01/2008	99/99/9999						
00944-2700-07		J1569		03/18/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED,(E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (1X300ML, PF, LATEX-FREE) 100 MG/ML	1	ML	VL	IV	ML	500	MG	0.2	03/18/2011	99/99/9999						
00944-2814-01		J0256		05/01/2014	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	ARALAST NP (500MG W/DILUENT) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	05/01/2014	99/99/9999						
00944-2815-01		J0256		05/01/2014	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	ARALAST NP (1000MG W/DILUENT) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	05/01/2014	99/99/9999						
00944-2850-01		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (1GM,PF,LATEX-FREE) 20%	5	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999						
00944-2850-02		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (1GM, INNER PACK NDC,PF) 20%	5	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999						
00944-2850-03		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (2GM,PF,LATEX-FREE) 20%	10	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999						
00944-2850-04		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (2GM, INNER PACK NDC,PF) 20%	10	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999						
00944-2850-05		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (4GM,PF,LATEX-FREE) 20%	20	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999						
00944-2850-06		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (4GM, INNER PACK NDC,PF) 20%	20	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999						
00944-2850-07		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (8GM,PF,LATEX-FREE) 20%	40	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999						
00944-2850-08		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (8GM, INNER PACK NDC,PF) 20%	40	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999						
00944-2850-09		J1555		07/01/2019	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (10GM,PF,LATEX-FREE) 20%	50	ML	CT	SC	ML	100	MG	2	07/01/2019	99/99/9999						
00944-2884-01		J0257		10/11/2010	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	GLASSIA (APRX 1000MG/50MLSOLN) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	10/11/2010	99/99/9999						
00944-2884-03		J0257		05/29/2025	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	GLASSIA APPROX 4000MG/200ML 1 MG	1	EA	VL	IV	EA	10	MG	0.1	05/29/2025	99/99/9999						
00944-2884-05		J0257		05/29/2025	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	GLASSIA APPROX 5000MG/250ML 1 MG	1	EA	VL	IV	EA	10	MG	0.1	05/29/2025	99/99/9999						
00944-3810-01		J9266		08/16/2016	04/06/2020	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	ONCASPAR (S.D.V.,PF) 750 IU/1 ML	5	ML	VL	IJ	ML	1	VL	0.2	08/16/2016	04/06/2020						
00944-4177-05		J2724		07/01/2015	99/99/9999	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	CEPROTIN (POTENCY PRINTED ON VIAL) 1 IU	1	EA	VL	IV	EA	10	IU	0.1	07/01/2015	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00944-4179-10		J2724		07/01/2015	99/99/9999	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	CEPROTIN (POTENCY PRINTED ON VIAL) 1 IU	1	EA	VL	IV	EA	10	IU	0.1	07/01/2015	99/99/9999						
00955-1022-08		J9171		11/17/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X8ML,SINGLE USE) 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	11/17/2016	99/99/9999						
00955-1728-05		J1815		05/02/2022	12/31/2023	INJECTION, INSULIN, PER 5 UNITS	INSULIN GLARGINE SOLOSTAR 100 U/1 ML	3	ML	PE	SC	ML	5	U	20	05/02/2022	12/31/2023						
00955-1729-01		J1815		05/02/2022	12/31/2023	INJECTION, INSULIN, PER 5 UNITS	INSULIN GLARGINE 100 U/1 ML	10	ML	VL	SC	ML	5	U	20	05/02/2022	12/31/2023						
00955-1746-01		J9027		05/30/2017	06/28/2024	INJECTION, CLOFARABINE, 1 MG	CLOFARABINE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	05/30/2017	06/28/2024						
00990-6138-03		A4217		01/24/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (24X500ML;USP) 0.9%	500	ML	FC	IR	ML	500	ML	0.002	01/24/2020	99/99/9999						
00990-6138-22		A4217		04/17/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (24X250ML;USP) 0.9%	250	ML	FC	IR	ML	500	ML	0.002	04/17/2020	99/99/9999						
00990-6139-03		A4217		02/12/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	STERILE WATER (PF,LATEX-FREE)	500	ML	BO	IR	ML	500	ML	0.002	02/12/2020	99/99/9999						
00990-6139-22		A4217		11/12/2019	99/99/9999	STERILE WATER/SALINE, 500 ML	STERILE WATER (AQUALITE,PF,LATEX-FREE)	250	ML	PC	IR	ML	500	ML	0.002	11/12/2019	99/99/9999						
00990-7074-26		J3480		08/29/2019	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (PF,LATEX-FREE) 10 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.05	08/29/2019	99/99/9999						
00990-7075-14		J3480		11/12/2019	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (PF,LATEX-FREE) 10 MEQ/50 ML	50	ML	PC	IV	ML	2	MEQ	0.1	11/12/2019	99/99/9999						
00990-7075-26		J3480		07/29/2019	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (PC,24X100ML,LATEX-FREE) 20 MEQ/100 ML	100	ML	PC	IV	ML	2	MEQ	0.1	07/29/2019	99/99/9999						
00990-7077-14		J3480		11/01/2019	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (24X50ML) 20 MEQ/50 ML	50	ML	FC	IV	ML	2	MEQ	0.2	11/01/2019	99/99/9999						
00990-7077-26		J3480		04/17/2020	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (24X100ML,LATEX-FREE) 40 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.2	04/17/2020	99/99/9999						
00990-7111-09		J7121		12/19/2019	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	DEX/LACT. RINGERS/POTASSIUM CHL (12X1000ML,LATEX-FREE)	1000	ML	FC	IV	ML	1000	ML	0.001	12/19/2019	99/99/9999						
00990-7118-07		A4216		12/19/2019	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER FOR INJECTION (BULK PACKAGE,LATEX-FREE)	2000	ML	FC	IJ	ML	10	ML	0.1	12/19/2019	99/99/9999						
00990-7120-07		J7799		12/19/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LATEX-FREE) 70%	2000	ML	FC	IV	ML	1	EA	1	12/19/2019	99/99/9999						
00990-7138-09		A4217		02/12/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (12X1000ML;USP) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	02/12/2020	99/99/9999						
00990-7138-36		A4217		03/06/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (9X1500ML;USP) 0.9%	1500	ML	FC	IR	ML	500	ML	0.002	03/06/2020	99/99/9999						
00990-7139-09		A4217		03/13/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	STERILE WATER (12X1000ML;USP,PF)	1000	ML	FC	IR	ML	500	ML	0.002	03/13/2020	99/99/9999						
00990-7139-36		A4217		02/25/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	STERILE WATER (PF,LATEX-FREE)	1500	ML	FC	IR	ML	500	ML	0.002	02/25/2020	99/99/9999						
00990-7198-19		J7799		12/04/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LATEX-FREE) 70%	500	ML	VL	IV	ML	1	EA	1	12/04/2019	99/99/9999						
00990-7715-02		J2150		09/09/2020	09/30/2025	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (LATEX-FREE) 20%	250	ML	FC	IV	ML	50	ML	0.016	09/09/2020	09/30/2025						
00990-7715-02		J2151		10/01/2025	99/99/9999	INJECTION, MANNITOL, 250 MG	MANNITOL 20%	250	ML		IV	ML	250	MG	0.8	10/01/2025	99/99/9999						
00990-7715-03		J2151		10/01/2025	99/99/9999	INJECTION, MANNITOL, 250 MG	MANNITOL 20%	500	ML		IV	ML	250	MG	0.8	10/01/2025	99/99/9999						
00990-7715-03		J7799		12/19/2019	09/30/2025	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (LATEX-FREE) 20%	500	ML	FC	IV	ML	1	EA	1	12/19/2019	09/30/2025						
00990-7730-36		J7799		02/07/2020	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (80X50ML,LATEX-FREE) 0.45%	50	ML	FC	IV	ML	1	EA	1	02/07/2020	99/99/9999						
00990-7730-37		A4216		05/08/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (80X100ML;USP,LATEX-FREE) 0.45%	100	ML	FC	IV	ML	10	ML	0.1	05/08/2020	99/99/9999						
00990-7918-19		J7799		12/04/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML;USP,LATEX-FREE) 70%	500	ML		IV	ML	1	EA	1	12/04/2019	99/99/9999						
00990-7922-02		J7060		12/04/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LATEX-FREE) 5%	250	ML	FC	IV	ML	500	ML	0.002	12/04/2019	99/99/9999						
00990-7922-03		J7060		06/09/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (24X500ML;USP,LATEX-FREE) 5%	500	ML	FC	IV	ML	500	ML	0.002	06/09/2020	99/99/9999						
00990-7922-09		J7060		01/24/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X1000ML;USP) 5%	1000	ML	FC	IV	ML	500	ML	0.002	01/24/2020	99/99/9999						
00990-7922-25		J7060		06/09/2020	04/01/2022	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (24X250ML;USP,LATEX-FREE) 5%	250	ML	FC	IV	ML	500	ML	0.002	06/09/2020	04/01/2022						
00990-7922-55		J7060		12/19/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LATEX-FREE) 5%	500	ML	FC	IV	ML	500	ML	0.002	12/19/2019	99/99/9999						
00990-7922-61		J7060		12/30/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LATEX-FREE) 5%	150	ML	FC	IV	ML	500	ML	0.002	12/30/2019	99/99/9999						
00990-7923-06		J7060		09/09/2020	04/01/2022	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (60X50ML;USP,LATEX-FREE) 5%	50	ML	FC	IV	ML	500	ML	0.002	09/09/2020	04/01/2022						
00990-7923-11		J7060		06/09/2020	04/01/2022	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (60X100ML;USP,LATEX-FREE) 5%	100	ML	FC	IV	ML	500	ML	0.002	06/09/2020	04/01/2022						
00990-7923-13		J7060		06/24/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LATEX-FREE) 5%	50	ML	FC	IV	ML	500	ML	0.002	06/24/2020	99/99/9999						
00990-7923-20		J7060		04/09/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X4;USP,LATEX-FREE) 5%	25	ML	FC	IV	ML	500	ML	0.002	04/09/2020	99/99/9999						
00990-7923-23		J7060		05/27/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LATEX-FREE) 5%	100	ML	FC	IV	ML	500	ML	0.002	05/27/2020	99/99/9999						
00990-7923-36		J7060		04/17/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (60X50ML;USP,LATEX-FREE) 5%	50	ML	FC	IV	ML	500	ML	0.002	04/17/2020	99/99/9999						
00990-7923-37		J7060		02/12/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LATEX-FREE) 5%	100	ML	FC	IV	ML	500	ML	0.002	02/12/2020	99/99/9999						
00990-7924-02		J7799		09/30/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE-SODIUM CHLORIDE (LATEX-FREE) 5%-0.225%	250	ML	FC	IV	ML	1	EA	1	09/30/2019	99/99/9999						
00990-7924-03		A4216		05/08/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE-SODIUM CHLORIDE (24X500ML;USP,LATEX-FREE) 5%-0.225%	500	ML	FC	IV	ML	10	ML	0.1	05/08/2020	99/99/9999						
00990-7924-09		A4216		06/09/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE-SODIUM CHLORIDE (LATEX-FREE) 5%-0.225%	1000	ML	FC	IV	ML	10	ML	0.1	06/09/2020	99/99/9999						
00990-7925-03		J7799		12/02/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LATEX-FREE) 5%-0.3%	500	ML	FC	IV	ML	1	EA	1	12/02/2019	99/99/9999						
00990-7925-09		A4216		05/04/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE/SODIUM CHLORIDE (12X1000ML;USP) 5%-0.3%	1000	ML	FC	IV	ML	10	ML	0.1	05/04/2021	99/99/9999						
00990-7926-02		J7799		12/30/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE-SODIUM CHLORIDE (24X250ML,LATEX-FREE) 5%-0.45%	250	ML	FC	IV	ML	1	EA	1	12/30/2019	99/99/9999						
00990-7926-03		A4216		12/18/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE-SODIUM CHLORIDE (24X500ML;USP,LATEX-FREE) 5%-0.45%	500	ML	FC	IV	ML	10	ML	0.1	12/18/2020	99/99/9999						
00990-7926-09		J7799		03/06/2020	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE-SODIUM CHLORIDE (12X1000ML;USP) 5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	03/06/2020	99/99/9999						
00990-7929-03		J7121		01/24/2020	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	LACTATED RINGER'S AND 5% DEXTROSE	500	ML	FC	IV	ML	1000	ML	0.001	01/24/2020	99/99/9999						
00990-7929-09		J7121		03/13/2020	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	LACTATED RINGER'S AND 5% DEXTROSE (12X1000ML;USP)	1000	ML	FC	IV	ML	1000	ML	0.001	03/13/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00990-7930-02		J7799		08/12/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LATEX-FREE) 10%	250	ML	FC	IV	ML	1	EA	1	08/12/2019	99/99/9999						
00990-7930-03		J7799		12/11/2020	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (24X500ML;USP,LATEX-FREE) 10%	500	ML	FC	IV	ML	1	EA	1	12/11/2020	99/99/9999						
00990-7930-09		J7799		10/16/2020	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X1000ML;USP) 10%	1000	ML	FC	IV	ML	1	EA	1	10/16/2020	99/99/9999						
00990-7935-19		J7799		11/12/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (PARTIAL FILL) 20%	500	ML	FC	IV	ML	1	EA	1	11/12/2019	99/99/9999						
00990-7936-19		J7799		07/12/2021	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE) 50%	500	ML	FC	IV	ML	1	EA	1	07/12/2021	99/99/9999						
00990-7938-19		A4216		05/04/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE (LATEX-FREE) 10%	500	ML	FC	IV	ML	10	ML	0.1	05/04/2021	99/99/9999						
00990-7941-03		J7042		07/06/2020	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE-SODIUM CHLORIDE (24X500ML,LATEX-FREE) 5%-0.9%	500	ML	FC	IV	ML	5	%	0.002	07/06/2020	99/99/9999						
00990-7941-09		J7042		12/02/2019	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE-SODIUM CHLORIDE (12X1000ML,LATEX-FREE) 5%-0.9%	1000	ML	FC	IV	ML	500	ML	0.002	12/02/2019	99/99/9999						
00990-7953-02		J7120		06/24/2020	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LATEX-FREE)	250	ML	FC	IV	ML	1000	ML	0.001	06/24/2020	99/99/9999						
00990-7953-03		J7120		02/26/2021	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (24X500ML,LATEX-FREE)	500	ML		IV	ML	1000	ML	0.001	02/26/2021	99/99/9999						
00990-7953-09		J7120		02/25/2020	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LATEX-FREE)	1000	ML	FC	IV	ML	1000	ML	0.001	02/25/2020	99/99/9999						
00990-7972-05		A4217		05/08/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (12X1000ML;USP,PF) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	05/08/2020	99/99/9999						
00990-7972-07		A4217		06/02/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (6X2000ML;USP,PF) 0.9%	2000	ML	FC	IR	ML	500	ML	0.002	06/02/2020	99/99/9999						
00990-7972-08		A4217		09/27/2019	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEX CONTAINER,PF) 0.9%	3000	ML	PC	IR	ML	500	ML	0.002	09/27/2019	99/99/9999						
00990-7973-05		A4217		01/24/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	STERILE WATER (PF,LATEX-FREE)	1000	ML	FC	IR	ML	500	ML	0.002	01/24/2020	99/99/9999						
00990-7973-07		A4217		01/24/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (6X2000ML;USP,PF)	2000	ML	FC	IR	ML	500	ML	0.002	01/24/2020	99/99/9999						
00990-7973-08		A4217		10/11/2019	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (4X3000ML,PF,LATEX-FREE)	3000	ML	FC	IR	ML	500	ML	0.002	10/11/2019	99/99/9999						
00990-7983-02		J7050		07/25/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (SD,FLEXIBLE,PF) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	07/25/2019	99/99/9999						
00990-7983-03		J7040		04/17/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (24X500ML,PF,LATEX-FREE) 0.9%	500	ML	FC	IV	ML	500	ML	0.002	04/17/2020	99/99/9999						
00990-7983-09		J7030		12/30/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (USP,PF,LATEX-FREE) 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	12/30/2019	99/99/9999						
00990-7983-25		J7050		12/19/2019	07/08/2021	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (SD,FLEXIBLE,PF) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	12/19/2019	07/08/2021						
00990-7983-55		J7040		03/23/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (PF,LATEX-FREE) 0.9%	500	ML	FC	IV	ML	500	ML	0.002	03/23/2020	99/99/9999						
00990-7983-61		J7050		12/30/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (SD,FLEXIBLE,PF) 0.9%	150	ML	FC	IV	ML	250	ML	0.004	12/30/2019	99/99/9999						
00990-7984-06		J7040		10/06/2020	10/22/2021	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (PF,LATEX-FREE) 0.9%	50	ML	FC	IV	ML	500	ML	0.002	10/06/2020	10/22/2021						
00990-7984-11		J7040		04/09/2020	08/20/2021	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (60X100ML;SD,PF) 0.9%	100	ML	FC	IV	ML	500	ML	0.002	04/09/2020	08/20/2021						
00990-7984-13		J7040		08/16/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (SD,FLEXIBLE,PF) 0.9%	50	ML	FC	IV	ML	500	ML	0.002	08/16/2019	99/99/9999						
00990-7984-20		J7040		03/06/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (SD,QUAD PACK,PF) 0.9%	25	ML	FC	IV	ML	500	ML	0.002	03/06/2020	99/99/9999						
00990-7984-23		J7050		06/24/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (SD,FLEXIBLE,PF) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	06/24/2019	99/99/9999						
00990-7984-36		J7040		11/12/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (SD,FLEXIBLE,PF) 0.9%	50	ML		IV	ML	500	ML	0.002	11/12/2019	99/99/9999						
00990-7984-37		J7040		10/14/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (BAG,PF,LATEX-FREE) 0.9%	100	ML		IV	ML	500	ML	0.002	10/14/2019	99/99/9999						
00990-7985-02		J7799		11/01/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (LATEX-FREE) 0.45%	250	ML	FC	IV	ML	1	EA	1	11/01/2019	99/99/9999						
00990-7985-03		A4216		03/08/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (24X500ML;USP,LATEX-FREE) 0.45%	500	ML	FC	IV	ML	10	ML	0.1	03/08/2021	99/99/9999						
00990-7985-09		J7799		08/24/2020	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (12X1000ML;USP) 0.45%	1000	ML	FC	IV	ML	1	EA	1	08/24/2020	99/99/9999						
00990-7985-25		J7799		01/24/2020	05/04/2021	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (LATEX-FREE) 0.45%	250	ML	FC	IV	ML	1	EA	1	01/24/2020	05/04/2021						
00990-7990-09		A4216		03/27/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER (12X1000ML;USP)	1000	ML	VL	U	ML	10	ML	0.1	03/27/2020	99/99/9999						
00990-8004-15		J7799		09/07/2021	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LATEX-FREE) 30%	500	ML	FC	IV	ML	1	EA	1	09/07/2021	99/99/9999						
00990-9257-39		J3480		04/24/2020	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE IN SODIUM CHLORIDE (LATEX-FREE) 2 MEQ/100 ML-0.45%	1000	ML	FC	IV	ML	2	MEQ	0.01	04/24/2020	99/99/9999						
08080-1000-00		A4217		03/01/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	CURITY STERILE WATER	100	ML	NA	IR	ML	500	ML	0.002	03/01/2006	99/99/9999						
08080-1020-00		A4217		03/01/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	CURITY STERILE SALINE (100MLX48) 0.9%	100	ML	NA	IR	ML	500	ML	0.002	03/01/2006	99/99/9999						
08080-1022-00		A4217		03/01/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	CURITY STERILE SALINE (100MLX48) 0.9%	100	ML	NA	IR	ML	500	ML	0.002	03/01/2006	99/99/9999						
08166-1100-03		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE) 100 U/ML	3	ML	NA	IV	ML	10	U	10	01/01/2002	99/99/9999						
08166-1110-03		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE,PF) 10 U/ML	3	ML	NA	IV	ML	10	U	1	01/01/2002	99/99/9999						
08290-0310-02		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0310-03		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0320-03		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0320-05		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0321-05		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/CANNULA,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08290-0330-03		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0330-05		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0330-10		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	10	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0331-10		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 12 ML W/CANN,PF) 0.9%	10	ML	SR	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
08290-0910-02		A4216		01/01/2007	12/05/2019	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 2ML,PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2007	12/05/2019						
08290-0911-02		A4216		01/01/2004	12/05/2019	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2004	12/05/2019						
08290-0930-10		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 10ML,PF) 0.9%	10	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
10019-0055-61		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	BREVIBLOC (PREMIX,DUAL PORT) 10 MG/1 ML	250	ML		IV	ML	10	MG	1	07/01/2023	99/99/9999						
10019-0075-87		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	BREVIBLOC (DOUBLESTRENGTH,PREMIX) 20 MG/1 ML	100	ML		IV	ML	10	MG	2	07/01/2023	99/99/9999						
10019-0079-01		J9036		01/01/2025	99/99/9999	INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO/BENDAMUSTINE), 1 MG	BENDAMUSTINE HYDROCHLORIDE MDV 25 MG/1 ML	4	ML		IV	ML	1	MG	25	01/01/2025	99/99/9999						
10019-0079-01		J9059		07/01/2023	12/31/2024	INJECTION, BENDAMUSTINE HYDROCHLORIDE (BAXTER), 1 MG	BENDAMUSTINE HYDROCHLORIDE (MDV) 25 MG/1 ML	4	ML	VL	IV	ML	1	MG	25	07/01/2023	12/31/2024						
10019-0115-01		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	BREVIBLOC (S.D.V., ISOTONIC,PF) 10 MG/1 ML	10	ML		IV	ML	10	MG	1	07/01/2023	99/99/9999						
10019-0120-01		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	ESMOLOL HCL (25X10ML, SDV) 10 MG/1 ML	10	ML		IV	ML	10	MG	1	07/01/2023	99/99/9999						
10019-0666-10		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	PREMIERPRO RX BREVIBLOC DOUBLE STRENGTH (PF,LATEX-FREE) 2000 MG/100 ML	100	ML		IV	ML	10	MG	2	07/01/2023	99/99/9999						
10019-0668-10		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	BREVIBLOC NOVAPLUS DOUBLE STRENGTH (PF,LATEX-FREE) 2000 MG/100 ML	100	ML		IV	ML	10	MG	2	07/01/2023	99/99/9999						
10019-0670-10		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	PREMIERPRO RX BREVIBLOC (PF,LATEX-FREE) 2500 MG/250 ML	250	ML		IV	ML	10	MG	1	07/01/2023	99/99/9999						
10019-0672-10		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	BREVIBLOC NOVAPLUS (PF,LATEX-FREE) 2500 MG/250 ML	250	ML		IV	ML	10	MG	1	07/01/2023	99/99/9999						
10019-0688-04		J0696		07/05/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1	EA	VL	U	EA	250	MG	8	07/05/2005	99/99/9999						
10019-0688-27		J0696		05/05/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1	EA	VL	U	EA	250	MG	8	05/05/2007	99/99/9999						
10019-0689-05		J0696		10/05/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,PHARMACY BULK) 10 GM	1	EA	VL	IV	EA	250	MG	40	10/05/2006	99/99/9999						
10019-0925-01		J9208		09/12/2005	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,30ML VIAL) 1 GM	1	EA	VL	IV	EA	1	GM	1	09/12/2005	99/99/9999						
10019-0925-82		J9208		05/05/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,30ML) 1 GM	1	EA	VL	IV	EA	1	GM	1	05/05/2007	99/99/9999						
10019-0926-02		J9208		09/12/2005	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,75ML VIAL) 3 GM	1	EA	VL	IV	EA	1	GM	3	09/12/2005	99/99/9999						
10019-0926-16		J9208		05/05/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,75ML) 3 GM	1	EA	VL	IV	EA	1	GM	3	05/05/2007	99/99/9999						
10019-0927-01		J9208		01/18/2019	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE NOVAPLUS 1 GM	1	EA	VL	IV	EA	1	GM	1	01/18/2019	99/99/9999						
10019-0929-03		J9208		01/18/2019	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE NOVAPLUS 3 GM	1	EA	VL	IV	EA	1	GM	3	01/18/2019	99/99/9999						
10019-0938-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE NOVAPLUS (PF) 500 MG	1	EA		IV	EA	5	MG	100	04/01/2024	99/99/9999						
10019-0939-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE NOVAPLUS (PF) 1 GM	1	EA		IV	EA	5	MG	200	04/01/2024	99/99/9999						
10019-0942-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE NOVAPLUS (PF) 2 GM	1	EA		IV	EA	5	MG	400	04/01/2024	99/99/9999						
10019-0943-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	PREMIERPRO RX CYCLOPHOSPHAMIDE (PF) 500 MG	1	EA		IV	EA	5	MG	100	04/01/2024	99/99/9999						
10019-0944-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	PREMIERPRO RX CYCLOPHOSPHAMIDE (PF) 1 GM	1	EA		IV	EA	5	MG	200	04/01/2024	99/99/9999						
10019-0945-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	PREMIERPRO RX CYCLOPHOSPHAMIDE (PF) 2 GM	1	EA		IV	EA	5	MG	400	04/01/2024	99/99/9999						
10019-0951-05		J9209		01/18/2019	99/99/9999	INJECTION, MESNA, 200 MG	MESNA NOVAPLUS (MDV) 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	01/18/2019	99/99/9999						
10019-0953-01		J9209		03/15/2004	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (S.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	03/15/2004	99/99/9999						
10019-0953-02		J9209		03/15/2004	01/01/2019	INJECTION, MESNA, 200 MG	MESNA (S.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	03/15/2004	01/01/2019						
10019-0953-62		J9209		05/05/2007	99/99/9999	INJECTION, MESNA, 200 MG	MESNA 100 MG/ML	1	ML	VL	IV	ML	200	MG	0.5	05/05/2007	99/99/9999						
10019-0982-01		None		03/15/2021	05/30/2025	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25	MG	1	03/15/2021	05/30/2025						
10019-0984-01		None		03/15/2021	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	100	EA	BO	PO	EA	50	MG	1	03/15/2021	99/99/9999						
10019-0991-01		J9041		01/01/2023	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB (SDV,PF,LYOPHILIZED) 3.5 MG	1	EA	VL	U	EA	0.1	MG	35	01/01/2023	99/99/9999						
10019-0991-01		J9044		05/01/2022	12/31/2022	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	BORTEZOMIB (SDV,PF,LYOPHILIZED) 3.5 MG	1	EA	VL	U	EA	0.1	MG	35	05/01/2022	12/31/2022						
10106-0061-01		J9017		01/01/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (A.C.S., REAGENT)	1	EA	NA	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
10106-0061-04		J9017		01/01/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (A.C.S., REAGENT)	1	EA	NA	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
10106-0062-01		J9017		01/01/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (REAGENT)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
10106-0062-04		J9017		01/01/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (REAGENT)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
10106-1080-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (FINE, U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
10106-2506-05		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
10106-3046-01		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	99/99/9999						
10106-3046-05		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	99/99/9999						
10106-3343-01		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P., F.C.C.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999						
10106-4206-01		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	99/99/9999						
10106-4206-05		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	99/99/9999						
10106-8994-01		J3520		01/01/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	99/99/9999						
10106-9224-01		J1212		01/01/2002	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (A.C.S., REAGENT)	500	ML	EA	NA	ML	50	%	0.02	01/01/2002	99/99/9999						
10122-0160-02		J2508		01/01/2024	99/99/9999	INJECTION, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG	ELFABRIO (SDV,PF) 2 MG/1 ML	10	ML		IV	ML	1	MG	2	01/01/2024	99/99/9999						
10122-0160-05		J2508		01/01/2024	99/99/9999	INJECTION, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG	ELFABRIO (SDV,PF) 2 MG/1 ML	10	ML		IV	ML	1	MG	2	01/01/2024	99/99/9999						
10122-0160-10		J2508		01/01/2024	99/99/9999	INJECTION, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG	ELFABRIO (SDV,PF) 2 MG/1 ML	10	ML		IV	ML	1	MG	2	01/01/2024	99/99/9999						
10122-0165-02		J2508		07/15/2024	99/99/9999	INJECTION, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG	ELFABRIO (SDV,PF) 2 MG/1 ML	2.5	ML	VL	IV	ML	1	MG	2	07/15/2024	99/99/9999						
10122-0180-02		J0217		01/01/2024	99/99/9999	INJECTION, VELMANASE ALFA-TYCV, 1 MG	LAMZEDE (PF,LYOPHILIZED) 10 MG	1	EA		IV	EA	1	MG	10	01/01/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10122-0820-56		J7682		09/20/2013	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	BETHKIS 300 MG/4 ML	56	EA	PC	IH	ML	300	MG	0.25	09/20/2013	99/99/9999						
10122-0820-56	KO	J7682	KO	09/20/2013	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	BETHKIS 300 MG/4 ML	56	EA	PC	IH	ML	300	MG	0.25	09/20/2013	99/99/9999						
10135-0149-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
10135-0149-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
10135-0149-24		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
10135-0149-61		Q0163		11/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	11/01/2002	99/99/9999						
10135-0151-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
10135-0151-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
10135-0151-24		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	24	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
10135-0151-50		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	50	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
10135-0151-52		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (BOXED,CAPLET) 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
10135-0151-57		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (BOXED,CAPLET) 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
10135-0156-01		Q0163		11/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	11/01/2002	99/99/9999						
10135-0156-10		Q0163		11/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	11/01/2002	99/99/9999						
10135-0156-13		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BX	PO	EA	50	MG	1	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10135-0166-13		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (BLISTER PACK,CAPLET) 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
10135-0702-01		J8999		02/01/2022	12/31/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1	EA	1	02/01/2022	12/31/2024						
10135-0774-01		J7512		03/03/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 1 MG	100	EA	BO	PO	EA	1	MG	1	03/03/2023	99/99/9999						
10135-0775-01		J7512		03/03/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 2.5 MG	100	EA	BO	PO	EA	1	MG	2.5	03/03/2023	99/99/9999						
10135-0776-01		J7512		03/03/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	1	MG	5	03/03/2023	99/99/9999						
10135-0776-10		J7512		03/03/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	1	MG	5	03/03/2023	99/99/9999						
10135-0777-01		J7512		03/03/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	100	EA	BO	PO	EA	1	MG	10	03/03/2023	99/99/9999						
10135-0777-10		J7512		03/03/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	1000	EA	BO	PO	EA	1	MG	10	03/03/2023	99/99/9999						
10135-0778-01		J7512		03/03/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	100	EA	BO	PO	EA	1	MG	20	03/03/2023	99/99/9999						
10135-0778-05		J7512		03/03/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	500	EA	BO	PO	EA	1	MG	20	03/03/2023	99/99/9999						
10135-0778-10		J7512		03/03/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	1000	EA	BO	PO	EA	1	MG	20	03/03/2023	99/99/9999						
10135-0779-01		J7512		03/03/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	100	EA	BO	PO	EA	1	MG	50	03/03/2023	99/99/9999						
10135-0811-01		Q0177		04/01/2025	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE HCL FILM-COATED 25 MG	100	EA		PO	EA	25	MG	1	04/01/2025	99/99/9999						
10135-0811-10		Q0177		04/01/2025	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE HCL FILM-COATED 25 MG	1000	EA		PO	EA	25	MG	1	04/01/2025	99/99/9999						
10267-0835-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
10267-0835-04		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
10267-0836-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999						
10267-0836-04		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999						
10454-0710-10		J0587		08/01/2005	99/99/9999	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	MYOBLOC (PF) 2500 U/0.5 ML	0.5	ML	VL	IM	ML	100	U	50	08/01/2005	99/99/9999						
10454-0711-10		J0587		08/01/2005	99/99/9999	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	MYOBLOC (PF) 5000 U/ML	1	ML	VL	IM	ML	100	U	50	08/01/2005	99/99/9999						
10454-0712-10		J0587		06/30/2006	99/99/9999	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	MYOBLOC 5000 U/ML	2	ML	VL	IM	ML	100	U	50	06/30/2006	99/99/9999						
10702-0002-01		Q0169		05/10/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	100	EA	BO	PO	EA	12.5	MG	1	05/10/2007	99/99/9999						
10702-0003-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999						
10702-0003-10		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999						
10702-0003-50		Q0169		06/08/2016	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL (USP) 25 MG	500	EA	BO	PO	EA	12.5	MG	2	06/08/2016	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10702-0004-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	12.5	MG	4	01/01/2014	99/99/9999						
10885-0003-01		J2062		01/01/2019	09/30/2021	LOXAPINE FOR INHALATION, 1 MG	ADASUVE (INNER PACK) 10 MG	1	EA	PG	IH	EA	1	MG	10	01/01/2019	09/30/2021						
10885-0003-01		J3490		11/20/2017	12/31/2018	UNCLASSIFIED DRUGS	ADASUVE (INNER PACK) 10 MG	1	EA	PG	IH	EA	1	MG	1	11/20/2017	12/31/2018						
10885-0003-05		J2062		01/01/2019	09/30/2021	LOXAPINE FOR INHALATION, 1 MG	ADASUVE 10 MG	5	EA	PG	IH	EA	1	MG	10	01/01/2019	09/30/2021						
10885-0003-05		J3490		11/20/2017	12/31/2018	UNCLASSIFIED DRUGS	ADASUVE 10 MG	5	EA	PG	IH	EA	1	MG	1	11/20/2017	12/31/2018						
11534-0205-01		Q0177		07/03/2024	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE HCL (FILM-COATED) 25 MG	100	EA	BO	PO	EA	25	MG	1	07/03/2024	99/99/9999						
11534-0205-03		Q0177		07/03/2024	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE HCL (FILM-COATED) 25 MG	1000	EA	BO	PO	EA	25	MG	1	07/03/2024	99/99/9999						
11743-0210-02		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (HEMOCHRON RXDX,VIAL) 1000 U/ML	10	ML	VL	U	ML	1000	U	1	01/01/2002	99/99/9999						
11822-0527-10		Q0163		05/02/2006	10/07/2025	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	RITE AID ALLERGY (AF,SF,DYE-FREE) 12.5 MG/5 ML	118	ML	NA	PO	ML	50	MG	0.05	05/02/2006	10/07/2025						
12496-0090-01		J2798		10/01/2019	99/99/9999	INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG	PERSERIS 90 MG	1	EA	SR	SC	EA	0.5	MG	180	10/01/2019	99/99/9999						
12496-0090-09		J2798		02/12/2019	99/99/9999	INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG	PERSERIS 90 MG	1	EA	KT	SC	EA	0.5	MG	180	02/12/2019	99/99/9999						
12496-0100-01		Q9991		07/01/2018	99/99/9999	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), LESS THAN OR EQUAL TO 100 MG	SUBLOCADE 100 MG/0.5 ML	0.5	ML	SR	SC	ML	100	MG	2	07/01/2018	99/99/9999						
12496-0120-01		J2798		10/01/2019	99/99/9999	INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG	PERSERIS 120 MG	1	EA	SR	SC	EA	0.5	MG	240	10/01/2019	99/99/9999						
12496-0120-09		J2798		02/12/2019	99/99/9999	INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG	PERSERIS 120 MG	1	EA	SR	SC	EA	0.5	MG	240	02/12/2019	99/99/9999						
12496-0300-01		Q9992		07/01/2018	99/99/9999	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREATER THAN 100 MG	SUBLOCADE 100 MG/0.5 ML	1.5	ML	SR	SC	ML	100	MG	2	07/01/2018	99/99/9999						
12496-0757-05		J0592		01/19/2015	11/01/2023	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENEX 0.3 MG/ML	1	ML	AM	U	ML	0.1	MG	3	01/19/2015	11/01/2023						
13411-0131-01		Q0144		08/23/2006	12/31/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10	EA	BO	PO	EA	1	GM	0.25	08/23/2006	12/31/2013						
13411-0131-03		Q0144		06/01/2005	12/31/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	06/01/2005	12/31/2013						
13411-0131-06		Q0144		08/23/2006	12/31/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	60	EA	BO	PO	EA	1	GM	0.25	08/23/2006	12/31/2013						
13411-0131-09		Q0144		08/23/2006	12/31/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	90	EA	BO	PO	EA	1	GM	0.25	08/23/2006	12/31/2013						
13411-0131-15		Q0144		08/23/2006	12/31/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	15	EA	BO	PO	EA	1	GM	0.25	08/23/2006	12/31/2013						
13411-0182-01		J8499		08/23/2006	12/31/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	10	EA	BO	PO	EA	1	EA	1	08/23/2006	12/31/2013						
13411-0182-03		J8499		08/23/2006	12/31/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	08/23/2006	12/31/2013						
13411-0182-06		J8499		08/23/2006	12/31/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1	EA	1	08/23/2006	12/31/2013						
13411-0182-09		J8499		08/23/2006	12/31/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	90	EA	BO	PO	EA	1	EA	1	08/23/2006	12/31/2013						
13411-0182-10		J8499		08/23/2006	12/31/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	08/23/2006	12/31/2013						
13411-0183-01		J8499		08/23/2006	12/31/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	10	EA	BO	PO	EA	1	EA	1	08/23/2006	12/31/2013						
13411-0183-03		J8499		08/23/2006	12/31/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	08/23/2006	12/31/2013						
13411-0183-06		J8499		08/23/2006	12/31/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60	EA	BO	PO	EA	1	EA	1	08/23/2006	12/31/2013						
13411-0183-09		J8499		08/23/2006	12/31/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	90	EA	BO	PO	EA	1	EA	1	08/23/2006	12/31/2013						
13411-0183-10		J8499		08/23/2006	12/31/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	08/23/2006	12/31/2013						
13533-0335-04		J1460		08/24/2018	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN (SDV,PF,LATEX-FREE) 15%-18%	2	ML	VL	IM	ML	1	CC	1	08/24/2018	99/99/9999						
13533-0335-12		J1460		08/24/2018	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN (SDV,PF,LATEX-FREE) 15%-18%	10	ML	VL	IM	ML	1	CC	1	08/24/2018	99/99/9999						
13533-0631-02		J2790		12/21/2005	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	HYPERRHO S/D (FULL DOSE,PF)	1	EA	SR	IM	EA	300	MCG	1	12/21/2005	99/99/9999						
13533-0631-11		J2790		04/01/2018	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	HYPERRHO S/D (PF,LATEX-FREE) 300 MCG	10	EA	SR	IM	EA	300	MCG	1	04/01/2018	99/99/9999						
13533-0634-02		J1670		10/14/2006	99/99/9999	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	HYPERTET S/D (PF) 250 U	1	ML	SR	IM	ML	250	U	1	10/14/2006	99/99/9999						
13533-0635-04		J1460		10/04/2005	04/29/2020	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN S/D (S.D.V.,PF)	2	ML	VL	IM	ML	1	ML	1	10/04/2005	04/29/2020						
13533-0635-12		J1460		10/04/2005	08/26/2019	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN S/D (S.D.V.,PF)	10	ML	VL	IM	ML	1	ML	1	10/04/2005	08/26/2019						
13533-0661-06		J2788		11/01/2013	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	HYPERRHO S/D (MINI-DOSE,SD,PF)	10	EA	SR	IM	EA	50	MCG	1	11/01/2013	99/99/9999						
13533-0700-02		J0256		11/01/2012	06/12/2020	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	PROLASTIN-C (1000MG W/20ML DILUENT) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	11/01/2012	06/12/2020						
13533-0703-10		J0256		08/31/2016	04/30/2021	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	PROLASTIN-C (1000MG,LYOPHILIZED) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	08/31/2016	04/30/2021						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
13533-0705-01		J0256		01/09/2018	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	PROLASTIN-C (APPROX 1000MG,PF) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	01/09/2018	99/99/9999						
13533-0800-12		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X10ML,SINGLE-USE) 100 MG/1 ML	10	ML	VL	IJ	ML	500	MG	0.2	12/07/2010	99/99/9999						
13533-0800-15		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X25ML,SINGLE-USE) 100 MG/1 ML	25	ML	VL	IJ	ML	500	MG	0.2	12/07/2010	99/99/9999						
13533-0800-20		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X50ML,SINGLE-USE) 100 MG/1 ML	50	ML	VL	IJ	ML	500	MG	0.2	12/07/2010	99/99/9999						
13533-0800-24		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X200ML,SINGLE-USE) 100 MG/1 ML	200	ML	VL	IJ	ML	500	MG	0.2	12/07/2010	99/99/9999						
13533-0800-40		J1561		10/01/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E. G. LIQUID), 500 MG	GAMUNEX-C (1X400ML,SINGLE-USE) 100 MG/ML	400	ML	VL	IJ	ML	500	MG	0.2	10/01/2014	99/99/9999						
13533-0800-71		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X100ML,SINGLE-USE) 100 MG/1 ML	100	ML	VL	IJ	ML	500	MG	0.2	12/07/2010	99/99/9999						
13533-0810-05		J1558		07/01/2020	99/99/9999	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	XEMBIFY (1GM,PF,LATEX-FREE) 200 MG/1 ML	5	ML		SC	ML	100	MG	2	07/01/2020	99/99/9999						
13533-0810-10		J1558		07/01/2020	99/99/9999	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	XEMBIFY (2GM,PF,LATEX-FREE) 200 MG/1 ML	10	ML		SC	ML	100	MG	2	07/01/2020	99/99/9999						
13533-0810-20		J1558		07/01/2020	99/99/9999	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	XEMBIFY (4GM,PF,LATEX-FREE) 200 MG/1 ML	20	ML		SC	ML	100	MG	2	07/01/2020	99/99/9999						
13533-0810-50		J1558		07/01/2020	99/99/9999	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	XEMBIFY (10GM,PF,LATEX-FREE) 200 MG/1 ML	50	ML		SC	ML	100	MG	2	07/01/2020	99/99/9999						
13668-0591-81		J8501		01/11/2021	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT (HARD GELATIN) 40 MG	1	EA	BX	PO	EA	5	MG	8	01/11/2021	99/99/9999						
13668-0591-82		J8501		01/11/2021	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT (HARD GELATIN) 40 MG	5	EA	BX	PO	EA	5	MG	8	01/11/2021	99/99/9999						
13668-0592-84		J8501		01/11/2021	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT (HARD GELATIN) 80 MG	2	EA	BX	PO	EA	5	MG	16	01/11/2021	99/99/9999						
13668-0592-86		J8501		01/11/2021	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT (HARD GELATIN) 80 MG	6	EA	BX	PO	EA	5	MG	16	01/11/2021	99/99/9999						
13668-0593-86		J8501		01/11/2021	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT (HARD GELATIN) 125 MG	6	EA	BX	PO	EA	5	MG	25	01/11/2021	99/99/9999						
13668-0594-87		J8501		01/11/2021	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT TRI-PACK (HARD GELATIN) 80 MG; 125 MG	3	EA	DP	PO	EA	5	MG	57	01/11/2021	99/99/9999						
13925-0515-10		J7676		03/20/2019	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE (SDV,LYOPHILIZED) 300 MG	10	EA	VL	IJ	EA	300	MG	1	03/20/2019	99/99/9999						
13925-0515-10	KO	J7676	KO	03/20/2019	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE (SDV,LYOPHILIZED) 300 MG	10	EA	VL	IJ	EA	300	MG	1	03/20/2019	99/99/9999						
13925-0522-01		J2545		10/11/2019	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE (PF) 300 MG	1	EA	VL	IH	EA	300	MG	1	10/11/2019	99/99/9999						
14539-0674-01		Q0177		06/01/2019	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	100	EA	BO	PO	EA	25	MG	1	06/01/2019	99/99/9999						
14539-0674-05		Q0177		06/01/2019	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	500	EA	BO	PO	EA	25	MG	1	06/01/2019	99/99/9999						
14539-0675-01		Q0177		06/01/2019	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	25	MG	2	06/01/2019	99/99/9999						
14539-0675-05		Q0177		06/01/2019	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25	MG	2	06/01/2019	99/99/9999						
14789-0010-02		J0500		02/13/2019	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HCL (SDV) 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	02/13/2019	99/99/9999						
14789-0107-05		J3480		09/30/2021	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (LATEX-FREE) 20 MEQ/50 ML	50	ML	FC	IV	ML	2	MEQ	0.2	09/30/2021	99/99/9999						
14789-0107-10		J3480		09/30/2021	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (LATEX-FREE) 40 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.2	09/30/2021	99/99/9999						
14789-0108-05		J3480		09/30/2021	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (LATEX-FREE) 10 MEQ/50 ML	50	ML	PC	IV	ML	2	MEQ	0.1	09/30/2021	99/99/9999						
14789-0108-10		J3480		09/30/2021	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (LATEX-FREE) 20 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.1	09/30/2021	99/99/9999						
14789-0109-10		J3480		09/30/2021	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (LATEX-FREE) 10 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.05	09/30/2021	99/99/9999						
14789-0110-05		J1953		07/20/2020	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 500 MG/100 ML-0.82%	100	ML	FC	IV	ML	10	MG	0.5	07/20/2020	99/99/9999						
14789-0116-05		J1364		03/07/2022	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (USP; SDV,LYOPHILIZED) 500 MG	5	EA	VL	IV	EA	500	MG	1	03/07/2022	99/99/9999						
14789-0121-05		J2440		07/21/2021	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HCL (SDV, USP) 30 MG/1 ML	2	ML	VL	IJ	ML	60	MG	0.5	07/21/2021	99/99/9999						
14789-0127-05		J2560		12/01/2023	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (SDV,LATEX-FREE) 65 MG/1 ML	1	ML		IJ	ML	120	MG	0.541667	12/01/2023	99/99/9999						
14789-0128-05		J2560		12/01/2023	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (SDV,LATEX-FREE) 130 MG/1 ML	1	ML		IJ	ML	120	MG	1.083333	12/01/2023	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
14789-0133-05		J7040		02/21/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (SDV,PF) 0.9%	10	ML		U	ML	500	ML	0.002	02/21/2024	99/99/9999						
14789-0134-05		J7040		02/21/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (SDV,PF) 0.9%	20	ML		U	ML	500	ML	0.002	02/21/2024	99/99/9999						
14789-0136-05		J3480		09/21/2023	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (SDV,PF,LATEX-FREE) 2 MEQ/1 ML	10	ML		IV	ML	2	MEQ	1	09/21/2023	99/99/9999						
14789-0137-05		J3480		09/21/2023	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (SDV,PF,LATEX-FREE) 2 MEQ/1 ML	20	ML		IV	ML	2	MEQ	1	09/21/2023	99/99/9999						
14789-0161-05		J0475		03/08/2024	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (SDV,PF) 2 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.2	03/08/2024	99/99/9999						
14789-0201-05		J0770		02/21/2022	07/05/2024	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (LYOPHILIZED CAKE) 150 MG	10	EA	VL	U	EA	150	MG	1	02/21/2022	07/05/2024						
14789-0220-10		J1953		07/20/2020	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 1000 MG/100 ML-0.75%	100	ML	FC	IV	ML	10	MG	1	07/20/2020	99/99/9999						
14789-0330-15		J1953		07/20/2020	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 1500 MG/100 ML-0.54%	100	ML	FC	IV	ML	10	MG	1.5	07/20/2020	99/99/9999						
14789-0600-10		J9017		07/09/2019	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (10X10 SDV,PF) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	07/09/2019	99/99/9999						
14789-0700-02		J0780		02/20/2019	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	U	ML	10	MG	0.5	02/20/2019	99/99/9999						
15014-0211-21		J8540		03/05/2019	12/31/2022	DEXAMETHASONE, ORAL, 0.25 MG	HIDEX (6-DAY) 1.5 MG	21	EA	DP	PO	EA	0.25	MG	6	03/05/2019	12/31/2022						
15054-0043-01		J9205		10/16/2017	99/99/9999	INJECTION, IRINOTECAN LIPOSOME, 1 MG	ONIVYDE (SDV) 4.3 MG/1 ML	10	ML	VL	IV	ML	1	MG	4.3	10/16/2017	99/99/9999						
15054-0500-01		J0586		11/02/2009	99/99/9999	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	DYSPORT 500 U	1	EA	VL	IM	EA	5	U	100	11/02/2009	99/99/9999						
15054-0530-06		J0586		11/29/2010	99/99/9999	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	DYSPORT (SINGLE USE) 300 U	1	EA	VL	IM	EA	5	U	60	11/29/2010	99/99/9999						
15054-1040-05		J2170		01/01/2007	99/99/9999	INJECTION, MECASERMIN, 1 MG	INCRELEX (10X4ML,M.D.V.) 10 MG/ML	4	ML	VL	SC	ML	1	MG	10	01/01/2007	99/99/9999						
15054-1060-03		J1930		01/02/2015	12/31/2019	INJECTION, LANREOTIDE, 1 MG	SOMATULINE DEPOT (1X0.2ML, SINGLE USE) 60 MG/0.2 ML	0.2	ML	SR	SC	ML	1	MG	300	01/02/2015	12/31/2019						
15054-1060-04		J1930		09/01/2019	99/99/9999	INJECTION, LANREOTIDE, 1 MG	SOMATULINE DEPOT (1X0.2ML, SINGLE USE) 60 MG/0.2 ML	0.2	ML	SR	SC	ML	1	MG	300	09/01/2019	99/99/9999						
15054-1090-03		J1930		01/02/2015	12/31/2019	INJECTION, LANREOTIDE, 1 MG	SOMATULINE DEPOT (1X0.3ML, SINGLE USE) 90 MG/0.3 ML	0.3	ML	SR	SC	ML	1	MG	300	01/02/2015	12/31/2019						
15054-1090-04		J1930		09/01/2019	99/99/9999	INJECTION, LANREOTIDE, 1 MG	SOMATULINE DEPOT (1X0.3ML, SINGLE USE) 90 MG/0.3 ML	0.3	ML	SR	SC	ML	1	MG	300	09/01/2019	99/99/9999						
15054-1120-03		J1930		01/02/2015	06/30/2022	INJECTION, LANREOTIDE, 1 MG	SOMATULINE DEPOT (1X0.5ML, SINGLE USE) 120 MG/0.5 ML	0.5	ML	SR	SC	ML	1	MG	240	01/02/2015	06/30/2022						
15054-1120-04		J1930		09/01/2019	99/99/9999	INJECTION, LANREOTIDE, 1 MG	SOMATULINE DEPOT (1X0.5ML, SINGLE USE) 120 MG/0.5 ML	0.5	ML	SR	SC	ML	1	MG	240	09/01/2019	99/99/9999						
15927-3220-00		J7799		09/08/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (BASE)	1	EA	BO	NA	GM	1	EA	1	09/08/2003	99/99/9999						
16571-0114-01		Q0177		10/12/2023	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE HCL (FILM-COATED) 25 MG	100	EA	BO	PO	EA	25	MG	1	10/12/2023	99/99/9999						
16571-0114-10		Q0177		10/12/2023	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE HCL (FILM-COATED) 25 MG	1000	EA	BO	PO	EA	25	MG	1	10/12/2023	99/99/9999						
16571-0114-50		Q0177		10/12/2023	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE HCL (FILM-COATED) 25 MG	500	EA	BO	PO	EA	25	MG	1	10/12/2023	99/99/9999						
16571-0600-96		J8499		12/12/2011	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CROMOLYN SODIUM (96X5ML,CONCENTRATE) 100MG/5ML	5	ML	PC	PO	ML	1	MG	1	12/12/2011	99/99/9999						
16571-0695-03		Q0144		05/01/2020	09/30/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	05/01/2020	09/30/2020						
16571-0695-16		Q0144		07/15/2021	01/05/2022	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X6;USP,FILM-COATED) 250 MG	6	EA	DP	PO	EA	1	GM	0.25	07/15/2021	01/05/2022						
16571-0695-81		Q0144		05/01/2020	03/31/2022	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6;USP,FILM-COATED) 250 MG	18	EA	BX	PO	EA	1	GM	0.25	05/01/2020	03/31/2022						
16571-0696-03		Q0144		05/01/2020	02/28/2022	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	05/01/2020	02/28/2022						
16571-0816-41		None		01/23/2023	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	01/23/2023	99/99/9999						
16571-0816-51		None		01/23/2023	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	01/23/2023	99/99/9999						
16571-0817-41		None		01/23/2023	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA		PO	EA	20	MG	1	01/23/2023	99/99/9999						
16571-0817-51		None		01/23/2023	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA		PO	EA	20	MG	1	01/23/2023	99/99/9999						
16571-0818-41		None		01/23/2023	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA		PO	EA	100	MG	1	01/23/2023	99/99/9999						
16571-0818-51		None		01/23/2023	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA		PO	EA	100	MG	1	01/23/2023	99/99/9999						
16571-0819-41		None		01/23/2023	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	01/23/2023	99/99/9999						
16571-0819-51		None		01/23/2023	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	01/23/2023	99/99/9999						
16571-0820-41		None		01/23/2023	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA		PO	EA	20	MG	9	01/23/2023	99/99/9999						
16571-0820-51		None		01/23/2023	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA		PO	EA	20	MG	9	01/23/2023	99/99/9999						
16571-0821-51		None		01/23/2023	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA		PO	EA	250	MG	1	01/23/2023	99/99/9999						
16714-0001-01		J9000		01/19/2021	03/01/2025	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,MDV,PF,LATEX-FREE) 2 MG/1 ML	100	ML	GC	IV	ML	10	MG	0.2	01/19/2021	03/01/2025						
16714-0006-01		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (INNER-PACK,PF) 30 MG/0.3 ML	0.3	ML	SR	U	ML	10	MG	10	01/08/2020	99/99/9999						
16714-0006-10		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 30 MG/0.3 ML	0.3	ML	SR	U	ML	10	MG	10	01/08/2020	99/99/9999						
16714-0015-01		J2597		09/29/2020	05/31/2024	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (LATEX-FREE) 4 MCG/1 ML	10	ML	VL	U	ML	1	MCG	4	09/29/2020	05/31/2024						
16714-0016-10		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 40 MG/0.4 ML	0.4	ML	SR	U	ML	10	MG	10	01/08/2020	99/99/9999						
16714-0018-30		J7626		01/25/2021	12/31/2024	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	01/25/2021	12/31/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16714-0018-30	KO	J7626	KO	01/25/2021	12/31/2024	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	01/25/2021	12/31/2024						
16714-0019-30		J7626		01/25/2021	02/28/2025	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	01/25/2021	02/28/2025						
16714-0019-30	KO	J7626	KO	01/25/2021	02/28/2025	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	01/25/2021	02/28/2025						
16714-0020-30		J7626		01/25/2021	05/31/2024	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	01/25/2021	05/31/2024						
16714-0020-30	KO	J7626	KO	01/25/2021	05/31/2024	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	01/25/2021	05/31/2024						
16714-0026-10		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 60 MG/0.6 ML	0.6	ML	SR	U	ML	10	MG	10	01/08/2020	99/99/9999						
16714-0027-01		J9206		11/16/2020	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV,PF) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	11/16/2020	99/99/9999						
16714-0028-01		J1050		03/22/2021	04/30/2023	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (1X1ML;SDV,USP) 150 MG/1 ML	1	ML	SR	IM	ML	1	MG	150	03/22/2021	04/30/2023						
16714-0028-25		J1050		03/22/2021	11/09/2021	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (25X1ML;SDV,USP) 150 MG/1 ML	1	ML	SR	IM	ML	1	MG	150	03/22/2021	11/09/2021						
16714-0036-10		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 80 MG/0.8 ML	0.8	ML	SR	U	ML	10	MG	10	01/08/2020	99/99/9999						
16714-0040-02		J3030		01/06/2022	12/31/2024	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE (AUTOINJECTOR) 6 MG/0.5 ML	0.5	ML		SC	ML	6	MG	2	01/06/2022	12/31/2024						
16714-0046-10		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 100 MG/1 ML	1	ML	SR	U	ML	10	MG	10	01/08/2020	99/99/9999						
16714-0048-01		Q0161		07/20/2020	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (USP,FILM-COATED) 25 MG	100	EA	BO	PO	EA	5	MG	5	07/20/2020	99/99/9999						
16714-0056-10		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 120 MG/0.8 ML	0.8	ML	SR	U	ML	10	MG	15	01/08/2020	99/99/9999						
16714-0066-10		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 150 MG/1 ML	1	ML	SR	U	ML	10	MG	15	01/08/2020	99/99/9999						
16714-0088-01		J1030		03/09/2021	11/30/2022	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (1X1ML;SDV;USP) 40 MG/1 ML	1	ML		U	ML	40	MG	1	03/09/2021	11/30/2022						
16714-0088-25		J1030		03/09/2021	11/30/2022	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (25X1ML;USP;SDV) 40 MG/1 ML	1	ML		U	ML	40	MG	1	03/09/2021	11/30/2022						
16714-0089-01		J1030		03/09/2021	12/31/2022	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (MDV;USP,LATEX-FREE) 40 MG/1 ML	5	ML		U	ML	40	MG	1	03/09/2021	12/31/2022						
16714-0090-01		J1030		03/09/2021	12/31/2022	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (MDV;USP,LATEX-FREE) 40 MG/1 ML	10	ML		U	ML	40	MG	1	03/09/2021	12/31/2022						
16714-0094-25		J7614		10/07/2020	07/31/2023	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF,LATEX-FREE) 0.31 MG/3 ML	3	ML	BX	IH	ML	0.5	MG	0.206667	10/07/2020	07/31/2023						
16714-0094-25	KO	J7614	KO	10/07/2020	07/31/2023	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF,LATEX-FREE) 0.31 MG/3 ML	3	ML	BX	IH	ML	0.5	MG	0.206667	10/07/2020	07/31/2023						
16714-0094-30		J7614		10/07/2020	07/31/2023	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF,LATEX-FREE) 0.31 MG/3 ML	3	ML	BX	IH	ML	0.5	MG	0.206667	10/07/2020	07/31/2023						
16714-0094-30	KO	J7614	KO	10/07/2020	07/31/2023	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF,LATEX-FREE) 0.31 MG/3 ML	3	ML	BX	IH	ML	0.5	MG	0.206667	10/07/2020	07/31/2023						
16714-0095-25		J7614		10/07/2020	07/31/2023	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF,LATEX-FREE) 0.63 MG/3 ML	3	ML	BX	IH	ML	0.5	MG	0.42	10/07/2020	07/31/2023						
16714-0095-25	KO	J7614	KO	10/07/2020	07/31/2023	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF,LATEX-FREE) 0.63 MG/3 ML	3	ML	BX	IH	ML	0.5	MG	0.42	10/07/2020	07/31/2023						
16714-0096-25		J7614		10/07/2020	07/31/2023	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF,LATEX-FREE) 1.25 MG/3 ML	3	ML	BX	IH	ML	0.5	MG	0.833333	10/07/2020	07/31/2023						
16714-0096-25	KO	J7614	KO	10/07/2020	07/31/2023	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF,LATEX-FREE) 1.25 MG/3 ML	3	ML	BX	IH	ML	0.5	MG	0.833333	10/07/2020	07/31/2023						
16714-0098-01		J7507		03/18/2021	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP,HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	03/18/2021	99/99/9999						
16714-0099-01		J7507		03/18/2021	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP,HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	03/18/2021	99/99/9999						
16714-0100-01		J7507		03/18/2021	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP,HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1	MG	5	03/18/2021	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16714-0119-03		J7682		05/27/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	VL	IH	ML	300	MG	0.2	05/27/2020	99/99/9999						
16714-0119-03	KO	J7682	KO	05/27/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	VL	IH	ML	300	MG	0.2	05/27/2020	99/99/9999						
16714-0120-01		J1453		02/26/2020	11/30/2021	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	02/26/2020	11/30/2021						
16714-0130-25		J3301		10/20/2020	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (25X1ML;USP;SDV) 40 MG/1 ML	1	ML	VL	IJ	ML	10	MG	4	10/20/2020	99/99/9999						
16714-0131-01		J9206		11/16/2020	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV,PF) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	11/16/2020	99/99/9999						
16714-0137-01		J9267		01/29/2021	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV;USP,LATEX-FREE) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	01/29/2021	99/99/9999						
16714-0140-01		J3301		10/20/2020	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (1X5ML;USP;MDV) 40 MG/1 ML	5	ML	VL	IJ	ML	10	MG	4	10/20/2020	99/99/9999						
16714-0150-01		J3301		10/20/2020	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (1X10ML;USP;MDV) 40 MG/1 ML	10	ML	VL	IJ	ML	10	MG	4	10/20/2020	99/99/9999						
16714-0159-01		Q0162		08/18/2021	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HCL (USP,FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	08/18/2021	99/99/9999						
16714-0160-01		Q0162		08/18/2021	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HCL (USP,FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	08/18/2021	99/99/9999						
16714-0164-10		J2248		09/11/2023	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (SDV,PF,LATEX-FREE) 50 MG	10	EA	VL	IV	EA	1	MG	50	09/11/2023	99/99/9999						
16714-0165-25		J3420		09/06/2022	07/01/2024	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (LATEX-FREE) 1000 MCG/1 ML	1	ML		IJ	ML	1000	MCG	1	09/06/2022	07/01/2024						
16714-0180-01		J0153		02/19/2021	04/30/2023	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	02/19/2021	04/30/2023						
16714-0187-01		J7520		03/04/2022	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (FILM-COATED) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	03/04/2022	99/99/9999						
16714-0188-01		J7520		03/04/2022	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (FILM-COATED) 1 MG	100	EA	BO	PO	EA	1	MG	1	03/04/2022	99/99/9999						
16714-0189-01		J7520		03/04/2022	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (FILM-COATED) 2 MG	100	EA	BO	PO	EA	1	MG	2	03/04/2022	99/99/9999						
16714-0200-30		Q0162		08/18/2021	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,3X10) 4 MG	30	EA	BX	PO	EA	1	MG	4	08/18/2021	99/99/9999						
16714-0201-10		Q0162		08/18/2021	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,STRAWBERRY GUARANA) 8 MG	10	EA	BX	PO	EA	1	MG	8	08/18/2021	99/99/9999						
16714-0201-30		Q0162		08/18/2021	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,3X10) 8 MG	30	EA	BX	PO	EA	1	MG	8	08/18/2021	99/99/9999						
16714-0221-10		Q0166		03/17/2017	08/31/2021	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (INNER NDC,FILM-COATED) 1 MG	1	EA	ST	PO	EA	1	MG	1	03/17/2017	08/31/2021						
16714-0221-12		Q0166		03/17/2017	08/31/2021	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	10	EA	ST	PO	EA	1	MG	1	03/17/2017	08/31/2021						
16714-0221-30		Q0166		05/15/2008	08/31/2021	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	2	EA	BX	PO	EA	1	MG	1	05/15/2008	08/31/2021						
16714-0221-32		Q0166		05/15/2008	08/31/2021	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (2X10,FILM-COATED) 1 MG	20	EA	BX	PO	EA	1	MG	1	05/15/2008	08/31/2021						
16714-0247-10		J3370		05/12/2022	05/31/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500	MG	1	05/12/2022	05/31/2025						
16714-0248-01		J1453		04/06/2022	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	04/06/2022	99/99/9999						
16714-0301-10		J2248		09/11/2023	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (SDV,PF,LATEX-FREE) 100 MG	10	EA	VL	IV	EA	1	MG	100	09/11/2023	99/99/9999						
16714-0302-10		J3420		09/06/2022	01/31/2025	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (LATEX-FREE) 1000 MCG/1 ML	10	ML		IJ	ML	1000	MCG	1	09/06/2022	01/31/2025						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16714-0309-10		J3370		05/12/2022	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	05/12/2022	06/30/2025						
16714-0309-10		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL USP,LYOPHILIZED 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
16714-0345-01		J7517		01/06/2022	02/29/2024	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (W/ ADAPTERS) 200 MG/1 ML	160	ML	BO	PO	ML	250	MG	0.8	01/06/2022	02/29/2024						
16714-0467-01		None		01/01/2016	09/30/2024	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	01/01/2016	09/30/2024						
16714-0467-01		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 150 MG	60	EA		PO	EA	50	MG	3	01/01/2025	99/99/9999						
16714-0468-01		None		01/01/2016	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	01/01/2016	09/30/2024						
16714-0468-01		None		01/01/2025	03/31/2025	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 500 MG	120	EA		PO	EA	50	MG	10	01/01/2025	03/31/2025						
16714-0472-01		J1040		03/09/2021	09/30/2022	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (1X1ML;USP;SDV) 80 MG/1 ML	1	ML		IJ	ML	80	MG	1	03/09/2021	09/30/2022						
16714-0472-25		J1040		03/09/2021	12/31/2022	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (25X1ML;SDV;USP) 80 MG/1 ML	1	ML		IJ	ML	80	MG	1	03/09/2021	12/31/2022						
16714-0473-01		J1040		03/09/2021	12/31/2022	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,LATEX-FREE) 80 MG/1 ML	5	ML		IJ	ML	80	MG	1	03/09/2021	12/31/2022						
16714-0517-01		J3370		07/26/2023	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PKG,PF) 5 GM	1	EA		IV	EA	500	MG	10	07/26/2023	06/30/2025						
16714-0517-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK PKG,LYOPHILIZED 5 GM	1	EA		IV	EA	10	MG	500	07/01/2025	99/99/9999						
16714-0528-10		J2704		08/03/2022	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (PF,LATEX-FREE) 10 MG/1 ML	20	ML		IV	ML	10	MG	1	08/03/2022	99/99/9999						
16714-0528-20		J2704		08/03/2022	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (PF,LATEX-FREE) 10 MG/1 ML	20	ML		IV	ML	10	MG	1	08/03/2022	99/99/9999						
16714-0534-01		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 200 MG-300 MG	30	EA		PO	EA	200	MG	1	01/02/2024	99/99/9999						
16714-0536-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (25X1ML;USP;SDV) 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
16714-0536-25		J7643		05/17/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X1ML;USP;SDV) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	05/17/2022	12/31/2023						
16714-0536-25	KO	J7643	KO	05/17/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X1ML;USP;SDV) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	05/17/2022	12/31/2023						
16714-0556-01		J0153		08/16/2022	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (PF,LATEX-FREE) 3 MG/1 ML	20	ML		IV	ML	1	MG	3	08/16/2022	99/99/9999						
16714-0609-05		J3420		09/06/2022	08/01/2024	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (LATEX-FREE) 1000 MCG/1 ML	30	ML		IJ	ML	1000	MCG	1	09/06/2022	08/01/2024						
16714-0620-25		J1596		01/01/2024	04/30/2025	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (25X2ML;USP;SDV) 0.2 MG/1 ML	2	ML		IJ	ML	0.1	MG	2	01/01/2024	04/30/2025						
16714-0620-25		J7643		05/17/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X2ML;USP;SDV) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	05/17/2022	12/31/2023						
16714-0620-25	KO	J7643	KO	05/17/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X2ML;USP;SDV) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	05/17/2022	12/31/2023						
16714-0644-10		J1271		04/01/2025	99/99/9999	INJECTION, DOXYCYCLINE HYCLATE, 1 MG	DOXYCYCLINE SDV,LYOPHILIZED 100 MG	10	EA		IV	EA	1	MG	100	04/01/2025	99/99/9999						
16714-0644-10		J3490		08/23/2022	03/31/2025	UNCLASSIFIED DRUGS	DOXYCYCLINE (SDV,PF,LATEX-FREE) 100 MG	10	EA	VL	IV	EA	1	EA	1	08/23/2022	03/31/2025						
16714-0690-10		J2704		08/03/2022	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (PF,LATEX-FREE) 10 MG/1 ML	100	ML		IV	ML	10	MG	1	08/03/2022	99/99/9999						
16714-0705-01		J8999		02/23/2018	01/31/2023	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA		PO	EA	1	EA	1	02/23/2018	01/31/2023						
16714-0725-01		J9206		11/01/2017	12/31/2019	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV,PF,LATEX-FREE) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	11/01/2017	12/31/2019						
16714-0726-01		J9206		11/01/2017	04/30/2020	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV,PF,LATEX-FREE) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	11/01/2017	04/30/2020						
16714-0727-01		J9263		11/06/2017	01/31/2020	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (1X10ML,SINGLE DOSE,PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	11/06/2017	01/31/2020						
16714-0728-01		J9263		11/06/2017	02/29/2020	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (1X20ML,SINGLE DOSE,PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	11/06/2017	02/29/2020						
16714-0742-01		Q2050		10/04/2017	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	10/04/2017	99/99/9999						
16714-0749-01		J0894		12/19/2017	01/31/2020	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	12/19/2017	01/31/2020						
16714-0765-01		J8499		04/03/2018	10/31/2022	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	60	EA	BO	PO	EA	1	EA	1	04/03/2018	10/31/2022						
16714-0777-01		J9025		07/03/2018	06/10/2020	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	1	MG	100	07/03/2018	06/10/2020						
16714-0834-01		J2469		08/08/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	08/08/2018	99/99/9999						
16714-0856-01		Q2050		10/04/2017	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	10/04/2017	99/99/9999						
16714-0857-01		J9070		03/04/2019	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE 1 GM	1	EA	VL	IV	EA	100	MG	10	03/04/2019	03/31/2024						
16714-0857-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE 1 GM	1	EA		IV	EA	5	MG	200	04/01/2024	99/99/9999						
16714-0858-01		J9070		03/04/2019	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE 2 GM	1	EA	VL	IV	EA	100	MG	20	03/04/2019	03/31/2024						
16714-0858-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE 2 GM	1	EA		IV	EA	5	MG	400	04/01/2024	99/99/9999						
16714-0859-01		J9070		03/04/2019	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE 500 MG	1	EA	VL	IV	EA	100	MG	5	03/04/2019	03/31/2024						
16714-0859-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE 500 MG	1	EA		IV	EA	5	MG	100	04/01/2024	99/99/9999						
16714-0886-01		J9040		04/20/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN (SDV,PF,LATEX-FREE) 15 U	1	EA		IJ	EA	15	U	1	04/20/2018	99/99/9999						
16714-0889-10		J1335		09/22/2021	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (SDV,LYOPHILIZED) 1 GM	10	EA	VL	IJ	EA	500	MG	2	09/22/2021	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16714-0890-01		J0641		03/14/2019	12/31/2021	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (PF) 10 MG/1 ML	17.5	ML	VL	IV	ML	0.5	MG	20	03/14/2019	12/31/2021						
16714-0892-01		J0878		08/28/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	08/28/2019	99/99/9999						
16714-0906-25		J7643		09/18/2019	07/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	09/18/2019	07/31/2023						
16714-0906-25	KO	J7643	KO	09/18/2019	07/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	09/18/2019	07/31/2023						
16714-0908-01		J9040		04/20/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN (SDV,PF,LATEX-FREE) 30 U	1	EA		IJ	EA	15	U	2	04/20/2018	99/99/9999						
16714-0909-01		J9201		03/27/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 200 MG	1	EA	VL	IV	EA	200	MG	1	03/27/2019	99/99/9999						
16714-0915-01		J0641		03/14/2019	06/30/2022	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (PF) 10 MG/1 ML	25	ML	VL	IV	ML	0.5	MG	20	03/14/2019	06/30/2022						
16714-0927-01		J9025		10/13/2024	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE 100 MG	1	EA	VL	IJ	EA	1	MG	100	10/13/2024	99/99/9999	06/03/2019	09/30/2023	100			
16714-0928-01		J0894		03/27/2019	10/31/2022	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	CT	IV	EA	1	MG	50	03/27/2019	10/31/2022						
16714-0929-01		J1453		05/22/2020	12/31/2023	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	05/22/2020	12/31/2023						
16714-0930-01		J9201		03/27/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	200	MG	5	03/27/2019	99/99/9999						
16714-0972-01		J0153		02/19/2021	04/30/2023	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	30	ML	VL	IV	ML	1	MG	3	02/19/2021	04/30/2023						
16714-0977-20		J2704		08/03/2022	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (PF,LATEX-FREE) 10 MG/1 ML	50	ML		IV	ML	10	MG	1	08/03/2022	99/99/9999						
16714-0981-01		J1050		09/07/2020	09/30/2023	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (1X1ML;SDV) 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	09/07/2020	09/30/2023						
16714-0981-02		J1050		09/07/2020	09/30/2023	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (25X1ML;SDV) 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	09/07/2020	09/30/2023						
16714-0997-01		J0153		08/16/2022	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (PF,LATEX-FREE) 3 MG/1 ML	30	ML		IV	ML	1	MG	3	08/16/2022	99/99/9999						
16714-0998-25		J7643		09/18/2019	01/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	09/18/2019	01/31/2023						
16714-0998-25	KO	J7643	KO	09/18/2019	01/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	09/18/2019	01/31/2023						
16714-0999-01		J1050		04/22/2020	06/30/2023	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (SINGLE DOSE;USP) 150 MG/1 ML	1	ML	SR	IM	ML	1	MG	150	04/22/2020	06/30/2023						
16729-0019-01		J7517		05/05/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	05/05/2009	99/99/9999						
16729-0019-16		J7517		05/05/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM COATED) 500 MG	500	EA	BO	PO	EA	250	MG	2	05/05/2009	99/99/9999						
16729-0035-15		J8999		02/08/2011	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOT OTHERWISE SPECIFIED	ANASTROZOLE (FILM-COATED) 1 MG	90	EA	BO	PO	EA	1	MG	1	02/08/2011	99/99/9999						
16729-0041-01		J7507		09/30/2011	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	09/30/2011	99/99/9999						
16729-0042-01		J7507		09/30/2011	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	09/30/2011	99/99/9999						
16729-0043-01		J7507		09/30/2011	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1	MG	5	09/30/2011	99/99/9999						
16729-0048-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	02/28/2017	99/99/9999						
16729-0048-54		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	02/28/2017	99/99/9999						
16729-0049-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	02/28/2017	99/99/9999						
16729-0049-54		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	02/28/2017	99/99/9999						
16729-0050-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	02/28/2017	99/99/9999						
16729-0050-54		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	02/28/2017	99/99/9999						
16729-0051-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	02/28/2017	99/99/9999						
16729-0072-12		None		06/15/2015	09/30/2024	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	06/15/2015	09/30/2024						
16729-0072-12		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 150 MG	60	EA		PO	EA	50	MG	3	01/01/2025	99/99/9999						
16729-0073-29		None		06/15/2015	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	06/15/2015	09/30/2024						
16729-0073-29		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 500 MG	120	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
16729-0094-01		J7517		05/05/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	05/05/2009	99/99/9999						
16729-0094-16		J7517		05/05/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA		PO	EA	250	MG	1	05/05/2009	99/99/9999						
16729-0129-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	02/28/2017	99/99/9999						
16729-0129-54		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	02/28/2017	99/99/9999						
16729-0130-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	02/28/2017	99/99/9999						
16729-0130-54		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	02/28/2017	99/99/9999						
16729-0131-30		J9185		11/14/2022	04/30/2024	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (SDV,PF,LATEX-FREE) 25 MG/1 ML	2	ML		IV	ML	50	MG	0.5	11/14/2022	04/30/2024						
16729-0189-29		J7518		09/07/2017	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (DELAYED RELEASE) 360 MG	120	EA	BO	PO	EA	180	MG	2	09/07/2017	99/99/9999						
16729-0223-61		J9330		08/13/2018	99/99/9999	INJECTION, TEMSIROLIMUS, 1 MG	TEMSIROLIMUS (WITH DILUENT) 25 MG/1 ML	1	ML	VL	IV	ML	1	MG	25	08/13/2018	99/99/9999						
16729-0224-05		J0894		03/03/2017	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	03/03/2017	99/99/9999						
16729-0229-03		J9305		05/25/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IV	EA	10	MG	10	05/25/2022	99/99/9999						
16729-0230-11		J9305		05/25/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	10	MG	50	05/25/2022	99/99/9999						
16729-0240-03		J1453		10/19/2020	08/31/2022	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (1X150GM;SDV,PF) 150 MG	1	EA	VL	IV	EA	1	MG	150	10/19/2020	08/31/2022						
16729-0242-31		J3489		10/04/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	10/04/2017	99/99/9999						
16729-0243-31		J9351		07/01/2020	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG	TOPOTECAN (1X4ML;MDV) 1 MG/1 ML	4	ML	VL	IV	ML	0.1	MG	10	07/01/2020	99/99/9999						
16729-0251-05		J9033		12/05/2022	99/99/9999	INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG	BENDAMUSTINE HYDROCHLORIDE (SDV,PF,LATEX-FREE) 100 MG	1	EA		IV	EA	1	MG	100	12/05/2022	99/99/9999						
16729-0259-38		J1327		02/01/2018	03/31/2020	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	02/01/2018	03/31/2020						
16729-0260-03		J1327		02/01/2018	10/31/2020	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	02/01/2018	10/31/2020						
16729-0260-38		J1327		02/01/2018	11/30/2020	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE 2 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.4	02/01/2018	11/30/2020						
16729-0261-29		J7518		09/07/2017	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (DELAYED RELEASE) 180 MG	120	EA	BO	PO	EA	180	MG	1	09/07/2017	99/99/9999						
16729-0275-67		J0583		11/01/2018	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	11/01/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16729-0288-11		J9060		12/07/2016	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	12/07/2016	99/99/9999						
16729-0288-38		J9060		12/07/2016	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (LATEX-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.1	12/07/2016	99/99/9999						
16729-0295-12		J9045		09/14/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	60	ML	VL	IV	ML	50	MG	0.2	09/14/2017	99/99/9999						
16729-0295-31		J9045		09/14/2017	03/31/2024	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	5	ML	VL	IV	ML	50	MG	0.2	09/14/2017	03/31/2024						
16729-0295-33		J9045		09/14/2017	04/30/2024	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	15	ML	VL	IV	ML	50	MG	0.2	09/14/2017	04/30/2024						
16729-0295-34		J9045		09/14/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	09/14/2017	99/99/9999						
16729-0297-83		J2405		10/08/2016	02/29/2020	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (5X2ML,SINGLE DOSE) 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	10/08/2016	02/29/2020						
16729-0298-05		J2405		10/08/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	10/08/2016	99/99/9999						
16729-0306-10		J9025		01/01/2019	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (PF,LYOPHILIZED) 100 MG	1	EA	VL	IJ	EA	1	MG	100	01/01/2019	99/99/9999						
16729-0310-08		J2501		03/15/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (SDV) 0.002 MG/1 ML	1	ML	VL	IV	ML	1	MCG	2	03/15/2016	99/99/9999						
16729-0311-08		J2501		03/15/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (SDV) 0.005 MG/1 ML	1	ML	VL	IV	ML	1	MCG	5	03/15/2016	99/99/9999						
16729-0311-93		J2501		03/15/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (MDV) 0.005 MG/1 ML	2	ML	VL	IV	ML	1	MCG	5	03/15/2016	99/99/9999						
16729-0332-03		J9263		05/01/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	05/01/2018	99/99/9999						
16729-0332-05		J9263		05/01/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	05/01/2018	99/99/9999						
16729-0351-92		J0594		06/27/2019	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SINGLE-USE) 6 MG/1 ML	10	ML	CT	IV	ML	1	MG	6	06/27/2019	99/99/9999						
16729-0364-68		J3243		03/04/2019	12/31/2022	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (PF,LYOPHILIZED) 50 MG	10	EA	VL	IV	EA	1	MG	50	03/04/2019	12/31/2022						
16729-0364-68		J3244		01/01/2023	05/13/2024	INJECTION, TIGECYCLINE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J3243, 1 MG	TIGECYCLINE (PF,LYOPHILIZED) 50 MG	10	EA	VL	IV	EA	1	MG	50	01/01/2023	05/13/2024						
16729-0365-66		J2469		03/23/2018	11/30/2022	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/23/2018	11/30/2022						
16729-0391-30		J9196		04/01/2023	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG	GEMCITABINE 100 MG/1 ML	2	ML	VL	IV	ML	200	MG	0.5	04/01/2023	99/99/9999						
16729-0391-30		J9201		01/15/2018	03/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	2	ML	VL	IV	ML	200	MG	0.5	01/15/2018	03/31/2023						
16729-0419-03		J9196		04/01/2023	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG	GEMCITABINE 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	04/01/2023	99/99/9999						
16729-0419-03		J9201		01/15/2018	03/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	01/15/2018	03/31/2023						
16729-0423-33		J9196		04/01/2023	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG	GEMCITABINE 100 MG/1 ML	15	ML	VL	IV	ML	200	MG	0.5	04/01/2023	99/99/9999						
16729-0423-33		J9201		01/15/2018	03/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	15	ML	VL	IV	ML	200	MG	0.5	01/15/2018	03/31/2023						
16729-0426-05		J9196		04/01/2023	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG	GEMCITABINE 100 MG/1 ML	20	ML	VL	IV	ML	200	MG	0.5	04/01/2023	99/99/9999						
16729-0426-05		J9201		01/15/2018	03/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	20	ML	VL	IV	ML	200	MG	0.5	01/15/2018	03/31/2023						
16729-0430-11		J0883		09/27/2021	12/31/2022	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	1	MG	1	09/27/2021	12/31/2022						
16729-0430-11		J0891		01/01/2023	99/99/9999	INJECTION, ARGATROBAN (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J0883, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	1	MG	1	01/01/2023	99/99/9999						
16729-0430-43		J0883		09/27/2021	12/31/2022	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	1	MG	1	09/27/2021	12/31/2022						
16729-0430-43		J0891		01/01/2023	99/99/9999	INJECTION, ARGATROBAN (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J0883, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	1	MG	1	01/01/2023	99/99/9999						
16729-0434-05		J0878		07/12/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IV	EA	1	MG	350	07/12/2019	99/99/9999						
16729-0434-45		J0878		02/12/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	10	EA	VL	IV	EA	1	MG	350	02/12/2020	99/99/9999						
16729-0435-05		J0878		06/27/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	06/27/2019	99/99/9999						
16729-0464-08		J2370		03/05/2022	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (25X1ML;USP,PF) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	03/05/2022	06/30/2023						
16729-0464-08		J2371		07/01/2023	11/30/2023	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (25X1ML;USP,PF) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	07/01/2023	11/30/2023						
16729-0465-03		J2370		03/05/2022	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (10X5ML;USP,PF) 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	03/05/2022	06/30/2023						
16729-0465-03		J2371		07/01/2023	11/30/2023	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (10X5ML;USP,PF) 10 MG/1 ML	5	ML	VL	IV	ML	20	MCG	500	07/01/2023	11/30/2023						
16729-0466-03		J2370		03/05/2022	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (1X10ML;USP,PF) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	03/05/2022	06/30/2023						
16729-0466-03		J2371		07/01/2023	11/30/2023	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (1X10ML;USP,PF) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	11/30/2023						
16729-0471-08		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (25X1ML;SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
16729-0471-08		J7643		12/01/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X1ML;SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	12/01/2020	12/31/2023						
16729-0471-08	KO	J7643	KO	12/01/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X1ML;SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	12/01/2020	12/31/2023						
16729-0472-08		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (25X2ML;SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
16729-0472-08		J7643		12/01/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X2ML;SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	12/01/2020	12/31/2023						
16729-0472-08	KO	J7643	KO	12/01/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X2ML;SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	12/01/2020	12/31/2023						
16729-0473-03		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (10X5ML;MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
16729-0473-03		J7643		12/01/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (10X5ML;MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	12/01/2020	12/31/2023						
16729-0473-03	KO	J7643	KO	12/01/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (10X5ML;MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	12/01/2020	12/31/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16729-0474-03		J1596		01/01/2024	04/30/2024	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (10X20ML;MDV,LATEX-FREE) 0.2 MG/1 ML	20	ML		IJ	ML	0.1	MG	2	01/01/2024	04/30/2024						
16729-0474-03		J7643		12/01/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (10X20ML;MDV,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	12/01/2020	12/31/2023						
16729-0474-03	KO	J7643	KO	12/01/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (10X20ML;MDV,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	12/01/2020	12/31/2023						
16729-0474-05		J1596		01/01/2024	04/30/2024	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (LATEX-FREE) 0.2 MG/1 ML	20	ML		IJ	ML	0.1	MG	2	01/01/2024	04/30/2024						
16729-0474-05		J7643		12/01/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	12/01/2020	12/31/2023						
16729-0474-05	KO	J7643	KO	12/01/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	12/01/2020	12/31/2023						
16729-0486-01		None		08/24/2020	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE (USP,UNCOATED) 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	08/24/2020	99/99/9999						
16729-0493-03		J0330		08/01/2021	02/29/2024	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (1X10ML;MDV,LATEX-FREE) 20 MG/1 ML	10	ML		IJ	ML	20	MG	1	08/01/2021	02/29/2024						
16729-0493-45		J0330		03/20/2021	02/29/2024	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (10X10ML;MDV,LATEX-FREE) 20 MG/1 ML	10	ML	CT	IJ	ML	20	MG	1	03/20/2021	02/29/2024						
16729-0500-08		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE 25X2ML;SDV;USP 10 MG/1 ML	2	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
16729-0500-08		J1940		04/01/2021	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (25X2ML;SDV;USP,PF) 10 MG/1 ML	2	ML	VL	IJ	ML	20	MG	0.5	04/01/2021	03/31/2025						
16729-0501-43		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE 10X4ML;SDV;USP 10 MG/1 ML	4	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
16729-0501-43		J1940		04/01/2021	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (10X4ML;SDV;USP,PF) 10 MG/1 ML	4	ML	VL	IJ	ML	20	MG	0.5	04/01/2021	03/31/2025						
16729-0502-43		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE 10X10ML;SDV;USP 10 MG/1 ML	10	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
16729-0502-43		J1940		04/01/2021	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (10X10ML;SDV;USP,PF) 10 MG/1 ML	10	ML	VL	IJ	ML	20	MG	0.5	04/01/2021	03/31/2025						
16729-0512-43		J0461		03/19/2021	99/99/9999	INJECTION, ATROPINE SULFATE, 0.01 MG	ATROPINE SULFATE (10X20ML;MDV;USP) 0.4 MG/1 ML	20	ML	BX	IJ	ML	0.01	MG	40	03/19/2021	99/99/9999						
16729-0525-08		J0461		01/01/2020	09/30/2025	INJECTION, ATROPINE SULFATE, 0.01 MG	ATROPINE SULFATE (SDV, USP,PF,LATEX-FREE) 0.4 MG/1 ML	1	ML	VL	IJ	ML	0.01	MG	40	01/01/2020	09/30/2025						
16729-0525-08		J0462		10/01/2025	99/99/9999	INJECTION, ATROPINE SULFATE, NOT THERAPEUTICALLY EQUIVALENT TO J0461, 0.01 MG	ATROPINE SULFATE SDV, USP 0.4 MG/1 ML	1	ML		IJ	ML	0.01	MG	40	10/01/2025	99/99/9999						
16729-0533-03		J3420		04/06/2022	01/17/2025	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	DODEX (MDV) 1000 MCG/1 ML	10	ML	VL	IJ	ML	1000	MCG	1	04/06/2022	01/17/2025						
16729-0533-08		J3420		04/06/2022	01/17/2025	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	DODEX (MDV) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	04/06/2022	01/17/2025						
16729-0533-10		J3420		04/06/2022	01/17/2025	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	DODEX (MDV) 1000 MCG/1 ML	30	ML	VL	IJ	ML	1000	MCG	1	04/06/2022	01/17/2025						
16729-0545-63		J9052		01/01/2024	04/30/2024	INJECTION, CARMUSTINE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9050, 100 MG	CARMUSTINE (W/DILUENT,PF,LATEX-FREE) 50 MG	1	EA		IV	EA	100	MG	0.5	01/01/2024	04/30/2024						
16729-0548-63		J9052		01/01/2024	05/13/2024	INJECTION, CARMUSTINE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9050, 100 MG	CARMUSTINE (W/DILUENT,PF,LATEX-FREE) 300 MG	1	EA		IV	EA	100	MG	3	01/01/2024	05/13/2024						
16729-0550-10		J0574		12/16/2020	99/99/9999	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE	BUPRENORPHINE-NALOXONE (LEMON,UNCOATED) 8 MG-2 MG	30	EA	BO	SL	EA	8	MG	1	12/16/2020	99/99/9999						
17271-0700-02		A4216		07/01/2019	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LATEX-FREE) 0.45%	50	ML		IV	ML	10	ML	0.1	07/01/2019	99/99/9999						
17271-0700-03		A4216		07/01/2019	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LATEX-FREE) 0.45%	100	ML		IV	ML	10	ML	0.1	07/01/2019	99/99/9999						
17271-0700-05		A4216		07/01/2019	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LATEX-FREE) 0.45%	250	ML		IV	ML	10	ML	0.1	07/01/2019	99/99/9999						
17271-0700-06		A4216		07/01/2019	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LATEX-FREE) 0.45%	500	ML		IV	ML	10	ML	0.1	07/01/2019	99/99/9999						
17271-0701-02		J7040		12/01/2017	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	BD SODIUM CHLORIDE (FREEFLEX,PF,LATEX-FREE) 0.9%	50	ML		IV	ML	500	ML	0.002	12/01/2017	99/99/9999						
17271-0701-03		J7040		09/19/2017	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	BD SODIUM CHLORIDE (FREEFLEX,PF,LATEX-FREE) 0.9%	100	ML		IV	ML	500	ML	0.002	09/19/2017	99/99/9999						
17271-0701-05		J7040		09/19/2017	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	BD SODIUM CHLORIDE (FREEFLEX,PF,LATEX-FREE) 0.9%	250	ML		IV	ML	500	ML	0.002	09/19/2017	99/99/9999						
17271-0701-06		J7040		09/19/2017	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	BD SODIUM CHLORIDE (FREEFLEX,PF,LATEX-FREE) 0.9%	500	ML		IV	ML	500	ML	0.002	09/19/2017	99/99/9999						
17271-0701-07		J7040		09/19/2017	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	BD SODIUM CHLORIDE (FREEFLEX,PF,LATEX-FREE) 0.9%	1000	ML		IV	ML	500	ML	0.002	09/19/2017	99/99/9999						
17271-0703-06		J7131		06/01/2021	99/99/9999	HYPERTONIC SALINE SOLUTION, 1 ML	SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 3%	500	ML	FC	IV	ML	1	ML	1	06/01/2021	99/99/9999						
17271-0710-05		J7120		07/01/2019	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (FREEFLEX BAG)	250	ML		IV	ML	1000	ML	0.001	07/01/2019	99/99/9999						
17271-0710-06		J7120		07/01/2019	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (FREEFLEX BAG)	500	ML		IV	ML	1000	ML	0.001	07/01/2019	99/99/9999						
17271-0710-07		J7120		07/01/2019	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (FREEFLEX BAG)	1000	ML		IV	ML	1000	ML	0.001	07/01/2019	99/99/9999						
17271-0720-02		J7060		06/01/2021	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	BD DEXTROSE (FREEFLEX,LATEX-FREE) 5%	50	ML		IV	ML	500	ML	0.002	06/01/2021	99/99/9999						
17271-0720-03		J7060		06/01/2017	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	BD DEXTROSE (FREEFLEX,LATEX-FREE) 5%	100	ML		IV	ML	500	ML	0.002	06/01/2017	99/99/9999						
17271-0720-05		J7060		06/01/2017	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	BD DEXTROSE (FREEFLEX,LATEX-FREE) 5%	250	ML		IV	ML	500	ML	0.002	06/01/2017	99/99/9999						
17271-0720-06		J7060		06/01/2017	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	BD DEXTROSE (FREEFLEX,LATEX-FREE) 5%	500	ML		IV	ML	500	ML	0.002	06/01/2017	99/99/9999						
17271-0720-07		J7060		10/21/2016	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	BD DEXTROSE (FREEFLEX BAG,LATEX-FREE) 5%	1000	ML		IV	ML	500	ML	0.002	10/21/2016	99/99/9999						
17271-0721-05		A4216		06/01/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE (LATEX-FREE) 10%	250	ML	FC	IV	ML	10	ML	0.1	06/01/2021	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
17271-0721-06		A4216		06/01/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE (LATEX-FREE) 10%	500	ML	FC	IV	ML	10	ML	0.1	06/01/2021	99/99/9999						
17271-0721-07		A4216		06/01/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE (LATEX-FREE) 10%	1000	ML	FC	IV	ML	10	ML	0.1	06/01/2021	99/99/9999						
17271-0750-07		A4216		06/01/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER FOR INJECTION (PF,LATEX-FREE)	1000	ML	FC	IJ	ML	10	ML	0.1	06/01/2021	99/99/9999						
17478-0015-02		J0500		06/28/2019	02/23/2023	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE 10 MG/1 ML	2	ML	AM	IM	ML	20	MG	0.5	06/28/2019	02/23/2023						
17478-0040-01		J2060		09/21/2011	02/23/2023	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (S.D.V.) 2 MG/ML	1	ML	VL	IJ	ML	2	MG	1	09/21/2011	02/23/2023						
17478-0041-01		J2310		08/07/2017	02/23/2023	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (SDV,PF) 0.4 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.4	08/07/2017	02/23/2023						
17478-0042-10		J2310		08/14/2017	02/23/2023	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (MDV) 0.4 MG/1 ML	10	ML	VL	IJ	ML	1	MG	0.4	08/14/2017	02/23/2023						
17478-0081-30		J2795		06/08/2016	02/23/2023	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	IJ	ML	1	MG	5	06/08/2016	02/23/2023						
17478-0114-02		J3260		12/23/2015	12/17/2018	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (MDV;USP,LATEX-FREE) 40 MG/1 ML	2	ML	VL	IJ	ML	80	MG	0.5	12/23/2015	12/17/2018						
17478-0114-30		J3260		12/23/2015	12/17/2018	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (MDV;USP,LATEX-FREE) 40 MG/1 ML	30	ML	VL	IJ	ML	80	MG	0.5	12/23/2015	12/17/2018						
17478-0171-30		J7612		06/22/2015	02/23/2023	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	XOPENEX (PF) 1.25 MG/0.5 ML	30	EA	PC	IH	EA	0.5	MG	5	06/22/2015	02/23/2023						
17478-0172-24		J7614		04/21/2016	02/23/2023	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX PEDIATRIC (PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	04/21/2016	02/23/2023						
17478-0172-24	KO	J7614	KO	04/21/2016	02/23/2023	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX PEDIATRIC (PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	04/21/2016	02/23/2023						
17478-0173-24		J7614		12/15/2015	02/23/2023	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	12/15/2015	02/23/2023						
17478-0173-24	KO	J7614	KO	12/15/2015	02/23/2023	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	12/15/2015	02/23/2023						
17478-0174-24		J7614		10/20/2015	02/23/2023	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	10/20/2015	02/23/2023						
17478-0174-24	KO	J7614	KO	10/20/2015	02/23/2023	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	10/20/2015	02/23/2023						
17478-0181-20		J2515		06/03/2019	03/17/2022	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	NEMBUTAL NOVAPLUS (MDV;USP,LATEX-FREE) 50 MG/1 ML	20	ML	VL	IJ	ML	50	MG	1	06/03/2019	03/17/2022						
17478-0181-50		J2515		06/03/2019	03/17/2022	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	NEMBUTAL NOVAPLUS (MDV;USP,LATEX-FREE) 50 MG/1 ML	50	ML	VL	IJ	ML	50	MG	1	06/03/2019	03/17/2022						
17478-0340-38		J7682		09/11/2014	02/23/2023	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	09/11/2014	02/23/2023						
17478-0340-38	KO	J7682	KO	09/11/2014	02/23/2023	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	09/11/2014	02/23/2023						
17478-0380-20		J1230		11/13/2017	02/23/2023	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL 10 MG/1 ML	20	ML	VL	IJ	ML	10	MG	1	11/13/2017	02/23/2023						
17478-0538-02		J2360		10/01/2006	02/23/2023	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (10X2ML) 30 MG/ML	2	ML	VL	IJ	ML	60	MG	0.5	10/01/2006	02/23/2023						
17478-0660-30		J0132		06/24/2015	02/23/2023	INJECTION, ACETYLCYSTEINE, 100 MG	ACETYLCYSTEINE (SDV; 4X30ML,PF) 200 MG/ML	30	ML	VL	IV	ML	100	MG	2	06/24/2015	02/23/2023						
17478-0902-10		J1327		11/20/2017	02/23/2023	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	11/20/2017	02/23/2023						
17478-0902-90		J1327		11/20/2017	08/15/2019	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 2 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.4	11/20/2017	08/15/2019						
17478-0903-90		J1327		11/20/2017	02/23/2023	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	11/20/2017	02/23/2023						
17478-0931-01		J0636		02/28/2017	02/23/2023	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL (10 X 1ML) 1 MCG/1 ML	1	ML	AM	IV	ML	0.1	MCG	10	02/28/2017	02/23/2023						
17478-0934-01		J0360		12/31/2020	02/23/2023	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (USP) 20 MG/1 ML	1	ML	VL	IJ	ML	20	MG	1	12/31/2020	02/23/2023						
17478-0934-10		J0360		06/08/2022	02/23/2023	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (USP) 20 MG/1 ML	1	ML	VL	IJ	ML	20	MG	1	06/08/2022	02/23/2023						
17478-0953-02		J0153		08/01/2018	01/27/2022	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE NOVAPLUS (USP,SDV,PF,LATEX-FREE) 3 MG/1 ML	2	ML	VL	IV	ML	1	MG	3	08/01/2018	01/27/2022						
17714-0020-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
17714-0020-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
17714-0021-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
17714-0021-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999						
17714-0042-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	100	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
17714-0042-24		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICATION (CAPLET) 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
18657-0117-04		J3473		07/01/2015	99/99/9999	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	HYLENEX (4X1ML,SDV) 150 U/ML	1	ML	VL	U	ML	1	USP UNIT	150	07/01/2015	99/99/9999						
18860-0720-10		J2278		01/31/2011	12/01/2019	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X1ML,SINGLE-USE VIAL) 100 MCG/ML	1	ML	VL	IN	ML	1	MCG	100	01/31/2011	12/01/2019						
18860-0722-10		J2278		01/31/2011	12/01/2019	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X5ML,SINGLE-USE VIAL) 100 MCG/ML	1	ML	VL	IN	ML	1	MCG	100	01/31/2011	12/01/2019						
18860-0723-10		J2278		01/31/2011	10/08/2019	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X20ML,SINGLE-USE VIAL) 25 MCG/ML	1	ML	VL	IN	ML	1	MCG	25	01/31/2011	10/08/2019						
18864-0211-03		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SERABRINA LA FRANCE 50 MG/15 ML	480	ML	NA	PO	ML	50	MG	0.06666	01/01/2002	99/99/9999						
23155-0119-01		J8499		05/28/2013	04/30/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CALCITRIOL 0.5 MCG	100	EA	BO	PO	EA	1	MCG	1	05/28/2013	04/30/2020						
23155-0193-41		J0770		11/01/2021	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (USP,LYOPHILIZED) 150 MG	12	EA	VL	U	EA	150	MG	1	11/01/2021	99/99/9999						
23155-0196-43		J2405		06/12/2014	07/31/2020	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON 2 MG/ML	2	ML	VL	U	ML	1	MG	2	06/12/2014	07/31/2020						
23155-0229-01		J8499		05/01/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA		PO	EA	1	EA	1	05/01/2018	99/99/9999						
23155-0229-05		J8499		05/01/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500	EA		PO	EA	1	EA	1	05/01/2018	99/99/9999						
23155-0258-31		J0153		08/02/2021	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	08/02/2021	99/99/9999						
23155-0258-32		J0153		08/02/2021	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	30	ML	VL	IV	ML	1	MG	3	08/02/2021	99/99/9999						
23155-0264-41		J1200		08/04/2025	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL 50 MG/1 ML	1	ML	VL	U	ML	50	MG	1	08/04/2025	99/99/9999						
23155-0294-41		J0780		01/09/2017	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	U	ML	10	MG	0.5	01/09/2017	99/99/9999						
23155-0313-31		J1120		02/15/2022	99/99/9999	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	ACETAZOLAMIDE (USP,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	02/15/2022	99/99/9999						
23155-0326-31		J1742		05/13/2024	99/99/9999	INJECTION, IBUTILIDE FUMARATE, 1 MG	IBUTILIDE FUMARATE (SDV,PF,LATEX-FREE) 0.1 MG/1 ML	10	ML	VL	IV	ML	1	MG	0.1	05/13/2024	99/99/9999						
23155-0345-41		J2704		07/01/2024	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (PF,LATEX-FREE) 10 MG/1 ML	20	ML	VL	IV	ML	10	MG	1	07/01/2024	99/99/9999						
23155-0345-42		J2704		02/14/2022	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (20X50ML;USP,PF) 10 MG/1 ML	50	ML	VL	IV	ML	10	MG	1	02/14/2022	99/99/9999						
23155-0345-43		J2704		02/14/2022	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (10X100ML;USP,PF) 10 MG/1 ML	100	ML	VL	IV	ML	10	MG	1	02/14/2022	99/99/9999						
23155-0345-44		J2704		03/07/2022	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (20X20ML;USP,PF) 10 MG/1 ML	20	ML	VL	IV	ML	10	MG	1	03/07/2022	99/99/9999						
23155-0355-41		J9245		05/27/2025	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 50 MG	MELPHALAN HYDROCHLORIDE W/ DILUENT,FREEZE-DRIED 50 MG	1	EA		IV	EA	50	MG	1	05/27/2025	99/99/9999						
23155-0473-41		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	2	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
23155-0473-41		J1940		12/08/2014	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	12/08/2014	03/31/2025						
23155-0473-42		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	4	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
23155-0473-42		J1940		12/08/2014	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	4	ML	VL	IJ	ML	20	MG	0.5	12/08/2014	03/31/2025						
23155-0473-44		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	10	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
23155-0473-44		J1940		12/08/2014	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	10	ML	VL	IJ	ML	20	MG	0.5	12/08/2014	03/31/2025						
23155-0485-51		J8499		06/23/2021	09/30/2023	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (BANANA) 200 MG/5 ML	473	ML	BO	PO	ML	1	EA	1	06/23/2021	09/30/2023						
23155-0517-41		J2710		06/10/2024	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (MDV,LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	06/10/2024	99/99/9999						
23155-0518-41		J2710		06/10/2024	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (MDV,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	06/10/2024	99/99/9999						
23155-0521-41		J1940		08/01/2015	10/11/2019	INJECTION, FUROSEMIDE, UP TO 20 MG	PREMIERPRO RX FUROSEMIDE (SDV) 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	08/01/2015	10/11/2019						
23155-0521-42		J1940		08/01/2015	10/11/2019	INJECTION, FUROSEMIDE, UP TO 20 MG	PREMIERPRO RX FUROSEMIDE (SDV) 10 MG/ML	4	ML	VL	IJ	ML	20	MG	0.5	08/01/2015	10/11/2019						
23155-0521-44		J1940		08/01/2015	10/11/2019	INJECTION, FUROSEMIDE, UP TO 20 MG	PREMIERPRO RX FUROSEMIDE (SDV) 10 MG/ML	10	ML	VL	IJ	ML	20	MG	0.5	08/01/2015	10/11/2019						
23155-0547-41		J2405		11/01/2015	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,PF) 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	11/01/2015	99/99/9999						
23155-0547-42		J2405		11/01/2015	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,PF) 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	11/01/2015	99/99/9999						
23155-0549-31		J2405		11/01/2015	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	11/01/2015	99/99/9999						
23155-0594-31		J0289		06/30/2025	99/99/9999	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	AMPHOTERICIN B LIPOSOME SDV,LYOPHILIZED 50 MG	1	EA		IV	EA	10	MG	5	06/30/2025	99/99/9999						
23155-0600-41		J2250		01/30/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV) 1 MG/1 ML	2	ML	VL	IJ	ML	1	MG	1	01/30/2017	99/99/9999						
23155-0601-41		J2250		01/30/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (MDV) 5 MG/1 ML	5	ML	VL	IJ	ML	1	MG	5	01/30/2017	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
23155-0601-42		J2250		01/30/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (MDV) 5 MG/1 ML	10	ML	VL	IJ	ML	1	MG	5	01/30/2017	99/99/9999						
23155-0620-41		J2371		08/07/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (PF,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	08/07/2023	99/99/9999						
23155-0649-41		J9050		02/26/2020	99/99/9999	INJECTION, CARMUSTINE, 100 MG	CARMUSTINE (LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	100	MG	1	02/26/2020	99/99/9999						
23155-0663-01		J8499		06/20/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CALCITRIOL (SOFTGEL) 0.5 MCG	100	EA		PO	EA	1	EA	1	06/20/2018	99/99/9999						
23155-0685-31		J2354		08/01/2019	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 200 MCG/1 ML	5	ML	VL	IJ	ML	25	MCG	8	08/01/2019	99/99/9999						
23155-0686-31		J2354		08/01/2019	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 1000 MCG/1 ML	5	ML	VL	IJ	ML	25	MCG	40	08/01/2019	99/99/9999						
23155-0687-41		J2354		11/14/2022	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,PF,LATEX-FREE) 50 MCG/1 ML	1	ML	VL	IJ	ML	25	MCG	2	11/14/2022	99/99/9999						
23155-0688-41		J2354		11/14/2022	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,PF,LATEX-FREE) 100 MCG/1 ML	1	ML	VL	IJ	ML	25	MCG	4	11/14/2022	99/99/9999						
23155-0689-41		J2354		11/14/2022	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,PF,LATEX-FREE) 500 MCG/1 ML	1	ML	VL	IJ	ML	25	MCG	20	11/14/2022	99/99/9999						
23155-0748-41		J2545		05/20/2021	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE (PF,LATEX-FREE) 300 MG	10	EA	VL	IJ	EA	300	MG	1	05/20/2021	99/99/9999						
23155-0748-41	KO	J2545	KO	05/20/2021	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE (PF,LATEX-FREE) 300 MG	10	EA	VL	IJ	EA	300	MG	1	05/20/2021	99/99/9999						
23155-0785-41		J0278		04/01/2021	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE NOVAPLUS (10X2ML;SDV,PF) 250 MG/1 ML	2	ML	VL	IJ	ML	100	MG	2.5	04/01/2021	99/99/9999						
23155-0786-41		J0278		04/01/2021	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE NOVAPLUS (10X4ML;SDV,PF) 250 MG/1 ML	4	ML	VL	IJ	ML	100	MG	2.5	04/01/2021	99/99/9999						
23155-0790-41		J9050		07/06/2021	99/99/9999	INJECTION, CARMUSTINE, 100 MG	CARMUSTINE NOVAPLUS (W/DILUENT,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	100	MG	1	07/06/2021	99/99/9999						
23155-0799-01		Q0175		11/21/2022	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 2 MG	100	EA	BO	PO	EA	4	MG	0.5	11/21/2022	99/99/9999						
23155-0800-01		Q0175		11/21/2022	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 4 MG	100	EA	BO	PO	EA	4	MG	1	11/21/2022	99/99/9999						
23155-0801-01		Q0175		11/21/2022	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 8 MG	100	EA	BO	PO	EA	4	MG	2	11/21/2022	99/99/9999						
23155-0802-01		Q0175		11/21/2022	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 16 MG	100	EA	BO	PO	EA	4	MG	4	11/21/2022	99/99/9999						
23155-0804-01		Q0161		09/18/2023	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (COATED) 25 MG	100	EA	BO	PO	EA	5	MG	5	09/18/2023	99/99/9999						
23155-0823-73		J8515		07/01/2022	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8	EA	BO	PO	EA	0.25	MG	2	07/01/2022	99/99/9999						
23155-0830-01		J7517		09/12/2022	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	09/12/2022	99/99/9999						
23155-0830-05		J7517		09/12/2022	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	BO	PO	EA	250	MG	1	09/12/2022	99/99/9999						
23155-0836-01		J7517		12/19/2022	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (USP,FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	12/19/2022	99/99/9999						
23155-0836-05		J7517		12/19/2022	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (USP,FILM-COATED) 500 MG	500	EA	BO	PO	EA	250	MG	2	12/19/2022	99/99/9999						
23155-0837-30		J7515		12/19/2022	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE, MODIFIED (SOFT GELATIN) 25 MG	30	EA	BX	PO	EA	25	MG	1	12/19/2022	99/99/9999						
23155-0838-30		J7515		12/19/2022	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE, MODIFIED (SOFT GELATIN) 50 MG	30	EA	BX	PO	EA	25	MG	2	12/19/2022	99/99/9999						
23155-0839-30		J7502		12/19/2022	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE, MODIFIED (SOFT GELATIN) 100 MG	30	EA	BX	PO	EA	100	MG	1	12/19/2022	99/99/9999						
23155-0848-51		J7517		09/25/2023	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (USP,PF,LATEX-FREE) 200 MG/1 ML	160	ML		PO	ML	250	MG	0.8	09/25/2023	99/99/9999						
23155-0857-03		J8999		07/19/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ANASTROZOLE 1 MG	30	EA	BO	PO	EA	1	EA	1	07/19/2023	99/99/9999						
23155-0857-05		J8999		07/19/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ANASTROZOLE 1 MG	500	EA	BO	PO	EA	1	EA	1	07/19/2023	99/99/9999						
23155-0857-09		J8999		07/19/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ANASTROZOLE 1 MG	90	EA	BO	PO	EA	1	EA	1	07/19/2023	99/99/9999						
23155-0869-41		J9017		08/07/2023	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	08/07/2023	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
23155-0870-41		J9017		08/07/2023	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (SDV,PF,LATEX-FREE) 2 MG/1 ML	6	ML	VL	IV	ML	1	MG	2	08/07/2023	99/99/9999						
23155-0882-31		J9267		11/20/2023	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	11/20/2023	99/99/9999						
23155-0883-31		J9267		11/20/2023	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	11/20/2023	99/99/9999						
23155-0884-31		J9267		11/20/2023	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	11/20/2023	99/99/9999						
23155-0903-31		J9171		02/03/2025	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL SDV 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	02/03/2025	99/99/9999						
23155-0904-31		J9171		02/03/2025	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL SDV 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	02/03/2025	99/99/9999						
23155-0905-31		J9171		02/03/2025	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL SDV 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	02/03/2025	99/99/9999						
23155-0906-41		J2290		05/27/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN 1 GM	10	EA		IJ	EA	20	MG	50	05/27/2025	99/99/9999						
23155-0907-41		J2290		05/27/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN 2 GM	10	EA		IJ	EA	20	MG	100	05/27/2025	99/99/9999						
23155-0909-41		J3290		10/01/2025	99/99/9999	INJECTION, TRANEXAMIC ACID, 5 MG	TRANEXAMIC ACID SD 100 MG/1 ML	10	ML		IV	ML	5	MG	20	10/01/2025	99/99/9999						
23155-0910-41		J3290		10/01/2025	99/99/9999	INJECTION, TRANEXAMIC ACID, 5 MG	TRANEXAMIC ACID SDV 100 MG/1 ML	10	ML		IV	ML	5	MG	20	10/01/2025	99/99/9999						
23155-0915-41		J0290		05/08/2025	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN USP 500 MG	10	EA	VL	IJ	EA	500	MG	1	05/08/2025	99/99/9999						
23155-0916-41		J0290		05/08/2025	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN USP 1 GM	10	EA	VL	IJ	EA	500	MG	2	05/08/2025	99/99/9999						
23155-0917-41		J0290		05/08/2025	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN USP 2 GM	10	EA	VL	IJ	EA	500	MG	4	05/08/2025	99/99/9999						
23155-0927-51		J7510		05/15/2025	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE WILD CHERRY 15 MG/5 ML	240	ML		PO	ML	5	MG	0.6	05/15/2025	99/99/9999						
23155-0927-52		J7510		05/15/2025	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE WILD CHERRY 15 MG/5 ML	480	ML		PO	ML	5	MG	0.6	05/15/2025	99/99/9999						
23535-0608-61		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE	1	EA	NA	NA	GM	500	MG	2	01/01/2002	99/99/9999						
23535-0608-68		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE	1	EA	NA	NA	GM	500	MG	2	01/01/2002	99/99/9999						
24201-0002-01		J0652		04/01/2024	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J0650, 10 MCG	LEVOTHYROXINE SODIUM (SDV,PF,LATEX-FREE) 100 MCG/1 ML	1	ML		IV	ML	10	MCG	10	04/01/2024	99/99/9999						
24201-0010-20		J2515		02/23/2018	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (MDV,LATEX-FREE) 50 MG/1 ML	20	ML	VL	IJ	ML	50	MG	1	02/23/2018	99/99/9999						
24201-0010-50		J2515		03/13/2018	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (MDV,LATEX-FREE) 50 MG/1 ML	50	ML	VL	IJ	ML	50	MG	1	03/13/2018	99/99/9999						
24201-0101-04		J9357		04/23/2019	99/99/9999	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	VALRUBICIN (4X5ML;SDV,PF) 40 MG/1 ML	5	ML	VL	IL	ML	200	MG	0.2	04/23/2019	99/99/9999						
24201-0400-02		J0630		05/14/2021	99/99/9999	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	CALCITONIN-SALMON 200 IU/1 ML	2	ML	VL	IJ	ML	400	IU	0.5	05/14/2021	99/99/9999						
24201-0585-10		J0500		10/07/2019	11/01/2021	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HCL (10X2ML;SDV) 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	10/07/2019	11/01/2021						
24208-0002-02		J3471		09/22/2015	08/16/2023	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)	VITRASE (OVINE, SDV,PF) 200 U/1 ML	1.2	ML	VL	SC	ML	1	USP UNIT	200	09/22/2015	08/16/2023						
24338-0018-01		J7514		01/01/2025	99/99/9999	MYCOPHENOLATE MOFETIL (MYHIBBIN), ORAL SUSPENSION, 100 MG	MYHIBBIN RASPBERRY 200 MG/1 ML	175	ML	BO	PO	ML	100	MG	2	01/01/2025	99/99/9999						
24338-0055-01		J1071		12/02/2024	03/31/2025	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	AZMIRO SD PREFILLED SYRINGE 200 MG/1 ML	1	ML	SY	IM	ML	1	MG	200	12/02/2024	03/31/2025						
24338-0055-01		J1072		04/01/2025	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE (AZMIRO), 1 MG	AZMIRO SD PREFILLED SYRINGE 200 MG/1 ML	1	ML		IM	ML	1	MG	200	04/01/2025	99/99/9999						
24338-0150-20		J3315		09/25/2017	12/31/2018	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRIPTODUR (LYOPHILIZED) 22.5 MG	1	EA	VL	IM	EA	3.75	MG	6	09/25/2017	12/31/2018						
24338-0150-20		J3316		01/01/2019	99/99/9999	INJECTION, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG	TRIPTODUR (LYOPHILIZED) 22.5 MG	1	EA	VL	IM	EA	3.75	MG	6	01/01/2019	99/99/9999						
24357-0011-13		J0169		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE (ADRENALIN), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG	EPINEPHRINE PROFESSIONAL 1 MG/1 ML; 70%	1	EA		MR	EA	0.1	MG	10	07/01/2025	99/99/9999						
24385-0379-26		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL (CHERRY) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999						
24385-0479-78		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
24658-0706-32		Q0144		05/08/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,BANANA-CHERRY) 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	05/08/2020	99/99/9999						
24658-0708-34		Q0144		05/08/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,BANANA-CHERRY) 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	05/08/2020	99/99/9999						
24979-0160-44		J7518		03/04/2022	02/14/2025	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 180 MG	120	EA	BO	PO	EA	180	MG	1	03/04/2022	02/14/2025						
24979-0161-44		J7518		03/04/2022	02/14/2025	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	03/04/2022	02/14/2025						
24979-0710-51		J9264		04/07/2022	03/31/2023	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	PACLITAXEL PROTEIN-BOUND PARTICLES 100 MG	1	EA	VL	IV	EA	1	MG	100	04/07/2022	03/31/2023						
25021-0052-01		J1100		12/20/2024	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	DEXAMETHASONE SODIUM PHOSPHATE MDV 4 MG/1 ML	1	ML		IJ	ML	1	MG	4	12/20/2024	99/99/9999						
25021-0052-05		J1100		12/20/2024	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	DEXAMETHASONE SODIUM PHOSPHATE MDV 4 MG/1 ML	5	ML		IJ	ML	1	MG	4	12/20/2024	99/99/9999						
25021-0053-01		J1100		12/20/2024	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	DEXAMETHASONE SODIUM PHOSPHATE SDV 10 MG/1 ML	1	ML		IJ	ML	1	MG	10	12/20/2024	99/99/9999						
25021-0114-82		J0744		04/29/2022	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN IN DEXTROSE (PF,LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	04/29/2022	99/99/9999						
25021-0147-20		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL LYOPHILIZED 750 MG	10	EA		IV	EA	10	MG	75	07/01/2025	99/99/9999						
25021-0148-30		J3374		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	VANCOMYCIN HCL SDV,LYOPHILIZED 1.25 GM	10	EA		IV	EA	10	MG	125	07/01/2025	99/99/9999						
25021-0149-30		J3374		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	VANCOMYCIN HCL SDV,LYOPHILIZED 1.5 GM	10	EA		IV	EA	10	MG	150	07/01/2025	99/99/9999						
25021-0150-10		J3370		09/07/2023	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 500 MG	10	EA		IV	EA	500	MG	1	09/07/2023	06/30/2025						
25021-0150-10		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL LYOPHILIZED 500 MG	10	EA		IV	EA	10	MG	50	07/01/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
25021-0151-20		J3370		09/07/2023	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (10X1GM,PF,LATEX-FREE) 1 GM	10	EA		IV	EA	500	MG	2	09/07/2023	06/30/2025						
25021-0151-20		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL 10X1GM,LYOPHILIZED 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
25021-0154-51		J2540		01/31/2025	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM USP 20 Million U	1	EA	VL	IV	EA	600000	U	33.333333	01/31/2025	99/99/9999						
25021-0159-10		J0770		12/15/2014	09/30/2019	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (USP,LYOPHILIZED) 150 MG	1	EA	VL	IJ	EA	150	MG	1	12/15/2014	09/30/2019						
25021-0162-68		J2700		01/22/2019	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN NOVAPLUS (USP,PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	250	MG	8	01/22/2019	99/99/9999						
25021-0163-68		J2700		01/22/2019	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN NOVAPLUS (PHARMACY BULK PACKAGE) 10 GM	10	EA	BO	IV	EA	250	MG	40	01/22/2019	99/99/9999						
25021-0163-97		J2700		07/31/2020	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (PHARMACY BULK,PF) 10 GM	1	EA	BO	IV	EA	250	MG	40	07/31/2020	99/99/9999						
25021-0173-02		J0278		06/15/2016	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE 250 MG/1 ML	2	ML	VL	IJ	ML	100	MG	2.5	06/15/2016	99/99/9999						
25021-0173-04		J0278		06/15/2016	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE 250 MG/1 ML	4	ML	VL	IJ	ML	100	MG	2.5	06/15/2016	99/99/9999						
25021-0174-15		J0878		01/08/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	1	MG	500	01/08/2020	99/99/9999						
25021-0174-16		J0878		01/08/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	1	MG	500	01/08/2020	99/99/9999						
25021-0175-20		J2543		04/04/2022	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV,PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	04/04/2022	99/99/9999						
25021-0176-20		J2543		04/04/2022	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV,PF,LATEX-FREE) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	04/04/2022	99/99/9999						
25021-0177-50		J2543		04/04/2022	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV,PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	04/04/2022	99/99/9999						
25021-0179-15		J0878		06/15/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IV	EA	1	MG	350	06/15/2018	99/99/9999						
25021-0179-16		J0878		06/15/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	10	EA	VL	IV	EA	1	MG	350	06/15/2018	99/99/9999						
25021-0179-66		J0878		07/22/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN NOVAPLUS (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IV	EA	1	MG	350	07/22/2020	99/99/9999						
25021-0179-67		J0878		07/06/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN NOVAPLUS (PF,LATEX-FREE) 350 MG	10	EA	VL	IV	EA	1	MG	350	07/06/2020	99/99/9999						
25021-0180-10		J0456		07/31/2025	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN LYOPHILIZED 500 MG	10	EA	VL	IV	EA	500	MG	1	07/31/2025	99/99/9999						
25021-0180-66		J0456		10/31/2024	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN NOVAPLUS LYOPHILIZED 500 MG	10	EA	VL	IV	EA	500	MG	1	10/31/2024	99/99/9999						
25021-0181-99		J2543		03/30/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PHARMACY BULK, USP,PF) 36 GM-4.5 GM	1	EA	VL	IV	EA	1.125	GM	36	03/30/2021	99/99/9999						
25021-0184-66		J1450		04/10/2020	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IN SODIUM CHLORIDE NOVAPLUS (10X100ML,PF,LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	04/10/2020	99/99/9999						
25021-0184-67		J1450		04/10/2020	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IN SODIUM CHLORIDE NOVAPLUS (10X200ML,PF,LATEX-FREE) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	04/10/2020	99/99/9999						
25021-0184-82		J1450		04/23/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (10X100ML,PF,LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	04/23/2018	99/99/9999						
25021-0184-87		J1450		04/23/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (10X200ML,PF,LATEX-FREE) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	04/23/2018	99/99/9999						
25021-0185-10		J1570		04/16/2018	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	GANCICLOVIR (PF) 50 MG/1 ML	10	ML	VL	IV	ML	500	MG	0.1	04/16/2018	99/99/9999						
25021-0185-11		J1570		01/15/2020	09/30/2023	INJECTION, GANCICLOVIR SODIUM, 500 MG	GANCICLOVIR (SDV,PF,LATEX-FREE) 50 MG/1 ML	10	ML	VL	IV	ML	500	MG	0.1	01/15/2020	09/30/2023						
25021-0186-20		J0295		04/23/2018	03/31/2021	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (USP, SDV,PF,LATEX-FREE) 1 GM-0.5 GM	10	EA	VL	IJ	EA	1.5	GM	1	04/23/2018	03/31/2021						
25021-0187-30		J0295		04/23/2018	03/31/2021	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (USP, SDV,PF,LATEX-FREE) 2 GM-1 GM	10	EA	VL	IJ	EA	1.5	GM	2	04/23/2018	03/31/2021						
25021-0188-99		J0295		04/23/2018	03/31/2021	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (PHARMACY BULK,USP,PF) 10 GM-5 GM	1	EA	VL	IV	EA	1.5	GM	10	04/23/2018	03/31/2021						
25021-0190-10		J2248		07/09/2021	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	1	MG	50	07/09/2021	99/99/9999						
25021-0190-11		J2248		10/21/2022	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (1X10,SDV,PF,LATEX-FREE) 50 MG	10	EA	VL	IV	EA	1	MG	50	10/21/2022	99/99/9999						
25021-0191-10		J2248		07/09/2021	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (PF,LATEX-FREE) 100 MG	1	EA	VL	IV	EA	1	MG	100	07/09/2021	99/99/9999						
25021-0191-11		J2248		10/21/2022	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (1X10,SDV,PF,LATEX-FREE) 100 MG	10	EA	VL	IV	EA	1	MG	100	10/21/2022	99/99/9999						
25021-0192-82		J0744		04/13/2023	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN IN DEXTROSE (PF,LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	04/13/2023	99/99/9999						
25021-0192-87		J0744		04/13/2023	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN IN DEXTROSE (PF,LATEX-FREE) 400 MG/200 ML	100	ML	FC	IV	ML	200	MG	0.01	04/13/2023	99/99/9999						
25021-0193-02		J2010		09/12/2023	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (MDV,LATEX-FREE) 300 MG/1 ML	2	ML		IJ	ML	300	MG	1	09/12/2023	99/99/9999						
25021-0193-10		J2010		09/12/2023	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (MDV,LATEX-FREE) 300 MG/1 ML	10	ML		IJ	ML	300	MG	1	09/12/2023	99/99/9999						
25021-0194-10		J0637		09/05/2023	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	5	MG	10	09/05/2023	99/99/9999						
25021-0195-10		J0637		09/05/2023	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (SDV,PF,LATEX-FREE) 70 MG	1	EA	VL	IV	EA	5	MG	14	09/05/2023	99/99/9999						
25021-0197-99		J0290		05/15/2025	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN PHARMACY BULK;USP 10 GM	1	EA	BO	IV	EA	500	MG	20	05/15/2025	99/99/9999						
25021-0198-99		J2290		05/15/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN BULK PACKAGE 10 GM	1	EA	VL	IV	EA	20	MG	500	05/15/2025	99/99/9999						
25021-0199-20		J1335		08/12/2025	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM SDV,LYOPHILIZED 1 GM	10	EA		IJ	EA	500	MG	2	08/12/2025	99/99/9999						
25021-0207-05		J9000		11/01/2013	09/30/2020	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV) 2 MG/ML	5	ML	VL	IV	ML	10	MG	0.2	11/01/2013	09/30/2020						
25021-0207-25		J9000		11/01/2013	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV) 2 MG/ML	25	ML	VL	IV	ML	10	MG	0.2	11/01/2013	99/99/9999						
25021-0207-51		J9000		11/01/2013	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	11/01/2013	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
25021-0215-98		J9190		09/29/2016	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.1	09/29/2016	99/99/9999						
25021-0215-99		J9190		09/29/2016	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.1	09/29/2016	99/99/9999						
25021-0219-20		J0894		12/07/2023	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	1	MG	50	12/07/2023	99/99/9999						
25021-0221-60		J9245		04/21/2017	04/30/2020	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	MELPHALAN HYDROCHLORIDE (W/10ML DILUENT,PF) 50 MG	1	EA	VL	IV	EA	50	MG	1	04/21/2017	04/30/2020						
25021-0223-20		J9100		07/11/2023	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (SDV,PF,LATEX-FREE) 100 MG/1 ML	20	ML		U	ML	100	MG	1	07/11/2023	99/99/9999						
25021-0226-10		J9017		04/10/2023	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (10X10ML;SDV,PF) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	04/10/2023	99/99/9999						
25021-0227-06		J9017		04/10/2023	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (10X6ML;SDV,PF) 2 MG/1 ML	6	ML	VL	IV	ML	1	MG	2	04/10/2023	99/99/9999						
25021-0229-05		J9100		07/11/2023	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (SDV,PF,LATEX-FREE) 20 MG/1 ML	5	ML		U	ML	100	MG	0.2	07/11/2023	99/99/9999						
25021-0230-02		J9206		07/01/2014	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML,SINGLE DOSE,PF) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	07/01/2014	99/99/9999						
25021-0230-05		J9206		07/01/2014	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML,SINGLE DOSE,PF) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	07/01/2014	99/99/9999						
25021-0231-20		J0894		09/07/2018	11/30/2024	INJECTION, DECITABINE, 1 MG	DECITABINE (PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	1	MG	50	09/07/2018	11/30/2024						
25021-0234-10		J9201		01/01/2015	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE HCL (SDV,USP,PF,LYOPHILIZED) 200 MG	1	EA	VL	IV	EA	200	MG	1	01/01/2015	99/99/9999						
25021-0235-50		J9201		01/01/2015	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE HCL (SDV,USP,PF,LYOPHILIZED) 1 GM	1	EA	VL	IV	EA	200	MG	5	01/01/2015	99/99/9999						
25021-0235-51		J9201		03/01/2023	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE HCL (SDV,USP,PF,LYOPHILIZED) 1 GM	10	EA	VL	IV	EA	200	MG	5	03/01/2023	99/99/9999						
25021-0236-04		J9351		01/01/2015	01/31/2021	INJECTION, TOPOTECAN, 0.1 MG	TOPOTECAN HCL (1X4ML,PF) 1 MG/ML	4	ML	VL	IV	ML	0.1	MG	10	01/01/2015	01/31/2021						
25021-0239-05		J9201		02/19/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	5.26	ML	VL	IV	ML	200	MG	0.19	02/19/2019	99/99/9999						
25021-0239-26		J9201		02/19/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	26.3	ML	VL	IV	ML	200	MG	0.19	02/19/2019	99/99/9999						
25021-0239-52		J9201		02/19/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	52.6	ML	VL	IV	ML	200	MG	0.19	02/19/2019	99/99/9999						
25021-0241-10		J0594		06/19/2017	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	06/19/2017	99/99/9999						
25021-0242-02		J9185		12/19/2016	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (1X2ML,SDV,USP,PF) 25 MG/1 ML	2	ML	VL	IV	ML	50	MG	0.5	12/19/2016	99/99/9999						
25021-0244-10		J9041		01/01/2023	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB (SDV,PF,LATEX-FREE) 3.5 MG	1	EA	VL	U	EA	0.1	MG	35	01/01/2023	99/99/9999						
25021-0244-10		J9044		05/02/2022	12/31/2022	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	BORTEZOMIB (SDV,PF,LATEX-FREE) 3.5 MG	1	EA	VL	U	EA	0.1	MG	35	05/02/2022	12/31/2022						
25021-0245-01		J9171		02/14/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SDV,PF,LATEX-FREE) 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	02/14/2018	99/99/9999						
25021-0245-04		J9171		02/14/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SDV,PF,LATEX-FREE) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	02/14/2018	99/99/9999						
25021-0247-50		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	5	MG	100	04/01/2024	99/99/9999						
25021-0248-51		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,PF,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	5	MG	200	04/01/2024	99/99/9999						
25021-0249-51		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,PF,LATEX-FREE) 2 GM	1	EA	VL	IV	EA	5	MG	400	04/01/2024	99/99/9999						
25021-0250-20		J9280		08/18/2023	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (USP,PF,LATEX-FREE) 5 MG	1	EA	VL	IV	EA	5	MG	1	08/18/2023	99/99/9999						
25021-0251-50		J9280		08/18/2023	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (USP,PF,LATEX-FREE) 20 MG	1	EA	VL	IV	EA	5	MG	4	08/18/2023	99/99/9999						
25021-0252-51		J9280		08/18/2023	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (USP,PF,LATEX-FREE) 40 MG	1	EA	VL	IV	EA	5	MG	8	08/18/2023	99/99/9999						
25021-0253-50		J9060		07/19/2023	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV,PF,LATEX-FREE) 1 MG/1 ML	50	ML		IV	ML	10	MG	0.1	07/19/2023	99/99/9999						
25021-0253-51		J9060		07/19/2023	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV,PF,LATEX-FREE) 1 MG/1 ML	100	ML		IV	ML	10	MG	0.1	07/19/2023	99/99/9999						
25021-0255-05		J9267		04/05/2024	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	04/05/2024	99/99/9999						
25021-0255-17		J9267		04/05/2024	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	04/05/2024	99/99/9999						
25021-0255-50		J9267		04/05/2024	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	04/05/2024	99/99/9999						
25021-0258-61		J9245		04/25/2024	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 50 MG	MELPHALAN HYDROCHLORIDE (W/10ML DILUENT,PF) 50 MG	1	EA	VL	IV	EA	50	MG	1	04/25/2024	99/99/9999						
25021-0259-50		J9261		08/30/2024	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE SDV 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	08/30/2024	99/99/9999						
25021-0259-51		J9261		08/30/2024	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE SDV 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	08/30/2024	99/99/9999						
25021-0260-10		J9305		01/13/2025	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED SDV,LYOPHILIZED 100 MG	1	EA	VL	IV	EA	10	MG	10	01/13/2025	99/99/9999						
25021-0261-50		J9305		01/13/2025	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED SDV,LYOPHILIZED 500 MG	1	EA	VL	IV	EA	10	MG	50	01/13/2025	99/99/9999						
25021-0262-10		J9041		06/10/2025	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB SDV,LYOPHILIZED 3.5 MG	1	EA	VL	U	EA	0.1	MG	35	06/10/2025	99/99/9999						
25021-0301-67		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (10X2ML,USP,PRF SYRINGE) 3 MG/ML	2	ML	SR	IV	ML	1	MG	3	01/01/2015	99/99/9999						
25021-0305-20		J1205		10/15/2015	99/99/9999	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	CHLOROTHIAZIDE SODIUM (USP, SDV,PF,LATEX-FREE) 0.5 GM	1	EA	VL	IV	EA	500	MG	1	10/15/2015	99/99/9999						
25021-0305-66		J1205		05/22/2020	99/99/9999	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	CHLOROTHIAZIDE SODIUM NOVAPLUS (USP, SDV,PF,LATEX-FREE) 0.5 GM	1	EA	VL	IV	EA	500	MG	1	05/22/2020	99/99/9999						
25021-0308-84		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	ESMOLOL HCL (PF,LATEX-FREE) 2500 MG/250 ML	250	ML		IV	ML	10	MG	1	07/01/2023	99/99/9999						
25021-0309-82		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	ESMOLOL HCL (DOUBLE STRENGTH,PF) 2000 MG/100 ML	100	ML		IV	ML	10	MG	2	07/01/2023	99/99/9999						
25021-0311-02		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV;USP 10 MG/1 ML	2	ML		U	ML	1	MG	10	04/01/2025	99/99/9999						
25021-0311-02		J1940		03/30/2021	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV;USP,PF,LATEX-FREE) 10 MG/1 ML	2	ML	VL	U	ML	20	MG	0.5	03/30/2021	03/31/2025						
25021-0311-04		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV;USP 10 MG/1 ML	4	ML		U	ML	1	MG	10	04/01/2025	99/99/9999						
25021-0311-04		J1940		03/30/2021	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV;USP,PF,LATEX-FREE) 10 MG/1 ML	4	ML	VL	U	ML	20	MG	0.5	03/30/2021	03/31/2025						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
25021-0311-10		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV;USP 10 MG/1 ML	10	ML		U	ML	1	MG	10	04/01/2025	99/99/9999						
25021-0311-10		J1940		03/30/2021	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV;USP,PF,LATEX-FREE) 10 MG/1 ML	10	ML	VL	U	ML	20	MG	0.5	03/30/2021	03/31/2025						
25021-0313-82		J2260		03/01/2021	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE IN DEXTROSE (PF,LATEX-FREE) 5%-20 MG/100 ML	100	ML	CT	IV	ML	5	MG	0.04	03/01/2021	99/99/9999						
25021-0315-01		J2370		11/12/2020	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (SDV;USP,PF,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	11/12/2020	06/30/2023						
25021-0315-01		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (SDV;USP,PF,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
25021-0315-98		J2370		11/12/2020	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (USP,PF,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	11/12/2020	06/30/2023						
25021-0315-98		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (USP,PF,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
25021-0315-99		J2370		11/12/2020	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (USP,PF,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	11/12/2020	06/30/2023						
25021-0315-99		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (USP,PF,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
25021-0317-20		J1920		07/01/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (USP,MDV,LATEX-FREE) 5 MG/1 ML	20	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						
25021-0317-40		J1920		07/01/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (USP,MDV,LATEX-FREE) 5 MG/1 ML	40	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						
25021-0318-02		J0153		04/11/2023	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (10X2ML,SDV,PF) 3 MG/1 ML	2	ML	VL	IV	ML	1	MG	3	04/11/2023	99/99/9999						
25021-0318-04		J0153		04/11/2023	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (10X4ML,SDV,PF) 3 MG/1 ML	4	ML	VL	IV	ML	1	MG	3	04/11/2023	99/99/9999						
25021-0319-05		J1163		07/01/2025	99/99/9999	INJECTION, DILTIAZEM HYDROCHLORIDE, 0.5 MG	DILTIAZEM HCL SDV 5 MG/1 ML	5	ML		IV	ML	0.5	MG	10	07/01/2025	99/99/9999						
25021-0319-10		J1163		07/01/2025	99/99/9999	INJECTION, DILTIAZEM HYDROCHLORIDE, 0.5 MG	DILTIAZEM HCL SDV 5 MG/1 ML	10	ML		IV	ML	0.5	MG	10	07/01/2025	99/99/9999						
25021-0319-25		J1163		07/01/2025	99/99/9999	INJECTION, DILTIAZEM HYDROCHLORIDE, 0.5 MG	DILTIAZEM HCL SDV 5 MG/1 ML	25	ML		IV	ML	0.5	MG	10	07/01/2025	99/99/9999						
25021-0320-02		J1938		07/25/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	2	ML	VL	U	ML	1	MG	10	07/25/2025	99/99/9999						
25021-0320-04		J1938		07/25/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	4	ML	VL	U	ML	1	MG	10	07/25/2025	99/99/9999						
25021-0320-10		J1938		07/25/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	10	ML	VL	U	ML	1	MG	10	07/25/2025	99/99/9999						
25021-0321-04		J1939		08/30/2024	99/99/9999	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE SDV 0.25 MG/1 ML	4	ML	VL	U	ML	0.5	MG	0.5	08/30/2024	99/99/9999						
25021-0321-10		J1939		10/16/2024	99/99/9999	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE MDV 0.25 MG/1 ML	10	ML	VL	U	ML	0.5	MG	0.5	10/16/2024	99/99/9999						
25021-0322-10		J2690		02/17/2025	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL 10X10ML,USP,MDV 100 MG/1 ML	10	ML		U	ML	1	GM	0.1	02/17/2025	99/99/9999						
25021-0400-68		J1644		07/01/2024	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (MDV,25X30ML,LATEX-FREE) 1000 U/1 ML	30	ML	VL	U	ML	1000	U	1	07/01/2024	99/99/9999						
25021-0402-01		J1644		07/06/2010	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 5000 U/ML	1	ML	VL	U	ML	1000	U	5	07/06/2010	99/99/9999						
25021-0408-51		J1327		09/17/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (PF,LATEX-FREE) 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	09/17/2018	99/99/9999						
25021-0409-10		J1327		09/17/2018	10/31/2022	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (PF,LATEX-FREE) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	09/17/2018	10/31/2022						
25021-0410-70		J1650		12/05/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SD,PF,LATEX-FREE) 30 MG/0.3 ML	0.3	ML	SY	SC	ML	10	MG	10	12/05/2023	99/99/9999						
25021-0410-71		J1650		12/05/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE DOSE,PF) 100 MG/1 ML	1	ML	SY	SC	ML	10	MG	10	12/05/2023	99/99/9999						
25021-0410-76		J1650		12/05/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SD,PF,LATEX-FREE) 40 MG/0.4 ML	0.4	ML	SY	SC	ML	10	MG	10	12/05/2023	99/99/9999						
25021-0410-77		J1650		12/05/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SD,PF,LATEX-FREE) 60 MG/0.6 ML	0.6	ML	SY	SC	ML	10	MG	10	12/05/2023	99/99/9999						
25021-0410-78		J1650		12/05/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE DOSE,PF) 80 MG/0.8 ML	0.8	ML	SY	SC	ML	10	MG	10	12/05/2023	99/99/9999						
25021-0411-70		J1650		12/05/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE DOSE,PF) 120 MG/0.8 ML	0.8	ML	SY	SC	ML	10	MG	15	12/05/2023	99/99/9999						
25021-0411-71		J1650		12/05/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE DOSE,PF) 150 MG/1 ML	1	ML	SY	SC	ML	10	MG	15	12/05/2023	99/99/9999						
25021-0414-50		J0883		06/30/2021	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (SDV,PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	1	MG	1	06/30/2021	99/99/9999						
25021-0415-10		J3290		10/01/2025	99/99/9999	INJECTION, TRANEXAMIC ACID, 5 MG	TRANEXAMIC ACID SDV 100 MG/1 ML	10	ML		IV	ML	5	MG	20	10/01/2025	99/99/9999						
25021-0415-66		J3290		11/03/2025	99/99/9999	INJECTION, TRANEXAMIC ACID, 5 MG	PREMIERPRO RX TRANEXAMIC ACID SDV 100 MG/1 ML	10	ML	VL	IV	ML	5	MG	20	11/03/2025	99/99/9999						
25021-0460-01		J2597		03/25/2021	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (10X1ML;USP;SDV,PF) 4 MCG/1 ML	1	ML	VL	U	ML	1	MCG	4	03/25/2021	99/99/9999						
25021-0461-10		J2597		03/25/2021	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (MDV;USP,LATEX-FREE) 4 MCG/1 ML	10	ML	VL	U	ML	1	MCG	4	03/25/2021	99/99/9999						
25021-0463-01		J2354		06/09/2023	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,PF,LATEX-FREE) 50 MCG/1 ML	1	ML		U	ML	25	MCG	2	06/09/2023	99/99/9999						
25021-0464-01		J2354		06/09/2023	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,PF,LATEX-FREE) 100 MCG/1 ML	1	ML		U	ML	25	MCG	4	06/09/2023	99/99/9999						
25021-0465-01		J2354		06/09/2023	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,PF,LATEX-FREE) 500 MCG/1 ML	1	ML		U	ML	25	MCG	20	06/09/2023	99/99/9999						
25021-0466-05		J2354		04/01/2024	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV,LATEX-FREE) 200 MCG/1 ML	5	ML	VL	U	ML	25	MCG	8	04/01/2024	99/99/9999						
25021-0467-05		J2354		04/01/2024	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV,LATEX-FREE) 1000 MCG/1 ML	5	ML	VL	U	ML	25	MCG	40	04/01/2024	99/99/9999						
25021-0468-10		J0650		04/01/2024	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	LEVOTHYROXINE SODIUM (PF,LATEX-FREE) 100 MCG	1	EA	VL	IV	EA	10	MCG	10	04/01/2024	99/99/9999						
25021-0469-10		J0650		04/01/2024	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	LEVOTHYROXINE SODIUM (PF,LATEX-FREE) 200 MCG	1	EA	VL	IV	EA	10	MCG	20	04/01/2024	99/99/9999						
25021-0470-10		J0650		04/01/2024	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	LEVOTHYROXINE SODIUM (PF,LATEX-FREE) 500 MCG	1	EA	VL	IV	EA	10	MCG	50	04/01/2024	99/99/9999						
25021-0473-02		J0630		09/18/2025	99/99/9999	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	CALCITONIN-SALMON MDV 200 IU/1 ML	2	ML	VL	U	ML	400	IU	0.5	09/18/2025	99/99/9999						
25021-0474-01		J2598		11/11/2024	99/99/9999	INJECTION, VASOPRESSIN, 1 UNIT	VASOPRESSIN SDV 20 U/1 ML	1	ML	VL	IV	ML	1	U	20	11/11/2024	99/99/9999						
25021-0481-01		J1200		02/17/2025	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL 50 MG/1 ML	1	ML		U	ML	50	MG	1	02/17/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
25021-0500-02		J3411		01/11/2021	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (25X1ML;USP,LATEX-FREE) 100 MG/1 ML	2	ML	VL	IJ	ML	100	MG	1	01/11/2021	99/99/9999						
25021-0502-01		J3420		04/11/2023	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (25XML,MDV,LATEX-FREE) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	04/11/2023	99/99/9999						
25021-0610-10		J2710		05/06/2022	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (10X10ML;MDV,LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	05/06/2022	99/99/9999						
25021-0611-10		J2710		05/06/2022	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (10X10ML;MDV,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	05/06/2022	99/99/9999						
25021-0612-81		J3475		03/30/2021	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (10X50ML;SINGLE-DOSE,PF) 40 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.08	03/30/2021	99/99/9999						
25021-0612-82		J3475		03/30/2021	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (10X100ML;SINGLE-DOSE,PF) 40 MG/1 ML	100	ML	FC	IV	ML	500	MG	0.08	03/30/2021	99/99/9999						
25021-0675-10		J2800		06/04/2018	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	06/04/2018	99/99/9999						
25021-0676-20		J2515		05/10/2017	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (MDV,PF,LATEX-FREE) 50 MG/1 ML	20	ML	VL	IJ	ML	50	MG	1	05/10/2017	99/99/9999						
25021-0676-50		J2515		01/29/2018	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (MDV,PF,LATEX-FREE) 50 MG/1 ML	50	ML	VL	IJ	ML	50	MG	1	01/29/2018	99/99/9999						
25021-0677-10		J0330		11/15/2021	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV,LATEX-FREE) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	11/15/2021	99/99/9999						
25021-0678-20		J0475		08/20/2021	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (PF,LATEX-FREE) 0.5 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.05	08/20/2021	99/99/9999						
25021-0679-20		J0475		08/20/2021	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (PF,LATEX-FREE) 2 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.2	08/20/2021	99/99/9999						
25021-0680-20		J0475		08/20/2021	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (PF,LATEX-FREE) 1 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.1	08/20/2021	99/99/9999						
25021-0681-71		J0476		08/20/2021	99/99/9999	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	BACLOFEN (PF,LATEX-FREE) 0.05 MG/1 ML	1	ML	SR	IN	ML	50	MCG	1	08/20/2021	99/99/9999						
25021-0688-82		J2251		05/15/2025	99/99/9999	INJECTION, MIDAZOLAM IN 0.9% SODIUM CHLORIDE, INTRAVENOUS, NOT THERAPEUTICALLY EQUIVALENT TO J2250, 1 MG	MIDAZOLAM-SODIUM CHLORIDE 10X50ML 50 MG/50 ML-0.9%	50	ML	FC	IV	ML	1	MG	1	05/15/2025	99/99/9999						
25021-0688-87		J2251		05/15/2025	99/99/9999	INJECTION, MIDAZOLAM IN 0.9% SODIUM CHLORIDE, INTRAVENOUS, NOT THERAPEUTICALLY EQUIVALENT TO J2250, 1 MG	MIDAZOLAM-SODIUM CHLORIDE SD 100 MG/100 ML-0.9%	100	ML	FC	IV	ML	1	MG	1	05/15/2025	99/99/9999						
25021-0689-10		J2800		09/15/2025	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	09/15/2025	99/99/9999						
25021-0700-01		J1885		09/01/2014	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	09/01/2014	99/99/9999						
25021-0701-01		J1885		09/01/2014	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	09/01/2014	99/99/9999						
25021-0701-02		J1885		09/01/2014	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X2ML,PF) 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	09/01/2014	99/99/9999						
25021-0751-10		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	10	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
25021-0751-10		J3490		08/25/2022	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	10	EA		IV	EA	1	EA	1	08/25/2022	06/30/2024						
25021-0751-11		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	25	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
25021-0751-11		J3490		08/25/2022	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	25	EA		IV	EA	1	EA	1	08/25/2022	06/30/2024						
25021-0753-02		J1308		04/01/2025	99/99/9999	INJECTION, FAMOTIDINE, 0.25 MG	FAMOTIDINE SDV 10 MG/1 ML	2	ML	VL	IV	ML	0.25	MG	40	04/01/2025	99/99/9999						
25021-0783-05		J2469		09/19/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	09/19/2018	99/99/9999						
25021-0788-74		J2469		04/18/2019	06/30/2022	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	SR	IV	ML	25	MCG	2	04/18/2019	06/30/2022						
25021-0790-02		J0780		01/14/2022	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (MDV,LATEX-FREE) 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	01/14/2022	99/99/9999						
25021-0790-03		J0780		01/14/2022	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (MDV,LATEX-FREE) 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	01/14/2022	99/99/9999						
25021-0793-82		J1953		10/30/2024	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE 500 MG/100 ML-0.82%	100	ML	FC	IV	ML	10	MG	0.5	10/30/2024	99/99/9999						
25021-0794-82		J1953		10/30/2024	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE 1000 MG/100 ML-0.75%	100	ML	FC	IV	ML	10	MG	1	10/30/2024	99/99/9999						
25021-0795-82		J1953		10/30/2024	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE 1500 MG/100 ML-0.54%	100	ML	FC	IV	ML	10	MG	1.5	10/30/2024	99/99/9999						
25021-0796-01		J1596		10/29/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE SDV 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	10/29/2024	99/99/9999						
25021-0796-02		J1596		10/29/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE SDV 0.2 MG/1 ML	2	ML		IJ	ML	0.1	MG	2	10/29/2024	99/99/9999						
25021-0796-05		J1596		10/29/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE MDV 0.2 MG/1 ML	5	ML		IJ	ML	0.1	MG	2	10/29/2024	99/99/9999						
25021-0807-05		J2920		04/17/2017	12/31/2018	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 40 MG	10	EA	VL	IJ	EA	40	MG	1	04/17/2017	12/31/2018						
25021-0808-10		J2930		04/17/2017	12/31/2018	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 125 MG	10	EA	VL	IJ	EA	125	MG	1	04/17/2017	12/31/2018						
25021-0810-30		J2930		04/17/2017	10/31/2019	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LATEX-FREE,LYOPHILIZED) 1 GM	1	EA	VL	IJ	EA	125	MG	8	04/17/2017	10/31/2019						
25021-0812-30		J0132		08/29/2018	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG	ACETYLCYSTEINE (SDV,PF,LATEX-FREE) 200 MG/1 ML	30	ML	VL	IV	ML	100	MG	2	08/29/2018	99/99/9999						
25021-0812-66		J0132		07/05/2022	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG	ACETYLCYSTEINE NOVAPLUS (SDV,PF,LATEX-FREE) 200 MG/1 ML	30	ML	VL	IV	ML	100	MG	2	07/05/2022	99/99/9999						
25021-0820-05		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,LATEX-FREE) 40 MG/1 ML	5	ML		IJ	ML	1	MG	40	04/01/2024	99/99/9999						
25021-0820-05		J1030		01/10/2022	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,LATEX-FREE) 40 MG/1 ML	5	ML		IJ	ML	40	MG	1	01/10/2022	03/31/2024						
25021-0820-10		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,LATEX-FREE) 40 MG/1 ML	10	ML		IJ	ML	1	MG	40	04/01/2024	99/99/9999						
25021-0820-10		J1030		01/10/2022	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,LATEX-FREE) 40 MG/1 ML	10	ML		IJ	ML	40	MG	1	01/10/2022	03/31/2024						
25021-0821-05		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,LATEX-FREE) 80 MG/1 ML	5	ML		IJ	ML	1	MG	80	04/01/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
25021-0821-05		J1040		01/10/2022	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,LATEX-FREE) 80 MG/1 ML	5	ML		U	ML	80	MG	1	01/10/2022	03/31/2024						
25021-0826-87		J3489		05/09/2025	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID SINGLE USE 4 MG/100 ML	100	ML	FC	IV	ML	1	MG	0.04	05/09/2025	99/99/9999						
25021-0827-61		J1740		09/02/2014	10/31/2022	INJECTION, IBANDRONATE SODIUM, 1 MG	IBANDRONATE SODIUM (PREFILLED, SINGLE-USE) 1 MG/ML	3	ML	SR	IV	ML	1	MG	1	09/02/2014	10/31/2022						
25021-0828-50		J0640		09/04/2018	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	U	EA	50	MG	10	09/04/2018	99/99/9999						
25021-0829-02		J1451		01/12/2024	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	FOMEPIZOLE (SDV,PF,LATEX-FREE) 1 GM/1 ML	1.5	ML	VL	IV	ML	15	MG	66.666667	01/12/2024	99/99/9999						
25021-0830-87		J3489		05/09/2025	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID SINGLE USE 5 MG/100 ML	100	ML	FC	IV	ML	1	MG	0.05	05/09/2025	99/99/9999						
25021-0831-01		J1631		12/11/2017	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 50 MG/1 ML	1	ML	VL	IM	ML	50	MG	1	12/11/2017	99/99/9999						
25021-0833-01		J1631		12/11/2017	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	12/11/2017	99/99/9999						
25021-0834-05		J1631		12/11/2017	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	12/11/2017	99/99/9999						
25021-0838-05		J2680		10/24/2023	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (MDV,LATEX-FREE) 25 MG/1 ML	5	ML	VL	U	ML	25	MG	1	10/24/2023	99/99/9999						
25208-0001-04		J3246		09/01/2016	99/99/9999	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (PF) 0.25 MG/1 ML	15	ML	PC	IV	ML	0.25	MG	1	09/01/2016	99/99/9999						
25208-0002-01		J3246		04/01/2020	99/99/9999	INJECTION, TIROFIBAN HCL, 0.25 MG	AGGRASTAT (1X100ML) 0.05 MG/ML	100	ML	PC	IV	ML	0.25	MG	0.2	04/01/2020	99/99/9999	04/01/2008	12/31/2017				
25208-0002-02		J3246		04/01/2008	99/99/9999	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (1X250ML) 0.05 MG/ML	250	ML	PC	IV	ML	0.25	MG	0.2	04/01/2008	99/99/9999						
25208-0002-03		J3246		09/01/2016	03/01/2023	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (1X100ML) 0.05 MG/1 ML	100	ML	PC	IV	ML	0.25	mg	0.2	09/01/2016	03/01/2023						
25682-0001-01		J1299		04/01/2025	99/99/9999	INJECTION, ECULIZUMAB, 2 MG	SOLIRIS 10 MG/1 ML	30	ML		IV	ML	2	MG	5	04/01/2025	99/99/9999						
25682-0001-01		J1300		01/01/2008	03/31/2025	INJECTION, ECULIZUMAB, 10 MG	SOLIRIS (PF) 10 MG/ML	30	ML	VL	IV	ML	10	MG	1	01/01/2008	03/31/2025						
25682-0022-01		J1303		10/01/2019	06/11/2021	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	ULTOMIRIS (SDV,PF) 10 MG/1 ML	30	ML	VL	IV	ML	10	MG	1	10/01/2019	06/11/2021						
25682-0025-01		J1303		10/12/2020	99/99/9999	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	ULTOMIRIS (SDV,PF) 100 MG/1 ML	3	ML	VL	IV	ML	10	MG	10	10/12/2020	99/99/9999						
25682-0028-01		J1303		10/12/2020	99/99/9999	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	ULTOMIRIS (SDV,PF) 100 MG/1 ML	11	ML	VL	IV	ML	10	MG	10	10/12/2020	99/99/9999						
27241-0158-60		J8499		02/10/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	60	EA		PO	EA	1	EA	1	02/10/2020	99/99/9999						
27241-0286-01		Q0164		11/27/2024	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE USP,FILM-COATED 5 MG	100	EA	BO	PO	EA	5	MG	1	11/27/2024	99/99/9999						
27241-0287-01		Q0164		11/27/2024	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE USP,FILM-COATED 10 MG	100	EA	BO	PO	EA	5	MG	2	11/27/2024	99/99/9999						
27437-0055-30		J7605		10/02/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	BROVANA (30X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	10/02/2023	99/99/9999						
27437-0055-30	KO	J7605	KO	10/02/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	BROVANA (30X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	10/02/2023	99/99/9999						
27437-0055-60		J7605		10/02/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	BROVANA (60X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	10/02/2023	99/99/9999						
27437-0055-60	KO	J7605	KO	10/02/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	BROVANA (60X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	10/02/2023	99/99/9999						
27437-0060-30		J7605		07/01/2024	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	BROVANA (30X2ML) 15 MCG/2 ML	2	ML		IH	ML	15	MCG	0.5	07/01/2024	99/99/9999						
27437-0060-30	KO	J7605	KO	07/01/2024	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	BROVANA (30X2ML) 15 MCG/2 ML	2	ML		IH	ML	15	MCG	0.5	07/01/2024	99/99/9999						
27437-0060-60		J7605		07/01/2024	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	BROVANA (60X2ML) 15 MCG/2 ML	2	ML		IH	ML	15	MCG	0.5	07/01/2024	99/99/9999						
27437-0060-60	KO	J7605	KO	07/01/2024	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	BROVANA (60X2ML) 15 MCG/2 ML	2	ML		IH	ML	15	MCG	0.5	07/01/2024	99/99/9999						
27808-0051-02		Q0169		10/18/2021	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 6.25 MG/5 ML	473	ML	BO	PO	ML	12.5	MG	0.1	10/18/2021	99/99/9999						
29033-0500-34		Q0169		07/18/2024	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 6.25 MG/5 ML	473	ML		PO	ML	12.5	MG	0.1	07/18/2024	99/99/9999						
31722-0040-31		J8498		03/07/2023	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL (USP) 12.5 MG	12	EA	BX	RC	EA	1	EA	1	03/07/2023	99/99/9999						
31722-0041-31		J8498		03/07/2023	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL (USP) 25 MG	12	EA	BX	RC	EA	1	EA	1	03/07/2023	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
31722-0102-10		J0878		02/01/2021	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	02/01/2021	99/99/9999						
31722-0116-20		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 1%	20	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
31722-0116-31		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 1%	20	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
31722-0116-32		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 1%	20	ML	VL	IJ	ML	1	MG	10	10/01/2024	99/99/9999						
31722-0116-33		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 1%	50	ML	VL	IJ	ML	1	MG	10	10/01/2024	99/99/9999						
31722-0116-34		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 1%	50	ML	VL	IJ	ML	1	MG	10	10/01/2024	99/99/9999						
31722-0116-50		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 1%	50	ML	VL	IJ	ML	1	MG	10	10/01/2024	99/99/9999						
31722-0117-02		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 1%	2	ML	VL	IJ	ML	1	MG	10	10/01/2024	99/99/9999						
31722-0117-05		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 1%	5	ML	VL	IJ	ML	1	MG	10	10/01/2024	99/99/9999						
31722-0117-30		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (PF) 1%	30	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
31722-0117-31		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 1%	2	ML	VL	IJ	ML	1	MG	10	10/01/2024	99/99/9999						
31722-0117-32		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 1%	5	ML	VL	IJ	ML	1	MG	10	10/01/2024	99/99/9999						
31722-0117-33		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (PF) 1%	30	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
31722-0117-34		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 1%	2	ML	VL	IJ	ML	1	MG	10	10/01/2024	99/99/9999						
31722-0117-35		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 1%	5	ML	VL	IJ	ML	1	MG	10	10/01/2024	99/99/9999						
31722-0118-02		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL SDV 2%	2	ML	VL	IJ	ML	1	MG	20	10/01/2024	99/99/9999						
31722-0118-05		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL SDV 2%	5	ML	VL	IJ	ML	1	MG	20	10/01/2024	99/99/9999						
31722-0118-31		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL SDV 2%	2	ML	VL	IJ	ML	1	MG	20	10/01/2024	99/99/9999						
31722-0118-32		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL SDV 2%	5	ML	VL	IJ	ML	1	MG	20	10/01/2024	99/99/9999						
31722-0118-33		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL SDV 2%	2	ML	VL	IJ	ML	1	MG	20	10/01/2024	99/99/9999						
31722-0118-34		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL SDV 2%	5	ML	VL	IJ	ML	1	MG	20	10/01/2024	99/99/9999						
31722-0165-31		J1453		01/21/2022	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	01/21/2022	99/99/9999						
31722-0204-10		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE (10X40MG,SDV) 40 MG	10	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
31722-0204-10		J3490		03/07/2023	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE (10X40MG,SDV) 40 MG	10	EA	VL	IV	EA	1	EA	1	03/07/2023	06/30/2024						
31722-0204-31		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE (1X40MG,SDV,FREEZE-DRIED) 40 MG	1	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
31722-0204-31		J3490		03/07/2023	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE (1X40MG,SDV,FREEZE-DRIED) 40 MG	1	EA	VL	IV	EA	1	EA	1	03/07/2023	06/30/2024						
31722-0210-10		J3370		01/30/2023	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500	MG	1	01/30/2023	06/30/2025						
31722-0210-10		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL LYOPHILIZED 500 MG	10	EA		IV	EA	10	MG	50	07/01/2025	99/99/9999						
31722-0211-10		J3370		12/01/2022	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (10X1GM,SDV,PF) 1 GM	10	EA	VL	IV	EA	500	MG	2	12/01/2022	06/30/2025						
31722-0211-10		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL 10X1GM,SDV,LYOPHILIZED 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
31722-0211-33		J3370		12/01/2022	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (SDV,PF,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	500	MG	2	12/01/2022	06/30/2025						
31722-0211-33		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL SDV,LYOPHILIZED 1 GM	1	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
31722-0215-01		J0878		06/22/2023	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 350 MG	1	EA	VL	IV	EA	1	MG	350	06/22/2023	99/99/9999						
31722-0216-01		J0878		06/22/2023	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	06/22/2023	99/99/9999						
31722-0217-20		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 2%	20	ML	VL	IJ	ML	1	MG	20	10/01/2024	99/99/9999						
31722-0217-31		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 2%	20	ML	VL	IJ	ML	1	MG	20	10/01/2024	99/99/9999						
31722-0217-32		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 2%	50	ML	VL	IJ	ML	1	MG	20	10/01/2024	99/99/9999						
31722-0217-33		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 2%	50	ML	VL	IJ	ML	1	MG	20	10/01/2024	99/99/9999						
31722-0217-50		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 2%	50	ML	VL	IJ	ML	1	MG	20	10/01/2024	99/99/9999						
31722-0224-31		J3465		01/30/2025	99/99/9999	INJECTION, VORICONAZOLE, 10 MG	VORICONAZOLE SDV,LYOPHILIZED 200 MG	1	EA	VL	IV	EA	10	MG	20	01/30/2025	99/99/9999						
31722-0275-31		J0665		02/14/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL SDV 0.25%	10	ML	VL	IJ	ML	0.5	MG	5	02/14/2025	99/99/9999						
31722-0275-32		J0665		02/14/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL SDV 0.25%	10	ML	VL	IJ	ML	0.5	MG	5	02/14/2025	99/99/9999						
31722-0275-33		J0665		02/14/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL SDV 0.25%	30	ML	VL	IJ	ML	0.5	MG	5	02/14/2025	99/99/9999						
31722-0275-34		J0665		02/14/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL SDV 0.25%	30	ML	VL	IJ	ML	0.5	MG	5	02/14/2025	99/99/9999						
31722-0276-31		J0665		02/14/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL SDV 0.5%	10	ML	VL	IJ	ML	0.5	MG	10	02/14/2025	99/99/9999						
31722-0276-32		J0665		02/14/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL SDV 0.5%	10	ML	VL	IJ	ML	0.5	MG	10	02/14/2025	99/99/9999						
31722-0276-33		J0665		02/14/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL SDV 0.5%	30	ML	VL	IJ	ML	0.5	MG	10	02/14/2025	99/99/9999						
31722-0276-34		J0665		02/14/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL SDV 0.5%	30	ML	VL	IJ	ML	0.5	MG	10	02/14/2025	99/99/9999						
31722-0277-31		J0665		02/14/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL SDV 0.75%	10	ML	VL	IJ	ML	0.5	MG	15	02/14/2025	99/99/9999						
31722-0277-32		J0665		02/14/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL SDV 0.75%	10	ML	VL	IJ	ML	0.5	MG	15	02/14/2025	99/99/9999						
31722-0277-33		J0665		02/14/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL SDV 0.75%	30	ML	VL	IJ	ML	0.5	MG	15	02/14/2025	99/99/9999						
31722-0277-34		J0665		02/14/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL SDV 0.75%	30	ML	VL	IJ	ML	0.5	MG	15	02/14/2025	99/99/9999						
31722-0297-30		J8999		10/16/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE FILM COATED 400 MG	30	EA	BO	PO	EA	1	EA	1	10/16/2025	99/99/9999						
31722-0303-31		J9041		12/23/2024	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB SDV,LYOPHILIZED 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	12/23/2024	99/99/9999						
31722-0304-31		J0894		10/01/2024	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE LYOPHILIZED 50 MG	1	EA	VL	IV	EA	1	MG	50	10/01/2024	99/99/9999						
31722-0305-10		J1885		10/10/2024	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE SDV,10X1ML 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	10/10/2024	99/99/9999						
31722-0305-25		J1885		10/10/2024	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE SDV,25X1ML 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	10/10/2024	99/99/9999						
31722-0306-25		J1885		10/10/2024	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE SDV,25X1ML 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	10/10/2024	99/99/9999						
31722-0307-25		J1885		10/10/2024	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE SDV 30 MG/1 ML	2	ML	VL	IM	ML	15	MG	2	10/10/2024	99/99/9999						
31722-0308-01		J2359		09/26/2023	99/99/9999	INJECTION, OLANZAPINE, 0.5 MG	OLANZAPINE 10 MG	1	EA		IM	EA	0.5	MG	20	09/26/2023	99/99/9999						
31722-0316-31		J7520		01/30/2025	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 1 MG/1 ML	60	ML	BO	PO	ML	1	MG	1	01/30/2025	99/99/9999						
31722-0363-32		J3411		06/25/2025	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL MDV 100 MG/1 ML	2	ML	VL	IJ	ML	100	MG	1	06/25/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
31722-0366-32		J3230		04/07/2025	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL SDV 25 MG/1 ML	1	ML	VL	U	ML	50	MG	0.5	04/07/2025	99/99/9999						
31722-0367-32		J3230		04/07/2025	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL SDV 25 MG/1 ML	2	ML	VL	U	ML	50	MG	0.5	04/07/2025	99/99/9999						
31722-0394-32		J3475		07/10/2025	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE 500 MG/1 ML	2	ML	VL	U	ML	500	MG	1	07/10/2025	99/99/9999						
31722-0394-33		J3475		07/10/2025	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE 500 MG/1 ML	10	ML	VL	U	ML	500	MG	1	07/10/2025	99/99/9999						
31722-0394-34		J3475		07/10/2025	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE 500 MG/1 ML	20	ML	VL	U	ML	500	MG	1	07/10/2025	99/99/9999						
31722-0394-35		J3475		07/10/2025	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE 500 MG/1 ML	50	ML	VL	U	ML	500	MG	1	07/10/2025	99/99/9999						
31722-0411-14		None		02/25/2025	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA		PO	EA	5	MG	1	02/25/2025	99/99/9999						
31722-0411-31		None		02/25/2025	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA		PO	EA	5	MG	1	02/25/2025	99/99/9999						
31722-0412-14		None		02/25/2025	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA		PO	EA	20	MG	1	02/25/2025	99/99/9999						
31722-0412-31		None		02/25/2025	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA		PO	EA	20	MG	1	02/25/2025	99/99/9999						
31722-0413-14		None		02/25/2025	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA		PO	EA	100	MG	1	02/25/2025	99/99/9999						
31722-0413-31		None		02/25/2025	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA		PO	EA	100	MG	1	02/25/2025	99/99/9999						
31722-0414-14		None		02/25/2025	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA		PO	EA	20	MG	7	02/25/2025	99/99/9999						
31722-0414-31		None		02/25/2025	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA		PO	EA	20	MG	7	02/25/2025	99/99/9999						
31722-0415-14		None		02/25/2025	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA		PO	EA	20	MG	9	02/25/2025	99/99/9999						
31722-0415-31		None		02/25/2025	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA		PO	EA	20	MG	9	02/25/2025	99/99/9999						
31722-0416-31		None		02/25/2025	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA		PO	EA	250	MG	1	02/25/2025	99/99/9999						
31722-0560-30		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 200 MG-300 MG	30	EA		PO	EA	200	MG	1	01/02/2024	99/99/9999						
31722-0774-60		J8999		10/01/2024	12/31/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CAPECITABINE USP,FILM COATED 150 MG	60	EA	BO	PO	EA	1	EA	1	10/01/2024	12/31/2024						
31722-0774-60		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 150 MG	60	EA		PO	EA	50	MG	3	01/01/2025	99/99/9999						
31722-0775-12		J8999		10/01/2024	12/31/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CAPECITABINE USP,FILM COATED 500 MG	120	EA	BO	PO	EA	1	EA	1	10/01/2024	12/31/2024						
31722-0775-12		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 500 MG	120	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
31722-0775-60		J8999		10/01/2024	12/31/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CAPECITABINE USP,FILM COATED 500 MG	60	EA	BO	PO	EA	1	EA	1	10/01/2024	12/31/2024						
31722-0775-60		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 500 MG	60	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
31722-0878-01		J7517		02/13/2025	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL HARD GELATIN 250 MG	100	EA	BO	PO	EA	250	MG	1	02/13/2025	99/99/9999						
31722-0878-05		J7517		02/13/2025	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL HARD GELATIN 250 MG	500	EA	BO	PO	EA	250	MG	1	02/13/2025	99/99/9999						
31722-0879-01		J7517		02/14/2025	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL FILM-COATED 500 MG	100	EA	BO	PO	EA	250	MG	2	02/14/2025	99/99/9999						
31722-0879-05		J7517		02/14/2025	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL FILM-COATED 500 MG	500	EA	BO	PO	EA	250	MG	2	02/14/2025	99/99/9999						
31722-0960-60		Q0167		02/13/2020	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	02/13/2020	99/99/9999						
31722-0961-60		Q0167		02/13/2020	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 5 MG	60	EA	BO	PO	EA	2.5	MG	2	02/13/2020	99/99/9999						
31722-0962-60		Q0167		02/13/2020	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 10 MG	60	EA	BO	PO	EA	2.5	MG	4	02/13/2020	99/99/9999						
31722-0963-31		J0500		11/05/2019	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HCL (USP;SDV) 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	11/05/2019	99/99/9999						
31722-0963-32		J0500		11/05/2019	12/31/2022	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HCL (USP, SDV) 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	11/05/2019	12/31/2022						
31722-0981-10		J0330		03/18/2021	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (1X10ML;MDV;USP) 20 MG/1 ML	10	ML	VL	U	ML	20	MG	1	03/18/2021	99/99/9999						
31722-0981-31		J0330		03/18/2021	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (25X10ML;MDV;USP) 20 MG/1 ML	10	ML	CT	U	ML	20	MG	1	03/18/2021	99/99/9999						
31722-0995-10		J2710		03/15/2021	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (1X10ML;MDV;USP) 1 MG/1 ML	10	ML	CT	IV	ML	0.5	MG	2	03/15/2021	99/99/9999						
31722-0995-31		J2710		03/15/2021	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (10X10ML;USP,LATEX-FREE) 1 MG/1 ML	10	ML	CT	IV	ML	0.5	MG	2	03/15/2021	99/99/9999						
33261-0335-21		J7509		01/15/2008	12/31/2018	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	NA	PO	EA	4	MG	1	01/15/2008	12/31/2018						
33261-0759-20		None		06/01/2010	12/31/2018	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	20	EA	BO	PO	EA	2.5	MG	1	06/01/2010	12/31/2018						
33261-0759-30		None		06/01/2010	12/31/2018	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	06/01/2010	12/31/2018						
33261-0759-40		None		06/01/2010	12/31/2018	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	40	EA	BO	PO	EA	2.5	MG	1	06/01/2010	12/31/2018						
33261-0759-60		None		06/01/2010	12/31/2018	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	06/01/2010	12/31/2018						
33342-0106-07		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 200 MG-300 MG	30	EA		PO	EA	200	MG	1	01/02/2024	99/99/9999						
33342-0448-11		Q0175		09/16/2024	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE USP,FILM COATED 2 MG	100	EA	BO	PO	EA	4	MG	0.5	09/16/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
33342-0449-11		Q0175		09/16/2024	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE USP,FILM COATED 4 MG	100	EA	BO	PO	EA	4	MG	1	09/16/2024	99/99/9999						
33342-0450-11		Q0175		09/16/2024	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE USP,FILM COATED 8 MG	100	EA	BO	PO	EA	4	MG	2	09/16/2024	99/99/9999						
33342-0451-11		Q0175		09/16/2024	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE USP,FILM COATED 16 MG	100	EA	BO	PO	EA	4	MG	4	09/16/2024	99/99/9999						
33358-0009-25		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0010-15		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0010-28		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	28	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0010-30		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0010-60		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0011-25		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0011-30		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0011-35		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0040-06		Q0144		07/10/2007	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1	GM	0.25	07/10/2007	04/01/2020						
33358-0041-10		Q0144		07/10/2007	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	10	EA	BO	PO	EA	1	GM	0.5	07/10/2007	04/01/2020						
33358-0110-30		Q0163		07/10/2007	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	30	EA	BO	PO	EA	50	MG	0.5	07/10/2007	04/01/2020						
33358-0111-20		Q0163		07/10/2007	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	20	EA	BO	PO	EA	50	MG	1	07/10/2007	04/01/2020						
33358-0111-30		Q0163		07/10/2007	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	30	EA	BO	PO	EA	50	MG	1	07/10/2007	04/01/2020						
33358-0182-20		Q0177		07/10/2007	04/01/2020	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAM 25 MG	20	EA	BO	PO	EA	25	MG	1	07/10/2007	04/01/2020						
33358-0182-30		Q0177		07/10/2007	04/01/2020	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAM 25 MG	30	EA	BO	PO	EA	25	MG	1	07/10/2007	04/01/2020						
33358-0241-21		J7509		07/10/2007	04/01/2020	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	BO	PO	EA	4	MG	1	07/10/2007	04/01/2020						
33358-0291-08		J7510		07/10/2007	04/01/2020	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	07/10/2007	04/01/2020						
33358-0292-12		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	12	EA	BO	PO	EA	1	MG	5	01/01/2016	04/01/2020						
33358-0292-15		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	15	EA	BO	PO	EA	1	MG	5	01/01/2016	04/01/2020						
33358-0292-21		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	1	MG	5	01/01/2016	04/01/2020						
33358-0292-30		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	04/01/2020						
33358-0292-78		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	78	EA	BO	PO	EA	1	MG	5	01/01/2016	04/01/2020						
33358-0293-20		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	04/01/2020						
33358-0293-30		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	04/01/2020						
33358-0293-40		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	04/01/2020						
33358-0294-15		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	1	MG	20	01/01/2016	04/01/2020						
33358-0294-20		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	04/01/2020						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
33358-0294-30		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	04/01/2020						
33358-0294-40		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	40	EA	BO	PO	EA	1	MG	20	01/01/2016	04/01/2020						
33358-0294-60		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	60	EA	BO	PO	EA	1	MG	20	01/01/2016	04/01/2020						
33358-0299-20		Q0164		07/10/2007	04/01/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE 5 MG	20	EA	BO	PO	EA	5	MG	1	07/10/2007	04/01/2020						
33358-0299-30		Q0164		07/10/2007	04/01/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE 5 MG	30	EA	BO	PO	EA	5	MG	1	07/10/2007	04/01/2020						
33358-0300-10		Q0164		01/01/2014	04/01/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	04/01/2020						
33358-0300-20		Q0164		01/01/2014	04/01/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2014	04/01/2020						
33358-0300-30		Q0164		01/01/2014	04/01/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	04/01/2020						
33358-0300-60		Q0164		01/01/2014	04/01/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2014	04/01/2020						
33358-0301-02		J8498		07/10/2007	04/01/2020	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	2	EA	BX	RC	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0301-12		J8498		07/10/2007	04/01/2020	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0302-08		Q0169		01/01/2014	04/01/2020	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 25 MG	8	EA	BO	PO	EA	12.5	MG	2	01/01/2014	04/01/2020						
33358-0302-10		Q0169		01/01/2014	04/01/2020	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	04/01/2020						
33358-0302-30		Q0169		01/01/2014	04/01/2020	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	04/01/2020						
33358-0302-60		Q0169		01/01/2014	04/01/2020	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	04/01/2020						
33358-0313-01		J3415		07/10/2007	04/01/2020	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE (SINGLE-DOSE) 100 MG/ML	1	ML	VL	IJ	ML	100	MG	1	07/10/2007	04/01/2020						
33358-0367-01		Q0144		07/10/2007	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 1 GM/Packet	1	EA	BX	PO	EA	1	GM	1	07/10/2007	04/01/2020						
33358-0367-03		Q0144		07/10/2007	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 1 GM/Packet	1	EA	BX	PO	EA	1	GM	1	07/10/2007	04/01/2020						
33358-0368-04		Q0144		07/10/2007	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	07/10/2007	04/01/2020						
33358-0368-30		Q0144		07/10/2007	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	07/10/2007	04/01/2020						
33358-0368-50		Q0144		07/10/2007	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	50	EA	BO	PO	EA	1	GM	0.25	07/10/2007	04/01/2020						
33358-0369-02		Q0162		01/01/2012	04/01/2020	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 4 MG	2	EA	BO	PO	EA	1	MG	4	01/01/2012	04/01/2020						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
33358-0370-02		Q0162		01/01/2012	04/01/2020	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 4 MG	2	EA	BO	PO	EA	1	MG	4	01/01/2012	04/01/2020						
33358-0418-30		Q0169		07/24/2007	04/01/2020	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	30	EA	BO	PO	EA	12.5	MG	1	07/24/2007	04/01/2020						
35356-0044-15		Q0144		10/26/2007	06/28/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	10/26/2007	06/28/2019						
35573-0443-25		J7614		06/29/2021	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.206667	06/29/2021	99/99/9999						
35573-0443-25	KO	J7614	KO	06/29/2021	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.206667	06/29/2021	99/99/9999						
35573-0444-25		J7614		06/29/2021	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	06/29/2021	99/99/9999						
35573-0444-25	KO	J7614	KO	06/29/2021	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	06/29/2021	99/99/9999						
35573-0445-25		J7614		06/29/2021	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.833333	06/29/2021	99/99/9999						
35573-0445-25	KO	J7614	KO	06/29/2021	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.833333	06/29/2021	99/99/9999						
36000-0242-01		J3260		09/17/2016	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (MDV;USP,LATEX-FREE) 40 MG/1 ML	30	ML	VL	IJ	ML	80	MG	0.5	09/17/2016	99/99/9999						
36000-0244-25		J3260		09/17/2016	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (MDV;USP,LATEX-FREE) 40 MG/1 ML	2	ML	VL	IJ	ML	80	MG	0.5	09/17/2016	99/99/9999						
36000-0282-25		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	2	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
36000-0282-25		J1940		07/01/2014	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	07/01/2014	03/31/2025						
36000-0283-25		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	4	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
36000-0283-25		J1940		07/01/2014	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	4	ML	VL	IJ	ML	20	MG	0.5	07/01/2014	03/31/2025						
36000-0284-25		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	10	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
36000-0284-25		J1940		07/01/2014	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	10	ML	VL	IJ	ML	20	MG	0.5	07/01/2014	03/31/2025						
36000-0294-24		J1956		04/15/2019	02/01/2021	INJECTION, LEVOFLOXACIN, 250 MG	PREMIERPRO RX LEVOFLOXACIN IN 5% DEXTROSE (PF,LATEX-FREE) 5%-250 MG/50 ML	50	ML	FC	IV	ML	250	MG	0.02	04/15/2019	02/01/2021						
36000-0295-24		J1956		04/15/2019	06/01/2021	INJECTION, LEVOFLOXACIN, 250 MG	PREMIERPRO RX LEVOFLOXACIN IN 5% DEXTROSE (PF,LATEX-FREE) 5%-500 MG/100 ML	100	ML	FC	IV	ML	250	MG	0.02	04/15/2019	06/01/2021						
36000-0296-24		J1956		04/15/2019	06/01/2021	INJECTION, LEVOFLOXACIN, 250 MG	PREMIERPRO RX LEVOFLOXACIN IN 5% DEXTROSE (PF,LATEX-FREE) 5%-750 MG/150 ML	150	ML	FC	IV	ML	250	MG	0.02	04/15/2019	06/01/2021						
36000-0297-24		J0744		12/23/2019	06/01/2024	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN IN DEXTROSE NOVAPLUS (24X100ML,SINGLE DOSE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	12/23/2019	06/01/2024						
36000-0298-24		J0744		12/23/2019	06/01/2024	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN IN DEXTROSE NOVAPLUS (24X200ML,LATEX-FREE) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	12/23/2019	06/01/2024						
36000-0308-10		J2310		11/15/2021	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (10X1ML;SDV,PF) 0.4 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.4	11/15/2021	06/30/2025						
36000-0308-10		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL 10X1ML;SDV 0.4 MG/1 ML	1	ML		IJ	ML	0.01	MG	40	07/01/2025	99/99/9999						
36000-0310-02		J2310		03/26/2023	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (1X10ML;MDV) 0.4 MG/1 ML	10	ML		IJ	ML	1	MG	0.4	03/26/2023	06/30/2025						
36000-0310-02		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL 1X10ML;MDV 0.4 MG/1 ML	10	ML		IJ	ML	0.01	MG	40	07/01/2025	99/99/9999						
36000-0320-10		J1920		07/01/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (10X4ML;SDV;USP) 5 MG/1 ML	4	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						
36000-0322-02		J1920		07/01/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (MDV;USP) 5 MG/1 ML	20	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						
36000-0324-02		J1920		07/01/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (MDV;USP) 5 MG/1 ML	40	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						
36000-0326-02		J2469		02/02/2022	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (SDV) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	02/02/2022	99/99/9999						
36000-0352-40		J1953		10/14/2024	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE 500 MG/100 ML-0.82%	100	ML	FC	IV	ML	10	MG	0.5	10/14/2024	99/99/9999						
36000-0354-40		J1953		10/14/2024	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE 1500 MG/100 ML-0.54%	100	ML	FC	IV	ML	10	MG	1.5	10/14/2024	99/99/9999						
36000-0356-40		J1953		10/14/2024	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE 1000 MG/100 ML-0.75%	100	ML	FC	IV	ML	10	MG	1	10/14/2024	99/99/9999						
36000-0372-40		J0131		07/14/2025	99/99/9999	INJECTION, ACETAMINOPHEN, NOT OTHERWISE SPECIFIED,10 MG	ACETAMINOPHEN VIAFLO 10 MG/1 ML	65	ML	FC	IV	ML	10	MG	1	07/14/2025	99/99/9999						
37205-0270-62		Q0163		01/01/2002	06/27/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICINE 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	06/27/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
37205-0270-78		Q0163		01/01/2002	06/27/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICINE 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	06/27/2019						
37205-0277-62		Q0163		01/01/2002	06/27/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICINE 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	06/27/2019						
37205-0277-78		Q0163		01/01/2002	06/27/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICINE 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	06/27/2019						
37205-0565-34		Q0163		01/01/2002	01/15/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY (AF,CHERRY) 12.5 MG/5 ML	240	ML	BO	PO	ML	50	MG	0.05	01/01/2002	01/15/2019						
38779-0008-01		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999						
38779-0008-04		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999						
38779-0008-05		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999						
38779-0008-08		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999						
38779-0008-09		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999						
38779-0011-01		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-01	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-03		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-03	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-04		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-04	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-05		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-05	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0015-01		J3490		04/26/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	EA	1	04/26/2002	99/99/9999						
38779-0015-04		J3490		04/26/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	EA	1	04/26/2002	99/99/9999						
38779-0015-05		J3490		04/26/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	EA	1	04/26/2002	99/99/9999						
38779-0017-01		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0017-01	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0017-03		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0017-03	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0017-04		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0017-04	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0017-06		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0017-06	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0025-01		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P., 5-FU)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
38779-0025-04		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
38779-0025-05		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
38779-0034-04		J2010		01/01/2002	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999						
38779-0034-05		J2010		01/01/2002	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999						
38779-0034-08		J2010		08/26/2002	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	08/26/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0042-05		J2460		04/25/2002	99/99/9999	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	OXYTETRACYCLINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	04/25/2002	99/99/9999						
38779-0043-01		J2675		10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	10	GM	BO	NA	GM	50	MG	20	10/01/2012	99/99/9999						
38779-0043-04		J2675		10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	50	MG	20	10/01/2012	99/99/9999						
38779-0043-05		J2675		10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	100	GM	BO	NA	GM	50	MG	20	10/01/2012	99/99/9999						
38779-0043-08		J2675		10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	500	GM	BO	NA	GM	50	MG	20	10/01/2012	99/99/9999						
38779-0043-09		J2675		10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1000	GM	BO	NA	GM	50	MG	20	10/01/2012	99/99/9999						
38779-0051-01		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0051-01	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0051-03		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0051-03	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0051-04		J7684		04/30/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	04/30/2002	99/99/9999						
38779-0051-04	KO	J7684	KO	04/30/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	04/30/2002	99/99/9999						
38779-0051-05		J7684		04/30/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	04/30/2002	99/99/9999						
38779-0051-05	KO	J7684	KO	04/30/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	04/30/2002	99/99/9999						
38779-0057-01		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1	EA	BO	NA	GM	50	MG	20	09/26/2008	99/99/9999	01/01/2002	04/25/2002	20			
38779-0057-04		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP, WETTABLE)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0057-05		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0057-09		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0063-05		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0063-08		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0063-09		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0071-01		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0071-01	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0071-03		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0071-03	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0071-04		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0071-04	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0071-05		J7638		09/03/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	NA	NA	GM	1	MG	1000	09/03/2002	99/99/9999						
38779-0071-05	KO	J7638	KO	09/03/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	NA	NA	GM	1	MG	1000	09/03/2002	99/99/9999						
38779-0071-08		J7638		09/03/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	NA	NA	GM	1	MG	1000	09/03/2002	99/99/9999						
38779-0071-08	KO	J7638	KO	09/03/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	NA	NA	GM	1	MG	1000	09/03/2002	99/99/9999						
38779-0101-08		J3350		10/01/2012	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P)	500	GM	BO	NA	GM	40	GM	0.025	10/01/2012	99/99/9999						
38779-0101-09		J3350		10/01/2012	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P)	1000	GM	BO	NA	GM	40	GM	0.025	10/01/2012	99/99/9999						
38779-0104-03		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
38779-0104-04		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
38779-0104-05		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
38779-0126-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0126-03		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0126-04		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0126-06		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0142-04		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	4	MG	250	01/01/2002	99/99/9999						
38779-0142-06		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	4	MG	250	01/01/2002	99/99/9999						
38779-0150-03		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0150-04		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0150-05		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0150-08		J7510		04/25/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (ANHYDROUS,MICRONIZED)	1	EA	NA	NA	GM	5	MG	200	04/25/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0150-09		J7510		09/03/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	09/03/2002	99/99/9999						
38779-0154-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
38779-0154-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
38779-0154-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,MICRONIZED)	100	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
38779-0154-08		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE ANHYDROUS (U.S.P.,MICRONIZED)	500	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
38779-0154-09		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE ANHYDROUS (U.S.P.,MICRONIZED)	1000	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
38779-0163-03		J3490		10/01/2012	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	1	GM	1	10/01/2012	99/99/9999						
38779-0163-04		J3490		10/01/2012	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.,MICRONIZED)	25	GM	JR	NA	GM	1	GM	1	10/01/2012	99/99/9999						
38779-0163-05		J3490		10/01/2012	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.,MICRONIZED)	100	GM	BO	NA	GM	1	GM	1	10/01/2012	99/99/9999						
38779-0163-08		J3490		10/01/2012	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.,MICRONIZED)	500	GM	JR	NA	GM	1	GM	1	10/01/2012	99/99/9999						
38779-0163-09		J3490		01/31/2011	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.,MICRONIZED)	1000	GM	JR	NA	GM	1	GM	1	01/31/2011	99/99/9999						
38779-0164-03		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
38779-0164-04		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE,1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
38779-0164-05		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE,1MG	TESTOSTERONE CYPIONATE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
38779-0164-08		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	500	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
38779-0164-09		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE,1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1000	GM	JR	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
38779-0165-03		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (USP,MICRONIZED)	5	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
38779-0165-04		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (USP,MICRONIZED)	25	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
38779-0165-05		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	100	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
38779-0165-08		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	500	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
38779-0166-03		J3302		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (USP)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0166-04		J3302		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (USP)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0166-05		J3302		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (USP)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0173-01		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
38779-0173-04		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
38779-0173-05		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
38779-0173-08		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
38779-0180-04		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	25	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999						
38779-0180-05		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	100	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999						
38779-0180-08		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	500	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999						
38779-0183-03		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0183-04		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0183-05		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0183-08		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0185-04		J7609		01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0185-04	KO	J7609	KO	01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0185-05		J7609		01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0185-05	KO	J7609	KO	01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0189-03		J1320		10/01/2012	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	5	GM	BO	NA	GM	20	MG	50	10/01/2012	99/99/9999						
38779-0189-04		J1320		10/01/2012	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	25	GM	BO	NA	GM	20	MG	50	10/01/2012	99/99/9999						
38779-0189-05		J1320		10/01/2012	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	100	GM	BO	NA	GM	20	MG	50	10/01/2012	99/99/9999						
38779-0191-03		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0191-04		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0191-05		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0191-06		J0285		11/27/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	11/27/2003	99/99/9999						
38779-0191-08		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0195-01		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0195-01	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0195-03		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0195-03	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0195-06		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0195-06	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0198-00		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0198-00	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0198-03		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0198-03	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0198-04		J7626		04/19/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	09/26/2008	99/99/9999	04/19/2002	04/25/2002	2000			
38779-0198-04	KO	J7626	KO	04/19/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	09/26/2008	99/99/9999	04/19/2002	04/25/2002	2000			
38779-0198-05		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED,MICRONIZED)	1	EA	NA	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0198-05	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED,MICRONIZED)	1	EA	NA	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0198-06		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0198-06	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0215-09		J1160		02/05/2002	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1	EA	BO	NA	GM	0.5	MG	2000	02/05/2002	99/99/9999						
38779-0216-04		J1165		01/01/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0216-05		J1165		01/01/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0216-08		J1165		01/01/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0230-03		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0230-03	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0230-04		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0230-04	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0230-05		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0230-05	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0230-06	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0230-06		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0247-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0247-05		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0253-04		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0253-05		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0253-08		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0253-09		J2550		09/03/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL	1	EA	NA	NA	GM	50	MG	20	09/03/2002	99/99/9999						
38779-0281-04		J1240		02/05/2002	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	02/05/2002	99/99/9999						
38779-0282-04		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0282-05		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0282-08		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0282-09		J1200		04/22/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	NA	NA	GM	50	MG	20	04/22/2002	99/99/9999						
38779-0295-03		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2006	99/99/9999						
38779-0295-04		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2006	99/99/9999						
38779-0295-05		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2006	99/99/9999						
38779-0298-04		J3410		04/30/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	04/30/2002	99/99/9999						
38779-0298-05		J3410		04/30/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	04/30/2002	99/99/9999						
38779-0301-03		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
38779-0301-03	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0301-04		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
38779-0301-04	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
38779-0301-05		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
38779-0301-05	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
38779-0301-08		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
38779-0301-08	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
38779-0301-09		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	01/01/2008	99/99/9999						
38779-0301-09	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	01/01/2008	99/99/9999						
38779-0303-03		J1110		01/01/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0310-09		J2675		09/26/2008	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED, U.S.P.)	1000	GM	BO	NA	GM	50	MG	20	09/26/2008	99/99/9999						
38779-0312-03		J7501		10/01/2012	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	5	GM	BO	NA	GM	100	MG	10	10/01/2012	99/99/9999						
38779-0312-04		J7501		10/01/2012	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	25	GM	BO	NA	GM	100	MG	10	10/01/2012	99/99/9999						
38779-0312-06		J7501		10/01/2012	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1	GM	BO	NA	GM	100	MG	10	10/01/2012	99/99/9999						
38779-0319-01		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0319-01	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0319-03		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0319-03	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0319-04		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0319-04	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0319-05		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0319-05	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0319-06		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0319-06	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0324-03		J1730		01/01/2002	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999						
38779-0324-04		J1730		01/01/2002	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999						
38779-0324-06		J1730		01/01/2002	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999						
38779-0330-01		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0330-03		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0330-04		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0330-05		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0330-06		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0364-01		J7622		02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999						
38779-0364-01	KO	J7622	KO	02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999						
38779-0364-03		J7622		02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999						
38779-0364-03	KO	J7622	KO	02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999						
38779-0364-06		J7622		02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999						
38779-0364-06	KO	J7622	KO	02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999						
38779-0388-03		J0475		01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
38779-0388-04		J0475		01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
38779-0388-05		J0475		01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
38779-0388-09		J0475		04/22/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	04/22/2002	99/99/9999						
38779-0403-01		J2765		04/25/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	04/25/2002	99/99/9999						
38779-0403-04		J2765		01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0403-05		J2765		01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
38779-0405-01		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0405-01	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0405-03		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0405-03	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0405-04	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0405-04		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0405-05		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0405-05	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0405-06		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0405-06	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0423-04		J3230		01/01/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0423-05		J3230		01/01/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0454-03		J2440		01/01/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	01/01/2002	99/99/9999						
38779-0454-04		J2440		01/01/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	01/01/2002	99/99/9999						
38779-0454-05		J2440		01/01/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	01/01/2002	99/99/9999						
38779-0468-03		J3420		04/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG	1000	04/25/2003	99/99/9999						
38779-0468-04		J3420		04/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG	1000	04/25/2003	99/99/9999						
38779-0468-05		J3420		04/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG	1000	04/25/2003	99/99/9999						
38779-0468-06		J3420		04/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG	1000	04/25/2003	99/99/9999						
38779-0495-04		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
38779-0495-04	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
38779-0495-05		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
38779-0495-05	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
38779-0495-08		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
38779-0495-08	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
38779-0495-09		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
38779-0495-09	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
38779-0534-05		J3490		04/25/2002	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	04/25/2002	99/99/9999						
38779-0534-08		J3490		04/25/2002	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	04/25/2002	99/99/9999						
38779-0534-09		J3490		04/25/2002	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	04/25/2002	99/99/9999						
38779-0536-04		J2780		05/20/2002	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	04/01/2020						
38779-0536-05		J2780		05/20/2002	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	04/01/2020						
38779-0536-08		J2780		05/20/2002	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	04/01/2020						
38779-0536-09		J2780		05/20/2002	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	04/01/2020						
38779-0561-01		J0735		01/01/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0561-03		J0735		01/01/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0561-04		J0735		09/03/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/03/2002	99/99/9999						
38779-0561-06		J0735		01/01/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0632-04		J7699		05/15/2014	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1	05/15/2014	99/99/9999						
38779-0632-05		J7699		05/15/2014	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1	05/15/2014	99/99/9999						
38779-0632-08		J7699		05/15/2014	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	500	GM	BO	NA	GM	1	MG	1	05/15/2014	99/99/9999						
38779-0632-09		J7699		05/15/2014	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1000	GM	BO	NA	GM	1	MG	1	05/15/2014	99/99/9999						
38779-0660-03		J7516		02/06/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG	4	02/06/2002	99/99/9999						
38779-0660-04		J7516		02/06/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG	4	02/06/2002	99/99/9999						
38779-0660-05		J7516		02/06/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG	4	02/06/2002	99/99/9999						
38779-0660-06		J7516		02/06/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG	4	02/06/2002	99/99/9999						
38779-0679-03		J0745		01/01/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0679-04		J0745		01/01/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2002	99/99/9999						
38779-0679-05		J0745		01/01/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2002	99/99/9999						
38779-0855-04		J3121		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE,1 MG	TESTOSTERONE ENANTHATE	25	GM	NA	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
38779-0873-04		J3415		01/01/2004	07/31/2021	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	07/31/2021						
38779-0873-05		J3415		01/01/2004	07/31/2021	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	07/31/2021						
38779-0873-08		J3415		01/01/2004	07/31/2021	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	07/31/2021						
38779-0873-09		J3415		01/01/2004	07/31/2021	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	07/31/2021						
38779-0885-03		J1960		11/22/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	11/22/2002	99/99/9999						
38779-0885-06		J1960		11/22/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	11/22/2002	99/99/9999						
38779-0888-00		J0592		01/01/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2003	99/99/9999						
38779-0888-06		J0592		01/01/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2003	99/99/9999						
38779-0888-09		J0592		01/01/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2003	99/99/9999						
38779-0891-03		J1435		01/01/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0891-04		J1435		01/01/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0891-05		J1435		08/21/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	08/21/2002	99/99/9999						
38779-0891-06		J1435		01/01/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0925-05		J3360		04/23/2012	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (U.S.P.)	100	GM	BO	NA	GM	5	MG	200	04/23/2012	99/99/9999						
38779-0925-08		J3360		04/23/2012	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (U.S.P.)	500	GM	BO	NA	GM	5	MG	200	04/23/2012	99/99/9999						
38779-0925-09		J3360		04/23/2012	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (U.S.P.)	1000	GM	BO	NA	GM	5	MG	200	04/23/2012	99/99/9999						
38779-0927-01		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	01/01/2002	99/99/9999						
38779-0927-03		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	01/01/2002	99/99/9999						
38779-0927-04		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	01/01/2002	99/99/9999						
38779-0927-05		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	01/01/2002	99/99/9999						
38779-0927-06		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	01/01/2002	99/99/9999						
38779-0927-08		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	01/01/2002	99/99/9999						
38779-0944-07		J0270		01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	01/01/2002	99/99/9999						
38779-0944-09		J0270		01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	01/01/2002	99/99/9999						
38779-1502-00		J2760		01/01/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-1502-03		J2760		05/22/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	05/22/2002	99/99/9999						
38779-1502-06		J2760		01/01/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-1502-09		J2760		05/22/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	05/22/2002	99/99/9999						
38779-1756-00		J3010		01/01/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2002	99/99/9999						
38779-1756-03		J3010		04/23/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1	MG	10000	04/23/2002	99/99/9999						
38779-1756-06		J3010		01/01/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1	MG	10000	01/01/2002	99/99/9999						
38779-1756-09		J3010		01/01/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2002	99/99/9999						
38779-1764-00		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-1764-03		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-1764-06		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-1766-03		J2175		01/01/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	99/99/9999						
38779-1766-04		J2175		01/01/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	99/99/9999						
38779-1766-05		J2175		01/01/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	99/99/9999						
38779-1816-05		J2810		08/01/2016	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (USP)	100	GM	BO	NA	GM	40	MG	25	08/01/2016	99/99/9999						
38779-1816-08		J2810		08/01/2016	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (USP)	500	GM	BO	NA	GM	40	MG	25	08/01/2016	99/99/9999						
38779-1901-03		J1000		01/01/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-1901-04		J1000		01/01/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-1901-05		J1000		01/01/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-1905-01		J1094		01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1	EA	NA	NA	GM	1	MG	1000	01/01/2003	99/99/9999						
38779-1905-03		J1094		01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1	EA	NA	NA	GM	1	MG	1000	01/01/2003	99/99/9999						
38779-1905-04		J1094		01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1	EA	NA	NA	GM	1	MG	1000	01/01/2003	99/99/9999						
38779-1905-05		J1094		01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2003	99/99/9999						
38779-1931-01		J1835		04/25/2002	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	BO	NA	GM	50	MG	20	04/25/2002	99/99/9999						
38779-1943-05		J2800		04/25/2002	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10	ML	1	04/25/2002	99/99/9999						
38779-1943-08		J2800		04/25/2002	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10	ML	1	04/25/2002	99/99/9999						
38779-1943-09		J2800		04/25/2002	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10	ML	1	04/25/2002	99/99/9999						
38779-1968-07		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (USP)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-1968-09		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (USP)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-2087-03		J7643		05/02/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	05/02/2002	99/99/9999						
38779-2087-03	KO	J7643	KO	05/02/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	05/02/2002	99/99/9999						
38779-2087-06		J7643		05/02/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	05/02/2002	99/99/9999						
38779-2087-06	KO	J7643	KO	05/02/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	05/02/2002	99/99/9999						
38779-2363-05		J1956		10/25/2007	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN HEMIHYDRATE (1X100GM)	1	EA	BO	NA	GM	250	MG	4	10/25/2007	99/99/9999						
39822-0123-02		J2543		02/13/2017	11/19/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	02/13/2017	11/19/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
39822-0125-04		J2543		02/13/2017	11/19/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	02/13/2017	11/19/2019						
39822-0127-06		J2543		02/13/2017	11/19/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	02/13/2017	11/19/2019						
39822-0139-07		J2543		02/13/2017	11/19/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PHARMACY BULK PACKAGE) 36 GM-4.5 GM	1	EA	VL	IV	EA	1.125	GM	36	02/13/2017	11/19/2019						
39822-0250-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,PF,LATEX-FREE) 500 MG	1	EA		IV	EA	5	MG	100	04/01/2024	99/99/9999						
39822-0255-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,PF,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	5	MG	200	04/01/2024	99/99/9999						
39822-0260-01		J9075		07/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,PF,LATEX-FREE) 2 GM	1	EA		IV	EA	5	MG	400	07/01/2024	99/99/9999						
39822-0277-02		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BACIIM (STERILE) 50000 U	1	EA	VL	IM	EA	1	EA	1	01/01/2002	99/99/9999						
39822-0350-02		J2010		02/01/2016	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL 300 MG/1 ML	2	ML	VL	IJ	ML	300	MG	1	02/01/2016	99/99/9999						
39822-0353-06		J2010		02/01/2016	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL 300 MG/1 ML	10	ML	VL	IJ	ML	300	MG	1	02/01/2016	99/99/9999						
39822-0412-01		J3260		01/01/2007	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (BULK VIAL,PF) 1.2 GM	1	EA	VL	IV	EA	80	MG	15	01/01/2007	99/99/9999						
39822-0412-06		J3260		01/01/2007	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (BULK VIAL,PF) 1.2 GM	6	EA	VL	IV	EA	80	MG	15	01/01/2007	99/99/9999						
39822-0500-04		J0360		09/21/2015	03/31/2021	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (USP) 20 MG/1 ML	1	ML	VL	IJ	ML	20	MG	1	09/21/2015	03/31/2021						
39822-0615-01		J0770		01/01/2002	07/01/2023	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM (VIAL,STERILE) 150 MG	1	EA	VL	IJ	EA	150	MG	1	01/01/2002	07/01/2023						
39822-0617-01		J0770		07/01/2016	02/24/2020	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (LYOPHILIZED CAKE) 150 MG	1	EA	VL	IJ	EA	150	MG	1	07/01/2016	02/24/2020						
39822-0617-02		J0770		07/01/2016	02/08/2019	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (LYOPHILIZED CAKE) 150 MG	12	EA	VL	IJ	EA	150	MG	1	07/01/2016	02/08/2019						
39822-0650-01		J9261		02/17/2025	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE SDV 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	02/17/2025	99/99/9999						
39822-0650-06		J9261		02/17/2025	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE SDV 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	02/17/2025	99/99/9999						
39822-0706-02		J3000		01/01/2002	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (STERILE) 1 GM	1	EA	VL	IM	EA	1	GM	1	01/01/2002	99/99/9999						
39822-1055-05		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (STERILE) 50 MG	1	EA	VL	IV	EA	50	MG	1	01/01/2002	99/99/9999						
39822-1100-01		J1808		04/01/2025	99/99/9999	INJECTION, FOLIC ACID, 0.1 MG	FOLIC ACID USP;MDV 5 MG/1 ML	10	ML		IJ	ML	0.1	MG	50	04/01/2025	99/99/9999						
39822-1800-01		J2359		09/02/2025	99/99/9999	INJECTION, OLANZAPINE, 0.5 MG	OLANZAPINE SDV,LYOPHILIZED 10 MG	1	EA		IM	EA	0.5	MG	20	09/02/2025	99/99/9999						
39822-2100-02		J9120		08/09/2019	99/99/9999	INJECTION, DACTINOMYCIN, 0.5 MG	DACTINOMYCIN (SDV,LYOPHILIZED) 0.5 MG	1	EA	BO	IV	EA	0.5	MG	1	08/09/2019	99/99/9999						
39822-2120-01		J9171		05/05/2017	02/22/2019	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SDV) 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	05/05/2017	02/22/2019						
39822-2180-01		J9171		05/05/2017	07/22/2020	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SDV) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	05/05/2017	07/22/2020						
39822-2200-01		J9171		05/05/2017	07/22/2020	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SDV) 20 MG/1 ML	10	ML	VL	IV	ML	1	MG	20	05/05/2017	07/22/2020						
39822-3030-02		J2545		06/30/2023	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE (PF,LATEX-FREE) 300 MG	1	EA		IH	EA	300	MG	1	06/30/2023	99/99/9999						
39822-3030-02	KO	J2545	KO	06/30/2023	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE (PF,LATEX-FREE) 300 MG	1	EA		IH	EA	300	MG	1	06/30/2023	99/99/9999						
39822-5525-03		J2550		08/01/2016	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (25X1ML,USP) 25 MG/1 ML	1	ML	AM	IJ	ML	50	MG	0.5	08/01/2016	99/99/9999						
39822-5550-06		J2550		08/01/2016	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (25X1ML,USP) 50 MG/1 ML	1	ML	AM	IJ	ML	50	MG	1	08/01/2016	99/99/9999						
39822-6200-02		J2597		03/15/2024	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE 4 MCG/1 ML	1	ML	VL	IJ	ML	1	MCG	4	03/15/2024	99/99/9999						
39822-6250-01		J2597		03/15/2024	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE 4 MCG/1 ML	10	ML	VL	IJ	ML	1	MCG	4	03/15/2024	99/99/9999						
42023-0110-01		J1380		12/10/2007	99/99/9999	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	DELESTROGEN (1X5ML,MULTIDOSE) 10 MG/ML	5	ML	VL	IM	ML	10	MG	1	12/10/2007	99/99/9999						
42023-0116-25		J2590		02/01/2008	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	PITOCIN (25X1ML) 10 U/ML	1	ML	VL	IJ	ML	10	U	1	02/01/2008	99/99/9999						
42023-0116-73		J2590		01/29/2024	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	PREMIERPRO RX PITOCIN (MDV) 10 U/1 ML	10	ML		IJ	ML	10	U	1	01/29/2024	99/99/9999						
42023-0116-83		J2590		11/30/2023	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	PREMIERPRO RX PITOCIN (SDV) 10 U/1 ML	1	ML	VL	IJ	ML	10	U	1	11/30/2023	99/99/9999						
42023-0116-93		J2590		01/29/2024	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	PITOCIN NOVAPLUS (MDV) 10 U/1 ML	10	ML	VL	IJ	ML	10	U	1	01/29/2024	99/99/9999						
42023-0118-01		J3250		08/01/2008	03/31/2022	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (MDV,1X20ML) 100 MG/ML	20	ML	VL	IM	ML	200	MG	0.5	08/01/2008	03/31/2022						
42023-0119-25		J3250		07/22/2008	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TIGAN (SDV, 25X2ML) 100 MG/ML	2	ML	VL	IM	ML	200	MG	1	07/22/2008	99/99/9999						
42023-0129-01		J2680		07/09/2014	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (LATEX-FREE) 25 MG/ML	5	ML	VL	IJ	ML	25	MG	1	07/09/2014	99/99/9999						
42023-0129-89		J2680		06/15/2018	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	PREMIERPRO RX FLUPHENAZINE DECANOATE (LATEX-FREE) 25 MG/1 ML	5	ML		IJ	ML	25	MG	1	06/15/2018	99/99/9999						
42023-0149-01		J9245		08/24/2016	01/13/2020	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	MELPHALAN HYDROCHLORIDE (W/ 10ML DILUENT) 50 MG	1	EA	VL	IV	EA	50	MG	1	08/24/2016	01/13/2020						
42023-0164-10		J2598		07/01/2023	99/99/9999	INJECTION, VASOPRESSIN, 1 UNIT	VASOSTRICT 20 U/1 ML	1	ML		IV	ML	1	U	20	07/01/2023	99/99/9999						
42023-0164-25		J2598		07/01/2023	99/99/9999	INJECTION, VASOPRESSIN, 1 UNIT	VASOSTRICT (25X1ML) 20 U/1 ML	1	ML		IV	ML	1	U	20	07/01/2023	99/99/9999						
42023-0164-83		J2598		07/01/2023	99/99/9999	INJECTION, VASOPRESSIN, 1 UNIT	PREMIERPRO RX VASOSTRICT (PF) 20 U/1 ML	1	ML		IV	ML	1	U	20	07/01/2023	99/99/9999						
42023-0168-89		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	PREMIERPRO RX ADRENALIN MDV 1 MG/1 ML	30	ML		IJ	ML	0.1	MG	10	07/01/2025	99/99/9999						
42023-0168-89		J0171		12/01/2020	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	PREMIERPRO RX ADRENALIN (MDV) 1 MG/1 ML	30	ML	VL	IJ	ML	0.1	MG	10	12/01/2020	06/30/2025						
42023-0168-99		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	ADRENALIN NOVAPLUS MDV 1 MG/1 ML	30	ML		IJ	ML	0.1	MG	10	07/01/2025	99/99/9999						
42023-0168-99		J0171		12/01/2020	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	ADRENALIN NOVAPLUS (MDV) 1 MG/1 ML	30	ML	VL	IJ	ML	0.1	MG	10	12/01/2020	06/30/2025						
42023-0173-25		J1570		04/05/2017	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	GANCICLOVIR (SDV,PF,LYOPHILIZED) 500 MG	25	EA	VL	IV	EA	500	MG	1	04/05/2017	99/99/9999						
42023-0179-05		J0592		07/29/2015	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (5X1ML; SDV) 0.3 MG/ML	1	ML	VL	IJ	ML	0.1	MG	3	07/29/2015	99/99/9999						
42023-0182-89		J0883		01/05/2023	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	PREMIERPRO RX ARGATROBAN (SDV,PF) 100 MG/1 ML	2.5	ML	VL	IV	ML	1	MG	100	01/05/2023	99/99/9999						
42023-0188-10		J2710		05/22/2017	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	05/22/2017	99/99/9999						
42023-0189-10		J2710		05/22/2017	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	05/22/2017	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
42023-0190-01		J2598		07/01/2023	99/99/9999	INJECTION, VASOPRESSIN, 1 UNIT	VASOSTRICT 20 U/1 ML	10	ML		IV	ML	1	U	20	07/01/2023	99/99/9999						
42023-0201-01		J0650		04/01/2024	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	LEVOTHYROXINE SODIUM (SINGLE USE,PF) 100 MCG	1	EA	VL	IV	EA	10	MCG	10	04/01/2024	99/99/9999						
42023-0202-01		J0650		04/01/2024	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	LEVOTHYROXINE SODIUM (SINGLE USE,PF) 200 MCG	1	EA	VL	IV	EA	10	MCG	20	04/01/2024	99/99/9999						
42023-0203-01		J0650		04/01/2024	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	LEVOTHYROXINE SODIUM (SINGLE USE,PF) 500 MCG	1	EA	VL	IV	EA	10	MCG	50	04/01/2024	99/99/9999						
42023-0205-01		J0630		11/10/2021	99/99/9999	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	CALCITONIN-SALMON (MDV;USP) 200 IU/1 ML	2	ML	VL	IJ	ML	400	IU	0.5	11/10/2021	99/99/9999						
42023-0206-01		J3285		09/25/2019	03/31/2025	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 1 MG/1 ML	20	ML	VL	IJ	ML	1	MG	1	09/25/2019	03/31/2025						
42023-0207-01		J3285		09/25/2019	02/28/2025	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 2.5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2.5	09/25/2019	02/28/2025						
42023-0208-01		J3285		09/25/2019	02/28/2025	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	5	09/25/2019	02/28/2025						
42023-0209-01		J3285		09/25/2019	02/28/2025	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 10 MG/1 ML	20	ML	VL	IJ	ML	1	MG	10	09/25/2019	02/28/2025						
42023-0213-25		J2370		07/17/2019	01/31/2022	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	07/17/2019	01/31/2022						
42023-0214-10		J2370		07/17/2019	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	07/17/2019	06/30/2023						
42023-0214-10		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
42023-0215-01		J2370		07/17/2019	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	07/17/2019	06/30/2023						
42023-0215-01		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
42023-0219-10		J2598		07/01/2023	99/99/9999	INJECTION, VASOPRESSIN, 1 UNIT	VASOSTRICT (SDV) 0.4 U/1 ML	100	ML		IV	ML	1	U	0.4	07/01/2023	99/99/9999						
42023-0221-10		J1335		07/26/2018	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM 1 GM	10	EA	VL	IJ	EA	500	MG	2	07/26/2018	99/99/9999						
42023-0221-85		J1335		11/09/2018	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	PREMIERPRO RX ERTAPENEM SODIUM 1 GM	10	EA	VL	IJ	EA	500	MG	2	11/09/2018	99/99/9999						
42023-0224-01		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL SD PREFILLED SYRINGE 1 MG/1 ML	2	ML		IJ	ML	0.01	MG	100	07/01/2025	99/99/9999						
42023-0229-10		J2247		01/01/2023	99/99/9999	INJECTION, MICAFUNGIN SODIUM (PAR PHARM) NOT THEREAPEUTICALLY EQUIVALENT TO J2248, 1 MG	MICAFUNGIN (SDV,PF,LATEX-FREE) 50 MG	10	EA	VL	IV	EA	1	MG	50	01/01/2023	99/99/9999						
42023-0229-10		J2248		10/25/2021	12/31/2022	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN (SDV,PF,LATEX-FREE) 50 MG	10	EA	VL	IV	EA	1	MG	50	10/25/2021	12/31/2022						
42023-0230-10		J2247		01/01/2023	99/99/9999	INJECTION, MICAFUNGIN SODIUM (PAR PHARM) NOT THEREAPEUTICALLY EQUIVALENT TO J2248, 1 MG	MICAFUNGIN (SDV,PF,LATEX-FREE) 100 MG	10	EA	VL	IV	EA	1	MG	100	01/01/2023	99/99/9999						
42023-0230-10		J2248		10/25/2021	12/31/2022	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN (SDV,PF,LATEX-FREE) 100 MG	10	EA	VL	IV	EA	1	MG	100	10/25/2021	12/31/2022						
42023-0237-10		J2598		07/01/2023	99/99/9999	INJECTION, VASOPRESSIN, 1 UNIT	VASOSTRICT (SDV) 0.2 U/1 ML	100	ML		IV	ML	1	U	0.2	07/01/2023	99/99/9999						
42023-0238-01		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (MDV,LATEX-FREE) 40 MG/1 ML	5	ML		IJ	ML	1	MG	40	04/01/2024	99/99/9999						
42023-0238-01		J1030		11/02/2023	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (MDV,LATEX-FREE) 40 MG/1 ML	5	ML	VL	IJ	ML	40	MG	1	11/02/2023	03/31/2024						
42023-0239-01		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,LATEX-FREE) 40 MG/1 ML	10	ML		IJ	ML	1	MG	40	04/01/2024	99/99/9999						
42023-0239-01		J1030		05/10/2023	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,LATEX-FREE) 40 MG/1 ML	10	ML	VL	IJ	ML	40	MG	1	05/10/2023	03/31/2024						
42023-0240-01		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,LATEX-FREE) 80 MG/1 ML	5	ML		IJ	ML	1	MG	80	04/01/2024	99/99/9999						
42023-0240-01		J1040		06/14/2022	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,LATEX-FREE) 80 MG/1 ML	5	ML	VL	IJ	ML	80	MG	1	06/14/2022	03/31/2024						
42023-0244-10		J1271		04/01/2025	99/99/9999	INJECTION, DOXYCYCLINE HYCLATE, 1 MG	DOXYCYCLINE SDV,LYOPHILIZED 100 MG	10	EA		IV	EA	1	MG	100	04/01/2025	99/99/9999						
42023-0244-10		J3490		11/27/2024	03/31/2025	UNCLASSIFIED DRUGS	DOXYCYCLINE SDV,LYOPHILIZED 100 MG	10	EA	VL	IV	EA	1	EA	1	11/27/2024	03/31/2025						
42023-0273-10		J0163		10/01/2025	99/99/9999	INJECTION, EPINEPHRINE IN SODIUM CHLORIDE (ENDO), 0.1 MG	ADRENALIN IN SODIUM CHLORIDE 2 MG/250 ML-0.9%	250	ML	FC	IV	ML	0.1	MG	0.08	10/01/2025	99/99/9999						
42023-0295-10		J0878		09/26/2025	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN SDV,LYOPHILIZED 500 MG	10	EA	VL	IV	EA	1	MG	500	09/26/2025	99/99/9999						
42023-0315-10		J0163		10/01/2025	99/99/9999	INJECTION, EPINEPHRINE IN SODIUM CHLORIDE (ENDO), 0.1 MG	ADRENALIN 4 MG/250 ML-0.9%	250	ML		IV	ML	0.1	MG	0.16	10/01/2025	99/99/9999						
42023-0434-10		J0163		10/01/2025	99/99/9999	INJECTION, EPINEPHRINE IN SODIUM CHLORIDE (ENDO), 0.1 MG	ADRENALIN IN SODIUM CHLORIDE 5 MG/250 ML-0.9%	250	ML		IV	ML	0.1	MG	0.2	10/01/2025	99/99/9999						
42023-0500-10		J0163		10/01/2025	99/99/9999	INJECTION, EPINEPHRINE IN SODIUM CHLORIDE (ENDO), 0.1 MG	ADRENALIN 8 MG/250 ML-0.9%	250	ML		IV	ML	0.1	MG	0.32	10/01/2025	99/99/9999						
42023-0622-10		J0582		10/01/2025	99/99/9999	INJECTION, BIVALIRUDIN (ENDO), NOT THERAPEUTICALLY EQUIVALENT TO J0583, 1 MG	BIVALIRUDIN (READY TO USE) SDV 5 MG/1 ML	50	ML		IV	ML	1	MG	5	10/01/2025	99/99/9999						
42023-0721-10		J0163		10/01/2025	99/99/9999	INJECTION, EPINEPHRINE IN SODIUM CHLORIDE (ENDO), 0.1 MG	ADRENALIN IN SODIUM CHLORIDE 10 MG/250 ML-0.9%	250	ML	FC	IV	ML	0.1	MG	0.4	10/01/2025	99/99/9999						
42195-0121-06		J8540		01/31/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	TAPERDEX (6-DAY) 1.5 MG	21	EA	ST	PO	EA	0.25	MG	6	01/31/2018	99/99/9999						
42195-0127-07		J8540		03/01/2019	12/31/2023	DEXAMETHASONE, ORAL, 0.25 MG	TAPERDEX 7-DAY 1.5 MG	27	EA	DP	PO	EA	0.25	MG	6	03/01/2019	12/31/2023						
42195-0149-12		J8540		01/31/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	TAPERDEX (12-DAY) 1.5 MG	49	EA	ST	PO	EA	0.25	MG	6	01/31/2018	99/99/9999						
42195-0151-10		J8540		01/07/2019	09/09/2022	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (USP) 1.5 MG	100	EA	BO	PO	EA	0.25	MG	6	01/07/2019	09/09/2022						
42195-0221-06		J8540		03/01/2020	12/31/2023	DEXAMETHASONE, ORAL, 0.25 MG	TAPERDEX 6-DAY (USP) 1.5 MG	21	EA	DP	PO	EA	0.25	MG	6	03/01/2020	12/31/2023						
42195-0721-21		J8540		05/15/2020	12/31/2023	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE THERAPY PACK (6-DAY) 1.5 MG	21	EA	DP	PO	EA	0.25	MG	6	05/15/2020	12/31/2023						
42291-0016-30		J8999		02/06/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ANASTROZOLE 1 MG	30	EA	BO	PO	EA	1	EA	1	02/06/2023	99/99/9999						
42291-0016-90		J8999		02/06/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ANASTROZOLE 1 MG	90	EA	BO	PO	EA	1	EA	1	02/06/2023	99/99/9999						
42291-0017-01		J8499		01/21/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	MG	1	01/21/2019	99/99/9999						
42291-0017-50		J8499		01/21/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500	EA	BO	PO	EA	1	MG	1	01/21/2019	99/99/9999						
42291-0044-30		Q0144		04/24/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	04/24/2024	99/99/9999						
42291-0063-01		J7500		04/13/2023	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 100 MG	100	EA	BO	PO	EA	50	MG	2	04/13/2023	99/99/9999						
42291-0071-01		J7500		01/04/2022	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	100	EA		PO	EA	50	MG	1	01/04/2022	99/99/9999						
42291-0082-06		Q0144		04/11/2022	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	6	EA	BO	PO	EA	1	GM	0.25	04/11/2022	99/99/9999						
42291-0082-30		Q0144		04/11/2022	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	04/11/2022	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
42291-0083-03		Q0144		04/11/2022	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	3	EA	BO	PO	EA	1	GM	0.5	04/11/2022	99/99/9999						
42291-0083-30		Q0144		04/11/2022	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	04/11/2022	99/99/9999						
42291-0084-30		Q0144		04/11/2022	02/28/2025	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	04/11/2022	02/28/2025						
42291-0085-30		J8999		02/13/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ANASTROZOLE (FILM-COATED) 1 MG	30	EA	BO	PO	EA	1	EA	1	02/13/2020	99/99/9999						
42291-0085-90		J8999		09/23/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ANASTROZOLE (USP,FILM-COATED) 1 MG	90	EA	BO	PO	EA	1	EA	1	09/23/2020	99/99/9999						
42291-0155-01		J8540		08/31/2022	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100	EA	BO	PO	EA	0.25	MG	16	08/31/2022	99/99/9999						
42291-0167-12		None		04/14/2017	05/31/2020	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP, FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	04/14/2017	05/31/2020						
42291-0406-50		Q0177		04/13/2018	08/30/2021	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	500	EA		PO	EA	25	MG	1	04/13/2018	08/30/2021						
42291-0406-90		Q0177		04/13/2018	06/30/2021	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	90	EA		PO	EA	25	MG	1	04/13/2018	06/30/2021						
42291-0407-50		Q0177		04/13/2018	09/30/2021	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	500	EA		PO	EA	25	MG	2	04/13/2018	09/30/2021						
42291-0439-30		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 200 MG-300 MG	30	EA		PO	EA	200	MG	1	01/02/2024	99/99/9999						
42291-0449-60		Q0167		03/13/2020	11/29/2022	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	03/13/2020	11/29/2022						
42291-0450-60		Q0167		03/13/2020	11/29/2022	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 5 MG	60	EA	BO	PO	EA	2.5	MG	2	03/13/2020	11/29/2022						
42291-0451-60		Q0167		03/13/2020	11/29/2022	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 10 MG	60	EA	BO	PO	EA	2.5	MG	4	03/13/2020	11/29/2022						
42291-0594-01		None		12/04/2014	03/31/2021	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM (USP) 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	12/04/2014	03/31/2021						
42291-0727-10		J7512		02/05/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	1	MG	5	02/05/2020	99/99/9999						
42291-0728-01		Q0164		04/01/2020	07/31/2023	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP,FILM-COATED) 5 MG	100	EA	BO	PO	EA	5	MG	1	04/01/2020	07/31/2023						
42291-0729-01		Q0164		04/01/2020	07/31/2023	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP,FILM-COATED) 10 MG	100	EA	BO	PO	EA	5	MG	2	04/01/2020	07/31/2023						
42291-0752-01		J7507		03/23/2020	12/31/2021	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	03/23/2020	12/31/2021						
42291-0753-01		J7507		03/23/2020	01/31/2022	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 1 MG	100	EA	BO	PO	EA	1	MG	1	03/23/2020	01/31/2022						
42291-0754-01		J7507		03/23/2020	02/28/2022	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 5 MG	100	EA	BO	PO	EA	1	MG	5	03/23/2020	02/28/2022						
42291-0768-01		J7512		04/24/2020	06/30/2023	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 2.5 MG	100	EA	BO	PO	EA	1	MG	2.5	04/24/2020	06/30/2023						
42291-0769-01		J7512		04/24/2020	07/12/2023	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	1	MG	5	04/24/2020	07/12/2023						
42291-0770-50		J7512		04/24/2020	12/31/2023	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	500	EA	BO	PO	EA	1	MG	10	04/24/2020	12/31/2023						
42291-0771-01		J7512		04/24/2020	06/30/2022	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	100	EA	BO	PO	EA	1	MG	20	04/24/2020	06/30/2022						
42291-0771-50		J7512		04/24/2020	11/30/2024	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	500	EA	BO	PO	EA	1	MG	20	04/24/2020	11/30/2024						
42291-0783-50		J7512		01/26/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	500	EA	BO	PO	EA	1	MG	10	01/26/2023	99/99/9999						
42291-0973-60		J8499		12/21/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	60	EA	BO	PO	EA	1	EA	1	12/21/2023	99/99/9999						
42291-0980-30		J0750		07/01/2025	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE FILM-COATED 200 MG-300 MG	30	EA	BO	PO	EA	200	MG	1	07/01/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
42358-0295-01		J1809		10/01/2025	99/99/9999	INJECTION, FOSDENOPTERIN, 0.1 MG	NULIBRY LYOPHILIZED 9.5 MG	1	EA		IV	EA	0.1	MG	95	10/01/2025	99/99/9999						
42367-0521-25		J9036		07/01/2019	99/99/9999	INJECTION, BELRAPZO 1 MG	BELRAPZO (MDV,PF) 25 MG/1 ML	4	ML	VL	IV	ML	1	MG	25	07/01/2019	99/99/9999						
42367-0570-87		J2598		07/01/2023	06/30/2024	INJECTION, VASOPRESSIN, 1 UNIT	VASOPRESSIN 20 U/1 ML	1	ML		IV	ML	1	U	20	07/01/2023	06/30/2024						
42385-0953-30		J0750		01/02/2024	06/11/2025	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 200 MG-300 MG	30	EA		PO	EA	200	MG	1	01/02/2024	06/11/2025						
42494-0415-03		J2560		01/10/2020	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (3X1ML;USP) 65 MG/1 ML	1	ML	VL	IJ	ML	120	MG	0.541667	01/10/2020	99/99/9999						
42494-0415-25		J2560		01/10/2020	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (25X1ML;USP) 65 MG/1 ML	1	ML	BX	IJ	ML	120	MG	0.541667	01/10/2020	99/99/9999						
42494-0416-03		J2560		01/10/2020	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (3X1ML;USP) 130 MG/1 ML	1	ML	BX	IJ	ML	120	MG	1.083333	01/10/2020	99/99/9999						
42494-0416-25		J2560		01/10/2020	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (25X1ML;USP) 130 MG/1 ML	1	ML	BX	IJ	ML	120	MG	1.083333	01/10/2020	99/99/9999						
42494-0441-25		J2560		07/24/2023	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUMNOVAPLUS 65 MG/1 ML	1	ML		IJ	ML	120	MG	0.541667	07/24/2023	99/99/9999						
42494-0442-25		J2560		07/24/2023	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM NOVAPLUS 130 MG/1 ML	1	ML		IJ	ML	120	MG	1.083333	07/24/2023	99/99/9999						
42543-0719-04		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (GLUTEN-FREE,FILM-COATED) 200 MG-300 MG	30	EA		PO	EA	200	MG	1	01/02/2024	99/99/9999						
42571-0350-09		J7631		06/29/2022	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (5X12,PF) 10 MG/1 ML	2	ML	FC	IH	ML	10	MG	1	06/29/2022	99/99/9999						
42571-0350-09	KO	J7631	KO	06/29/2022	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (5X12,PF) 10 MG/1 ML	2	ML	FC	IH	ML	10	MG	1	06/29/2022	99/99/9999						
42571-0408-92		J7682		04/01/2024	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN 4 AMPULES X 14 POUCHES 300 MG/5 ML	5	ML		IH	ML	300	MG	0.2	04/01/2024	99/99/9999						
42571-0408-92	KO	J7682	KO	04/01/2024	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN 4 AMPULES X 14 POUCHES 300 MG/5 ML	5	ML		IH	ML	300	MG	0.2	04/01/2024	99/99/9999						
42571-0463-62		J7606		10/01/2024	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML		IH	ML	20	MCG	0.5	10/01/2024	99/99/9999						
42571-0463-62	KO	J7606	KO	10/01/2024	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML		IH	ML	20	MCG	0.5	10/01/2024	99/99/9999						
42658-0008-01		J9120		05/08/2024	99/99/9999	INJECTION, DACTINOMYCIN, 0.5 MG	DACTINOMYCIN (SDV,LYOPHILIZED) 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	05/08/2024	99/99/9999						
42658-0010-01		J9065		05/18/2020	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	05/18/2020	99/99/9999						
42658-0010-91		J9065		05/25/2023	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE NOVAPLUS (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML		IV	ML	1	MG	1	05/25/2023	99/99/9999						
42658-0019-01		J9150		10/14/2024	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL SDV 5 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.5	10/14/2024	99/99/9999						
42658-0021-01		J9150		01/20/2020	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (SDV,PF) 5 MG/1 ML	4	ML	VL	IV	ML	10	MG	0.5	01/20/2020	99/99/9999						
42658-0021-02		J9150		01/20/2021	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (10X4ML;SDV,PF) 5 MG/1 ML	4	ML	VL	IV	ML	10	MG	0.5	01/20/2021	99/99/9999						
42658-0021-91		J9150		02/07/2023	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL NOVAPLUS (SDV,PF) 5 MG/1 ML	4	ML	VL	IV	ML	10	MG	0.5	02/07/2023	99/99/9999						
42658-0021-92		J9150		02/07/2023	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL NOVAPLUS (SDV,PF) 5 MG/1 ML	4	ML	VL	IV	ML	10	MG	0.5	02/07/2023	99/99/9999						
42658-0101-05		J7517		08/12/2023	03/04/2024	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	08/12/2023	03/04/2024						
42658-0101-07		J7517		08/11/2023	03/04/2024	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	500	EA	BO	PO	EA	250	MG	2	08/11/2023	03/04/2024						
42747-0102-01		J0584		09/01/2023	99/99/9999	INJECTION, BUROSUMAB-TWZA 1 MG	CRYSVITA (SDV,PF) 10 MG/1 ML	1	ML	VL	SC	ML	1	MG	10	09/01/2023	99/99/9999						
42747-0203-01		J0584		09/01/2023	99/99/9999	INJECTION, BUROSUMAB-TWZA 1 MG	CRYSVITA (SDV,PF) 20 MG/1 ML	1	ML	BO	SC	ML	1	MG	20	09/01/2023	99/99/9999						
42747-0304-01		J0584		09/01/2023	99/99/9999	INJECTION, BUROSUMAB-TWZA 1 MG	CRYSVITA (SDV,PF) 30 MG/1 ML	1	ML	VL	SC	ML	1	MG	30	09/01/2023	99/99/9999						
42747-0761-01		J9204		10/01/2019	99/99/9999	INJECTION, MOGAMULIZUMAB-KPKC, 1 MG	POTELIGEO (PF) 4 MG/1 ML	5	ML	VL	IV	ML	1	MG	4	10/01/2019	99/99/9999						
42799-0813-01		J7510		02/23/2017	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE,GRAPE) 20 MG/5 ML	237	ML		PO	ML	5	MG	0.8	02/23/2017	99/99/9999						
42799-0815-01		J7510		06/15/2023	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE,GRAPE) 15 MG/5 ML	237	ML		PO	ML	5	MG	0.6	06/15/2023	99/99/9999						
42806-0147-31		Q0144		08/30/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (BANANA-CHERRY) 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	08/30/2019	99/99/9999						
42806-0149-32		Q0144		04/10/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (BANANA-CHERRY) 200 MG/5 ML	15	ML		PO	ML	1	GM	0.04	04/10/2018	99/99/9999						
42806-0150-33		Q0144		08/30/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (BANANA-CHERRY) 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	08/30/2019	99/99/9999						
42806-0151-34		Q0144		04/11/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (BANANA-CHERRY) 200 MG/5 ML	30	ML		PO	ML	1	GM	0.04	04/11/2018	99/99/9999						
42806-0400-01		J7509		05/01/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 4 MG	100	EA	BO	PO	EA	4	MG	1	05/01/2019	99/99/9999						
42806-0400-21		J7509		08/16/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 4 MG	21	EA	BO	PO	EA	4	MG	1	08/16/2019	99/99/9999						
42858-0094-35		J7606		11/20/2023	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML		IH	ML	20	MCG	0.5	11/20/2023	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
42858-0094-35	KO	J7606	KO	11/20/2023	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML		IH	ML	20	MCG	0.5	11/20/2023	99/99/9999						
42858-0094-62		J7606		11/20/2023	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (60X2ML) 20 MCG/2 ML	2	ML		IH	ML	20	MCG	0.5	11/20/2023	99/99/9999						
42858-0094-62	KO	J7606	KO	11/20/2023	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (60X2ML) 20 MCG/2 ML	2	ML		IH	ML	20	MCG	0.5	11/20/2023	99/99/9999						
42858-0602-03		J0574		06/21/2021	99/99/9999	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE	BUPRENORPHINE-NALOXONE (LEMON) 8 MG-2 MG	30	EA	BO	SL	EA	8	MG	1	06/21/2021	99/99/9999						
42858-0867-06		Q0167		06/26/2018	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (USP,SOFT GELATIN) 2.5 MG	60	EA		PO	EA	2.5	MG	1	06/26/2018	99/99/9999						
42858-0868-06		Q0167		06/26/2018	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (USP,SOFT GELATIN) 5 MG	60	EA		PO	EA	2.5	MG	2	06/26/2018	99/99/9999						
42858-0869-06		Q0167		06/26/2018	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFTGEL) 10 MG	60	EA		PO	EA	2.5	MG	4	06/26/2018	99/99/9999						
43063-0439-30		None		03/14/2013	04/06/2021	METHOTREXATE SODIUM, 2.5 MG, ORAL	METHOTREXATE SODIUM, 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	03/14/2013	04/06/2021						
43063-0742-15		Q0164		11/06/2018	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	5	MG	2	11/06/2018	99/99/9999						
43063-0874-20		Q0169		12/05/2018	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	12.5	MG	2	12/05/2018	99/99/9999						
43063-0876-04		Q0169		12/05/2018	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 50 MG	4	EA	BO	PO	EA	12.5	MG	4	12/05/2018	99/99/9999						
43063-0911-21		J7512		11/30/2018	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	1	MG	20	11/30/2018	99/99/9999						
43066-0001-01		J9171		02/23/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X2ML,MDV) 10 MG/1 ML	2	ML	VL	IV	ML	1	MG	10	02/23/2018	99/99/9999						
43066-0006-01		J9171		02/23/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X8ML,MDV) 10 MG/1 ML	8	ML	VL	IV	ML	1	MG	10	02/23/2018	99/99/9999						
43066-0008-10		J3290		10/01/2025	99/99/9999	INJECTION, TRANEXAMIC ACID, 5 MG	TRANEXAMIC ACID 10X10ML;SD;USP 100 MG/1 ML	10	ML		IV	ML	5	MG	20	10/01/2025	99/99/9999						
43066-0010-01		J9171		02/23/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X2ML,MDV) 10 MG/1 ML	16	ML	VL	IV	ML	1	MG	10	02/23/2018	99/99/9999						
43066-0014-01		J9263		02/23/2018	02/29/2024	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	02/23/2018	02/29/2024						
43066-0015-10		J2795		10/19/2020	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (10X20ML;SDV;USP,PF) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	10/19/2020	99/99/9999						
43066-0018-01		J9263		02/23/2018	02/29/2024	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	02/23/2018	02/29/2024						
43066-0019-10		J2795		10/19/2020	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (10X20ML;SDV;USP,PF) 5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	5	10/19/2020	99/99/9999						
43066-0023-10		J2795		10/19/2020	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (10X30ML;SDV;USP,PF) 5 MG/1 ML	30	ML	VL	IJ	ML	1	MG	5	10/19/2020	99/99/9999						
43066-0027-10		J2795		10/19/2020	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (10X20ML;SDV;USP,PF) 10 MG/1 ML	20	ML	VL	IJ	ML	1	MG	10	10/19/2020	99/99/9999						
43066-0041-25		J0360		09/05/2025	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL 25X1ML;SDV;USP 20 MG/1 ML	1	ML		IJ	ML	20	MG	1	09/05/2025	99/99/9999						
43066-0090-25		J0780		09/10/2021	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	09/10/2021	99/99/9999						
43066-0127-05		J0330		06/10/2025	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE 20 MG/1 ML	5	ML	SY	IJ	ML	20	MG	1	06/10/2025	99/99/9999						
43066-0129-05		J0330		06/10/2025	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE 20 MG/1 ML	10	ML	SY	IJ	ML	20	MG	1	06/10/2025	99/99/9999						
43066-0142-10		J2312		08/25/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL 1 MG/1 ML	2	ML		IJ	ML	0.01	MG	100	08/25/2025	99/99/9999						
43066-0152-10		J2795		01/08/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (PF,LATEX-FREE) 200 MG/100 ML	100	ML	FC	IJ	ML	1	MG	2	01/08/2024	99/99/9999						
43066-0154-10		J2795		01/08/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (PF,LATEX-FREE) 400 MG/200 ML	200	ML	FC	IJ	ML	1	MG	2	01/08/2024	99/99/9999						
43292-0556-31		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALERTAB 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
43292-0557-05		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALERCAP 25 MG	100	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
43292-0557-65		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (MAX. STR.) 50 MG	50	EA	NA	PO	EA	50	MG	1	01/01/2002	99/99/9999						
43547-0454-10		J1953		07/15/2022	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (SDV) 100 MG/1 ML	5	ML		IV	ML	10	MG	10	07/15/2022	99/99/9999						
43547-0543-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (1X25 SDV) 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
43547-0543-25		J7643		12/09/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (1X25 SDV) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	12/09/2019	12/31/2023						
43547-0543-25	KO	J7643	KO	12/09/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (1X25 SDV) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	12/09/2019	12/31/2023						
43547-0544-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
43547-0544-25		J7643		12/09/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	12/09/2019	12/31/2023						
43547-0544-25	KO	J7643	KO	12/09/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	12/09/2019	12/31/2023						
43547-0632-01		J9305		09/26/2024	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED SDV,LYOPHILIZED 100 MG	1	EA		IV	EA	10	MG	10	09/26/2024	99/99/9999						
43547-0639-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE NOVAPLUS (SDV) 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
43547-0639-25		J7643		09/20/2021	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE NOVAPLUS (SDV) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	09/20/2021	12/31/2023						
43547-0639-25	KO	J7643	KO	09/20/2021	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE NOVAPLUS (SDV) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	09/20/2021	12/31/2023						
43547-0640-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE NOVAPLUS (SDV) 0.2 MG/1 ML	2	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
43547-0640-25		J7643		09/20/2021	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE NOVAPLUS (SDV) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	09/20/2021	12/31/2023						
43547-0640-25	KO	J7643	KO	09/20/2021	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE NOVAPLUS (SDV) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	09/20/2021	12/31/2023						
43598-0050-25		J3411		04/17/2023	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (MDV) 100 MG/1 ML	2	ML		IJ	ML	100	MG	1	04/17/2023	99/99/9999						
43598-0051-11		J0630		06/18/2024	99/99/9999	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	CALCITONIN-SALMON (MDV) 200 IU/1 ML	2	ML	VL	IJ	ML	400	IU	0.5	06/18/2024	99/99/9999						
43598-0053-11		J2597		09/05/2022	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE 4 MCG/1 ML	10	ML		IJ	ML	1	MCG	4	09/05/2022	99/99/9999						
43598-0086-58		J1271		07/09/2025	99/99/9999	INJECTION, DOXYCYCLINE HYCLATE, 1 MG	DOXYCYCLINE SDV,LYOPHILIZED 100 MG	10	EA	VL	IV	EA	1	MG	100	07/09/2025	99/99/9999						
43598-0106-10		J3360		07/29/2024	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/1 ML	2	ML		IJ	ML	5	MG	1	07/29/2024	99/99/9999						
43598-0127-25		J2919		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV) 40 MG	25	EA		IJ	EA	5	MG	8	04/01/2024	99/99/9999						
43598-0127-25		J2920		03/15/2022	03/31/2024	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV) 40 MG	25	EA	VL	IJ	EA	40	MG	1	03/15/2022	03/31/2024						
43598-0128-11		J2919		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 500 MG	1	EA		IJ	EA	5	MG	100	04/01/2024	99/99/9999						
43598-0128-11		J2930		03/15/2022	03/31/2024	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 500 MG	1	EA	VL	IJ	EA	125	MG	4	03/15/2022	03/31/2024						
43598-0129-25		J2919		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV) 125 MG	25	EA		IJ	EA	5	MG	25	04/01/2024	99/99/9999						
43598-0129-25		J2930		03/15/2022	03/31/2024	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV) 125 MG	25	EA	VL	IJ	EA	125	MG	1	03/15/2022	03/31/2024						
43598-0130-74		J2930		03/15/2022	03/31/2024	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 1 GM	1	EA	VL	IJ	EA	125	MG	8	03/15/2022	03/31/2024						
43598-0130-74		J2919		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 1 GM	1	EA		IJ	EA	5	MG	200	04/01/2024	99/99/9999						
43598-0140-25		J3230		08/28/2024	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL SDV 25 MG/1 ML	1	ML		IJ	ML	50	MG	0.5	08/28/2024	99/99/9999						
43598-0141-25		J3230		08/28/2024	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL SDV 25 MG/1 ML	2	ML		IJ	ML	50	MG	0.5	08/28/2024	99/99/9999						
43598-0142-06		J9261		01/02/2023	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE (SDV,PF,LATEX-FREE) 5 MG/1 ML	50	ML		IV	ML	50	MG	0.1	01/02/2023	99/99/9999						
43598-0142-11		J9261		03/01/2023	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE (PF,LATEX-FREE) 5 MG/1 ML	50	ML		IV	ML	50	MG	0.1	03/01/2023	99/99/9999						
43598-0143-62		J9025		06/15/2022	06/30/2025	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV,PF,LYOPHILIZED) 100 MG	1	EA		IJ	EA	1	MG	100	06/15/2022	06/30/2025						
43598-0172-25		J2372		05/15/2024	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE (BIORPHEN), 20 MICROGRAMS	BIORPHEN (PF,SULFITE-FREE) 100 MCG/1 ML	5	ML		IV	ML	20	MCG	5	05/15/2024	99/99/9999						
43598-0179-10		J0675		10/01/2025	99/99/9999	INJECTION, CARBOPROST TROMETHAMINE, 0.1 MG	CARBOPROST TROMETHAMINE SD 250 MCG/1 ML	1	ML		IM	ML	0.1	MG	2.5	10/01/2025	99/99/9999						
43598-0233-11		J3489		08/25/2023	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	PREMIERPRO RX ZOLEDRONIC ACID (SDV,PF,LATEX-FREE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	08/25/2023	99/99/9999						
43598-0265-25		J2704		11/15/2018	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (SINGLE PATIENT USE,PF) 10 MG/1 ML	20	ML	CA	IV	ML	10	MG	1	11/15/2018	99/99/9999						
43598-0309-20		J9027		11/08/2017	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOFARABINE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	11/08/2017	99/99/9999						
43598-0345-30		J8999		09/27/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA		PO	EA	1	EA	1	09/27/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
43598-0386-62		J9305		09/25/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED SDV,LYOPHILIZED 100 MG	1	EA		IV	EA	10	MG	10	09/25/2022	99/99/9999						
43598-0387-11		J9305		05/25/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED SDV,LYOPHILIZED 500 MG	1	EA		IV	EA	10	MG	50	05/25/2022	99/99/9999						
43598-0392-48		J9245		12/21/2017	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	MELPHALAN HYDROCHLORIDE (W/ 10ML DILUENT) 50 MG	1	EA	VL	IV	EA	50	MG	1	12/21/2017	99/99/9999						
43598-0409-25		J7614		09/16/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (5X5,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83332	09/16/2014	99/99/9999						
43598-0409-25	KO	J7614	KO	09/16/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (5X5,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83332	09/16/2014	99/99/9999						
43598-0412-25		J7614		09/16/2014	99/99/9999	LEVALBUTERAL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5MG	LEVALBUTERAL HYDROCHLORIDE (5X5,PF), 0.31MG/3ML	3	ML	PC	IH	ML	0.5	MG	0.20666	09/16/2014	99/99/9999						
43598-0412-25	KO	J7614	KO	09/16/2014	99/99/9999	LEVALBUTERAL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5MG	LEVALBUTERAL HYDROCHLORIDE (5X5,PF), 0.31MG/3ML	3	ML	PC	IH	ML	0.5	MG	0.20666	09/16/2014	99/99/9999						
43598-0413-11		J0878		05/06/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	05/06/2019	99/99/9999						
43598-0426-60		J9041		01/01/2023	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB (SDV,PF,LYOPHILIZED) 3.5 MG	1	EA		IJ	EA	0.1	MG	35	01/01/2023	99/99/9999						
43598-0476-11		J0878		09/16/2021	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	1	EA		IV	EA	1	MG	350	09/16/2021	99/99/9999						
43598-0528-11		J2710		09/11/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML		IV	ML	0.5	MG	1	09/11/2018	99/99/9999						
43598-0528-36		J2710		09/11/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML		IV	ML	0.5	MG	1	09/11/2018	99/99/9999						
43598-0529-11		J2710		09/11/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML		IV	ML	0.5	MG	2	09/11/2018	99/99/9999						
43598-0529-36		J2710		09/11/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML		IV	ML	0.5	MG	2	09/11/2018	99/99/9999						
43598-0548-21		J2704		11/15/2018	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (SINGLE PATIENT USE,PF) 10 MG/1 ML	50	ML		IV	ML	10	MG	1	11/15/2018	99/99/9999						
43598-0549-10		J2704		01/23/2019	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (SINGLE PATIENT USE,PF) 10 MG/1 ML	100	ML	VL	IV	ML	10	MG	1	01/23/2019	99/99/9999						
43598-0605-56		J7682		06/04/2019	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	06/04/2019	99/99/9999						
43598-0605-56	KO	J7682	KO	06/04/2019	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	06/04/2019	99/99/9999						
43598-0605-58		J7682		11/18/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (PF) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	11/18/2020	99/99/9999						
43598-0605-58	KO	J7682	KO	11/18/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (PF) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	11/18/2020	99/99/9999						
43598-0628-57		J9050		09/27/2021	99/99/9999	INJECTION, CARMUSTINE, 100 MG	CARMUSTINE W/DILUENT,LYOPHILIZED 100 MG	1	EA		IV	EA	100	MG	1	09/27/2021	99/99/9999						
43598-0635-10		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (10X100ML) 5 MG/1 ML	100	ML	BG	IV	ML	10	MG	0.5	06/13/2018	99/99/9999						
43598-0635-52		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (1X100ML, INNER PACK) 5 MG/1 ML	100	ML	BG	IV	ML	10	MG	0.5	06/13/2018	99/99/9999						
43598-0636-10		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (10X100ML) 10 MG/1 ML	100	ML	BG	IV	ML	10	MG	1	06/13/2018	99/99/9999						
43598-0636-52		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (1X100ML, INNER PACK) 10 MG/1 ML	100	ML	BG	IV	ML	10	MG	1	06/13/2018	99/99/9999						
43598-0637-10		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (10X100ML) 15 MG/1 ML	100	ML	BG	IV	ML	10	MG	1.5	06/13/2018	99/99/9999						
43598-0637-52		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (1X100ML, INNER PACK) 15 MG/1 ML	100	ML	BG	IV	ML	10	MG	1.5	06/13/2018	99/99/9999						
43598-0646-11		J3285		03/27/2023	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (1X20ML,MDV) 2.5 MG/1 ML	20	ML		IJ	ML	1	MG	2.5	03/27/2023	99/99/9999						
43598-0647-11		J3285		03/27/2023	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (1X20ML,MDV) 5 MG/1 ML	20	ML		IJ	ML	1	MG	5	03/27/2023	99/99/9999						
43598-0648-11		J3285		03/27/2023	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (1X20ML,MDV) 10 MG/1 ML	20	ML		IJ	ML	1	MG	10	03/27/2023	99/99/9999						
43598-0649-11		J3285		03/27/2023	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (1X20ML,MDV) 1 MG/1 ML	20	ML		IJ	ML	1	MG	1	03/27/2023	99/99/9999						
43598-0650-11		J9340		05/08/2018	06/30/2025	INJECTION, THIOTEPA, 15 MG	THIOTEPA (SDV,LYOPHILIZED) 15 MG	1	EA	VL	IJ	EA	15	MG	1	05/08/2018	06/30/2025						
43598-0650-11		J9342		07/01/2025	99/99/9999	INJECTION, THIOTEPA, NOT OTHERWISE SPECIFIED, 1 MG	THIOTEPA SDV,LYOPHILIZED 15 MG	1	EA		IJ	EA	1	MG	15	07/01/2025	99/99/9999						
43598-0676-11		J3301		08/04/2025	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE MDV 10 MG/1 ML	5	ML		IJ	ML	10	MG	1	08/04/2025	99/99/9999						
43598-0678-11		J9025		12/21/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE 100 MG	1	EA	VL	IJ	EA	1	MG	100	12/21/2017	99/99/9999						
43598-0682-35		Q2050		03/26/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME NOVAPLUS 2 MG/1 ML	10	ML		IV	ML	10	MG	0.2	03/26/2018	99/99/9999						
43598-0683-25		Q2050		03/26/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME NOVAPLUS 2 MG/1 ML	25	ML		IV	ML	10	MG	0.2	03/26/2018	99/99/9999						
43598-0694-11		J3301		10/20/2025	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE MDV 40 MG/1 ML	5	ML	VL	IJ	ML	10	MG	4	10/20/2025	99/99/9999						
43598-0750-10		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL 1 MG/1 ML	2	ML		IJ	ML	0.01	MG	100	07/01/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
43598-0755-10		J1953		04/17/2019	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE NOVAPLUS (LATEX-FREE) 500 MG/100 ML-0.82%	100	ML	FC	IV	ML	10	MG	0.5	04/17/2019	99/99/9999						
43598-0757-10		J1953		04/17/2019	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE NOVAPLUS (LATEX-FREE) 1000 MG/100 ML-0.75%	100	ML	FC	IV	ML	10	MG	1	04/17/2019	99/99/9999						
43598-0759-10		J1953		04/17/2019	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE NOVPALUS (LATEX-FREE) 1500 MG/100 ML-0.54%	100	ML	FC	IV	ML	10	MG	1.5	04/17/2019	99/99/9999						
43598-0768-23		J3030		05/26/2023	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE (AUTOINJECTOR) 6 MG/0.5 ML	0.5	ML		SC	ML	6	MG	2	05/26/2023	99/99/9999						
43598-0777-30		J7605		01/08/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 30X2 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	01/08/2025	99/99/9999						
43598-0777-30	KO	J7605	KO	01/08/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 30X2 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	01/08/2025	99/99/9999						
43598-0777-60		J7605		01/08/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 15X4 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	01/08/2025	99/99/9999						
43598-0777-60	KO	J7605	KO	01/08/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 15X4 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	01/08/2025	99/99/9999						
43598-0778-30		J7606		03/18/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	03/18/2025	99/99/9999						
43598-0778-30	KO	J7606	KO	03/18/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	03/18/2025	99/99/9999						
43598-0778-60		J7606		03/18/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	03/18/2025	99/99/9999						
43598-0778-60	KO	J7606	KO	03/18/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	03/18/2025	99/99/9999						
43598-0839-36		J2800		03/15/2020	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (10X10ML;USP,PF) 100 MG/1 ML	10	ML	VL	U	ML	10	ML	0.1	03/15/2020	99/99/9999						
43598-0848-58		J3486		02/07/2020	99/99/9999	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	ZIPRASIDONE MESYLATE (LYOPHILIZED) 20 MG	10	EA	VL	IM	EA	10	MG	2	02/07/2020	99/99/9999						
43598-0850-50		J1270		11/13/2019	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (50X2ML;MDV) 2 MCG/1 ML	2	ML		IV	ML	1	MCG	2	11/13/2019	99/99/9999						
43598-0859-11		J1453		09/05/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/05/2019	99/99/9999						
43598-0865-60		J9044		11/14/2019	12/31/2022	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	BORTEZOMIB (SDV,LYOPHILIZED) 3.5 MG	1	EA	VL	IV	EA	0.1	MG	35	11/14/2019	12/31/2022						
43598-0865-60		J9046		01/01/2023	11/30/2023	INJECTION, BORTEZOMIB, (DR. REDDY'S), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	BORTEZOMIB (SDV,LYOPHILIZED) 3.5 MG	1	EA	VL	IV	EA	0.1	MG	35	01/01/2023	11/30/2023						
43598-0901-11		J1335		04/26/2021	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (SDV,LYOPHILIZED) 1 GM	1	EA	VL	U	EA	500	MG	2	04/26/2021	99/99/9999						
43598-0901-58		J1335		04/26/2021	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (SDV,LYOPHILIZED) 1 GM	10	EA	VL	U	EA	500	MG	2	04/26/2021	99/99/9999						
43598-0914-06		J2598		09/12/2024	99/99/9999	INJECTION, VASOPRESSIN, 1 UNIT	VASOPRESSIN SDV 20 U/1 ML	1	ML	VL	IV	ML	1	U	20	09/12/2024	99/99/9999						
43598-0914-25		J2598		05/08/2024	99/99/9999	INJECTION, VASOPRESSIN, 1 UNIT	VASOPRESSIN (SDV,PF) 20 U/1 ML	1	ML	VL	IV	ML	1	U	20	05/08/2024	99/99/9999						
43598-0931-09		J2597		04/27/2020	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (10X1ML;USP;SDV,PF) 4 MCG/1 ML	1	ML		U	ML	1	MCG	4	04/27/2020	99/99/9999						
43598-0931-11		J2597		04/27/2020	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (USP;SDV,PF,LATEX-FREE) 4 MCG/1 ML	1	ML		U	ML	1	MCG	4	04/27/2020	99/99/9999						
43598-0948-11		J1453		07/01/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	07/01/2020	99/99/9999						
43825-0102-01		J0131		01/03/2011	07/31/2022	INJECTION, ACETAMINOPHEN, NOT OTHERWISE SPECIFIED,10 MG	OFIRMEV 10 MG/1 ML	100	ML	VL	IV	ML	10	MG	1	01/03/2011	07/31/2022						
43975-0252-05		None		08/02/2016	08/31/2021	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	08/02/2016	08/31/2021						
43975-0252-14		None		08/02/2016	08/31/2021	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	08/02/2016	08/31/2021						
43975-0253-05		None		08/02/2016	08/31/2021	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	08/02/2016	08/31/2021						
43975-0253-14		None		08/02/2016	11/30/2021	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	08/02/2016	11/30/2021						
43975-0254-05		None		08/02/2016	11/30/2021	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	08/02/2016	11/30/2021						
43975-0254-14		None		08/02/2016	02/28/2022	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	08/02/2016	02/28/2022						
43975-0255-05		None		08/02/2016	02/28/2022	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	08/02/2016	02/28/2022						
43975-0255-14		None		08/02/2016	02/28/2022	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	08/02/2016	02/28/2022						
43975-0256-05		None		08/02/2016	02/28/2022	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	08/02/2016	02/28/2022						
43975-0256-14		None		08/02/2016	02/28/2022	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	08/02/2016	02/28/2022						
43975-0257-05		None		08/02/2016	11/30/2021	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	08/02/2016	11/30/2021						
43975-0307-10		None		04/05/2018	02/28/2021	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25	MG	1	04/05/2018	02/28/2021						
43975-0308-10		None		03/26/2018	02/28/2021	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 mg	100	EA	BO	PO	EA	50	MG	1	03/26/2018	02/28/2021						
44087-0004-07		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SEROSTIM 4 MG	1	EA	VL	SC	EA	1	MG	4	01/01/2002	99/99/9999						
44087-0005-07		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SEROSTIM (S.D.V., W/DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	01/01/2002	99/99/9999						
44087-0006-07		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SEROSTIM (S.D.V., W/DILUENT) 6 MG	1	EA	VL	SC	EA	1	MG	6	01/01/2002	99/99/9999						
44087-0016-01		J2941		04/21/2017	05/31/2023	INJECTION, SOMATROPIN, 1 MG	SAIZEN SAIZENPREP CARTRIDGE (W/DILUENT) 8.8 MG	1	EA	CT	U	EA	1	MG	8.8	04/21/2017	05/31/2023						
44087-1005-02		J2941		01/01/2002	10/31/2024	INJECTION, SOMATROPIN, 1 MG	SAIZEN (VIAL, W/DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	01/01/2002	10/31/2024						
44087-1088-01		J2941		01/01/2002	03/31/2024	INJECTION, SOMATROPIN, 1 MG	SAIZEN (VIAL W/DILUENT) 8.8 MG	1	EA	VL	U	EA	1	MG	8.8	01/01/2002	03/31/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
44087-1150-01		J3490		11/10/2003	99/99/9999	UNCLASSIFIED DRUGS	OVIDREL (SRN,PREFILLED SYRINGE) 0.25 MG/0.5 ML	0.5	ML	SR	SC	ML	1	EA	1	11/10/2003	99/99/9999						
44087-3388-07		J2941		04/07/2003	09/30/2021	INJECTION, SOMATROPIN, 1 MG	ZORBTIVE (MDV, VIALS W/ DILUENT) 8.8 MG	1	EA	VL	SC	EA	1	MG	8.8	04/07/2003	09/30/2021						
44087-6075-01		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1	EA	NA	IM	EA	75	IU	1	01/01/2006	99/99/9999						
44087-6075-03		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1	EA	NA	IM	EA	75	IU	1	01/01/2006	99/99/9999						
44087-6075-04		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1	EA	NA	IM	EA	75	IU	1	01/01/2006	99/99/9999						
44087-6150-01		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 150 IU	1	EA	NA	IM	EA	75	IU	2	01/01/2006	99/99/9999						
44087-9005-01		J3490		06/07/2004	02/28/2025	UNCLASSIFIED DRUGS	GONAL-F RFF 75 IU	1	EA	VL	SC	EA	1	EA	1	06/07/2004	02/28/2025						
44087-9005-06		J3490		06/07/2004	02/28/2025	UNCLASSIFIED DRUGS	GONAL-F RFF 75 IU	1	EA	VL	SC	EA	1	EA	1	06/07/2004	02/28/2025						
44087-9030-01		J3490		05/10/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F (M.D.V.) 450 IU	1	EA	VL	SC	EA	1	EA	1	05/10/2004	99/99/9999						
44087-9070-01		J3490		05/07/2007	06/30/2025	UNCLASSIFIED DRUGS	GONAL-F (MDV) 1200 IU	1	EA	VL	SC	EA	1	EA	1	05/07/2007	06/30/2025						
44206-0300-01		J2791		01/01/2008	99/99/9999	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU	RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2	ML	SR	IJ	ML	100	IU	7.5	01/01/2008	99/99/9999						
44206-0300-10		J2791		01/01/2008	99/99/9999	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU	RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2	ML	SR	IJ	ML	100	IU	7.5	01/01/2008	99/99/9999						
44206-0417-06		J1566		01/01/2006	03/23/2021	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	CARIMUNE NF (PF,NANOFILTERED) 6 GM	1	EA	VL	IV	EA	500	MG	12	01/01/2006	03/23/2021						
44206-0418-12		J1566		01/01/2006	03/23/2021	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	CARIMUNE NF (PF,NANOFILTERED) 12 GM	1	EA	VL	IV	EA	500	MG	24	01/01/2006	03/23/2021						
44206-0436-05		J1459		01/01/2009	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	1	ML	VL	IV	ML	500	MG	0.2	01/01/2009	99/99/9999						
44206-0437-10		J1459		01/01/2009	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	1	ML	VL	IV	ML	500	MG	0.2	01/01/2009	99/99/9999						
44206-0438-20		J1459		01/01/2009	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	1	ML	VL	IV	ML	500	MG	0.2	01/01/2009	99/99/9999						
44206-0439-40		J1459		06/01/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN, (PF,LATEX-FREE), 10%	400	ML	VL	IV	ML	500	MG	0.2	06/01/2013	99/99/9999						
44206-0451-01		J1559		01/01/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE VIAL,PF) 20%	5	ML	VL	SC	ML	100	MG	2	01/01/2011	99/99/9999						
44206-0452-02		J1559		01/01/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE VIAL,PF) 20%	10	ML	VL	SC	ML	100	MG	2	01/01/2011	99/99/9999						
44206-0454-04		J1559		01/01/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE VIAL,PF) 20%	20	ML	VL	SC	ML	100	MG	2	01/01/2011	99/99/9999						
44206-0455-10		J1559		10/01/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE VIAL,PF) 20%	50	ML	VL	SC	ML	100	MG	2	10/01/2013	99/99/9999						
44206-0455-25		J1559		12/04/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE,PF) 20%	50	ML	SY	SC	ML	100	MG	2	12/04/2023	99/99/9999						
44206-0456-21		J1559		04/06/2020	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE,PF) 20%	5	ML	SR	SC	ML	100	MG	2	04/06/2020	99/99/9999						
44206-0457-22		J1559		04/06/2020	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE,PF) 20%	10	ML	SR	SC	ML	100	MG	2	04/06/2020	99/99/9999						
44206-0458-24		J1559		04/06/2020	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (4GM;SINGLE-USE,PF) 20%	20	ML	SR	SC	ML	100	MG	2	04/06/2020	99/99/9999						
44567-0104-01		J0290		01/13/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PHARMACY BULK,PF) 10 GM	1	EA	VL	IV	EA	500	MG	20	01/13/2020	99/99/9999						
44567-0120-25		J0690		09/01/2019	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (PF) 1 GM	25	EA	VL	IJ	EA	500	MG	2	09/01/2019	99/99/9999						
44567-0130-10		J0692		04/11/2022	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	10	EA	VL	IJ	EA	500	MG	2	04/11/2022	99/99/9999						
44567-0131-10		J0692		04/11/2022	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	10	EA	VL	IJ	EA	500	MG	4	04/11/2022	99/99/9999						
44567-0145-10		J2185		05/02/2022	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (LATEX-FREE) 500 MG	10	EA	VL	IV	EA	100	MG	5	05/02/2022	99/99/9999						
44567-0146-10		J2185		05/02/2022	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (LATEX-FREE) 1 GM	10	EA	VL	IV	EA	100	MG	10	05/02/2022	99/99/9999						
44567-0150-10		J0295		05/09/2022	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (SDV,PF,LATEX-FREE) 2 GM-1 GM	10	EA	VL	IJ	EA	1.5	GM	2	05/09/2022	99/99/9999						
44567-0223-01		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN BULK PACKAGE 10 GM	1	EA		IV	EA	20	MG	500	01/01/2025	99/99/9999						
44567-0245-25		J0694		05/20/2015	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (USP,LATEX-FREE) 1 GM	25	EA	VL	IV	EA	1	GM	1	05/20/2015	99/99/9999						
44567-0246-25		J0694		06/25/2015	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (LATEX-FREE) 2 GM	25	EA	VL	IV	EA	1	GM	2	06/25/2015	99/99/9999						
44567-0246-85		J0694		01/22/2018	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN NOVAPLUS (LATEX-FREE) 2 GM	25	EA		IV	EA	1	GM	2	01/22/2018	99/99/9999						
44567-0247-10		J0694		05/20/2015	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (BULK PACKAGE,USP) 10 GM	10	EA	VL	IV	EA	1	GM	10	05/20/2015	99/99/9999						
44567-0400-10		J2185		03/09/2020	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (LATEX-FREE) 500 MG	10	EA	VL	IV	EA	100	MG	5	03/09/2020	99/99/9999						
44567-0401-10		J2185		03/09/2020	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV, USP,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	100	MG	10	03/09/2020	99/99/9999						
44567-0402-06		J2183		07/01/2024	99/99/9999	INJECTION, MEROPENEM (WG CRITICAL CARE), NOT THERAPEUTICALLY EQUIVALENT TO J2185, 100 MG	MEROPENEM (SDV,PF,LATEX-FREE) 2 GM	6	EA		IV	EA	100	MG	20	07/01/2024	99/99/9999						
44567-0410-24		J3475		10/24/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE-DEXTROSE (LATEX-FREE) 5%-1 GM/100 ML	100	ML	FC	IV	ML	500	MG	0.02	10/24/2016	99/99/9999						
44567-0420-24		J3475		07/23/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (NEXCEL BAG,LATEX-FREE) 40 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.08	07/23/2018	99/99/9999						
44567-0421-24		J3475		07/23/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (NEXCEL BAG,LATEX-FREE) 40 MG/1 ML	100	ML	FC	IV	ML	500	MG	0.08	07/23/2018	99/99/9999						
44567-0424-24		J3475		10/01/2021	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (24X50ML;SD,LATEX-FREE) 80 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.16	10/01/2021	99/99/9999						
44567-0435-24		J1956		07/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (NEXCEL PREMIX BAG,PF) 5%-250 MG/50 ML	50	ML	FC	IV	ML	250	MG	0.02	07/01/2016	99/99/9999						
44567-0436-24		J1956		07/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (NEXCEL PREMIX BAG,PF) 5%-500 MG/100 ML	100	ML	FC	IV	ML	250	MG	0.02	07/01/2016	99/99/9999						
44567-0437-24		J1956		07/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (NEXCEL PREMIX BAG,PF) 5%-750 MG/150 ML	150	ML	FC	IV	ML	250	MG	0.02	07/01/2016	99/99/9999						
44567-0450-10		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	ESMOLOL HCL (SINGLE DOSE,PF) 2500 MG/250 ML	250	ML		IV	ML	10	MG	1	07/01/2023	99/99/9999						
44567-0451-10		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	ESMOLOL HCL (DOUBLE STRENGTH,PF) 2000 MG/100 ML	100	ML		IV	ML	10	MG	2	07/01/2023	99/99/9999						
44567-0500-10		J1953		06/20/2022	09/04/2025	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (10X50ML,LATEX-FREE) 5 MG/1 ML	50	ML	FC	IV	ML	10	MG	0.5	06/20/2022	09/04/2025						
44567-0501-10		J1953		05/30/2022	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 500 MG/100 ML-0.82%	100	ML	FC	IV	ML	10	MG	0.5	05/30/2022	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
44567-0501-90		J1953		05/12/2023	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	PREMIERPRO RX LEVETIRACETAM (LATEX-FREE) 500 MG/100 ML-0.82%	100	ML	FC	IV	ML	10	MG	0.5	05/12/2023	99/99/9999						
44567-0502-10		J1953		05/30/2022	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 1000 MG/100 ML-0.75%	100	ML	FC	IV	ML	10	MG	1	05/30/2022	99/99/9999						
44567-0503-10		J1953		05/30/2022	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 1500 MG/100 ML-0.54%	100	ML	FC	IV	ML	10	MG	1.5	05/30/2022	99/99/9999						
44567-0511-01		J9060		10/17/2016	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV,PF) 1 MG/1 ML	200	ML	VL	IV	ML	10	MG	0.1	10/17/2016	99/99/9999						
44567-0610-10		J2251		01/01/2023	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE (WG CRITICAL CARE), NOT THERAPEUTICALLY EQUIVALENT TO J2250, PER 1 MG	MIDAZOLAM-SODIUM CHLORIDE (10X50ML,PF) 50 MG/50 ML-0.9%	50	ML		IV	ML	1	MG	1	01/01/2023	99/99/9999						
44567-0611-10		J2251		01/01/2023	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE (WG CRITICAL CARE), NOT THERAPEUTICALLY EQUIVALENT TO J2250, PER 1 MG	MIDAZOLAM-SODIUM CHLORIDE (10X100ML,PF) 100 MG/100 ML-0.9%	100	ML		IV	ML	1	MG	1	01/01/2023	99/99/9999						
44567-0701-25		J0696		04/25/2013	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	25	EA	VL	IJ	EA	250	MG	4	04/25/2013	99/99/9999						
44567-0701-95		J0696		05/12/2023	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	PREMIERPRO RX CEFTRIAXONE (SDV) 1 GM	25	EA	VL	IJ	EA	250	MG	4	05/12/2023	99/99/9999						
44567-0702-95		J0696		05/12/2023	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	PREMIERPRO RX CEFTRIAXONE (SDV) 2 GM	25	EA	VL	IJ	EA	250	MG	8	05/12/2023	99/99/9999						
44567-0705-10		J0743		12/13/2021	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	IMIPENEM AND CILASTATIN (SDV;USP) 500 MG-500 MG	10	EA		IV	EA	250	MG	4	12/13/2021	99/99/9999						
44567-0750-24		J1836		05/30/2025	99/99/9999	INJECTION, METRONIDAZOLE, 10 MG	METRONIDAZOLE 500 MG/100 ML	100	ML	FC	IV	ML	10	MG	0.5	05/30/2025	99/99/9999						
44567-0811-10		J1806		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE (WG CRITICAL CARE) NOT THERAPEUTICALLY EQUIVALENT TO J1805, 10 MG	ESMOLOL HCL (PF,LATEX-FREE) 2500 MG/250 ML	250	ML		IV	ML	10	MG	1	07/01/2023	99/99/9999						
44567-0812-10		J1806		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE (WG CRITICAL CARE) NOT THERAPEUTICALLY EQUIVALENT TO J1805, 10 MG	ESMOLOL HCL (PF,LATEX-FREE) 2000 MG/100 ML	100	ML		IV	ML	10	MG	2	07/01/2023	99/99/9999						
44567-0820-10		J1335		11/16/2020	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (SDV,LYOPHILIZED) 1 GM	10	EA	VL	IJ	EA	500	MG	2	11/16/2020	99/99/9999						
44567-0840-25		J0687		07/01/2024	99/99/9999	INJECTION, CEFAZOLIN SODIUM (WG CRITICAL CARE), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG	CEFAZOLIN (SDV,PF,LATEX-FREE) 2 GM	25	EA		IV	EA	500	MG	4	07/01/2024	99/99/9999						
44567-0840-25		J0690		09/19/2023	06/30/2024	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (SDV,PF,LATEX-FREE) 2 GM	25	EA		IV	EA	500	MG	4	09/19/2023	06/30/2024						
44567-0845-25		J0687		07/01/2024	99/99/9999	INJECTION, CEFAZOLIN SODIUM (WG CRITICAL CARE), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG	CEFAZOLIN (SDV,PF,LATEX-FREE) 3 GM	25	EA	VL	IV	EA	500	MG	6	07/01/2024	99/99/9999						
45802-0127-14		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	3	EA	BX	PO	EA	1	MG	4	01/01/2012	99/99/9999						
45802-0127-65		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999						
45802-0205-14		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999						
45802-0205-65		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999						
45802-0758-30		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 12.5 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
45802-0759-30		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
45963-0539-30		Q0162		08/29/2011	10/21/2024	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	08/29/2011	10/21/2024						
45963-0607-55		J9390		02/26/2015	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE (USP;SINGLE-USE VIAL,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	02/26/2015	99/99/9999						
45963-0607-56		J9390		02/26/2015	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE (USP;SINGLE-USE VIAL,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	02/26/2015	99/99/9999						
45963-0608-60		J9178		01/13/2015	05/18/2020	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HCL (SDV,PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	01/13/2015	05/18/2020						
45963-0608-68		J9178		02/02/2015	12/07/2020	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HCL (SDV,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	02/02/2015	12/07/2020						
45963-0609-55		J9185		01/13/2015	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (USP,SDV,PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	50	MG	1	01/13/2015	99/99/9999						
45963-0611-53		J9263		01/13/2015	03/25/2024	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SDV,PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	01/13/2015	03/25/2024						
45963-0611-59		J9263		01/13/2015	03/25/2024	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SDV,PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	0.5	MG	200	01/13/2015	03/25/2024						
45963-0612-57		J9201		01/13/2015	11/11/2019	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (SDV,USP,PF,LYOPHILIZED) 200 MG	1	EA	VL	IV	EA	200	MG	1	01/13/2015	11/11/2019						
45963-0613-59		J9267		01/13/2015	06/30/2022	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	01/13/2015	06/30/2022						
45963-0613-83		J9267		07/19/2018	04/30/2021	INJECTION, PACLITAXEL, 1 MG	PREMIERPRO RX PACLITAXEL (LATEX-FREE) 6 MG/1 ML	16.7	ML		IV	ML	1	MG	6	07/19/2018	04/30/2021						
45963-0613-86		J9267		06/13/2018	03/31/2021	INJECTION, PACLITAXEL, 1 MG	PREMIERPRO RX PACLITAXEL (PF,LATEX-FREE) 6 MG/1 ML	5	ML		IV	ML	1	MG	6	06/13/2018	03/31/2021						
45963-0613-89		J9267		06/13/2018	08/31/2021	INJECTION, PACLITAXEL, 1 MG	PREMIERPRO RX PACLITAXEL (PF,LATEX-FREE) 6 MG/1 ML	50	ML		IV	ML	1	MG	6	06/13/2018	08/31/2021						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
45963-0614-51		J9206		01/13/2015	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV;USP,PF) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	01/13/2015	99/99/9999						
45963-0614-55		J9206		01/13/2015	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV;USP,PF) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	01/13/2015	99/99/9999						
45963-0614-81		J9206		01/17/2019	07/18/2022	INJECTION, IRINOTECAN, 20 MG	PREMIERPRO RX IRINOTECAN HCL (PF,LATEX-FREE) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	01/17/2019	07/18/2022						
45963-0614-85		J9206		09/24/2018	01/23/2023	INJECTION, IRINOTECAN, 20 MG	PREMIERPRO RX IRINOTECAN HCL (PF,LATEX-FREE) 20 MG/1 ML	5	ML		IV	ML	20	MG	1	09/24/2018	01/23/2023						
45963-0615-56		J9351		01/13/2015	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG	TOPOTECAN HCL (SDV,PF) 4 MG	1	EA	VL	IV	EA	0.1	MG	40	01/13/2015	99/99/9999						
45963-0619-59		J9201		01/13/2015	07/27/2020	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (SDV, USP,PF,LYOPHILIZED) 1 GM	1	EA	VL	IV	EA	200	MG	5	01/13/2015	07/27/2020						
45963-0620-60		J9201		10/21/2016	11/11/2019	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE HCL (PF,LATEX-FREE) 2 GM	1	EA	VL	IV	EA	200	MG	10	10/21/2016	11/11/2019						
45963-0621-51		J9185		03/02/2017	06/30/2023	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (PF,LATEX-FREE) 25 MG/1 ML	2	ML	VL	IV	ML	50	MG	0.5	03/02/2017	06/30/2023						
45963-0623-57		J9201		04/12/2016	05/05/2020	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	5.26	ML	VL	IV	ML	200	MG	0.19	04/12/2016	05/05/2020						
45963-0624-58		J9201		04/12/2016	08/24/2020	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	26.3	ML	VL	IV	ML	200	MG	0.19	04/12/2016	08/24/2020						
45963-0636-60		J9201		04/12/2016	05/05/2020	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	52.6	ML	VL	IV	ML	200	MG	0.19	04/12/2016	05/05/2020						
45963-0637-49		J9263		08/03/2018	08/26/2019	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	08/03/2018	08/26/2019						
45963-0638-58		J9263		08/03/2018	08/26/2019	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	08/03/2018	08/26/2019						
45963-0640-77		J0594		01/04/2018	08/24/2020	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SINGLE-USE,PF) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	01/04/2018	08/24/2020						
45963-0686-02		J9245		01/19/2017	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	MELPHALAN HYDROCHLORIDE (W/ 10ML DILUENT,PF) 50 MG	1	EA	VL	IV	EA	50	MG	1	01/19/2017	99/99/9999						
45963-0687-49		J9245		01/19/2017	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	MELPHALAN HYDROCHLORIDE (INNER VIAL NDC,PF) 50 MG	1	EA	VL	IV	EA	50	MG	1	01/19/2017	99/99/9999						
45963-0733-55		J9000		01/13/2015	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,SDV,PF) 2 MG/ML	5	ML	VL	IV	ML	10	MG	0.2	01/13/2015	99/99/9999						
45963-0733-57		J9000		01/13/2015	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,SDV,PF) 2 MG/ML	10	ML	VL	IV	ML	10	MG	0.2	01/13/2015	99/99/9999						
45963-0733-60		J9000		01/13/2015	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,MDV,PF) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	01/13/2015	99/99/9999						
45963-0733-68		J9000		01/13/2015	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,SDV,PF) 2 MG/ML	25	ML	VL	IV	ML	10	MG	0.2	01/13/2015	99/99/9999						
45963-0734-54		J9171		01/13/2015	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SINGLE-USE VIAL,PF) 20 MG/ML	1	ML	VL	IV	ML	1	MG	20	01/13/2015	99/99/9999						
45963-0762-57		J0641		02/14/2017	07/20/2020	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	02/14/2017	07/20/2020						
45963-0765-52		J9171		12/22/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SINGLE-USE VIAL,PF) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	12/22/2016	99/99/9999						
47335-0171-49		J7682		03/23/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	AM	IH	ML	300	MG	0.2	03/23/2020	99/99/9999						
47335-0171-49	KO	J7682	KO	03/23/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	AM	IH	ML	300	MG	0.2	03/23/2020	99/99/9999						
47335-0177-95		J3245		01/01/2019	99/99/9999	INJECTION, TILDRAKIZUMAB, 1 MG	ILUMYA (PF) 100 MG/1 ML	1	ML	SR	SC	ML	1	MG	100	01/01/2019	99/99/9999						
47335-0177-95		J3490		09/17/2018	12/31/2018	UNCLASSIFIED DRUGS	ILUMYA (PF) 100 MG/1 ML	1	ML	SR	SC	ML	1	MG	1	09/17/2018	12/31/2018						
47335-0235-83		None		12/01/2017	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	12/01/2017	99/99/9999						
47335-0235-96		None		12/01/2017	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	12/01/2017	99/99/9999						
47335-0284-40		J9045		11/17/2014	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/ML	60	ML	VL	IV	ML	50	MG	0.2	11/17/2014	99/99/9999						
47335-0323-40		J9171		12/10/2020	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP,SDV) 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	12/10/2020	99/99/9999						
47335-0361-41		J0893		01/01/2023	11/10/2024	INJECTION, DECITABINE (SUN PHARMA) NOT THERAPEUTICALLY EQUIVALENT TO J0894, 1 MG	DECITABINE (W/DILUENT,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	01/01/2023	11/10/2024						
47335-0361-41		J0894		05/01/2014	12/31/2022	INJECTION, DECITABINE, 1 MG	DECITABINE (W/DILUENT,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	05/01/2014	12/31/2022						
47335-0631-49		J7626		04/28/2021	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE,PF) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	04/28/2021	99/99/9999						
47335-0631-49	KO	J7626	KO	04/28/2021	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE,PF) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	04/28/2021	99/99/9999						
47335-0632-49		J7626		04/28/2021	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE,PF) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	04/28/2021	99/99/9999						
47335-0632-49	KO	J7626	KO	04/28/2021	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE,PF) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	04/28/2021	99/99/9999						
47335-0633-49		J7626		04/28/2021	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML;SINGLE DOSE,PF) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	04/28/2021	99/99/9999						
47335-0633-49	KO	J7626	KO	04/28/2021	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML;SINGLE DOSE,PF) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	04/28/2021	99/99/9999						
47335-0703-49		J7613		09/02/2021	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF,LATEX-FREE) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	09/02/2021	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
47335-0703-49	KO	J7613	KO	09/02/2021	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF,LATEX-FREE) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	09/02/2021	99/99/9999						
47335-0703-52		J7613		09/02/2021	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,PF,LATEX-FREE) 0.083%	3	ML	SR	IH	ML	1	MG	0.83	09/02/2021	99/99/9999						
47335-0703-52	KO	J7613	KO	09/02/2021	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,PF,LATEX-FREE) 0.083%	3	ML	SR	IH	ML	1	MG	0.83	09/02/2021	99/99/9999						
47335-0703-54		J7613		09/02/2021	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML,PF,LATEX-FREE) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	09/02/2021	99/99/9999						
47335-0703-54	KO	J7613	KO	09/02/2021	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML,PF,LATEX-FREE) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	09/02/2021	99/99/9999						
47335-0706-49		J7644		02/25/2020	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/25/2020	99/99/9999						
47335-0706-49	KO	J7644	KO	02/25/2020	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/25/2020	99/99/9999						
47335-0706-52		J7644		02/25/2020	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/25/2020	99/99/9999						
47335-0706-52	KO	J7644	KO	02/25/2020	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/25/2020	99/99/9999						
47335-0706-54		J7644		02/25/2020	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/25/2020	99/99/9999						
47335-0706-54	KO	J7644	KO	02/25/2020	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/25/2020	99/99/9999						
47335-0743-49		J7614		09/02/2020	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.206667	09/02/2020	99/99/9999						
47335-0743-49	KO	J7614	KO	09/02/2020	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.206667	09/02/2020	99/99/9999						
47335-0746-49		J7614		09/02/2020	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	09/02/2020	99/99/9999						
47335-0746-49	KO	J7614	KO	09/02/2020	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	09/02/2020	99/99/9999						
47335-0753-49		J7614		09/02/2020	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.833333	09/02/2020	99/99/9999						
47335-0753-49	KO	J7614	KO	09/02/2020	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.833333	09/02/2020	99/99/9999						
47335-0756-49		J7620		02/08/2022	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (6X5) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	2.5	MG	0.333333	02/08/2022	99/99/9999						
47335-0756-52		J7620		02/08/2022	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (12X5) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.333333	02/08/2022	99/99/9999						
47335-0882-40		J2404		01/01/2024	99/99/9999	INJECTION, NICARDIPINE, 0.1 MG	NICARDIPINE HCL (1X10ML,PF,LATEX-FREE) 2.5 MG/1 ML	10	ML		IV	ML	0.1	MG	25	01/01/2024	99/99/9999						
47335-0890-21		None		02/13/2014	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 5 MG	14	EA	BO	PO	EA	5	MG	1	02/13/2014	99/99/9999						
47335-0890-72		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE (3X5,HARD GELATIN) 5 MG	15	EA	ST	PO	EA	5	MG	1	07/11/2018	99/99/9999						
47335-0890-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE (1X5,HARD GELATIN) 5 MG	5	EA	ST	PO	EA	5	MG	1	07/11/2018	99/99/9999						
47335-0890-80		None		02/13/2014	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 5 MG	5	EA	BO	PO	EA	5	MG	1	02/13/2014	99/99/9999						
47335-0891-21		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 20 MG	14	EA	BO	PO	EA	20	MG	1	02/13/2014	99/99/9999						
47335-0891-72		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (3X5,HARD GELATIN) 20 MG	15	EA	ST	PO	EA	20	MG	1	07/11/2018	99/99/9999						
47335-0891-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (1X5,HARD GELATIN) 20 MG	5	EA	ST	PO	EA	20	MG	1	07/11/2018	99/99/9999						
47335-0891-80		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 20 MG	5	EA	BO	PO	EA	20	MG	1	02/13/2014	99/99/9999						
47335-0892-21		None		02/13/2014	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 100 MG	14	EA	BO	PO	EA	100	MG	1	02/13/2014	99/99/9999						
47335-0892-72		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE (3X5,HARD GELATIN) 100 MG	15	EA	ST	PO	EA	100	MG	1	07/11/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
47335-0892-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE (1X5,HARD GELATIN) 100 MG	5	EA	ST	PO	EA	100	MG	1	07/11/2018	99/99/9999						
47335-0892-80		None		02/13/2014	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 100 MG	5	EA	BO	PO	EA	100	MG	1	02/13/2014	99/99/9999						
47335-0893-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE (1X5,HARD GELATIN) 250 MG	5	EA	ST	PO	EA	250	MG	1	07/11/2018	99/99/9999						
47335-0893-80		None		02/13/2014	99/99/9999	TEMODAR, 250 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 250 MG	5	EA	BO	PO	EA	250	MG	1	02/13/2014	99/99/9999						
47335-0895-40		J9171		12/10/2020	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP,SDV) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	12/10/2020	99/99/9999						
47335-0929-21		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 140 MG	14	EA	BO	PO	EA	20	MG	7	02/13/2014	99/99/9999						
47335-0929-72		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (3X5,HARD GELATIN) 140 MG	15	EA	ST	PO	EA	20	MG	7	07/11/2018	99/99/9999						
47335-0929-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (1X5,HARD GELATIN) 140 MG	5	EA	ST	PO	EA	20	MG	7	07/11/2018	99/99/9999						
47335-0929-80		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 140 MG	5	EA	BO	PO	EA	20	MG	7	02/13/2014	99/99/9999						
47335-0930-21		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 180 MG	14	EA	BO	PO	EA	20	MG	9	02/13/2014	99/99/9999						
47335-0930-72		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (3X5,HARD GELATIN) 180 MG	15	EA	ST	PO	EA	20	MG	9	07/11/2018	99/99/9999						
47335-0930-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (1X5,HARD GELATIN) 180 MG	5	EA	ST	PO	EA	20	MG	9	07/11/2018	99/99/9999						
47335-0930-80		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 180 MG	5	EA	BO	PO	EA	20	MG	9	02/13/2014	99/99/9999						
47335-0936-40		J9218		03/02/2015	99/99/9999	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (MDV) 5 MG/ML	1	EA	BX	SC	EA	1	MG	5	03/02/2015	99/99/9999						
47335-0939-40		J9171		12/10/2020	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP,SDV) 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	12/10/2020	99/99/9999						
47335-0990-02		J1595		08/20/2025	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG	GLATIRAMER ACETATE ONCE DAILY 20 MG/1 ML	1	ML		SC	ML	20	MG	1	08/20/2025	99/99/9999						
47335-0991-02		J1595		08/20/2025	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG	GLATIRAMER ACETATE THREE TIMES A WEEK 40 MG/1 ML	1	ML		SC	ML	20	MG	2	08/20/2025	99/99/9999						
47335-0992-01		J3475		10/14/2021	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (24X50ML;SINGLE-DOSE,PF) 40 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.08	10/14/2021	99/99/9999						
47335-0992-02		J3475		10/14/2021	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (24X100ML,PF,LATEX-FREE) 40 MG/1 ML	100	ML	FC	IV	ML	500	MG	0.08	10/14/2021	99/99/9999						
47335-0993-01		J1836		07/01/2023	99/99/9999	INJECTION, METRONIDAZOLE, 10 MG	METRONIDAZOLE (24X100ML;SD;USP,PF) 500 MG/100 ML	100	ML		IV	ML	10	MG	0.5	07/01/2023	99/99/9999						
47335-0993-01		J3490		11/02/2021	06/30/2023	UNCLASSIFIED DRUGS	METRONIDAZOLE (24X100ML;SD;USP,PF) 500 MG/100 ML	100	ML	FC	IV	ML	1	EA	1	11/02/2021	06/30/2023						
47426-0201-01		J0185		01/01/2019	99/99/9999	INJECTION, APREPITANT, 1 MG	CINVANTI 130 MG/18 ML	18	ML	VL	IV	ML	1	MG	7.22222	01/01/2019	99/99/9999						
47426-0201-01		J3490		11/29/2017	12/31/2018	UNCLASSIFIED DRUGS	CINVANTI 130 MG/18 ML	18	ML	VL	IV	ML	1	MG	1	11/29/2017	12/31/2018						
47426-0301-02		J0668		10/01/2025	99/99/9999	INSTILLATION, BUPIVACAINE AND MELOXICAM, 1 MG/0.03 MG	ZYNRELEF 29.25MG-0.88MG/1ML	14	ML		IS	ML	1	MG	29.252427	10/01/2025	99/99/9999						
47426-0303-01		J0668		10/01/2025	99/99/9999	INSTILLATION, BUPIVACAINE AND MELOXICAM, 1 MG/0.03 MG	ZYNRELEF 29.25MG-0.88MG/1ML	7	ML		IS	ML	1	MG	29.252427	10/01/2025	99/99/9999						
47426-0501-02		J0668		10/01/2025	99/99/9999	INSTILLATION, BUPIVACAINE AND MELOXICAM, 1 MG/0.03 MG	ZYNRELEF 29.25MG-0.88MG/1ML	14	ML		IS	ML	1	MG	29.252427	10/01/2025	99/99/9999						
47426-0503-01		J0668		10/01/2025	99/99/9999	INSTILLATION, BUPIVACAINE AND MELOXICAM, 1 MG/0.03 MG	ZYNRELEF 29.25MG-0.88MG/1ML	7	ML		IS	ML	1	MG	29.252427	10/01/2025	99/99/9999						
47781-0200-50		None		06/27/2017	05/01/2024	MELPHALAN, 2 MG, ORAL	MELPHALAN (FILM COATED) 2 MG	50	EA	BO	PO	EA	2	MG	1	06/27/2017	05/01/2024						
47781-0482-01		None		05/20/2022	11/01/2023	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE (USP) 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	05/20/2022	11/01/2023						
47781-0578-07		J1190		09/14/2017	12/01/2021	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE (SDV,W/DILUENT) 500 MG	1	EA	VL	IV	EA	250	MG	2	09/14/2017	12/01/2021						
47781-0583-68		J1885		10/10/2017	11/01/2021	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	10/10/2017	11/01/2021						
47781-0584-68		J1885		10/10/2017	11/01/2021	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	10/10/2017	11/01/2021						
47781-0585-68		J1885		11/22/2017	11/01/2021	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,25X2ML,SDV) 30 MG/1 ML	2	ML	VL	IM	ML	15	MG	2	11/22/2017	11/01/2021						
47781-0586-29		J1920		07/01/2023	04/01/2024	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (USP,MDV,LATEX-FREE) 5 MG/1 ML	20	ML		IV	ML	5	MG	1	07/01/2023	04/01/2024						
47781-0586-56		J1920		07/01/2023	08/01/2024	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (USP,MDV,LATEX-FREE) 5 MG/1 ML	40	ML		IV	ML	5	MG	1	07/01/2023	08/01/2024						
47781-0588-68		J2250		08/21/2017	04/01/2022	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LATEX-FREE) 1 MG/1 ML	2	ML	VL	IJ	ML	1	MG	1	08/21/2017	04/01/2022						
47781-0589-17		J2250		08/21/2017	10/23/2019	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LATEX-FREE) 5 MG/1 ML	5	ML	VL	IJ	ML	1	MG	5	08/21/2017	10/23/2019						
47781-0589-91		J2250		08/21/2017	06/01/2023	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LATEX-FREE) 5 MG/1 ML	10	ML	VL	IJ	ML	1	MG	5	08/21/2017	06/01/2023						
47781-0593-07		J9267		01/23/2018	10/23/2019	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	01/23/2018	10/23/2019						
47781-0594-07		J9267		01/23/2018	10/23/2019	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	01/23/2018	10/23/2019						
47781-0595-07		J9267		01/23/2018	09/01/2024	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	01/23/2018	09/01/2024						
47781-0597-91		J3370		04/01/2017	02/09/2021	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	04/01/2017	02/09/2021						
47781-0603-20		J9045		04/02/2018	08/31/2019	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	50	MG	0.2	04/02/2018	08/31/2019						
47781-0604-27		J9045		04/02/2018	08/31/2019	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	15	ML	VL	IV	ML	50	MG	0.2	04/02/2018	08/31/2019						
47781-0605-94		J9045		04/02/2018	08/31/2019	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	04/02/2018	08/31/2019						
47781-0606-94		J9045		04/02/2018	08/31/2019	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	60	ML	VL	IV	ML	50	MG	0.2	04/02/2018	08/31/2019						
47781-0609-25		J9060		10/09/2017	08/31/2019	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	10/09/2017	08/31/2019						
47781-0610-23		J9060		10/09/2017	10/23/2019	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (PF,LATEX-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.1	10/09/2017	10/23/2019						
47781-0613-07		J0637		12/11/2017	10/01/2021	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	5	MG	10	12/11/2017	10/01/2021						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
47781-0614-07		J0637		12/11/2017	10/01/2021	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LATEX-FREE) 70 MG	1	EA	VL	IV	EA	5	MG	14	12/11/2017	10/01/2021						
47781-0622-22		J9209		04/24/2018	03/01/2020	INJECTION, MESNA, 200 MG	MESNA 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	04/24/2018	03/01/2020						
47781-0622-91		J9209		04/24/2018	10/23/2019	INJECTION, MESNA, 200 MG	MESNA 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	04/24/2018	10/23/2019						
47781-0623-07		J0895		04/26/2018	10/23/2019	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP,PF,LATEX-FREE) 500 MG	1	EA	VL	IJ	EA	500	MG	1	04/26/2018	10/23/2019						
47781-0624-07		J0895		04/26/2018	12/01/2024	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP,PF,LATEX-FREE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/26/2018	12/01/2024						
47781-0914-01		J8540		09/09/2021	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100	EA		PO	EA	0.25	MG	16	09/09/2021	99/99/9999						
47781-0914-51		J8540		11/04/2021	04/10/2024	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100	EA	BX	PO	EA	0.25	MG	16	11/04/2021	04/10/2024						
47781-0916-01		J8540		09/09/2021	12/18/2024	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 6 MG	100	EA		PO	EA	0.25	MG	24	09/09/2021	12/18/2024						
47783-0644-01		J0593		10/01/2019	99/99/9999	INJECTION, LANADELUMAB-FLYO, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	TAKHZYRO (PF) 150 MG/1 ML	2	ML	VL	SC	ML	1	MG	150	10/01/2019	99/99/9999						
47783-0645-01		J0593		02/10/2023	99/99/9999	INJECTION, LANADELUMAB-FLYO, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	TAKHZYRO (PEDIATRIC) (PF) 150 MG/1 ML	1	ML		SC	ML	1	MG	150	02/10/2023	99/99/9999						
47783-0646-01		J0593		02/18/2022	99/99/9999	INJECTION, LANADELUMAB-FLYO, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	TAKHZYRO (PF) 150 MG/1 ML	2	ML	SR	SC	ML	1	MG	150	02/18/2022	99/99/9999						
48102-0033-60		J7631		05/25/2022	11/30/2023	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (5X12,PF) 10 MG/1 ML	2	ML	PC	IH	ML	10	MG	1	05/25/2022	11/30/2023						
48102-0033-60	KO	J7631	KO	05/25/2022	11/30/2023	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (5X12,PF) 10 MG/1 ML	2	ML	PC	IH	ML	10	MG	1	05/25/2022	11/30/2023						
48102-0045-01		J8540		06/08/2018	12/31/2020	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	100	EA		PO	EA	0.25	MG	2	06/08/2018	12/31/2020						
48102-0046-01		J8540		06/08/2018	12/31/2020	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100	EA		PO	EA	0.25	MG	3	06/08/2018	12/31/2020						
48102-0047-01		J8540		06/08/2018	06/30/2023	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100	EA		PO	EA	0.25	MG	16	06/08/2018	06/30/2023						
48102-0047-20		J8540		07/16/2020	06/30/2022	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 4 MG	100	EA	BO	PO	EA	0.25	MG	16	07/16/2020	06/30/2022						
48102-0051-01		J8540		06/01/2021	12/31/2023	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100	EA	BO	PO	EA	0.25	MG	16	06/01/2021	12/31/2023						
48879-0002-01		A4216		01/01/2006	02/18/2025	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL7453) 0.45%	3	ML	EA	IH	ML	10	ML	0.1	01/01/2006	02/18/2025						
48879-0003-01		A4216		01/01/2006	02/18/2025	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL7093) 0.9%	3	ML	EA	IH	ML	10	ML	0.1	01/01/2006	02/18/2025						
48879-0003-02		A4216		01/01/2006	02/18/2025	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL7095) 0.9%	5	ML	EA	IH	ML	10	ML	0.1	01/01/2006	02/18/2025						
49230-0530-10		J1756		12/23/2010	99/99/9999	INJECTION, IRON SUCROSE, 1MG	VENOFER (10X2.5ML,SDV) 20 MG/1ML	2.5	ML	VL	IV	ML	1	MG	20	12/23/2010	99/99/9999						
49230-0530-25		J1756		04/01/2012	99/99/9999	INJECTION, IRON SUCROSE, 1MG	VENOFER (25X2.5ML,SDV) 20 MG/1ML	2.5	ML	VL	IV	ML	1	MG	20	04/01/2012	99/99/9999						
49230-0534-10		J1756		11/01/2008	99/99/9999	INJECTION, IRON SUCROSE, 1MG	VENOFER (SDV,10X5ML) 20 MG/1ML	5	ML	VL	IV	ML	1	MG	20	11/01/2008	99/99/9999						
49230-0534-25		J1756		11/01/2008	99/99/9999	INJECTION, IRON SUCROSE, 1MG	VENOFER (SDV,25X5ML) 20 MG/1ML	5	ML	VL	IV	ML	1	MG	20	11/01/2008	99/99/9999						
49348-0045-34		Q0163		01/01/2002	06/11/2022	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VALU-DRYL ALLERGY CHILDREN'S 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	06/11/2022						
49348-0205-37		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VALU-DRYL ALLERGY CHILDREN'S (AF,CHERRY) 12.5 MG/5 ML	236	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999						
49452-0001-04		J0133		09/01/2015	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	100	GM	BO	NA	GM	5	MG	200	09/01/2015	99/99/9999						
49452-0011-01		J3490		06/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	1	GM	1	06/01/2015	99/99/9999						
49452-0011-02		J3490		06/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	1	GM	1	06/01/2015	99/99/9999						
49452-0011-03		J3490		06/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	100	GM	BO	NA	GM	1	GM	1	06/01/2015	99/99/9999						
49452-0032-01		J3010		06/01/2015	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	GM	BO	NA	GM	0.1	MG	10000	06/01/2015	99/99/9999						
49452-0032-02		J3010		06/01/2015	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	0.1	GM	JR	NA	GM	0.1	MG	10000	06/01/2015	99/99/9999						
49452-0409-04		J3490		09/01/2015	06/30/2019	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	2500	GM	BO	NA	GM	1	EA	1	09/01/2015	06/30/2019						
49452-0430-01		J0280		06/01/2015	08/05/2019	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1000	GM	BO	NA	GM	250	MG	4	06/01/2015	08/05/2019						
49452-1072-02		J3490		06/01/2015	05/22/2019	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	GM	BO	NA	GM	1	EA	1	06/01/2015	05/22/2019						
49452-1776-01		J1955		06/01/2015	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE HYDROCHLORIDE	25	GM	BO	NA	GM	1	GM	1	09/01/2018	99/99/9999	06/01/2015	10/17/2016	1			
49452-1776-02		J1955		06/01/2015	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE HYDROCHLORIDE	100	GM	BO	NA	GM	1	GM	1	09/01/2018	99/99/9999	06/01/2015	10/17/2016	1			
49452-2147-02		J0735		06/01/2015	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	GM	BO	NA	GM	1	MG	1000	06/01/2015	99/99/9999						
49452-2147-03		J0735		06/01/2015	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	06/01/2015	99/99/9999						
49452-2460-02		J1094		06/01/2015	06/03/2021	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	1	MG	1000	06/01/2015	06/03/2021						
49452-2588-04		J1212		09/01/2015	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (U.S.P.)	100	ML	BO	NA	ML	50	ML	0.02	09/01/2015	99/99/9999						
49452-2697-01		J0600		09/01/2015	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (U.S.P.)	125	GM	BO	NA	GM	1000	MG	1	04/01/2018	99/99/9999	09/01/2015	10/17/2016	1			
49452-2697-02		J0600		09/01/2015	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (U.S.P.)	500	GM	BO	NA	GM	1000	MG	1	04/01/2018	99/99/9999	09/01/2015	10/17/2016	1			
49452-2697-03		J0600		06/01/2015	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (U.S.P.)	2500	GM	BO	NA	GM	1000	MG	1	04/01/2018	99/99/9999	06/01/2015	10/17/2016	1			
49452-3544-03		J0360		09/01/2015	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	100	GM	BO	NA	GM	20	MG	50	09/01/2015	99/99/9999						
49452-3590-01		J1700		06/01/2015	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P,MICRONIZED)	5	GM	BO	NA	GM	25	MG	40	06/01/2015	99/99/9999						
49452-3590-02		J1700		06/01/2015	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P,MICRONIZED)	25	GM	BO	NA	GM	25	MG	40	06/01/2015	99/99/9999						
49452-3590-03		J1700		06/01/2015	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P,MICRONIZED)	100	GM	BO	NA	GM	25	MG	40	06/01/2015	99/99/9999						
49452-3652-02		J3410		06/01/2015	06/30/2023	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	25	GM	BO	NA	GM	25	MG	40	06/01/2015	06/30/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-3659-01		Q0177		06/01/2015	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (U.S.P./N.F.)	25	GM	BO	NA	GM	25	MG	40	06/01/2015	99/99/9999						
49452-3659-02		Q0177		06/01/2015	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (U.S.P./N.F.)	100	GM	BO	NA	GM	25	MG	40	06/01/2015	99/99/9999						
49452-3919-05		J1885		06/01/2015	07/01/2023	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (U.S.P.)	5	GM	BO	NA	GM	15	MG	66.66666	06/01/2015	07/01/2023						
49452-4036-04		J0640		09/01/2015	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (U.S.P.)	0.1	GM	BO	NA	GM	50	MG	20	10/18/2016	99/99/9999	09/01/2015	10/17/2016	20			
49452-4715-01		J2765		06/01/2015	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	10	GM	BO	NA	GM	10	MG	100	06/01/2015	99/99/9999						
49452-4800-01		J2300		06/01/2015	11/30/2023	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL	0.1	GM	BO	NA	GM	10	MG	100	06/01/2015	11/30/2023						
49452-4800-02		J2300		06/01/2015	11/30/2023	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL	1	GM	BO	NA	GM	10	MG	100	06/01/2015	11/30/2023						
49452-4800-03		J2300		06/01/2015	11/30/2023	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL	5	GM	BO	NA	GM	10	MG	100	06/01/2015	11/30/2023						
49452-5217-01		J2760		06/01/2015	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	0.1	GM	BO	NA	GM	5	MG	200	06/01/2015	99/99/9999						
49452-5217-02		J2760		06/01/2015	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	0.5	GM	BO	NA	GM	5	MG	200	06/01/2015	99/99/9999						
49452-5217-04		J2760		09/01/2015	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	GM	BO	NA	GM	5	MG	200	09/01/2015	99/99/9999						
49452-5217-05		J2760		06/01/2015	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	5	GM	BO	NA	GM	5	MG	200	06/01/2015	99/99/9999						
49452-5971-01		J2730		09/01/2015	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PRALIDOXIME CHLORIDE (U.S.P.)	1	GM	BO	NA	GM	1	GM	1	09/01/2015	99/99/9999						
49452-5971-02		J2730		09/01/2015	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PRALIDOXIME CHLORIDE (U.S.P.)	5	GM	BO	NA	GM	1	GM	1	09/01/2015	99/99/9999						
49452-5971-03		J2730		09/01/2015	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PRALIDOXIME CHLORIDE (U.S.P.)	25	GM	BO	NA	GM	1	GM	1	09/01/2015	99/99/9999						
49452-6053-05		Q0164		02/01/2016	09/30/2019	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	500	GM	BO	NA	GM	5	MG	200	02/01/2016	09/30/2019						
49452-6061-02		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	25	GM	JR	NA	GM	50	MG	20	06/01/2015	99/99/9999						
49452-6061-03		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	100	GM	JR	NA	GM	50	MG	20	06/01/2015	99/99/9999						
49452-6061-04		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	500	GM	JR	NA	GM	50	MG	20	06/01/2015	99/99/9999						
49452-6061-05		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1000	GM	JR	NA	GM	50	MG	20	06/01/2015	99/99/9999						
49452-6080-02		J2675		06/01/2015	07/01/2023	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE/U.S.P.)	25	GM	BO	NA	GM	50	MG	20	06/01/2015	07/01/2023						
49452-6080-03		J2675		06/01/2015	07/01/2023	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE/U.S.P.)	100	GM	BO	NA	GM	50	MG	20	06/01/2015	07/01/2023						
49452-6080-06		J2675		09/01/2015	07/01/2023	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE/U.S.P.)	500	GM	BO	NA	GM	50	MG	20	10/18/2016	07/01/2023	09/01/2015	10/17/2016	20			
49452-6087-04		J2550		09/01/2015	06/01/2023	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	500	GM	BO	NA	GM	50	MG	20	10/18/2016	06/01/2023	09/01/2015	10/17/2016	20			
49452-6089-03		J1800		06/01/2015	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	06/01/2015	99/99/9999						
49452-6089-04		J1800		09/01/2015	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL	100	GM	BO	NA	GM	1	MG	1000	09/01/2015	99/99/9999						
49452-6109-01		J2720		09/01/2015	07/19/2019	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (U.S.P.)	5	GM	BO	NA	GM	10	MG	100	09/01/2015	07/19/2019						
49452-6109-02		J2720		09/01/2015	07/19/2019	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (U.S.P.)	25	GM	BO	NA	GM	10	MG	100	09/01/2015	07/19/2019						
49452-6109-03		J2720		09/01/2015	07/19/2019	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (U.S.P.)	100	GM	BO	NA	GM	10	MG	100	09/01/2015	07/19/2019						
49452-6140-01		J3415		06/01/2015	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	25	GM	BO	NA	GM	100	MG	10	06/01/2015	99/99/9999						
49452-6140-02		J3415		06/01/2015	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	100	GM	BO	NA	GM	100	MG	10	06/01/2015	99/99/9999						
49452-6140-03		J3415		06/01/2015	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1000	GM	BO	NA	GM	100	MG	10	06/01/2015	99/99/9999						
49452-8070-01		J3350		06/01/2015	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,J.P.)	500	GM	BO	NA	GM	40	GM	0.025	06/01/2015	99/99/9999						
49452-8070-02		J3350		06/01/2015	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,J.P.)	2500	GM	BO	NA	GM	40	GM	0.025	06/01/2015	99/99/9999						
49452-8070-03		J3350		06/01/2015	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,J.P.)	12000	GM	BO	NA	GM	40	GM	0.025	06/01/2015	99/99/9999						
49452-8253-04		J0592		09/01/2015	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	5	GM	BO	NA	GM	0.1	MG	10000	09/01/2015	99/99/9999						
49452-9201-05		J1960		09/01/2015	07/04/2022	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1	GM	BO	NA	GM	2	MG	500	09/01/2015	07/04/2022						
49452-9201-06		J1960		09/01/2015	07/05/2022	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	0.5	GM	BO	NA	GM	2	MG	500	09/01/2015	07/05/2022						
49483-0061-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTIHISTAMINE 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
49483-0061-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTIHISTAMINE 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
49502-0101-02		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	EPINEPHRINE 0.15 MG/DELIVERY 0.15 MG/0.3 ML	2	EA		MR	EA	0.1	MG	1.5	07/01/2025	99/99/9999						
49502-0101-02		J0171		12/15/2016	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE (0.15 MG/DELIVERY) 0.15 MG/0.3 ML	2	EA	SR	MR	EA	0.1	MG	1.5	12/15/2016	06/30/2025						
49502-0102-02		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	EPINEPHRINE AUTO-INJECTORS 0.3 MG/DELIVERY 0.3 MG/0.3 ML	2	EA		MR	EA	0.1	MG	3	07/01/2025	99/99/9999						
49502-0102-02		J0171		12/15/2016	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE AUTO-INJECTORS (0.3 MG/DELIVERY) 0.3 MG/0.3 ML	2	EA	SR	MR	EA	0.1	MG	3	12/15/2016	06/30/2025						
49502-0195-80		J1815		08/31/2020	07/31/2022	INJECTION, INSULIN, PER 5 UNITS	SEMGLEE 100 U/1 ML	10	ML	VL	SC	ML	5	U	20	08/31/2020	07/31/2022						
49502-0196-75		J1815		08/31/2020	08/31/2022	INJECTION, INSULIN, PER 5 UNITS	SEMGLEE PEN 100 U/1 ML	3	ML	PE	SC	ML	5	U	20	08/31/2020	08/31/2022						
49502-0345-73		J7682		06/23/2022	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBI (56X5ML,SDA,PF) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	06/23/2022	99/99/9999						
49502-0345-73	KO	J7682	KO	06/23/2022	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBI (56X5ML,SDA,PF) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	06/23/2022	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49502-0380-02		Q5140		01/01/2025	06/30/2025	INJECTION, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	HULIO PEN 40 MG/0.8 ML	2	EA		SC	EA	1	MG	40	01/01/2025	06/30/2025						
49502-0381-02		Q5140		01/01/2025	08/31/2025	INJECTION, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	HULIO 20 MG/0.4 ML	2	EA		SC	EA	1	MG	20	01/01/2025	08/31/2025						
49502-0382-02		Q5140		01/01/2025	06/30/2025	INJECTION, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	HULIO 40 MG/0.8 ML	2	EA		SC	EA	1	MG	40	01/01/2025	06/30/2025						
49502-0416-02		Q5140		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	ADALIMUMAB-FKJP PEN 40 MG/0.8 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
49502-0417-02		Q5140		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	ADALIMUMAB-FKJP 20 MG/0.4 ML	2	EA		SC	EA	1	MG	20	01/01/2025	99/99/9999						
49502-0418-02		Q5140		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	ADALIMUMAB-FKJP 40 MG/0.8 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
49502-0500-02		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	EPIPEN AUTO-INJECTOR W/TRAINER DEVICE 0.3 MG/0.3 ML	2	EA		U	EA	0.1	MG	3	07/01/2025	99/99/9999						
49502-0500-02		J0171		05/02/2001	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPIPEN AUTO-INJECTOR (W/TRAINER DEVICE) 0.3 MG/0.3 ML	2	EA	PG	U	EA	0.1	MG	3	05/02/2001	06/30/2025						
49502-0501-20		A4218		01/01/2006	99/99/9999	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	SODIUM CHLORIDE (NEBU-SOL/MTR DOSE DSPNS) 0.9%	120	ML	EA	IH	ML	10	ML	0.1	01/01/2006	99/99/9999						
49502-0605-30		J7606		07/02/2012	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	PERFOROMIST, 20 MCG/2 ML	30	ML	PC	IH	ML	20	MCG	0.5	07/02/2012	99/99/9999						
49502-0605-30	KO	J7606	KO	07/02/2012	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	PERFOROMIST, 20 MCG/2 ML	30	ML	PC	IH	ML	20	MCG	0.5	07/02/2012	99/99/9999						
49502-0605-61	KO	J7606	KO	01/01/2009	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	PERFOROMIST 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	01/01/2009	99/99/9999						
49502-0806-77		J7677		12/14/2018	09/18/2025	REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, 1 MICROGRAM	YUPELRI (SAMPLE) 175 MCG/3 ML	3	ML	VL	IH	ML	1	MCG	58.333333	12/14/2018	09/18/2025						
49502-0806-93		J7677		07/01/2019	99/99/9999	REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, 1 MICROGRAM	YUPELRI 175 mcg/3 ml	3	ML	VL	IH	ML	1	MCG	58.333333	07/01/2019	99/99/9999						
49502-0806-93		J7699		12/14/2018	06/30/2019	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	YUPELRI 175 mcg/3 ml	3	ML	VL	IH	ML	1	EA	1	12/14/2018	06/30/2019						
49591-0300-51		J2792		10/02/2023	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (SDV,PF) 15000 IU/13 ML	13	ML		U	ML	100	IU	11.538462	10/02/2023	99/99/9999						
49591-0330-51		J2792		11/01/2023	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (PF) 1500 IU/1.3 ML	1.3	ML	VL	U	ML	100	IU	11.538462	11/01/2023	99/99/9999						
49591-0350-51		J2792		02/08/2024	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (SDV,PF) 2500 IU/2.2 ML	2.2	ML	VL	U	ML	100	IU	11.363636	02/08/2024	99/99/9999						
49702-0213-26		J3485		01/05/2017	99/99/9999	INJECTION, ZIDOVUDINE, 10 MG	RETROVIR (SINGLE USE,PF) 10 MG/1 ML	20	ML	VL	IV	ML	10	MG	1	01/05/2017	99/99/9999						
49702-0264-23		J0739		07/01/2022	99/99/9999	INJECTION, CABOTEGRAVIR, 1MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)	APRETUDE (LATEX-FREE) 200 MG/1 ML	3	ML		IM	ML	1	MG	200	07/01/2022	99/99/9999						
49884-0119-91		J7527		12/10/2019	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (4X7) 2.5 MG	28	EA	BP	PO	EA	0.25	MG	10	12/10/2019	99/99/9999						
49884-0125-91		J7527		12/10/2019	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (4X7) 5 MG	28	EA	CA	PO	EA	0.25	MG	20	12/10/2019	99/99/9999						
49884-0127-91		J7527		12/10/2019	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (4X7) 7.5 MG	28	EA	CA	PO	EA	0.25	MG	30	12/10/2019	99/99/9999						
49884-0158-02		J7527		03/24/2023	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (6X10) 0.25 MG	60	EA		PO	EA	0.25	MG	1	03/24/2023	99/99/9999						
49884-0159-02		J7527		03/24/2023	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (6X10) 0.5 MG	60	EA		PO	EA	0.25	MG	2	03/24/2023	99/99/9999						
49884-0160-02		J7527		12/13/2022	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (6X10) 0.75 MG	60	EA	BX	PO	EA	0.25	MG	3	12/13/2022	99/99/9999						
49884-0283-02		J7527		01/25/2022	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (6X10) 1 MG	60	EA	BO	PO	EA	0.25	MG	4	01/25/2022	99/99/9999						
49884-0289-01		J8999		01/01/2002	08/30/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	08/30/2024						
49884-0290-01		J8999		01/01/2002	12/31/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2024						
49884-0290-04		J8999		01/01/2002	09/30/2023	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	250	EA	BO	PO	EA	1	EA	1	01/01/2002	09/30/2023						
49884-0290-05		J8999		01/01/2002	12/31/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	500	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2024						
49884-0673-14		J8515		01/01/2006	11/25/2020	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8	EA	BO	PO	EA	0.25	MG	2	01/01/2006	11/25/2020						
49884-0724-01		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
49884-0753-13		J8999		01/26/2006	01/31/2023	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180	EA	BO	PO	EA	1	EA	1	01/26/2006	01/31/2023						
49884-0907-38		J8999		01/01/2002	12/31/2023	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	240	ML	BO	PO	ML	1	EA	1	01/01/2002	12/31/2023						
49884-0907-61		J8999		05/01/2004	12/31/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	480	ML	BO	PO	ML	1	EA	1	05/01/2004	12/31/2024						
49999-0008-05		J7512		01/01/2016	01/15/2025	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	5	EA	NA	PO	EA	1	MG	5	01/01/2016	01/15/2025						
49999-0059-06		J8540		01/01/2006	01/15/2025	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	6	EA	BO	PO	EA	0.25	MG	16	01/01/2006	01/15/2025						
49999-0090-10		Q0169		01/01/2014	10/11/2019	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	10/11/2019						
49999-0090-30		Q0169		01/01/2014	10/11/2019	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	10/11/2019						
49999-0110-00		J7512		01/01/2016	01/15/2025	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	01/15/2025						
49999-0110-06		J7512		01/01/2016	01/15/2025	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	6	EA	BO	PO	EA	1	MG	20	01/01/2016	01/15/2025						
49999-0110-07		J7512		01/01/2016	01/15/2025	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	7	EA	BO	PO	EA	1	MG	20	01/01/2016	01/15/2025						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49999-0110-12		J7512		01/01/2016	01/15/2025	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	12	EA	BO	PO	EA	1	MG	20	01/01/2016	01/15/2025						
49999-0110-14		J7512		01/01/2016	01/15/2025	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	14	EA	BO	PO	EA	1	MG	20	01/01/2016	01/15/2025						
49999-0153-21		J7509		09/03/2002	01/15/2025	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	09/03/2002	01/15/2025						
49999-0231-35		J8499		06/02/2005	10/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	06/02/2005	10/11/2019						
50090-0294-09		None		06/08/2018	01/31/2021	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/08/2018	01/31/2021						
50090-2345-09		None		06/08/2018	12/31/2019	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/08/2018	12/31/2019						
50090-3418-02		None		06/08/2018	99/99/9999	METHOTREXATE,2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	06/08/2018	99/99/9999						
50090-3418-09		None		06/08/2018	02/28/2022	METHOTREXATE,2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/08/2018	02/28/2022						
50102-0591-40		J1050		11/09/2020	06/30/2023	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (SINGLE DOSE;USP) 150 MG/1 ML	1	ML	SR	IM	ML	1	MG	150	11/09/2020	06/30/2023						
50111-0787-66		Q0144		01/10/2012	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (6X3,FILM-COATED) 250 MG	18	EA	DP	PO	EA	1	GM	0.25	01/10/2012	99/99/9999						
50111-0788-10		Q0144		04/05/2017	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	04/05/2017	99/99/9999						
50242-0040-62		J2357		01/01/2005	99/99/9999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR 150 MG	1	EA	VL	SC	EA	5	MG	30	01/01/2005	99/99/9999						
50242-0040-86		J2357		12/20/2013	99/99/9999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR 150 MG	1	EA	CT	SC	EA	5	MG	30	12/20/2013	99/99/9999						
50242-0041-10		J2997		10/14/2019	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	CATHFLO ACTIVASE 2 MG	10	EA	VL	IV	EA	1	MG	2	10/14/2019	99/99/9999						
50242-0041-63		J2997		01/18/2007	12/20/2018	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	CATHFLO ACTIVASE (INNER) 2 MG	1	EA	VL	IV	EA	1	MG	2	01/18/2007	12/20/2018						
50242-0041-64		J2997		01/01/2002	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	CATHFLO ACTIVASE (VIAL) 2 MG	1	EA	VL	IV	EA	1	MG	2	01/01/2002	99/99/9999						
50242-0044-13		J2997		01/01/2002	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	ACTIVASE (W/DILUENT) 50 MG	1	EA	VL	IV	EA	1	MG	50	01/01/2002	99/99/9999						
50242-0051-10		J9312		06/03/2019	08/31/2022	INJECTION, RITUXIMAB, 10 MG	RITUXAN (PF) 10 MG/1 ML	10	ML	VL	IV	ML	10	MG	1	06/03/2019	08/31/2022						
50242-0051-21		J9310		01/01/2002	12/31/2018	INJECTION, RITUXIMAB, 100 MG	RITUXAN (S.D.V.,PF) 10 MG/ML	10	ML	VL	IV	ML	100	MG	0.1	01/01/2002	12/31/2018						
50242-0051-21		J9312		01/01/2019	99/99/9999	INJECTION, RITUXIMAB, 10 MG	RITUXAN (S.D.V.,PF) 10 MG/ML	10	ML	VL	IV	ML	10	MG	1	01/01/2019	99/99/9999						
50242-0053-06		J9310		01/01/2002	12/31/2018	INJECTION, RITUXIMAB, 100 MG	RITUXAN (S.D.V.,PF) 10 MG/ML	50	ML	VL	IV	ML	100	MG	0.1	01/01/2002	12/31/2018						
50242-0053-06		J9312		01/01/2019	99/99/9999	INJECTION, RITUXIMAB, 10 MG	RITUXAN (S.D.V.,PF) 10 MG/ML	50	ML	VL	IV	ML	10	MG	1	01/01/2019	99/99/9999						
50242-0060-01		J9035		01/01/2005	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/ML	4	ML	VL	IV	ML	10	MG	2.5	01/01/2005	99/99/9999						
50242-0060-10		J9035		06/03/2019	01/31/2023	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/1 ML	4	ML	VL	IV	ML	10	MG	2.5	06/03/2019	01/31/2023						
50242-0061-01		J9035		01/01/2005	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/ML	16	ML	VL	IV	ML	10	MG	2.5	01/01/2005	99/99/9999						
50242-0061-10		J9035		06/03/2019	02/28/2023	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/1 ML	16	ML	VL	IV	ML	10	MG	2.5	06/03/2019	02/28/2023						
50242-0080-03		J2778		01/30/2017	99/99/9999	INJECTION, RANIBIZUMAB, 0.1 MG	LUCENTIS (INTRAVITREAL INJECTION) 0.5 MG/0.05 ML	0.05	ML	SR	IO	ML	0.1	MG	100	01/30/2017	99/99/9999						
50242-0082-02		J2778		05/15/2017	09/30/2022	INJECTION, RANIBIZUMAB, 0.1 MG	LUCENTIS (INTRAVITREAL INJECTION) 0.3 MG/0.05 ML	0.05	ML	VL	IO	ML	0.1	MG	60	05/15/2017	09/30/2022						
50242-0082-03		J2778		04/23/2018	99/99/9999	INJECTION, RANIBIZUMAB, 0.1 MG	LUCENTIS (INTRAVITREAL,PF) 0.3 MG/0.05 ML	0.05	ML	VL	IO	ML	0.1	MG	60	04/23/2018	99/99/9999						
50242-0085-27		J2997		01/01/2002	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	ACTIVASE (W/DILUENT) 100 MG	1	EA	VL	IV	EA	1	MG	100	01/01/2002	99/99/9999						
50242-0100-39	KO	J7639	KO	01/01/2002	99/99/9999	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP,INNER NDC) 2.5 MG/2.5 ML	2.5	ML	PC	IH	ML	1	MG	1	01/01/2002	99/99/9999						
50242-0100-39		J7639		01/01/2002	99/99/9999	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP,INNER NDC) 2.5 MG/2.5 ML	2.5	ML	PC	IH	ML	1	MG	1	01/01/2002	99/99/9999						
50242-0100-40		J7639		01/01/2002	99/99/9999	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP) 2.5 MG/2.5 ML	2.5	ML	PC	IH	ML	1	MG	1	01/01/2002	99/99/9999						
50242-0100-40	KO	J7639	KO	01/01/2002	99/99/9999	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP) 2.5 MG/2.5 ML	2.5	ML	PC	IH	ML	1	MG	1	01/01/2002	99/99/9999						
50242-0103-01		J9309		09/28/2020	99/99/9999	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	POLIVY (SDV,PF,LATEX-FREE) 30 MG	1	EA	VL	IV	EA	1	MG	30	09/28/2020	99/99/9999						
50242-0105-01		J9309		01/01/2020	99/99/9999	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	POLIVY (PF,LATEX-FREE) 140 MG	1	EA	VL	IV	EA	1	MG	140	01/01/2020	99/99/9999						
50242-0115-01		J1307		01/01/2025	99/99/9999	INJECTION, CROVALIMAB-AKKZ, 10 MG	PIASKY 170 MG/1 ML	2	ML		IJ	ML	10	MG	17	01/01/2025	99/99/9999						
50242-0125-01		J9286		01/01/2024	99/99/9999	INJECTION, GLOFITAMAB-GXBM, 2.5 MG	COLUMVI (SDV,PF,LATEX-FREE) 1 MG/1 ML	2.5	ML		IV	ML	2.5	MG	0.4	01/01/2024	99/99/9999						
50242-0127-01		J9286		01/01/2024	99/99/9999	INJECTION, GLOFITAMAB-GXBM, 2.5 MG	COLUMVI (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML		IV	ML	2.5	MG	0.4	01/01/2024	99/99/9999						
50242-0132-01		J9355		05/30/2017	11/30/2023	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	HERCEPTIN (SDV,PF,LYPHOLIZED) 150 MG	1	EA	VL	IV	EA	10	MG	15	05/30/2017	11/30/2023						
50242-0132-10		J9355		06/03/2019	11/30/2023	INJECTION, TRASTUZUMAB, 10 MG	HERCEPTIN (SDV,PF,LYPHOLIZED) 150 MG	10	EA	VL	IV	EA	10	MG	15	06/03/2019	11/30/2023						
50242-0134-68		J9355		09/01/2003	06/30/2019	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	HERCEPTIN (M.D.V.,W/DILUENT 20ML) 440 MG	1	EA	VL	IV	EA	10	MG	44	09/01/2003	06/30/2019						
50242-0140-01		J8999		01/31/2012	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ERIVEDGE 150 MG	28	EA	BO	PO	EA	1	MG	1	01/31/2012	99/99/9999						
50242-0142-01		J9350		07/01/2023	99/99/9999	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	LUNSUMIO (SDV,PF) 1 MG/1 ML	30	ML		IV	ML	1	MG	1	07/01/2023	99/99/9999						
50242-0150-01		J2350		01/01/2018	99/99/9999	INJECTION, OCRELIZUMAB, 1 MG	OCREVUS (SDV,PF) 30 MG/1 ML	10	ML	VL	IV	ML	1	MG	30	01/01/2018	99/99/9999						
50242-0159-01		J9350		07/01/2023	99/99/9999	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	LUNSUMIO (SDV,PF) 1 MG/1 ML	1	ML		IV	ML	1	MG	1	07/01/2023	99/99/9999						
50242-0214-01		J2357		12/03/2018	99/99/9999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR (PF) 75 MG/0.5 ML	0.5	ML	SR	SC	ML	5	MG	30	12/03/2018	99/99/9999						
50242-0214-03		J2357		04/11/2025	99/99/9999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR PFS 75 MG/0.5 ML	0.5	ML	SY	SC	ML	5	MG	30	04/11/2025	99/99/9999						
50242-0214-55		J2357		02/26/2024	99/99/9999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR AUTOINJECTOR (PF) 75 MG/0.5 ML	0.5	ML	PN	SC	ML	5	MG	30	02/26/2024	99/99/9999						
50242-0215-01		J2357		12/03/2018	99/99/9999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR (PF) 75 MG/0.5 ML	1	ML	SR	SC	ML	5	MG	30	12/03/2018	99/99/9999						
50242-0215-03		J2357		04/11/2025	99/99/9999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR PFS 150 MG/1 ML	1	ML	SY	SC	ML	5	MG	30	04/11/2025	99/99/9999						
50242-0215-55		J2357		01/26/2024	99/99/9999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR AUTOINJECTOR (PF) 150 MG/1 ML	1	ML	PN	SC	ML	5	MG	30	01/26/2024	99/99/9999						
50242-0215-86		J2357		12/03/2018	99/99/9999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR (SD,PF) 150 MG/1 ML	1	ML	SR	SC	ML	5	MG	30	12/03/2018	99/99/9999						
50242-0227-01		J2357		01/26/2024	99/99/9999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR PFS (PF) 150 MG/1 ML	2	ML		SC	ML	5	MG	30	01/26/2024	99/99/9999						
50242-0227-55		J2357		01/26/2024	99/99/9999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR AUTOINJECTOR (PF) 150 MG/1 ML	2	ML	PN	SC	ML	5	MG	30	01/26/2024	99/99/9999						
50242-0554-01		J2351		04/01/2025	99/99/9999	INJECTION, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ	OCREVUS ZUNOVO 1000 U/1 ML-40 MG/1 ML	23	ML		SC	ML	1	MG	40	04/01/2025	99/99/9999						
50242-0933-01		J9024		04/01/2025	99/99/9999	INJECTION, ATEZOLIZUMAB, 5 MG AND HYALURONIDASE-TQJS	TECENTRIQ HYBREZA SDV 125 MG/1 ML-2000 U/1 ML	15	ML		SC	ML	5	MG	25	04/01/2025	99/99/9999						
50262-0098-15		Q0144		04/19/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (10X3,FILM-COATED) 250 MG	30	EA		PO	EA	1	GM	0.25	04/19/2018	99/99/9999						
50268-0074-13		Q0144		01/14/2021	07/31/2022	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN AVPAK (5X6;USP,FILM-COATED) 250 MG	30	EA	BX	PO	EA	1	GM	0.25	01/14/2021	07/31/2022						
50268-0074-15		Q0144		08/26/2021	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN AVPAK (5X10;USP,FILM-COATED) 250 MG	50	EA	BX	PO	EA	1	GM	0.25	08/26/2021	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
50268-0075-15		J8999		10/15/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ANASTROZOLE AVPAK (5X10) 1 MG	50	EA	BX	PO	EA	1	EA	1	10/15/2019	99/99/9999						
50268-0076-12		Q0144		01/14/2021	07/31/2022	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN AVPAK (4X5;USP,FILM-COATED) 500 MG	20	EA	BX	PO	EA	1	GM	0.5	01/14/2021	07/31/2022						
50268-0154-11		None		03/12/2018	08/31/2023	CAPECITABINE, 500 MG, ORAL	CAPECITABINE AVPAK (INNER PACK,FILM COATED) 500 MG	1	EA	ST	PO	EA	500	MG	1	03/12/2018	08/31/2023						
50268-0154-13		None		03/12/2018	08/31/2023	CAPECITABINE, 500 MG, ORAL	CAPECITABINE AVPAK (FILM COATED) 500 MG	30	EA	ST	PO	EA	500	MG	1	03/12/2018	08/31/2023						
50268-0163-15		Q0161		02/21/2020	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL AVPAK (FILM-COATED) 25 MG	50	EA	BX	PO	EA	5	MG	5	02/21/2020	99/99/9999						
50268-0398-50		Q0177		04/14/2021	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE AVPAK (5X10) 25 MG	50	EA	BX	PO	EA	25	MG	1	04/14/2021	99/99/9999						
50268-0399-50		Q0177		04/14/2021	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE AVPAK (5X10) 50 MG	50	EA	BX	PO	EA	25	MG	2	04/14/2021	99/99/9999						
50268-0527-15		None		05/26/2021	03/31/2025	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE AVPAK (5X10;USP) 2.5 MG	50	EA		PO	EA	2.5	MG	1	05/26/2021	03/31/2025						
50268-0557-15		J7517		05/15/2023	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL AVPAK (HARD GELATIN) 250 MG	50	EA		PO	EA	250	MG	1	05/15/2023	99/99/9999						
50268-0558-15		J7517		05/15/2023	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL AVPAK (FILM-COATED) 500 MG	50	EA		PO	EA	250	MG	2	05/15/2023	99/99/9999						
50268-0559-12		J7518		01/27/2021	10/31/2022	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID AVPAK (2X10;USP) 180 MG	20	EA	BX	PO	EA	180	MG	1	01/27/2021	10/31/2022						
50268-0560-12		J7518		10/08/2020	05/31/2022	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID AVPAK (ENTERIC COATED) 360 MG	20	EA	BO	PO	EA	180	MG	2	10/08/2020	05/31/2022						
50268-0647-14		Q0162		09/20/2023	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON AVPAK 4 MG/5 ML	5	ML		PO	ML	1	MG	0.8	09/20/2023	99/99/9999						
50268-0684-15		Q0164		05/01/2019	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE AVPAK (USP,5X10,FILM-COATED) 5 MG	50	EA	BX	PO	EA	5	MG	1	05/01/2019	99/99/9999						
50268-0685-15		Q0164		05/01/2019	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE AVPAK (USP,5X10,FILM-COATED) 10 MG	50	EA	BX	PO	EA	5	MG	2	05/01/2019	99/99/9999						
50268-0718-13		J7520		04/23/2018	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS AVPAK 1 MG	30	EA	BP	PO	EA	1	MG	1	04/23/2018	99/99/9999						
50268-0761-11		None		03/24/2017	04/30/2025	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (INNER PACK) 20 MG	1	EA	ST	PO	EA	20	MG	1	03/24/2017	04/30/2025						
50268-0761-12		None		03/24/2017	04/30/2025	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (4 X 5) 20 MG	20	EA	ST	PO	EA	20	MG	1	03/24/2017	04/30/2025						
50268-0762-11		None		03/24/2017	05/31/2025	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE (INNERPACK) 100 MG	1	EA	ST	PO	EA	100	MG	1	03/24/2017	05/31/2025						
50268-0762-12		None		03/24/2017	05/31/2025	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	20	EA	ST	PO	EA	100	MG	1	03/24/2017	05/31/2025						
50268-0763-11		None		03/24/2017	07/31/2021	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (INNERPACK) 140 MG	1	EA	ST	PO	EA	20	MG	7	03/24/2017	07/31/2021						
50268-0763-12		None		03/24/2017	07/31/2021	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	20	EA	ST	PO	EA	20	MG	7	03/24/2017	07/31/2021						
50383-0040-04		J7510		01/22/2003	02/23/2023	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,SF,DYE-FREE) 5 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.2	01/22/2003	02/23/2023						
50383-0042-24		J7510		03/24/2003	02/23/2023	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	03/24/2003	02/23/2023						
50383-0042-48		J7510		03/17/2003	02/23/2023	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	480	ML	BO	PO	ML	5	MG	0.6	03/17/2003	02/23/2023						
50383-0741-20		J7611		04/01/2008	02/23/2023	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1	MG	5	04/01/2008	02/23/2023						
50383-0801-16		Q0169		01/01/2014	02/23/2023	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL (CHERRY) 6.25 MG/5 ML	473	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	02/23/2023						
50383-0810-16		J8499		06/13/2005	02/23/2023	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (BANANA) 200 MG/5 ML	473	ML	BO	PO	ML	1	EA	1	03/25/2019	02/23/2023	06/13/2005	09/01/2017	1			
50419-0385-01		J3490		09/18/2017	12/31/2018	UNCLASSIFIED DRUGS	ALIQOPA (LYOPHILIZED) 60 MG	1	EA	VL	IV	EA	1	MG	1	09/18/2017	12/31/2018						
50419-0385-01		J9057		01/01/2019	06/05/2024	INJECTION, COPANLISIB, 1 MG	ALIQOPA (LYOPHILIZED) 60 MG	1	EA	VL	IV	EA	1	MG	60	01/01/2019	06/05/2024						
50419-0537-01		J2280		04/01/2017	06/01/2020	INJECTION, MOXIFLOXACIN, 100 MG	AVELOX I.V. (SINGLE-DOSE FLEXIBAG,PF) 400 MG/250 ML	250	ML	BG	IV	ML	100	MG	0.016	04/01/2017	06/01/2020						
50436-1730-05		J7512		11/01/2018	12/31/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	11/01/2018	12/31/2020						
50436-1880-01		Q0162		12/04/2018	12/31/2022	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE 8 MG	30	EA	BO	PO	EA	1	MG	8	12/04/2018	12/31/2022						
50458-0306-11		J2794		01/01/2005	99/99/9999	INJECTION, RISPERIDONE (RISPERDAL CONSTA), 0.5 MG	RISPERDAL CONSTA 25 MG	1	EA	VL	IM	EA	0.5	MG	50	01/01/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
50458-0307-11		J2794		01/01/2005	99/99/9999	INJECTION, RISPERIDONE (RISPERDAL CONSTA), 0.5 MG	RISPERDAL CONSTA 37.5 MG	1	EA	VL	IM	EA	0.5	MG	75	01/01/2005	99/99/9999						
50458-0308-11		J2794		01/01/2005	99/99/9999	INJECTION, RISPERIDONE (RISPERDAL CONSTA), 0.5 MG	RISPERDAL CONSTA 50 MG	1	EA	VL	IM	EA	0.5	MG	100	01/01/2005	99/99/9999						
50458-0309-11		J2794		04/23/2007	99/99/9999	INJECTION, RISPERIDONE (RISPERDAL CONSTA), 0.5 MG	RISPERDAL CONSTA 12.5 MG	1	EA	VL	IM	EA	0.5	MG	25	04/23/2007	99/99/9999						
50474-0980-79		J9333		01/01/2024	99/99/9999	INJECTION, ROZANOLIXIZUMAB-NOLI, 1 MG	RYSTIGGO (SDV,PF,LATEX-FREE) 140 MG/1 ML	2	ML		SC	ML	1	MG	140	01/01/2024	99/99/9999						
50474-0981-83		J9333		07/01/2024	99/99/9999	INJECTION, ROZANOLIXIZUMAB-NOLI, 1 MG	RYSTIGGO (SDV,PF,LATEX-FREE) 140 MG/1 ML	3	ML		SC	ML	1	MG	140	07/01/2024	99/99/9999						
50474-0982-84		J9333		07/01/2024	99/99/9999	INJECTION, ROZANOLIXIZUMAB-NOLI, 1 MG	RYSTIGGO (SDV,PF,LATEX-FREE) 140 MG/1 ML	4	ML	VL	SC	ML	1	MG	140	07/01/2024	99/99/9999						
50474-0983-86		J9333		07/01/2024	99/99/9999	INJECTION, ROZANOLIXIZUMAB-NOLI, 1 MG	RYSTIGGO (SDV,PF,LATEX-FREE) 140 MG/1 ML	6	ML	VL	SC	ML	1	MG	140	07/01/2024	99/99/9999						
50580-0226-50		Q0163		10/30/2017	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL ALLERGY (ULTRATAB) 25 MG	100	EA	BX	PO	EA	50	MG	0.5	10/30/2017	99/99/9999						
50633-0310-11		J3424		04/01/2024	99/99/9999	INJECTION, HYDROXOCOBALAMIN, INTRAVENOUS, 25 MG	CYANOKIT (LYOPHILIZED) 5 GM	1	EA		IV	EA	25	MG	200	04/01/2024	99/99/9999						
50633-0310-11		J3425		01/01/2024	03/31/2024	INJECTION, HYDROXOCOBALAMIN, 10 MCG	CYANOKIT (LYOPHILIZED) 5 GM	1	EA		IV	EA	10	MCG	500000	01/01/2024	03/31/2024						
50742-0118-08		J8515		10/08/2018	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8	EA		PO	EA	0.25	MG	2	10/08/2018	99/99/9999						
50742-0189-01		J7509		03/25/2019	07/20/2020	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	03/25/2019	07/20/2020						
50742-0189-21		J7509		03/25/2019	07/20/2020	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	03/25/2019	07/20/2020						
50742-0340-01		J9305		05/25/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	10	MG	10	05/25/2022	99/99/9999						
50742-0341-01		J9305		05/25/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	10	MG	50	05/25/2022	99/99/9999						
50742-0366-30		J8565		05/01/2023	99/99/9999	GEFITINIB, ORAL, 250 MG	GEFITINIB (FILM-COATED) 250 MG	30	EA	BO	PO	EA	250	MG	1	05/01/2023	99/99/9999						
50742-0392-25		J7613		12/26/2024	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.63 MG/3 ML	3	ML	PC	IH	ML	1	MG	0.21	12/26/2024	99/99/9999						
50742-0392-25	KO	J7613	KO	12/26/2024	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.63 MG/3 ML	3	ML	PC	IH	ML	1	MG	0.21	12/26/2024	99/99/9999						
50742-0393-25		J7613		12/26/2024	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 1.25 MG/3 ML	3	ML	PC	IH	ML	1	MG	0.416667	12/26/2024	99/99/9999						
50742-0393-25	KO	J7613	KO	12/26/2024	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 1.25 MG/3 ML	3	ML	PC	IH	ML	1	MG	0.416667	12/26/2024	99/99/9999						
50742-0394-30		J7606		07/09/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	07/09/2025	99/99/9999						
50742-0394-30	KO	J7606	KO	07/09/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	07/09/2025	99/99/9999						
50742-0394-60		J7606		07/09/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	07/09/2025	99/99/9999						
50742-0394-60	KO	J7606	KO	07/09/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	07/09/2025	99/99/9999						
50742-0395-30		J7605		05/28/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 30X2ML 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	05/28/2025	99/99/9999						
50742-0395-30	KO	J7605	KO	05/28/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 30X2ML 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	05/28/2025	99/99/9999						
50742-0395-60		J7605		05/28/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 60X2ML 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	05/28/2025	99/99/9999						
50742-0395-60	KO	J7605	KO	05/28/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 60X2ML 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	05/28/2025	99/99/9999						
50742-0401-02		J9206		02/05/2018	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	02/05/2018	99/99/9999						
50742-0402-05		J9206		02/05/2018	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	02/05/2018	99/99/9999						
50742-0405-10		J9263		02/20/2019	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	02/20/2019	99/99/9999						
50742-0406-20		J9263		02/20/2019	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	02/20/2019	99/99/9999						
50742-0416-05		J3489		07/12/2020	05/31/2023	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	07/12/2020	05/31/2023						
50742-0428-02		J9171		04/13/2018	04/30/2021	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X2ML,SINGLE-USE) 10 MG/1 ML	2	ML	VL	IV	ML	1	MG	10	04/13/2018	04/30/2021						
50742-0430-01		J0894		11/07/2019	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	11/07/2019	99/99/9999						
50742-0431-08		J9171		04/13/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X8ML,SINGLE-USE) 10 MG/1 ML	8	ML	VL	IV	ML	1	MG	10	04/13/2018	99/99/9999						
50742-0438-10		J9017		11/15/2018	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	11/15/2018	99/99/9999						
50742-0447-45		J9045		01/29/2018	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	01/29/2018	99/99/9999						
50742-0448-60		J9045		01/29/2018	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	60	ML	VL	IV	ML	50	MG	0.2	01/29/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
50742-0463-16		J9171		04/13/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X16ML,SINGLE-USE) 10 MG/1 ML	16	ML	VL	IV	ML	1	MG	10	04/13/2018	99/99/9999						
50742-0484-01		J9041		01/01/2023	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB (SDV,PF,LYOPHILIZED) 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	01/01/2023	99/99/9999						
50742-0484-01		J9044		05/03/2022	12/31/2022	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	BORTEZOMIB (SDV,PF,LYOPHILIZED) 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	05/03/2022	12/31/2022						
50742-0485-05		J2469		09/25/2020	02/13/2023	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (SDV) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	09/25/2020	02/13/2023						
50742-0494-17		J0641		09/01/2018	07/31/2021	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (PF) 10 MG/1 ML	17.5	ML	VL	IV	ML	0.5	MG	20	09/01/2018	07/31/2021						
50742-0495-25		J0641		09/01/2018	06/30/2021	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (PF) 10 MG/1 ML	25	ML	VL	IV	ML	0.5	MG	20	09/01/2018	06/30/2021						
50742-0496-26		J9201		10/18/2023	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE 38 MG/1 ML	26.3	ML		IV	ML	200	MG	0.19	10/18/2023	99/99/9999						
50742-0497-53		J9201		10/18/2023	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE 38 MG/1 ML	52.6	ML		IV	ML	200	MG	0.19	10/18/2023	99/99/9999						
50742-0498-05		J9201		10/18/2023	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE 38 MG/1 ML	5.26	ML		IV	ML	200	MG	0.19	10/18/2023	99/99/9999						
50742-0512-20		J9027		02/25/2019	03/24/2021	INJECTION, CLOFARABINE, 1 MG	CLOFARABINE (SDV,PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	02/25/2019	03/24/2021						
50742-0519-02		J9070		07/30/2020	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (PF) 200 MG/1 ML	2.5	ML	VL	IV	ML	100	MG	2	07/30/2020	03/31/2024						
50742-0519-02		J9073		04/01/2024	03/30/2025	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	CYCLOPHOSPHAMIDE (PF) 200 MG/1 ML	2.5	ML		IV	ML	5	MG	40	04/01/2024	03/30/2025						
50742-0520-05		J9070		07/30/2020	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (PF) 200 MG/1 ML	5	ML	VL	IV	ML	100	MG	2	07/30/2020	03/31/2024						
50742-0520-05		J9073		04/01/2024	03/30/2025	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	CYCLOPHOSPHAMIDE (PF) 200 MG/1 ML	5	ML		IV	ML	5	MG	40	04/01/2024	03/30/2025						
50742-0521-10		J9070		12/06/2021	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (MDV) 200 MG/1 ML	10	ML	VL	IV	ML	100	MG	2	12/06/2021	03/31/2024						
50742-0521-10		J9073		04/01/2024	03/30/2025	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	CYCLOPHOSPHAMIDE (MDV) 200 MG/1 ML	10	ML		IV	ML	5	MG	40	04/01/2024	03/30/2025						
50881-0006-03		J9345		10/01/2023	99/99/9999	INJECTION, RETIFANLIMAB-DLWR, 1 MG	ZYNYZ (SDV,PF) 25 MG/1 ML	20	ML		IV	ML	1	MG	25	04/05/2023	99/99/9999						
50881-0023-11		J9038		04/01/2025	99/99/9999	INJECTION, AXATILIMAB-CSFR, 0.1 MG	NIKTIMVO SDV 22 MG/0.44 ML	0.44	ML	VL	IV	ML	0.1	MG	500	04/01/2025	99/99/9999						
50881-0034-12		J9038		04/01/2025	99/99/9999	INJECTION, AXATILIMAB-CSFR, 0.1 MG	NIKTIMVO SDV 9 MG/0.18 ML	0.18	ML	VL	IV	ML	0.1	MG	500	04/01/2025	99/99/9999						
50962-0650-01		A4216		01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (INHALATION) 0.9%	1	ML	EA	IH	ML	10	ML	0.1	01/01/2006	99/99/9999						
51079-0028-20		J7507		08/06/2013	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (10X10,HARD GELATIN) 5 MG	100	EA	BX	PO	EA	1	MG	5	08/06/2013	99/99/9999						
51079-0077-01		Q0177		11/26/2007	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (USP) 25 MG	1	EA	NA	PO	EA	25	MG	1	11/26/2007	99/99/9999						
51079-0077-20		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (10X10) 25 MG	100	EA	BX	PO	EA	25	MG	1	11/26/2007	99/99/9999	01/01/2002	04/01/2002	1			
51079-0078-01		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (USP) 50 MG	1	EA	NA	PO	EA	25	MG	2	01/01/2014	99/99/9999						
51079-0078-20		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (10X10) 50 MG	100	EA	BX	PO	EA	25	MG	2	01/01/2014	99/99/9999						
51079-0434-01		J8999		01/01/2002	03/31/2021	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP) 20 MG	1	EA	BX	PO	EA	1	EA	1	01/01/2002	03/31/2021						
51079-0434-20		J8999		01/01/2002	03/31/2021	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 20 MG	100	EA	BX	PO	EA	1	EA	1	01/01/2002	03/31/2021						
51079-0508-20		J7518		02/12/2014	11/30/2023	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 180 MG	100	EA	BX	PO	EA	180	MG	1	02/12/2014	11/30/2023						
51079-0510-01		None		08/25/2014	05/31/2022	CAPECITABINE, 500 MG, ORAL	CAPECITABINE,(USP,FILM COATED) 500MG	1	EA	BP	PO	EA	500	MG	1	08/25/2014	05/31/2022						
51079-0510-05		None		08/25/2014	05/31/2022	CAPECITABINE, 500 MG, ORAL	CAPECITABINE,(USP,FILM COATED) 500MG	20	EA	BX	PO	EA	500	MG	1	08/25/2014	05/31/2022						
51079-0524-01		Q0162		01/01/2012	09/30/2019	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	1	EA	BP	PO	EA	1	MG	4	01/01/2012	09/30/2019						
51079-0524-20		Q0162		01/01/2012	09/30/2019	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (USP,10X10,FILM-COATED) 4 MG	100	EA	BX	PO	EA	1	MG	4	01/01/2012	09/30/2019						
51079-0525-01		Q0162		01/01/2012	04/30/2019	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	1	EA	BP	PO	EA	1	MG	8	01/01/2012	04/30/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51079-0525-20		Q0162		01/01/2012	04/30/2019	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (USP,10X10,FILM-COATED) 8 MG	100	EA	BX	PO	EA	1	MG	8	01/01/2012	04/30/2019						
51079-0541-01		Q0164		01/01/2002	01/31/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP) 5 MG	1	EA	BX	PO	EA	5	MG	1	01/01/2002	01/31/2020						
51079-0541-20		Q0164		01/01/2002	01/31/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (10X10) 5 MG	100	EA	BX	PO	EA	5	MG	1	01/01/2002	01/31/2020						
51079-0542-01		Q0164		01/01/2014	04/30/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP) 10 MG	1	EA	BP	PO	EA	5	MG	2	01/01/2014	04/30/2020						
51079-0542-20		Q0164		01/01/2014	04/30/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (10X10) 10 MG	100	EA	BX	PO	EA	5	MG	2	01/01/2014	04/30/2020						
51079-0620-06		J7500		07/23/2010	09/30/2021	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (5X10,USP) 50 MG	50	EA	BX	PO	EA	50	MG	1	07/23/2010	09/30/2021						
51079-0670-01		None		01/01/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM (USP) 2.5 MG	1	EA	BX	PO	EA	2.5	MG	1	01/01/1994	99/99/9999						
51079-0670-05		None		01/01/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM (2X10) 2.5 MG	20	EA	BX	PO	EA	2.5	MG	1	01/01/1994	99/99/9999						
51079-0721-20		J7517		06/01/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (10 X 10,HARD GELATIN) 250 MG	100	EA	ST	PO	EA	250	MG	1	06/01/2009	99/99/9999						
51079-0817-20		J7507		08/06/2013	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (10X10,HARD GELATIN) 0.5 MG	100	EA	BX	PO	EA	1	MG	0.5	08/06/2013	99/99/9999						
51079-0818-20		J7507		11/01/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (10X10,HARD GELATIN) 1 MG	100	EA	BX	PO	EA	1	MG	1	08/06/2013	99/99/9999	11/01/2010	07/13/2012	1			
51167-0290-09		J3392		01/01/2025	99/99/9999	INJECTION, EXAGAMGLOGENE AUTOTEMCEL, PER TREATMENT	CASGEVY FROZEN	1	EA		IV	EA	1	U	1	01/01/2025	99/99/9999						
51224-0012-10		J2760		03/15/2018	05/16/2024	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	10	EA	VL	IJ	EA	5	MG	1	03/15/2018	05/16/2024						
51224-0012-20		J2760		01/31/2018	11/06/2024	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	1	EA	VL	IJ	EA	5	MG	1	01/31/2018	11/06/2024						
51224-0013-10		J1953		12/10/2018	11/27/2024	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (10X5ML,SINGLE-USE) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	12/10/2018	11/27/2024						
51224-0013-25		J1953		12/10/2018	04/01/2025	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (SINGLE-USE) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	12/10/2018	04/01/2025						
51224-0022-06		Q0144		08/15/2019	11/27/2024	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X6, USP,FILM-COATED) 250 MG	6	EA	BX	PO	EA	1	GM	0.25	08/15/2019	11/27/2024						
51224-0022-18		Q0144		08/15/2019	02/12/2025	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6,FILM-COATED) 250 MG	18	EA	BX	PO	EA	1	GM	0.25	08/15/2019	02/12/2025						
51224-0022-30		Q0144		08/15/2019	06/07/2024	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	08/15/2019	06/07/2024						
51224-0022-50		Q0144		12/07/2020	01/03/2025	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN USP,FILM-COATED 250 MG	100	EA		PO	EA	1	GM	0.25	12/07/2020	01/03/2025						
51224-0022-60		Q0144		08/20/2020	02/09/2023	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	500	EA	BO	PO	EA	1	GM	0.25	08/20/2020	02/09/2023						
51224-0122-03		Q0144		10/08/2019	06/07/2024	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	3	EA	BX	PO	EA	1	GM	0.5	10/08/2019	06/07/2024						
51224-0122-09		Q0144		10/08/2019	01/03/2025	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	9	EA	BX	PO	EA	1	GM	0.5	10/08/2019	01/03/2025						
51224-0122-30		Q0144		08/15/2019	06/07/2024	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	08/15/2019	06/07/2024						
51224-0222-30		Q0144		08/15/2019	06/07/2024	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	08/15/2019	06/07/2024						
51285-0366-01		None		03/09/2006	99/99/9999	METHOTREXATE, 5 MG	TREXALL (FILM-COATED) 5 MG	30	EA	BO	PO	EA	5	MG	1	03/09/2006	99/99/9999						
51285-0367-01		None		03/09/2006	99/99/9999	METHOTREXATE, 7.5 MG	TREXALL (FILM-COATED) 7.5 MG	30	EA	BO	PO	EA	7.5	MG	1	03/09/2006	99/99/9999						
51285-0368-01		None		12/01/2005	99/99/9999	METHOTREXATE, 10 MG	TREXALL (FILM-COATED) 10 MG	30	EA	BO	PO	EA	10	MG	1	12/01/2005	99/99/9999						
51285-0369-01		None		12/01/2005	99/99/9999	METHOTREXATE, 15 MG	TREXALL (FILM-COATED) 15 MG	30	EA	BO	PO	EA	15	MG	1	12/01/2005	99/99/9999						
51407-0003-05		Q0162		01/07/2025	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON FILM-COATED 4 MG	500	EA	BT	PO	EA	1	MG	4	01/07/2025	99/99/9999						
51407-0003-30		Q0162		01/08/2025	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON FILM-COATED 4 MG	30	EA	BT	PO	EA	1	MG	4	01/08/2025	99/99/9999						
51407-0004-05		Q0162		01/07/2025	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON FILM-COATED 8 MG	500	EA	BT	PO	EA	1	MG	8	01/07/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51407-0004-30		Q0162		01/08/2025	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON FILM-COATED 8 MG	30	EA	BT	PO	EA	1	MG	8	01/08/2025	99/99/9999						
51407-0095-60		J8999		10/01/2024	10/23/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CAPECITABINE 150 MG	60	EA		PO	EA	1	U	1	10/01/2024	10/23/2024						
51407-0095-60		None		08/08/2018	09/30/2024	CAPECITABINE, 150 MG, ORAL	CAPECITABINE 150 MG	60	EA	BO	PO	EA	150	MG	1	08/08/2018	09/30/2024						
51407-0096-12		J8999		10/01/2024	10/23/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CAPECITABINE 500 MG	120	EA		PO	EA	1	U	1	10/01/2024	10/23/2024						
51407-0096-12		None		08/08/2018	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE 500 MG	120	EA	BO	PO	EA	500	MG	1	08/08/2018	09/30/2024						
51407-0121-01		None		06/07/2018	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	06/07/2018	99/99/9999						
51407-0701-01		J8501		06/11/2025	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT HARD GELATIN 40 MG	1	EA		PO	EA	5	MG	8	06/11/2025	99/99/9999						
51407-0701-05		J8501		06/11/2025	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT HARD GELATIN 40 MG	5	EA		PO	EA	5	MG	8	06/11/2025	99/99/9999						
51407-0702-02		J8501		06/11/2025	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT HARD GELATIN 80 MG	2	EA		PO	EA	5	MG	16	06/11/2025	99/99/9999						
51407-0702-06		J8501		06/11/2025	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT 3X2,HARD GELATIN 80 MG	6	EA		PO	EA	5	MG	16	06/11/2025	99/99/9999						
51407-0703-06		J8501		06/11/2025	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT HARD GELATIN 125 MG	6	EA		PO	EA	5	MG	25	06/11/2025	99/99/9999						
51407-0704-03		J8501		06/11/2025	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT TRI-PACK HARD GELATIN 80 MG; 125 MG	3	EA		PO	EA	5	MG	41	06/11/2025	99/99/9999						
51407-0748-02		J9070		03/20/2023	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE 200 MG/1 ML	2.5	ML		IV	ML	100	MG	2	03/20/2023	03/31/2024						
51407-0748-02		J9073		04/01/2024	05/18/2025	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	CYCLOPHOSPHAMIDE 200 MG/1 ML	2.5	ML		IV	ML	5	MG	40	04/01/2024	05/18/2025						
51407-0749-05		J9070		03/20/2023	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE 200 MG/1 ML	5	ML		IV	ML	100	MG	2	03/20/2023	03/31/2024						
51407-0749-05		J9073		04/01/2024	05/18/2025	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	CYCLOPHOSPHAMIDE 200 MG/1 ML	5	ML		IV	ML	5	MG	40	04/01/2024	05/18/2025						
51407-0750-10		J9070		03/20/2023	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE 200 MG/1 ML	10	ML		IV	ML	100	MG	2	03/20/2023	03/31/2024						
51407-0750-10		J9073		04/01/2024	05/18/2025	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	CYCLOPHOSPHAMIDE 200 MG/1 ML	10	ML		IV	ML	5	MG	40	04/01/2024	05/18/2025						
51552-0006-01		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0006-03		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0006-04		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0006-05		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0006-07		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0021-02		J1700		09/01/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	99/99/9999						
51552-0021-03		J1700		09/01/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	99/99/9999						
51552-0021-04		J1700		09/01/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	99/99/9999						
51552-0021-05		J1700		09/01/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	99/99/9999						
51552-0024-01		J1094		01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2003	99/99/9999						
51552-0024-02		J1094		09/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0024-03		J1094		09/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0024-04		J1094		09/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0025-01	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0025-01		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0025-02		J7638		09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0025-02	KO	J7638	KO	09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0025-03		J7638		09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0025-03	KO	J7638	KO	09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0025-04		J7638		09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0025-04	KO	J7638	KO	09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0026-02		J7510		09/01/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0026-04		J7510		09/01/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0026-05		J7510		09/01/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0028-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE	1	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
51552-0028-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
51552-0028-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
51552-0028-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
51552-0029-01		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.)	1	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51552-0029-02		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED (U.S.P.)	5	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51552-0030-01		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.)	1	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51552-0030-02		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.)	5	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51552-0030-04		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.)	25	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51552-0030-05		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.)	100	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51552-0030-09		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	0.6	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51552-0033-01		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0033-01	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0033-02		J7684		09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0033-02	KO	J7684	KO	09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0033-03		J7684		09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0033-03	KO	J7684	KO	09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0033-05		J7684		09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0033-05	KO	J7684	KO	09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0042-01		J7643		01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0042-01	KO	J7643	KO	01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0057-04		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,N.F.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	99/99/9999						
51552-0064-01		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0064-01	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0064-02		J7624		09/01/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0064-02	KO	J7624	KO	09/01/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0074-09		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	25	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999						
51552-0124-02		J1200		09/01/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0124-04		J1200		09/01/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0124-05		J1200		09/01/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0124-06		J1200		09/01/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0130-04		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
51552-0139-04		J3230		09/01/2003	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0139-05		J3230		09/01/2003	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0147-01		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	01/01/2002	99/99/9999						
51552-0147-02		J2550		09/01/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0147-04		J2550		09/01/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0147-05		J2550		09/01/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0149-04		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	100	MG	10	01/01/2004	99/99/9999						
51552-0149-05		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999						
51552-0156-02		J7636		09/01/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0156-02	KO	J7636	KO	09/01/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0156-04		J7636		09/01/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0156-04	KO	J7636	KO	09/01/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0180-03		J2765		09/01/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0201-04		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
51552-0201-04	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
51552-0201-05		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
51552-0201-05	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
51552-0201-07		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
51552-0201-07	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0232-02		J7799		09/01/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0232-04		J7799		09/01/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0232-05		J7799		09/01/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0233-01		J1110		01/01/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0233-02		J1110		09/01/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0304-01		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0304-02		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0304-03		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0304-04		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (1X25GM)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0304-05		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999	01/01/2002	08/31/2003	20			
51552-0304-09		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0313-05		J0280		09/01/2003	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	JR	NA	GM	250	MG	4	09/01/2003	99/99/9999						
51552-0313-06		J0280		09/01/2003	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	09/01/2003	99/99/9999						
51552-0324-09		J3480		09/01/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ	6.71141	09/01/2003	99/99/9999						
51552-0416-02		J2440		09/01/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	09/01/2003	99/99/9999						
51552-0416-04		J2440		09/01/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	09/01/2003	99/99/9999						
51552-0416-05		J2440		09/01/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	09/01/2003	99/99/9999						
51552-0423-02		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
51552-0423-02	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
51552-0423-04		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
51552-0423-04	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
51552-0423-05		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
51552-0423-05	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
51552-0430-01		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0430-01	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0430-02		J7638		09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0430-02	KO	J7638	KO	09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0445-01		J1435		01/01/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0445-02		J1435		09/01/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0445-04		J1435		09/01/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0464-02		J1320		09/01/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (1X5GM)	1	EA	BO	NA	GM	20	MG	50	09/01/2003	99/99/9999						
51552-0464-05		J1320		09/01/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (1X100GM)	1	EA	BO	NA	GM	20	MG	50	09/01/2003	99/99/9999						
51552-0464-06		J1320		09/01/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (1X500GM)	1	EA	JR	NA	GM	20	MG	50	09/01/2003	99/99/9999						
51552-0480-01		J0735		01/01/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0480-02		J0735		09/01/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0487-05		J2810		09/01/2003	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	40	MG	25	09/01/2003	99/99/9999						
51552-0496-01		J2760		01/01/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
51552-0496-02		J2760		09/01/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0496-04		J2760		09/01/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0496-05		J2760		09/01/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0496-09		J2760		09/01/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0498-03		J0270		09/01/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTAGLANDIN E1 (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	09/01/2003	99/99/9999						
51552-0498-05		J0270		09/01/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTAGLANDIN E1 (1X100MG,USP)	1	EA	BO	NA	GM	1.25	MCG	800000	09/01/2003	99/99/9999						
51552-0498-09		J0270		09/01/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTAGLANDIN E1 (1X5MG,USP)	1	EA	BO	NA	GM	1.25	MCG	800000	09/01/2003	99/99/9999						
51552-0519-01		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
51552-0519-02		J1630		09/01/2003	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0532-04		J1165		09/01/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0564-04		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.)	25	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51552-0564-05		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.,MICRONIZED)	100	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51552-0564-07		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.)	1000	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51552-0588-06		J3520		09/01/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	09/01/2003	99/99/9999						
51552-0603-02		J7509		09/01/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	4	MG	250	09/01/2003	99/99/9999						
51552-0613-02		J0475		09/01/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (1X5GM)	1	EA	JR	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0613-04		J0475		09/01/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (1X25GM)	1	EA	JR	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0613-05		J0475		09/01/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (1X100GM)	1	EA	JR	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0620-02		J2780		09/01/2003	04/07/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	04/07/2020						
51552-0620-04		J2780		09/01/2003	04/07/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	04/07/2020						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0620-05		J2780		09/01/2003	04/07/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	04/07/2020						
51552-0628-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
51552-0652-01		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (1X1GM)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
51552-0652-02		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (1X5GM)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
51552-0663-01		J7516		01/01/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG	4	01/01/2002	99/99/9999						
51552-0663-02		J7516		09/01/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (1X5GM,USP)	1	EA	BO	NA	GM	250	MG	4	09/01/2003	99/99/9999						
51552-0663-04		J7516		09/01/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (1X25GM,USP)	1	EA	BO	NA	GM	250	MG	4	09/01/2003	99/99/9999						
51552-0668-01		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
51552-0668-01	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
51552-0671-01		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
51552-0671-02		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
51552-0671-03		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
51552-0671-04		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
51552-0671-05		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
51552-0671-06		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
51552-0676-04		J1240		09/01/2003	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (1X25GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0676-05		J1240		09/01/2003	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (1X100GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0678-04		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X25GM,USP)	25	GM	JR	NA	GM	10	MG	100	01/01/2015	99/99/9999						
51552-0678-06		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X100GM,USP)	100	GM	JR	NA	GM	10	MG	100	01/01/2015	99/99/9999						
51552-0686-01		J2175		09/01/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (USP,1X1GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999						
51552-0686-02		J2175		09/01/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (USP,1X5GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999						
51552-0686-04		J2175		09/01/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (USP,1X25GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999						
51552-0686-06		J2175		09/01/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (USP,1X100GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999						
51552-0687-01		J3010		09/01/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (1X1GM,USP)	1	EA	BO	NA	GM	0.1	MG	10000	09/01/2003	99/99/9999						
51552-0687-09		J3010		09/01/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (1X500MG,USP)	500	ML	BO	NA	ML	0.1	MG	10000	09/01/2003	99/99/9999						
51552-0688-02		J0745		09/01/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X5GM,USP)	1	EA	BO	NA	GM	30	MG	33.33333	09/01/2003	99/99/9999						
51552-0688-03		J0745		09/01/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X10GM,USP)	1	EA	BO	NA	GM	30	MG	33.33333	09/01/2003	99/99/9999						
51552-0688-04		J0745		09/01/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X25GM,USP)	1	EA	BO	NA	GM	30	MG	33.33333	09/01/2003	99/99/9999						
51552-0728-01		J1230		09/01/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0728-02		J1230		09/01/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0728-04		J1230		09/01/2004	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	09/01/2004	99/99/9999						
51552-0729-01		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X1GM,USP)	1	EA	BO	NA	GM	2	MG	500	09/01/2003	99/99/9999						
51552-0729-02		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X5GM,USP)	1	EA	BO	NA	GM	2	MG	500	09/01/2003	99/99/9999						
51552-0729-04		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X25GM,USP)	1	EA	BO	NA	GM	2	MG	500	09/01/2003	99/99/9999						
51552-0729-05		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X100GM,USP)	1	EA	NA	NA	GM	2	MG	500	09/01/2003	99/99/9999						
51552-0729-09		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X500MG,USP)	1	EA	BO	NA	GM	2	MG	500	09/01/2003	99/99/9999						
51552-0733-01		J9190		09/01/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X1GM,USP)	1	EA	BO	NA	GM	500	MG	2	09/01/2003	99/99/9999						
51552-0733-02		J9190		09/01/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X5GM,USP)	1	EA	BO	NA	GM	500	MG	2	09/01/2003	99/99/9999						
51552-0733-04		J9190		09/01/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X25GM,USP)	1	EA	BO	NA	GM	500	MG	2	09/01/2003	99/99/9999						
51552-0733-05		J9190		09/01/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X100GM,USP)	1	EA	BO	NA	GM	500	MG	2	09/01/2003	99/99/9999						
51552-0737-01		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS	NALTREXONE HYDROCHLORIDE (1X1GM,USP)	1	EA	JR	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0737-02		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS	NALTREXONE HYDROCHLORIDE (1X5GM,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0738-04		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X25GM,USP,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0738-05		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X100GM,USP,MICRONIZED)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0738-06		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X500GM,USP,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0738-07		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X1000GM,USP,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0741-04		J0500		09/01/2003	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HYDROCHLORIDE (USP)	1	EA	BO	NA	GM	20	MG	50	09/01/2003	99/99/9999						
51552-0775-01		J7699		09/01/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0775-02		J7699		09/01/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0775-04		J7699		09/01/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0775-05		J7699		09/01/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0779-02		J7501		09/01/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (1X5GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999						
51552-0779-04		J7501		09/01/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (1X25GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999						
51552-0789-01		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51552-0789-01	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51552-0789-02		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51552-0789-02	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51552-0789-04		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51552-0789-04	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0789-05		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51552-0789-05	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51552-0829-03		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X10GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0829-04		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X25GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0829-05		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X100GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0829-06		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X500GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0829-07		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X1000GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0883-01		J7622		09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0883-01	KO	J7622	KO	09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0883-02		J7622		09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X5GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0883-02	KO	J7622	KO	09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X5GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0883-09		J7622		09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X250MG,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0883-09	KO	J7622	KO	09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X250MG,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0889-02		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (1X10MG,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0910-04		J1800		09/01/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HYDROCHLORIDE (USP,1X25GM)	1	EA	JR	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0920-02		J1835		09/01/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X5GM)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0920-04		J1835		09/01/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X25GM)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0920-05		J1835		09/01/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X100GM)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-1025-02		J3360		09/01/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X5GM,USP)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-1025-04		J3360		09/01/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X25GM,USP)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-1025-05		J3360		09/01/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X100GM,USP)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-1031-01		J1450		09/01/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (1X1GM)	1	EA	JR	NA	GM	200	MG	5	09/01/2003	99/99/9999						
51552-1031-02		J1450		09/01/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (1X5GM)	1	EA	JR	NA	GM	200	MG	5	09/01/2003	99/99/9999						
51552-1031-04		J1450		09/01/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (1X25GM)	1	EA	JR	NA	GM	200	MG	5	09/01/2003	99/99/9999						
51552-1045-01		J3420		09/01/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (1X1GM,USP)	1	EA	BO	NA	GM	1000	MCG	1000	09/01/2003	99/99/9999						
51552-1045-09		J3420		09/01/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (1X500MG,USP)	1	EA	BO	NA	GM	1000	MCG	1000	09/01/2003	99/99/9999						
51552-1053-06		J1212		09/01/2003	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYLSULFOXIDE	473	ML	BO	NA	ML	50	%	0.02	09/01/2003	99/99/9999						
51552-1069-02		J2460		09/01/2003	99/99/9999	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	OXYTETRACYCLINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51672-4091-03		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (1x50ML) 4MG/5ML	1	ML	BO	PO	ML	1	MG	0.8	01/01/2012	99/99/9999						
51672-4200-03		Q0144		08/20/2021	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP) 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	08/20/2021	99/99/9999						
51672-4200-05		Q0144		08/20/2021	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP) 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	08/20/2021	99/99/9999						
51672-4200-07		Q0144		08/20/2021	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP) 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	08/20/2021	99/99/9999						
51754-1000-04		J3475		04/24/2018	12/31/2024	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SDV,PF) 500 MG/1 ML	10	ML	VL	IJ	ML	500	MG	1	04/24/2018	12/31/2024						
51754-1200-03		J2710		11/07/2024	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	BLOXIVERZ SD PREFILLED SYRINGE 1 MG/1 ML	5	ML	SY	IV	ML	0.5	MG	2	11/07/2024	99/99/9999						
51754-1210-03		J2710		11/15/2021	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	BLOXIVERZ (MULTIPLE DOSE 10X10) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	11/15/2021	99/99/9999						
51754-1220-03		J2710		11/15/2021	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	BLOXIVERZ (MULTIPLE DOSE 10X10) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	11/15/2021	99/99/9999						
51754-1240-03		J2710		05/01/2021	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	BLOXIVERZ NOVAPLUS (10X10ML;MDV,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	05/01/2021	99/99/9999						
51754-2131-04		J2252		10/01/2024	12/31/2024	INJECTION, MIDAZOLAM IN 0.8% SODIUM CHLORIDE, INTRAVENOUS, NOT THERAPEUTICALLY EQUIVALENT TO J2250, 1 MG	MIDAZOLAM-SODIUM CHLORIDE (25X100ML;SDV,PF) 100 MG/100 ML-0.8%	100	ML	VL	IV	ML	1	MG	1	10/01/2024	12/31/2024						
51754-2500-03		J1570		06/01/2017	12/31/2022	INJECTION, GANCICLOVIR SODIUM, 500 MG	GANCICLOVIR-SODIUM CHLORIDE (PF) 500 MG/250 ML-0.8%	250	ML	BG	IV	ML	500	MG	0.004	06/01/2017	12/31/2022						
51754-2500-03		J1574		01/01/2023	99/99/9999	INJECTION, GANCICLOVIR SODIUM (EXELA) NOT THERAPEUTICALLY EQUIVALENT TO J1570, 500 MG	GANCICLOVIR-SODIUM CHLORIDE (PF) 500 MG/250 ML-0.8%	250	ML	BG	IV	ML	500	MG	0.004	01/01/2023	99/99/9999						
51754-4000-03		J2370		06/08/2021	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	VAZCULEP (10X5ML,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	06/08/2021	06/30/2023						
51754-4000-03		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	VAZCULEP (10X5ML,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
51754-4020-01		J2370		01/24/2022	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	VAZCULEP (LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	01/24/2022	06/30/2023						
51754-4020-01		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	VAZCULEP (LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
51754-5060-01		J0702		02/04/2019	04/14/2024	INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG	BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPH (MDV) 3 MG/1 ML-3 MG/1 ML	5	ML	VL	IJ	ML	6	MG	1	02/04/2019	04/14/2024						
51754-6000-04		J1596		01/01/2024	06/30/2024	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYRX-PF (SDV,PF) 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	01/01/2024	06/30/2024						
51754-6000-04		J1597		07/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE (GLYRX-PF), 0.1 MG	GLYRX-PF (SDV,PF) 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	07/01/2024	99/99/9999						
51754-6000-04	KO	J7643	KO	09/10/2018	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYRX-PF (SDV,PF) 0.2 MG/1 ML	1	ML		IJ	ML	1	MG	0.2	09/10/2018	12/31/2023						
51754-6001-04		J1596		01/01/2024	06/30/2024	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYRX-PF (SDV,PF) 0.2 MG/1 ML	2	ML		IJ	ML	0.1	MG	2	01/01/2024	06/30/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51754-6001-04		J1597		07/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE (GLYRX-PF), 0.1 MG	GLYRX-PF (SDV,PF) 0.2 MG/1 ML	2	ML		U	ML	0.1	MG	2	07/01/2024	99/99/9999						
51754-6001-04	KO	J7643	KO	09/10/2018	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYRX-PF (SDV,PF) 0.2 MG/1 ML	2	ML		U	ML	1	MG	0.2	09/10/2018	12/31/2023						
51754-6013-03		J1596		01/01/2024	06/30/2024	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYRX-PF (PF) 0.2 MG/1 ML	3	ML		U	ML	0.1	MG	2	01/01/2024	06/30/2024						
51754-6013-03		J1597		07/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE (GLYRX-PF), 0.1 MG	GLYRX-PF (PF) 0.2 MG/1 ML	3	ML		U	ML	0.1	MG	2	07/01/2024	99/99/9999						
51754-6013-03	KO	J7643	KO	01/01/2021	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYRX-PF (PF) 0.2 MG/1 ML	3	ML		U	ML	1	MG	0.2	01/01/2021	12/31/2023						
51754-6015-03		J1596		01/01/2024	06/30/2024	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYRX-PF (PF) 0.2 MG/1 ML	5	ML		U	ML	0.1	MG	2	01/01/2024	06/30/2024						
51754-6015-03		J1597		07/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE (GLYRX-PF), 0.1 MG	GLYRX-PF (PF) 0.2 MG/1 ML	5	ML		U	ML	0.1	MG	2	07/01/2024	99/99/9999						
51754-6015-03	KO	J7643	KO	01/01/2021	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYRX-PF (PF) 0.2 MG/1 ML	5	ML	SR	U	ML	1	MG	0.2	01/01/2021	12/31/2023						
51759-0202-10		J3031		04/20/2020	99/99/9999	INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	AJOVY (AUTOINJECTOR,PF) 225 MG/1.5 ML	1.5	ML	PN	SC	ML	1	MG	150	04/20/2020	99/99/9999						
51759-0202-22		J3031		01/19/2021	99/99/9999	INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	AJOVY (AUTOINJECTOR,PF) 225 MG/1.5 ML	1.5	ML	PE	SC	ML	1	MG	150	01/19/2021	99/99/9999						
51759-0204-10		J3031		10/01/2019	99/99/9999	INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	AJOVY (PF,LATEX-FREE) 225 MG/1.5 ML	1.5	ML	SR	SC	ML	1	MG	150	10/01/2019	99/99/9999						
51759-0305-10		J2799		01/01/2024	99/99/9999	INJECTION, RISPERIDONE (UZEDY), 1 MG	UZEDY (50MG/0.14ML) (LATEX-FREE) 25 MG/0.07 ML	0.14	ML		SC	ML	1	MG	357.14286	01/01/2024	99/99/9999						
51759-0360-02		Q5142		09/04/2025	99/99/9999	INJECTION, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	ADALIMUMAB-RYVK AUTOINJECTOR 40 MG/0.4 ML	2	EA	BX	SC	EA	1	MG	40	09/04/2025	99/99/9999						
51759-0402-02		Q5142		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	SIMLANDI 40 MG/0.4 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
51759-0402-17		Q5142		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	SIMLANDI 40 MG/0.4 ML	1	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
51759-0410-10		J2799		01/01/2024	99/99/9999	INJECTION, RISPERIDONE (UZEDY), 1 MG	UZEDY (75MG/0.21ML) (LATEX-FREE) 25 MG/0.07 ML	0.21	ML		SC	ML	1	MG	357.14286	01/01/2024	99/99/9999						
51759-0412-22		Q5142		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	SIMLANDI 40 MG/0.4 ML	2	EA	BX	SC	EA	1	MG	40	01/01/2025	99/99/9999						
51759-0520-10		J2799		01/01/2024	99/99/9999	INJECTION, RISPERIDONE (UZEDY), 1 MG	UZEDY (100MG/0.28ML) (LATEX-FREE) 25 MG/0.07 ML	0.28	ML		SC	ML	1	MG	357.14286	01/01/2024	99/99/9999						
51759-0630-10		J2799		01/01/2024	99/99/9999	INJECTION, RISPERIDONE (UZEDY), 1 MG	UZEDY (125MG/0.35ML) (LATEX-FREE) 25 MG/0.07 ML	0.35	ML		SC	ML	1	MG	357.14286	01/01/2024	99/99/9999						
51759-0740-10		J2799		01/01/2024	99/99/9999	INJECTION, RISPERIDONE (UZEDY), 1 MG	UZEDY (150MG/0.42ML) (LATEX-FREE) 25 MG/0.07 ML	0.42	ML		SC	ML	1	MG	357.14286	01/01/2024	99/99/9999						
51759-0850-10		J2799		01/01/2024	99/99/9999	INJECTION, RISPERIDONE (UZEDY), 1 MG	UZEDY (200MG/0.56ML) (LATEX-FREE) 25 MG/0.07 ML	0.56	ML		SC	ML	1	MG	357.14286	01/01/2024	99/99/9999						
51759-0960-10		J2799		01/01/2024	99/99/9999	INJECTION, RISPERIDONE (UZEDY), 1 MG	UZEDY (250MG/0.7ML) (LATEX-FREE) 25 MG/0.07 ML	0.7	ML		SC	ML	1	MG	357.14286	01/01/2024	99/99/9999						
51862-0083-14		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	11/18/2016	09/30/2019						
51862-0083-51		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 5MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	11/18/2016	09/30/2019						
51862-0084-14		None		11/18/2016	03/31/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	11/18/2016	03/31/2019						
51862-0084-51		None		11/18/2016	03/31/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	11/18/2016	03/31/2019						
51862-0085-14		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	11/18/2016	09/30/2019						
51862-0085-51		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	11/18/2016	09/30/2019						
51862-0086-14		None		11/18/2016	03/31/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	11/18/2016	03/31/2019						
51862-0086-51		None		11/18/2016	03/31/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	11/18/2016	03/31/2019						
51862-0087-14		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	11/18/2016	09/30/2019						
51862-0087-51		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	11/18/2016	09/30/2019						
51862-0088-51		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	11/18/2016	09/30/2019						
51862-0447-18		J8999		09/10/2018	05/31/2021	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	180	EA		PO	EA	1	EA	1	09/10/2018	05/31/2021						
51862-0458-47		J7515		07/18/2016	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (USP,MODIFIED) 25 MG	30	EA	ST	PO	EA	25	MG	1	07/18/2016	99/99/9999						
51862-0460-47		J7502		08/03/2016	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (USP,SOFT GELATIN) 100 MG	30	EA	BX	PO	EA	100	MG	1	08/03/2016	99/99/9999						
51862-0608-30		J0574		06/07/2021	99/99/9999	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE	BUPRENORPHINE-NALOXONE (LEMON-LIME) 8 MG-2 MG	30	EA	BO	SL	EA	8	MG	1	06/07/2021	99/99/9999						
51862-0642-10		J8999		07/21/2021	05/31/2025	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM-COATED) 10 MG	1000	EA	BO	PO	EA	1	EA	1	07/21/2021	05/31/2025						
51862-0642-60		J8999		07/21/2021	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM-COATED) 10 MG	60	EA	BO	PO	EA	1	EA	1	07/21/2021	99/99/9999						
51862-0643-10		J8999		07/21/2021	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM-COATED) 20 MG	1000	EA	BO	PO	EA	1	EA	1	07/21/2021	99/99/9999						
51862-0643-30		J8999		07/21/2021	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM-COATED) 20 MG	30	EA	BO	PO	EA	1	EA	1	07/21/2021	99/99/9999						
51927-1000-00		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (U.S.P.; CII)	1	GM	JR	NA	GM	10	MG	100	01/01/2015	99/99/9999						
51927-1001-00		J7636		09/08/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1001-00	KO	J7636	KO	09/08/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1005-00		J2060		09/08/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.; CIV)	1	EA	JR	NA	GM	2	MG	500	09/08/2003	99/99/9999						
51927-1007-00		J1960		09/08/2003	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.; CII)	1	EA	BO	NA	GM	2	MG	500	09/08/2003	99/99/9999						
51927-1012-00		J0592		09/08/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.;CIII)	1	EA	JR	NA	GM	0.1	MG	10000	09/08/2003	99/99/9999						
51927-1013-00		J0745		09/08/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.; CII)	1	EA	BO	NA	GM	30	MG	33.33333	09/08/2003	99/99/9999						
51927-1014-00		J3360		09/08/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (U.S.P.; CIV)	1	EA	JR	NA	GM	5	MG	200	09/08/2003	99/99/9999						
51927-1017-00		J1230		09/08/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.; CII)	1	EA	BO	NA	GM	10	MG	100	09/08/2003	99/99/9999						
51927-1018-00		J2175		09/08/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.; CII)	1	EA	BO	NA	GM	100	MG	10	09/08/2003	99/99/9999						
51927-1019-00		J3010		09/08/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1	MG	10000	09/08/2003	99/99/9999						
51927-1026-00		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (USP; NON MICRONIZED; SOY)	1	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51927-1027-00		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED (U.S.P.; SOY; CII)	1	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51927-1029-00		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE MICRONIZED (MICRONIZED, CIII)	1	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51927-1046-00		J2675		09/08/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999						
51927-1079-00		J1200		09/08/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999						
51927-1080-00		J1240		09/08/2003	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/08/2003	99/99/9999						
51927-1082-00		J2765		09/08/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/08/2003	99/99/9999						
51927-1085-00		J9190		09/08/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P., -5 FU)	1	EA	JR	NA	GM	500	MG	2	09/08/2003	99/99/9999						
51927-1090-00		J3480		12/04/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (USP; GRANULAR)	1	EA	BO	NA	GM	2	MEQ	6.71141	12/04/2003	99/99/9999						
51927-1093-00		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (USP)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999						
51927-1110-00		J1700		09/08/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	09/08/2003	99/99/9999						
51927-1148-00		J7510		09/08/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE MICRONIZED (ANHYDROUS)	1	EA	JR	NA	GM	5	MG	200	09/08/2003	99/99/9999						
51927-1194-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999						
51927-1202-00		J0706		12/04/2003	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (PURIFIED)	1	EA	BO	NA	GM	5	MG	200	12/04/2003	99/99/9999						
51927-1225-00		J7799		09/08/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999						
51927-1242-00		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (USP)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999						
51927-1269-00		J3350		12/04/2003	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (USP)	1	EA	BO	NA	GM	40	GM	0.025	12/04/2003	99/99/9999						
51927-1317-00		J3520		12/04/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (USP; DIHYDRATE)	1	EA	BO	NA	GM	150	MG	6.66666	12/04/2003	99/99/9999						
51927-1325-00		J2650		09/08/2003	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	1	ML	20	09/08/2003	99/99/9999						
51927-1326-00		J7684		09/08/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1326-00	KO	J7684	KO	09/08/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1347-00		J0500		09/08/2003	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	09/08/2003	99/99/9999						
51927-1400-00		J3410		09/08/2003	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	09/08/2003	99/99/9999						
51927-1430-00		J7638		09/08/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1430-00	KO	J7638	KO	09/08/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1433-00		J1630		09/08/2003	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	JR	NA	GM	5	MG	200	09/08/2003	99/99/9999						
51927-1435-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE MICRONIZED (USP)	1	GM	BO	NA	GM	1	1000	200	01/01/2016	99/99/9999						
51927-1441-00		J9017		12/04/2003	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (TECHNICAL)	1	EA	BO	NA	GM	1	MG	1000	12/04/2003	99/99/9999						
51927-1444-00		J0280		09/08/2003	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (U.S.P.; ANHYDROUS)	1	EA	JR	NA	GM	250	MG	4	09/08/2003	99/99/9999						
51927-1454-00		J7624		09/08/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1454-00	KO	J7624	KO	09/08/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1510-00		J2810		09/08/2003	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE (USP, ANHYDROUS)	1	EA	BO	NA	GM	40	MG	25	09/08/2003	99/99/9999						
51927-1565-00		J8610		09/08/2003	99/99/9999	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1	EA	BO	NA	GM	2.5	MG	400	09/08/2003	99/99/9999						
51927-1571-00		J1245		09/08/2003	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/08/2003	99/99/9999						
51927-1573-00		J7609		01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
51927-1573-00	KO	J7609	KO	01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
51927-1575-00		J7643		09/08/2003	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1575-00	KO	J7643	KO	09/08/2003	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1597-00		J3490		12/04/2003	99/99/9999	UNCLASSIFIED DRUGS	ETHANOLAMINE (MONOETHANOLAMINE)	1	EA	BO	NA	GM	1	EA	1	12/04/2003	99/99/9999						
51927-1601-00		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
51927-1601-00	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
51927-1603-00		J1320		09/08/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	JR	NA	GM	20	MG	50	09/08/2003	99/99/9999						
51927-1606-00		J1800		09/08/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1610-00		J7699		09/08/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999						
51927-1612-00		J1212		12/04/2003	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (USP)	1	ML	BO	NA	ML	50	%	0.02	12/04/2003	99/99/9999						
51927-1641-00		J7622		09/08/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P. (ANHYDROUS))	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1641-00	KO	J7622	KO	09/08/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P. (ANHYDROUS))	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1648-00		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
51927-1648-00	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
51927-1659-00		J1180		09/08/2003	99/99/9999	INJECTION, DYPHYLLINE, UP TO 500 MG	DYPHYLLINE	1	EA	BO	NA	GM	500	MG	2	09/08/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51927-1662-00		J3420		12/04/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (USP)	1	EA	BO	NA	GM	1000	MCG	1000	12/04/2003	99/99/9999						
51927-1706-00		J1110		09/08/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1709-00		J1435		09/08/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P. E-1)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1715-00		J7799		09/08/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE HCL (USP)	1	EA	BO	NA	GM	1	EA	1	09/08/2003	99/99/9999						
51927-1722-00		J3430		12/04/2003	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	MENADIONE (USP)	1	EA	BO	NA	GM	1	MG	1000	12/04/2003	99/99/9999						
51927-1726-00		J0285		09/08/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.; ORAL GRADE)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999						
51927-1775-00		J2440		09/08/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	JR	NA	GM	60	MG	16.66666	09/08/2003	99/99/9999						
51927-1788-00		J3000		09/08/2003	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE	1	EA	BO	NA	GM	1	GM	1	09/08/2003	99/99/9999						
51927-1794-00		J7641		09/08/2003	99/99/9999	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1794-00	KO	J7641	KO	09/08/2003	99/99/9999	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1829-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS	CORTISONE ACETATE MICRONIZED (USP)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999						
51927-1831-00		J1980		09/08/2003	99/99/9999	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	0.25	MG	4000	09/08/2003	99/99/9999						
51927-1838-00		J1165		09/08/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999						
51927-1865-00		J1955		12/04/2003	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (USP)	1	EA	BO	NA	GM	1	GM	1	12/04/2003	99/99/9999						
51927-1925-00		J3430		09/08/2003	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (USP; VITAMIN K1)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1950-00		J0945		09/08/2003	99/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/08/2003	99/99/9999						
51927-1951-00		J7624		09/08/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1951-00	KO	J7624	KO	09/08/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1954-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999						
51927-1981-00		J3250		09/12/2003	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL	1	EA	BO	NA	GM	200	MG	5	09/12/2003	99/99/9999						
51927-2007-00		J0475		09/08/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	09/08/2003	99/99/9999						
51927-2097-00		J0520		09/08/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	JR	NA	GM	5	MG	200	09/08/2003	99/99/9999						
51927-2101-00		J0770		09/08/2003	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM (USP)	1	EA	BO	NA	GM	150	MG	6.66666	09/08/2003	99/99/9999						
51927-2118-00		J2360		09/08/2003	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (USP)	1	EA	BO	NA	GM	60	MG	16.66666	09/08/2003	99/99/9999						
51927-2134-00		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	1	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999						
51927-2140-00		J2300		09/08/2003	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL	1	EA	BO	NA	GM	10	MG	100	09/08/2003	99/99/9999						
51927-2182-00		J1790		09/08/2003	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (USP)	1	EA	BO	NA	GM	5	MG	200	09/08/2003	99/99/9999						
51927-2196-00		J0270		09/08/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	JR	NA	GM	1.25	MCG	800000	09/08/2003	99/99/9999						
51927-2206-00		J0780		09/08/2003	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (USP)	1	EA	BO	NA	GM	10	MG	100	09/08/2003	99/99/9999						
51927-2231-00		J1094		09/08/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-2234-00		J2680		09/08/2003	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/08/2003	99/99/9999						
51927-2258-00		J7501		09/08/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (USP)	1	EA	BO	NA	GM	100	MG	10	09/08/2003	99/99/9999						
51927-2303-00		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P., HEMIHYDRATE)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
51927-2316-00		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (U.S.P.)	1	GM	JR	NA	GM	25	MG	40	01/01/2014	99/99/9999						
51927-2319-00		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL	1	EA	BO	NA	GM	40	MG	25	01/01/2006	99/99/9999						
51927-2375-00		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51927-2375-00	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51927-2379-00		J0735		09/08/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-2519-00		J2800		09/08/2003	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10	ML	1	09/08/2003	99/99/9999						
51927-2669-00		J2760		09/08/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/08/2003	99/99/9999						
51927-2692-00		J0640		09/08/2003	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (USP; ANHYDROUS)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999						
51927-2704-00		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2006	99/99/9999						
51927-2706-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE,1 MG	TESTOSTERONE CYPIONATE (U.S.P.; CIII)	1	GM	JR	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
51927-2732-00		J3475		12/04/2003	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (USP; HEPTAHYDRATE)	1	EA	BO	NA	GM	500	MG	2	12/04/2003	99/99/9999						
51927-2742-00		J1730		09/08/2003	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	09/08/2003	99/99/9999						
51927-2765-00		J7681		09/08/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-2765-00	KO	J7681	KO	09/08/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-2772-00		J9181		01/01/2009	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (U.S.P.) 1 GM	1	EA	BO	NA	GM	10	MG	100	01/01/2009	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51927-2895-00		J1600		09/08/2003	99/99/9999	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	GOLD SODIUM THIOMALATE	1	EA	BO	NA	GM	50	MG	20	09/08/2003	99/99/9999						
51927-2986-00		J0595		01/01/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (U.S.P.; CIV)	1	EA	BO	NA	GM	1	MG	1000	01/01/2004	99/99/9999						
51927-2994-00		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
51927-3023-00		J2780		09/08/2003	04/02/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	09/08/2003	04/02/2020						
51927-3115-00		J2690		09/08/2003	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	09/08/2003	99/99/9999						
51927-3163-00		J1000		09/08/2003	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (U.S.P.)	1	EA	JR	NA	GM	5	MG	200	09/08/2003	99/99/9999						
51927-3177-00		J2010		09/08/2003	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	09/08/2003	99/99/9999						
51927-3196-00		J7516		09/08/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A (USP)	1	EA	JR	NA	GM	250	MG	4	09/08/2003	99/99/9999						
51927-3213-00		J3490		01/13/2015	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P)	1	GM	BO	NA	GM	1	GM	1	01/13/2015	99/99/9999						
51927-3258-00		J2460		09/08/2003	99/99/9999	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	OXYTETRACYCLINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/08/2003	99/99/9999						
51927-3286-00		J1644		09/08/2003	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (USP)	1	EA	BO	NA	GM	1000	U	160	09/08/2003	99/99/9999						
51927-3370-00		J3302		09/08/2003	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (USP)	1	EA	JR	NA	GM	5	MG	200	09/08/2003	99/99/9999						
51927-3422-00		J0636		09/08/2003	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL IN ALMOND OIL (NF) 1 MCG/ML	1	ML	BO	NA	ML	0.1	MCG	10	09/08/2003	99/99/9999						
51927-3484-00		J2725		09/08/2003	99/99/9999	INJECTION, PROTIRELIN, PER 250 MCG	PROTIRELIN	1	EA	BO	NA	GM	250	MCG	4000	09/08/2003	99/99/9999						
51927-3530-00		J2675		09/08/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999						
51927-3557-00		J7507		01/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS	0.001	GM	JR	NA	GM	1	MG	1000	01/01/2004	99/99/9999						
51927-3613-00		J2515		03/26/2004	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	03/26/2004	99/99/9999						
51927-3634-00		J3490		01/04/2008	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HYDROCHLORIDE (USP)	1	EA	BO	NA	GM	1	EA	1	01/04/2008	99/99/9999						
51927-3643-00		J7640		01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE (DIHYDRATE)	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999						
51927-3643-00	KO	J7640	KO	01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE (DIHYDRATE)	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999						
51927-9017-00		J2675		09/08/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.; WETTABLE POWDER)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999						
51927-9018-00		J2550		09/08/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999						
51991-0002-98		J1230		01/03/2025	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL MDV 10 MG/1 ML	1	EA	VL	IJ	EA	10	MG	1	01/03/2025	99/99/9999						
51991-0005-33		J8999		12/19/2019	12/31/2022	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	EXEMESTANE (FILM-COATED) 25 MG	30	EA		PO	EA	1	EA	1	12/19/2019	12/31/2022						
51991-0005-90		J8999		06/01/2021	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	EXEMESTANE (FILM-COATED) 25 MG	90	EA	BO	PO	EA	1	EA	1	06/01/2021	99/99/9999						
51991-0064-98		J3489		10/30/2017	06/30/2021	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (1X100ML,SINGLE USE) 5 MG/100 ML	100	ML	BO	IV	ML	1	MG	0.05	10/30/2017	06/30/2021						
51991-0065-98		J3489		10/30/2017	05/31/2022	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SINGLE-USE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	10/30/2017	05/31/2022						
51991-0144-17		J2210		11/10/2016	99/99/9999	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	METHYLERGONOVINE MALEATE (USP) 0.2 MG/1 ML	1	ML	AM	IJ	ML	0.2	MG	1	11/10/2016	99/99/9999						
51991-0218-98		J9263		09/27/2017	10/31/2020	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SINGLE-USE,PF) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	09/27/2017	10/31/2020						
51991-0219-98		J9263		09/27/2017	10/31/2020	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SINGLE-USE,PF) 100 MG	1	EA	VL	IV	EA	0.5	MG	200	09/27/2017	10/31/2020						
51991-0377-33		J8999		08/06/2019	07/01/2023	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA		PO	EA	1	EA	1	08/06/2019	07/01/2023						
51991-0379-06		J7527		06/07/2023	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS 0.25 MG	60	EA	BO	PO	EA	0.25	MG	1	06/07/2023	99/99/9999						
51991-0379-60		J7527		07/28/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (6X10) 0.25 MG	60	EA	BX	PO	EA	0.25	MG	1	07/28/2021	99/99/9999						
51991-0380-06		J7527		06/07/2023	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS 0.5 MG	60	EA	BO	PO	EA	0.25	MG	2	06/07/2023	99/99/9999						
51991-0380-60		J7527		07/28/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (6X10) 0.5 MG	60	EA	BX	PO	EA	0.25	MG	2	07/28/2021	99/99/9999						
51991-0381-06		J7527		06/07/2023	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS 0.75 MG	60	EA	BO	PO	EA	0.25	MG	3	06/07/2023	99/99/9999						
51991-0381-60		J7527		07/28/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (6X10) 0.75 MG	60	EA	BX	PO	EA	0.25	MG	3	07/28/2021	99/99/9999						
51991-0797-98		J9025		09/25/2017	01/31/2023	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (PF,LYOPHILIZED) 100 MG	1	EA	VL	IJ	EA	1	MG	100	09/25/2017	01/31/2023						
51991-0821-28		J7527		04/12/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (4X7) 2.5 MG	28	EA	BX	PO	EA	0.25	MG	10	04/12/2021	99/99/9999						
51991-0821-33		J7527		06/21/2023	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS 2.5 MG	30	EA	BO	PO	EA	0.25	MG	10	06/21/2023	99/99/9999						
51991-0822-28		J7527		04/12/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (4X7) 5 MG	28	EA	BX	PO	EA	0.25	MG	20	04/12/2021	99/99/9999						
51991-0822-33		J7527		06/21/2023	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS 5 MG	30	EA	BO	PO	EA	0.25	MG	20	06/21/2023	99/99/9999						
51991-0823-28		J7527		04/12/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (4X7) 7.5 MG	28	EA	BX	PO	EA	0.25	MG	30	04/12/2021	99/99/9999						
51991-0823-33		J7527		06/21/2023	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS 7.5 MG	30	EA	BO	PO	EA	0.25	MG	30	06/21/2023	99/99/9999						
51991-0922-98		J9263		07/19/2017	03/31/2019	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	07/19/2017	03/31/2019						
51991-0923-98		J9263		07/19/2017	05/31/2019	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	07/19/2017	05/31/2019						
51991-0933-17		J1630		02/05/2018	11/30/2019	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (10X1ML) 5 MG/1 ML	1	ML	SR	IM	ML	5	MG	1	02/05/2018	11/30/2019						
51991-0936-98		J9267		07/19/2017	03/31/2019	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	07/19/2017	03/31/2019						
51991-0937-98		J9267		07/19/2017	03/31/2019	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	07/19/2017	03/31/2019						
51991-0938-98		J9267		07/19/2017	05/31/2019	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	07/19/2017	05/31/2019						
51991-0940-17		J3370		07/06/2017	04/30/2021	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500	MG	1	07/06/2017	04/30/2021						
51991-0941-17		J3370		07/06/2017	04/30/2021	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	07/06/2017	04/30/2021						
51991-0942-98		J1190		09/15/2017	02/24/2024	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE (LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	250	MG	2	09/15/2017	02/24/2024						
51991-0964-25		J0330		03/31/2020	04/22/2022	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE 20 MG/1 ML	10	ML		IJ	ML	20	MG	1	03/31/2020	04/22/2022						
52536-0162-01		Q0175		02/06/2018	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 2 MG	100	EA		PO	EA	4	MG	0.5	02/06/2018	99/99/9999						
52536-0164-01		Q0175		02/06/2018	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 4 MG	100	EA		PO	EA	4	MG	1	02/06/2018	99/99/9999						
52536-0168-01		Q0175		02/06/2018	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 8 MG	100	EA		PO	EA	4	MG	2	02/06/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52536-0170-01		Q0175		02/06/2018	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 16 MG	100	EA		PO	EA	4	MG	4	02/06/2018	99/99/9999						
52536-0625-01		J1071		07/10/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP, SDV) 200 MG/1 ML	1	ML	CT	IM	ML	1	MG	200	07/10/2019	99/99/9999						
52536-0625-10		J1071		07/24/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP, MDV) 200 MG/1 ML	10	ML	VL	IM	ML	1	MG	200	07/24/2019	99/99/9999						
52565-0096-01		J2780		01/11/2017	04/16/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC 25 MG/1 ML	40	ML	VL	IJ	ML	25	MG	1	01/11/2017	04/16/2020						
52565-0101-10		J2780		01/11/2017	04/16/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC 25 MG/1 ML	2	ML	VL	IJ	ML	25	MG	1	01/11/2017	04/16/2020						
52565-0102-01		J2780		01/11/2017	04/16/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC (M.D.V.) 25 MG/1 ML	6	ML	VL	IJ	ML	25	MG	1	01/11/2017	04/16/2020						
52565-0105-10		J0713		08/18/2020	02/03/2022	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (STERILE,CRYSTALLINE) 500 MG	10	EA	VL	IJ	EA	500	MG	1	08/18/2020	02/03/2022						
52565-0106-10		J0713		08/18/2020	02/03/2022	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (STERILE,CRYSTALLINE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	08/18/2020	02/03/2022						
52565-0107-10		J0713		08/18/2020	02/03/2022	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (STERILE,CRYSTALLINE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	08/18/2020	02/03/2022						
52609-0001-05		None		05/20/2011	07/20/2023	MELPHALAN, ORAL, 2 MG	ALKERAN (FILM-COATED) 2 MG	50	EA	BO	PO	EA	2	MG	1	05/20/2011	07/20/2023						
52609-4504-06		J0895		05/23/2018	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE 2 GM	4	EA	VL	IJ	EA	500	MG	4	05/23/2018	99/99/9999						
52609-4505-06		J0895		04/16/2018	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP,SINGLE USE) 500 MG	4	EA	VL	IJ	EA	500	MG	1	04/16/2018	99/99/9999						
52652-2001-01		J8999		07/01/2024	09/30/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	XATMEP 2.5 MG/1 ML	120	ML		PO	EA	1	EA	1	07/01/2024	09/30/2024						
52652-2001-01		None		10/01/2024	99/99/9999	METHOTREXATE (XATMEP), ORAL, 2.5 MG	XATMEP 2.5 MG/1 ML	120	ML		PO	ML	2.5	MG	1	10/01/2024	99/99/9999						
52652-2001-06		J8999		07/01/2024	09/30/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	XATMEP 2.5 MG/1 ML	60	ML		PO	EA	1	EA	1	07/01/2024	09/30/2024						
52652-2001-06		None		10/01/2024	99/99/9999	METHOTREXATE (XATMEP), ORAL, 2.5 MG	XATMEP 2.5 MG/1 ML	60	ML		PO	ML	2.5	MG	1	10/01/2024	99/99/9999						
52658-7777-01		J9161		04/01/2025	99/99/9999	INJECTION, DENILEUKIN DIFTITOX-CXDL, 1 MCG	LYMPHIR LYOPHILIZED 300 MCG	1	EA		IV	EA	1	MCG	300	04/01/2025	99/99/9999						
52769-0470-72		J1566		01/01/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	POLYGAM (W/50 ML DILUENT) 2.5 MG	1	EA	NA	IV	EA	500	MG	0.005	01/01/2006	99/99/9999						
52959-0043-00		Q0163		06/17/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	06/17/2003	99/99/9999						
52959-0043-04		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	4	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
52959-0043-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
52959-0043-15		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
52959-0043-20		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
52959-0043-24		Q0163		05/12/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	05/12/2003	99/99/9999						
52959-0043-30		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
52959-0043-50		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	50	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
52959-0053-06		Q0163		01/01/2002	07/16/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	6	EA	BO	PO	EA	50	MG	1	01/01/2002	07/16/2019						
52959-0053-10		Q0163		01/01/2002	07/16/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50	MG	1	01/01/2002	07/16/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0053-12		Q0163		01/01/2002	07/16/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	12	EA	BO	PO	EA	50	MG	1	01/01/2002	07/16/2019						
52959-0053-15		Q0163		01/01/2002	07/16/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	01/01/2002	07/16/2019						
52959-0053-20		Q0163		01/01/2002	07/16/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	07/16/2019						
52959-0053-30		Q0163		01/01/2002	07/16/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	07/16/2019						
52959-0053-52		Q0163		01/24/2005	07/16/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	52	EA	BO	PO	EA	50	MG	1	01/24/2005	07/16/2019						
52959-0079-00		J7500		01/01/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999						
52959-0100-00		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999						
52959-0123-03		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999						
52959-0123-06		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	180	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999						
52959-0126-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-05		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	5	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-07		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	7	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-10		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	10	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-12		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	12	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-15		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-18		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	18	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-20		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-21		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-25		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	25	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-30		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-37		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	37	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-40		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-42		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	42	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-44		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	44	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-45		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	45	EA	NA	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-50		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	50	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0126-60		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
52959-0127-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
52959-0127-07		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	7	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
52959-0127-10		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
52959-0127-12		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	12	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
52959-0127-15		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0127-18		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
52959-0127-20		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
52959-0127-21		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
52959-0127-25		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	25	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
52959-0127-30		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
52959-0127-37		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	37	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
52959-0127-42		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	42	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
52959-0220-00		J7512		01/01/2016	12/31/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2019						
52959-0220-10		J7512		01/01/2016	12/31/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	10	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2019						
52959-0220-20		J7512		01/01/2016	12/31/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	20	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2019						
52959-0220-21		J7512		01/01/2016	12/31/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2019						
52959-0220-30		J7512		01/01/2016	12/31/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2019						
52959-0220-36		J7512		01/01/2016	12/31/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	36	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2019						
52959-0220-40		J7512		01/01/2016	12/31/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	40	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2019						
52959-0220-60		J7512		01/01/2016	12/31/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	60	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2019						
52959-0220-75		J7512		01/01/2016	12/31/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	75	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2019						
52959-0237-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
52959-0244-00		None		10/02/2000	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	10/02/2000	99/99/9999						
52959-0313-15		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	01/01/2002	99/99/9999						
52959-0330-00		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
52959-0330-25		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
52959-0330-50		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
52959-0355-06		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
52959-0355-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
52959-0392-12		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	01/01/2006	99/99/9999						
52959-0392-21		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	21	EA	DP	PO	EA	0.25	MG	3	01/01/2006	99/99/9999						
52959-0392-28		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	28	EA	BO	PO	EA	0.25	MG	3	01/01/2006	99/99/9999						
52959-0433-10		Q0177		06/06/2002	12/31/2017	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	10	EA	BO	PO	EA	25	MG	1	06/06/2002	12/31/2017						
52959-0433-15		Q0177		02/28/2002	12/31/2017	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25	MG	1	02/28/2002	12/31/2017						
52959-0433-20		Q0177		12/27/2004	12/31/2017	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	20	EA	BO	PO	EA	25	MG	1	12/27/2004	12/31/2017						
52959-0433-30		Q0177		10/17/2002	12/31/2017	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	10/17/2002	12/31/2017						
52959-0433-40		Q0177		01/01/2002	12/31/2017	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	40	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2017						
52959-0433-60		Q0177		12/27/2004	12/31/2017	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	60	EA	BO	PO	EA	25	MG	1	12/27/2004	12/31/2017						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0476-02		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	120	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
52959-0476-10		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
52959-0476-15		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
52959-0476-20		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
52959-0476-24		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	24	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
52959-0476-30		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
52959-0476-60		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
52959-0505-06		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK 250 MG	6	EA	DP	PO	EA	1	GM	0.25	01/01/2002	99/99/9999						
52959-0517-25		J8499		01/01/2002	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2017						
52959-0517-30		J8499		01/01/2002	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2017						
52959-0517-35		J8499		01/01/2002	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2017						
52959-0544-01		J8499		01/01/2002	12/31/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2019						
52959-0544-10		J8499		01/01/2002	12/31/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	10	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2019						
52959-0544-12		J8499		01/01/2002	12/31/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	12	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2019						
52959-0544-15		J8499		01/01/2002	12/31/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2019						
52959-0544-21		J8499		01/01/2002	12/31/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2019						
52959-0544-25		J8499		01/01/2002	12/31/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2019						
52959-0544-30		J8499		01/01/2002	12/31/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2019						
52959-0544-40		J8499		08/24/2007	12/31/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40	EA	BO	PO	EA	1	EA	1	08/24/2007	12/31/2019						
52959-0544-50		J8499		01/01/2002	12/31/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2019						
52959-0547-04		J8540		05/16/2007	12/31/2019	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	4	EA	BO	PO	EA	0.25	MG	16	05/16/2007	12/31/2019						
52959-0547-10		J8540		01/01/2006	12/31/2019	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	10	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2019						
52959-0547-11		J8540		01/01/2006	12/31/2019	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	11	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2019						
52959-0547-12		J8540		01/01/2006	12/31/2019	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	12	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2019						
52959-0547-16		J8540		01/01/2006	12/31/2019	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	16	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2019						
52959-0547-20		J8540		01/01/2006	12/31/2019	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	20	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2019						
52959-0547-30		J8540		01/01/2006	12/31/2019	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	30	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2019						
52959-0547-50		J8540		01/01/2006	12/31/2019	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	50	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2019						
52959-0622-60		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	480	ML	BO	PO	ML	5	MG	0.6	01/01/2002	99/99/9999						
52959-0657-03		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	01/01/2002	99/99/9999						
52959-0657-06		Q0144		01/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	01/01/2006	99/99/9999						
52959-0678-30		J8499		10/07/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	10/07/2003	99/99/9999						
52959-0741-20		J7611		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1	MG	5	04/01/2008	99/99/9999						
52959-0748-01		J8501		08/22/2007	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 40 MG	1	EA	BO	PO	EA	5	MG	8	08/22/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0804-04		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	99/99/9999						
52959-0804-08		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 6.25 MG/5 ML	240	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	99/99/9999						
52959-0817-10		Q0173		10/04/2005	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOBENZAMIDE HCL 300 MG	10	EA	BO	PO	EA	250	MG	1.2	10/04/2005	99/99/9999						
52959-0833-06		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	6	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999						
52959-0833-20		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999						
52959-0838-06		Q0144		11/22/2005	12/31/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1	GM	0.25	11/22/2005	12/31/2017						
52959-0914-30		Q0169		11/26/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	30	EA	BO	PO	EA	12.5	MG	1	11/26/2007	99/99/9999						
52959-0928-30		J8999		05/15/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	30	EA	NA	PO	EA	1	EA	1	05/15/2008	99/99/9999						
52959-0932-30		Q0144		05/23/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X30ML,CHERRY) 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	05/23/2008	99/99/9999						
53097-0568-60		Q0167		04/01/2020	08/30/2021	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL (SOFT GELATIN) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	04/01/2020	08/30/2021						
53097-0569-60		Q0167		04/01/2020	01/01/2022	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL (SOFT GELATIN) 5 MG	60	EA	BO	PO	EA	2.5	MG	2	04/01/2020	01/01/2022						
53097-0570-60		Q0167		04/01/2020	01/01/2022	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL (SOFT GELATIN) 10 MG	60	EA	BO	PO	EA	2.5	MG	4	04/01/2020	01/01/2022						
53097-0571-60		Q0167		08/30/2021	02/12/2024	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL (SOFT GELATIN) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	08/30/2021	02/12/2024						
53489-0376-01		Q0173		08/29/2003	01/31/2023	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOBENZAMIDE HCL 300 MG	100	EA	BO	PO	EA	250	MG	1.2	08/29/2003	01/31/2023						
53746-0521-01		Q0169		09/01/2022	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	100	EA		PO	EA	12.5	MG	2	09/01/2022	99/99/9999						
53746-0521-10		Q0169		09/07/2022	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	1000	EA		PO	EA	12.5	MG	2	09/07/2022	99/99/9999						
53746-0745-01		Q0169		08/05/2022	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 12.5 MG	100	EA		PO	EA	12.5	MG	1	08/05/2022	99/99/9999						
53964-0001-01		J9340		04/21/2017	08/16/2019	INJECTION, THIOTEPA, 15 MG	TEPADINA 15 MG	1	EA	VL	U	EA	15	MG	1	04/21/2017	08/16/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
53964-0002-02		J9340		04/21/2017	08/16/2019	INJECTION, THIOTEPA, 15 MG	TEPADINA 100 MG	1	EA	VL	U	EA	15	MG	6.6667	04/21/2017	08/16/2019						
54092-0700-01		J1743		01/01/2008	99/99/9999	INJECTION, IDURSULFASE, 1 MG	ELAPRASE (PF) 2 MG/ML	3	ML	VL	IV	ML	1	MG	2	01/01/2008	99/99/9999						
54288-0100-01		J3489		01/09/2019	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SINGLE-USE,LATEX-FREE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	01/09/2019	99/99/9999						
54288-0109-02		J9245		06/16/2021	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 50 MG	MELPHALAN HYDROCHLORIDE (W/10ML DILUENT) 50 MG	1	EA	VL	IV	EA	50	MG	1	06/16/2021	99/99/9999						
54288-0111-05		J1980		10/09/2019	99/99/9999	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (5X1ML) 0.5 MG/1 ML	1	ML	VL	U	ML	0.25	MG	2	10/09/2019	99/99/9999						
54288-0119-25		J0166		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE (BPI), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG	EPINEPHRINE SDV 1 MG/1 ML	1	ML		U	ML	0.1	MG	10	07/01/2025	99/99/9999						
54288-0120-01		J0166		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE (BPI), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG	EPINEPHRINE 1 MG/1 ML	10	ML		U	ML	0.1	MG	10	07/01/2025	99/99/9999						
54288-0120-01		J0171		03/22/2022	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE 1 MG/1 ML	10	ML	VL	U	ML	0.1	MG	10	03/22/2022	06/30/2025						
54288-0135-01		J7507		04/01/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 1 MG	100	EA	BO	PO	EA	1	MG	1	04/01/2020	99/99/9999						
54288-0136-10		J2560		01/04/2022	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (PF) 65 MG/1 ML	1	ML		U	ML	120	MG	0.541667	01/04/2022	99/99/9999						
54288-0136-25		J2560		07/01/2023	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (PF) 65 MG/1 ML	1	ML		U	ML	120	MG	0.541667	07/01/2023	99/99/9999						
54288-0137-10		J2560		01/04/2022	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (PF) 130 MG/1 ML	1	ML		U	ML	120	MG	1.083333	01/04/2022	99/99/9999						
54288-0137-25		J2560		07/01/2023	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (PF) 130 MG/1 ML	1	ML		U	ML	120	MG	1.083333	07/01/2023	99/99/9999						
54288-0142-10		J2440		07/09/2021	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HCL 30 MG/1 ML	2	ML	VL	U	ML	60	MG	0.5	07/09/2021	99/99/9999						
54288-0152-01		J0166		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE (BPI), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG	EPINEPHRINE 1 MG/1 ML	30	ML		U	ML	0.1	MG	10	07/01/2025	99/99/9999						
54288-0166-01		J9045		09/18/2023	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN MDV 10 MG/1 ML	45	ML		IV	ML	50	MG	0.2	09/18/2023	99/99/9999						
54288-0600-01		J0166		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE (BPI), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG	EPINEPHRINE NOVAPLUS 1 MG/1 ML	10	ML		U	ML	0.1	MG	10	07/01/2025	99/99/9999						
54288-0600-01		J0171		03/01/2023	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE NOVAPLUS 1 MG/1 ML	10	ML		U	ML	0.1	MG	10	03/01/2023	06/30/2025						
54482-0054-01		J8999		03/30/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MATULANE 50 MG	100	EA		PO	EA	1	EA	1	03/30/2018	99/99/9999						
54482-0147-01		J1955		01/01/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	CARNITOR (S.D.V.) 200 MG/ML	5	ML	VL	IV	ML	1	GM	0.2	01/01/2002	99/99/9999						
54569-0239-00		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2018						
54569-0239-01		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2018						
54569-0239-02		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2018						
54569-0239-03		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2018						
54569-0239-08		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	6	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2018						
54569-0241-00		Q0163		01/01/2002	01/07/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	01/07/2020						
54569-0241-02		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2018						
54569-0241-03		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2018						
54569-0241-05		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2018						
54569-0322-00		J8540		01/01/2006	12/31/2018	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	01/01/2006	12/31/2018						
54569-0322-03		J8540		01/01/2006	12/31/2018	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	20	EA	BO	PO	EA	0.25	MG	3	01/01/2006	12/31/2018						
54569-0324-04		J8540		01/01/2006	12/31/2018	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	6	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2018						
54569-0327-00		J7509		01/01/2002	12/31/2018	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (UNIT OF USE) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	12/31/2018						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-0330-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2018						
54569-0330-01		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	50	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2018						
54569-0330-03		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2018						
54569-0330-04		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2018						
54569-0330-07		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	60	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2018						
54569-0331-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	10	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-0331-01		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-0331-02		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-0331-04		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	50	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-0331-05		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-0331-07		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-0331-08		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-0332-01		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-0332-02		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-0332-03		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-0332-05		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-0332-09		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-0333-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 50 MG	8	EA	BO	PO	EA	1	MG	50	01/01/2016	12/31/2018						
54569-0336-01		J8540		01/01/2006	12/30/2018	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	6	EA	BO	PO	EA	0.25	MG	8	01/01/2006	12/30/2018						
54569-0350-05		Q0164		01/01/2002	12/31/2018	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	6	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2018						
54569-0355-00		Q0164		01/01/2014	12/31/2018	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE (FILM-COATED) 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	12/31/2018						
54569-0355-02		Q0164		01/01/2014	12/31/2018	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE (FILM-COATED) 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	12/31/2018						
54569-1036-00		J7509		01/01/2002	12/31/2018	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	12/31/2018						
54569-1046-00		Q0169		01/01/2014	12/31/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE PLAIN 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5	ML	0.1	01/01/2014	12/31/2018						
54569-1387-00		J2010		01/01/2002	12/31/2018	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOCIN (VIAL) 300 MG/ML	10	ML	VL	IJ	ML	300	MG	1	01/15/2004	12/31/2018	01/01/2002	01/31/2003	1			
54569-1411-00		J1071		01/01/2015	12/31/2018	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	01/01/2015	12/31/2018						
54569-1522-00		A4216		01/01/2004	12/31/2018	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP) 0.9%	10	ML	AM	IV	ML	10	ML	0.1	01/01/2004	12/31/2018						
54569-1555-00		J2930		01/01/2002	12/31/2018	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (ACT-O-VIAL) 125 MG	1	EA	VL	IJ	EA	125	MG	1	05/23/2007	12/31/2018	01/01/2002	01/31/2003	1			
54569-1754-00		Q0169		01/01/2014	12/31/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2018						
54569-1754-01		Q0169		01/01/2014	12/31/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2018						
54569-1754-05		Q0169		01/01/2014	12/31/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2018						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-1754-06		Q0169		01/01/2014	12/31/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2018						
54569-1754-09		Q0169		01/01/2014	12/31/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2018						
54569-1818-02		None		02/08/2018	12/31/2018	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	02/08/2018	12/31/2018						
54569-1818-08		None		10/20/2000	12/31/2018	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	32	EA	NA	PO	EA	2.5	MG	1	10/20/2000	12/31/2018						
54569-1818-09		None		05/13/2008	12/31/2018	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	05/13/2008	12/31/2018						
54569-1827-01		J3301		01/01/2002	12/31/2018	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-10 (VIAL) 10 MG/ML	5	ML	VL	IJ	ML	10	MG	1	01/15/2004	12/31/2018	01/01/2002	01/31/2003	1			
54569-1901-01		J1030		01/01/2002	12/31/2018	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	5	ML	VL	IJ	ML	40	MG	1	01/15/2004	12/31/2018	01/01/2002	01/31/2003	1			
54569-2318-00		J1815		01/01/2003	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	12/31/2018						
54569-2319-00		J1815		01/01/2003	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R (VIAL) 100 U/ML	10	ML	VL	IJ	ML	5	U	20	01/01/2003	12/31/2018						
54569-2353-05		Q0177		01/01/2002	12/31/2018	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2018						
54569-2571-01		Q0177		01/01/2014	12/31/2018	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	25	MG	2	01/01/2014	12/31/2018						
54569-2646-00		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1	EA	NA	IM	EA	75	IU	1	01/01/2006	99/99/9999						
54569-2918-00		J1815		01/01/2003	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	12/31/2018						
54569-2918-02		J1815		09/22/2003	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (10X10ML) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	09/22/2003	12/31/2018						
54569-3043-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-3043-01		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	12	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-3043-02		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	6	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018	01/01/2002	06/10/2003	4			
54569-3043-05		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	14	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-3043-06		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	25	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-3078-00		A4216		01/18/2007	12/31/2018	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE/RESPIRATORY THERAPY 0.9%	5	ML	VL	IH	ML	10	ML	0.1	01/18/2007	12/31/2018						
54569-3302-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-3302-01		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-3413-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	DP	PO	EA	1	MG	5	01/01/2016	12/31/2018						
54569-3467-00		J1815		01/01/2003	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	12/31/2018						
54569-3504-00		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	8	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2018						
54569-3504-01		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2018						
54569-3701-00		J1050		01/01/2013	12/31/2018	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	DEPO-PROVERA CONTRACEPTIVE (VIAL) 150 MG/ML	1	ML	VL	IM	ML	1	MG	150	01/01/2013	12/31/2018						
54569-3704-00		J3030		01/01/2002	12/31/2018	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX (S.D.V.) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6	MG	2	01/01/2002	12/31/2018						
54569-3765-01		J8999		10/20/2005	12/31/2018	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60	EA	BO	PO	EA	1	EA	1	10/20/2005	12/31/2018						
54569-3833-00		J1815		01/01/2003	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R (VIAL) 100 U/ML	10	ML	VL	IJ	ML	5	U	20	01/26/2004	12/31/2018	01/01/2003	06/10/2003	20			
54569-3835-00		J1815		01/01/2003	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U	20	09/22/2003	12/31/2018	01/01/2003	06/10/2003	20			
54569-3899-00	KO	J7613	KO	04/01/2008	12/31/2018	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	12/31/2018						
54569-3899-00		J7613		04/01/2008	12/31/2018	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	12/31/2018						
54569-3900-00		J7611		04/01/2008	12/31/2018	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1	MG	5	04/01/2008	12/31/2018						
54569-3946-00		J1030		01/01/2002	12/31/2018	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (VIAL) 40 MG/ML	1	ML	VL	IJ	ML	40	MG	1	01/22/2004	12/31/2018	01/01/2002	01/31/2003	1			
54569-4026-04		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	40	EA	TAB	PO	EA	1	MG	5	01/01/2016	12/31/2018						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-4168-00		Q0169		01/01/2014	12/31/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	5	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2018						
54569-4197-00		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (AF) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	12/31/2018						
54569-4230-00		Q0144		01/01/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	01/01/2002	12/31/2018						
54569-4232-00		Q0144		01/01/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	01/01/2002	12/31/2018						
54569-4265-00		J1030		01/01/2002	12/31/2018	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	10	ML	VL	IJ	ML	40	MG	1	01/15/2004	12/31/2018	01/01/2002	01/31/2003	1			
54569-4482-00		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4482-01		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4482-04		J8499		09/11/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1	EA	1	01/01/2005	12/31/2018	09/11/2002	06/10/2003	1			
54569-4482-06		J8499		04/26/2005	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	21	EA	BO	PO	EA	1	EA	1	04/26/2005	12/31/2018						
54569-4497-00		Q0144		01/01/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK 250 MG	6	EA	DP	PO	EA	1	GM	0.25	01/01/2002	12/31/2018						
54569-4522-00		Q0144		01/01/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	01/01/2002	12/31/2018						
54569-4522-01		Q0144		01/01/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	2	EA	BO	PO	EA	1	GM	0.25	01/01/2002	12/31/2018						
54569-4522-02		Q0144		08/26/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	01/05/2004	12/31/2018	08/26/2002	06/10/2003	0.25			
54569-4567-00		Q0144		01/01/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	1	EA	BX	PO	EA	1	GM	1	01/01/2002	12/31/2018						
54569-4720-00		J8498		01/01/2006	12/31/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2018						
54569-4720-02		J8498		01/01/2006	12/31/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	3	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2018						
54569-4724-00		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4734-00		J1610		01/01/2002	12/31/2018	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT 1 MG	1	EA	VL	IJ	EA	1	MG	1	01/01/2002	12/31/2018						
54569-4748-00		J7614		04/01/2008	12/31/2018	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.021%	3	ML	PC	IH	ML	0.5	MG	0.42	04/01/2008	12/31/2018						
54569-4748-00	KO	J7614	KO	04/01/2008	12/31/2018	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.021%	3	ML	PC	IH	ML	0.5	MG	0.42	04/01/2008	12/31/2018						
54569-4765-01		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	14	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4765-02		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4765-03		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4765-04		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4765-05		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	45	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4765-06		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4765-09		J8499		06/01/2006	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	45	EA	BO	PO	EA	1	EA	1	06/01/2006	12/31/2018						
54569-4827-00		J7510		12/02/2011	12/31/2018	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (2X120 ML,RED CHERRY) 15 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.6	12/02/2011	12/31/2018						
54569-4904-00		J1050		01/01/2013	12/31/2018	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	DEPO-PROVERA CONTRACEPTIVE (SRN, PREFILLED) 150 MG/ML	1	ML	SR	IM	ML	1	MG	150	01/01/2013	12/31/2018						
54569-4910-00		J7644		01/01/2002	12/31/2018	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	12/31/2018						
54569-4910-00	KO	J7644	KO	01/01/2002	12/31/2018	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	12/31/2018						
54569-4930-00		J2941		01/01/2002	12/31/2018	INJECTION, SOMATROPIN, 1 MG	SAIZEN (VIAL, W/DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	01/01/2002	12/31/2018						
54569-5247-00		J2310		01/01/2002	12/31/2018	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (VIAL, FLIPTOP) 0.4 MG/ML	1	ML	VL	IJ	ML	1	MG	0.4	01/01/2002	12/31/2018						
54569-5312-01		J2001		11/08/2007	12/31/2018	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (5X5ML) 2%	5	ML	SR	IJ	ML	10	MG	2	11/08/2007	12/31/2018						
54569-5408-00		J3490		07/18/2002	12/31/2018	UNCLASSIFIED DRUGS	ENGERIX-B (TIP-LOK W/O NDL,TAX,PF) 20 MCG/ML	1	ML	SR	IM	ML	1	EA	1	07/18/2002	12/31/2018						
54569-5445-00		J7614		04/01/2008	12/31/2018	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.042%	3	ML	VL	IH	ML	0.5	MG	0.84	04/01/2008	12/31/2018						
54569-5445-00	KO	J7614	KO	04/01/2008	12/31/2018	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.042%	3	ML	VL	IH	ML	0.5	MG	0.84	04/01/2008	12/31/2018						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-5448-00		Q0144		09/09/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX TRI-PAK 500 MG	1	EA	DP	PO	EA	1	GM	0.5	09/09/2002	12/31/2018						
54569-5589-00		Q0173		08/26/2004	12/31/2018	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOBENZAMIDE HCL 300 MG	12	EA	BO	PO	EA	250	MG	1.2	08/26/2004	12/31/2018						
54569-5589-01		Q0173		09/02/2005	12/31/2018	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOBENZAMIDE HCL 300 MG	6	EA	BO	PO	EA	250	MG	1.2	09/02/2005	12/31/2018						
54569-5605-00		J1815		02/16/2006	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10	ML	VL	SC	ML	5	U	20	02/16/2006	12/31/2018						
54569-5610-00		J0153		01/01/2015	12/31/2018	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (PF) 3 MG/ML	2	ML	NA	IV	ML	1	MG	3	01/01/2015	12/31/2018						
54569-5715-00		J8999		07/15/2005	12/31/2018	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1	EA	1	07/15/2005	12/31/2018						
54569-5720-00		J0696		07/26/2005	12/31/2018	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	U	EA	250	MG	1	07/26/2005	12/31/2018						
54569-5721-00		J0696		07/26/2005	12/31/2018	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	VL	U	EA	250	MG	2	07/26/2005	12/31/2018						
54569-5723-00		J0696		07/27/2005	12/31/2018	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	U	EA	250	MG	1	07/27/2005	12/31/2018						
54569-5724-00		J0696		07/27/2005	12/31/2018	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	VL	U	EA	250	MG	2	07/27/2005	12/31/2018						
54569-5725-00		J0696		07/27/2005	12/31/2018	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	U	EA	250	MG	4	07/27/2005	12/31/2018						
54569-5729-00		J8540		01/01/2006	12/31/2018	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	28	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2018						
54569-5741-00		J8501		10/24/2005	12/31/2018	APREPITANT, ORAL, 5 MG	EMEND TRI-FOLD PACK	3	EA	PG	PO	EA	5	MG	19	10/24/2005	12/31/2018						
54569-5744-00		J8498		01/01/2006	12/31/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2018						
54569-5744-01		J8498		01/01/2006	12/31/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2018						
54569-5745-00		J8498		01/01/2006	12/31/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2018						
54569-5745-01		J8498		01/01/2006	12/31/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	4	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2018						
54569-5745-02		J8498		01/01/2006	12/31/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2018						
54569-5749-00		J7510		01/21/2014	12/31/2018	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE,GRAPE) 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	01/21/2014	12/31/2018						
54569-5754-00		Q0144		11/24/2005	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	4	EA	BO	PO	EA	1	GM	0.25	11/24/2005	12/31/2018						
54569-5755-00		Q0144		11/24/2005	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	DP	PO	EA	1	GM	0.25	11/24/2005	12/31/2018						
54569-5756-00		Q0144		11/24/2005	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	3	EA	DP	PO	EA	1	GM	0.5	11/24/2005	12/31/2018						
54569-5764-00		J2792		01/12/2006	12/31/2018	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	HYPERRHO S/D (FULL DOSE)	1	ML	SR	IM	ML	100	IU	15	01/12/2006	12/31/2018						
54569-5795-00		J2300		05/12/2006	12/31/2018	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (10X1ML) 10 MG/ML	1	ML	AM	U	ML	10	MG	1	05/12/2006	12/31/2018						
54569-5804-00		Q0144		06/30/2006	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 600 MG	8	EA	BO	PO	EA	1	GM	0.6	06/30/2006	12/31/2018						
54569-5806-00		Q0144		07/24/2006	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 1 GM/Packet	1	EA	BX	PO	EA	1	GM	1	07/24/2006	12/31/2018						
54569-5807-00		Q0144		07/24/2006	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	07/24/2006	12/31/2018						
54569-5808-00		Q0144		07/24/2006	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	07/24/2006	12/31/2018						
54569-5809-00		Q0144		07/24/2006	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	07/24/2006	12/31/2018						
54569-5810-00		Q0144		07/25/2006	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	07/25/2006	12/31/2018						
54569-5815-00		J1200		08/03/2006	12/31/2018	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HYDROCHLORIDE (25X1ML) 50 MG/ML	1	ML	VL	U	ML	50	MG	1	08/03/2006	12/31/2018						
54569-5828-00		J1460		09/26/2006	12/31/2018	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN S/D (SDV)	2	ML	VL	IM	ML	1	ML	1	09/26/2006	12/31/2018						
54569-5840-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-5841-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	48	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-5857-00		J8999		11/06/2006	12/31/2018	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	30	EA	BO	PO	EA	1	EA	1	11/06/2006	12/31/2018						
54569-5873-00		Q0162		01/01/2012	12/31/2018	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	4	EA	BO	PO	EA	1	MG	8	01/01/2012	12/31/2018						
54569-5911-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (PACK) 5 MG	48	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2018						
54746-0001-01		J9215		01/01/2002	99/99/9999	INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	ALFERON N (M.D.V.) 5 Million IU/ML	1	ML	VL	U	ML	250000	IU	20	01/01/2002	99/99/9999						
54766-0590-10		J7500		01/01/2018	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2018	99/99/9999						
54838-0135-40		Q0163		01/01/2002	11/30/2024	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SILADRYL ALLERGY (AF,SF) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	01/01/2002	11/30/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54838-0135-70		Q0163		01/01/2002	11/30/2024	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SILADRYL ALLERGY 12.5 MG/5 ML	237	ML	BO	PO	ML	50	MG	0.05	01/01/2002	11/30/2024						
54838-0135-80		Q0163		01/01/2002	11/30/2024	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SILADRYL ALLERGY (AF,SF) 12.5 MG/5 ML	473	ML	BO	PO	ML	50	MG	0.05	01/01/2002	11/30/2024						
54868-0026-00		Q0163		01/01/2002	12/31/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2017						
54868-0026-01		Q0163		01/01/2002	12/31/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2017						
54868-0026-04		Q0163		01/01/2002	12/31/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2017						
54868-0026-05		Q0163		01/01/2002	12/31/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2017						
54868-0026-06		Q0163		01/01/2002	12/31/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2017						
54868-0026-07		Q0163		06/29/2006	12/31/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50	MG	0.5	06/29/2006	12/31/2017						
54868-0216-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999						
54868-0218-00		J8540		01/01/2006	12/31/2017	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	20	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2017						
54868-0218-01		J8540		01/01/2006	12/31/2017	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	10	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2017						
54868-0218-03		J8540		01/01/2006	12/31/2017	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	3	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2017						
54868-0218-04		J8540		01/01/2006	12/31/2017	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	30	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2017						
54868-0218-05		J8540		01/01/2006	12/31/2017	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	16	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2017						
54868-0218-06		J8540		01/01/2006	12/31/2017	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2017						
54868-0218-07		J8540		01/01/2006	12/31/2017	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	40	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2017						
54868-0218-08		J8540		09/11/2006	12/31/2017	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (USP) 4 MG	50	EA	BO	PO	EA	0.25	MG	16	09/11/2006	12/31/2017						
54868-0218-09		J8540		04/03/2008	12/31/2017	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	5	EA	BO	PO	EA	0.25	MG	16	04/03/2008	12/31/2017						
54868-0234-00		J3301		01/01/2002	12/31/2017	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-10 (VIAL) 10 MG/ML	5	ML	VL	IJ	ML	10	MG	1	01/01/2002	12/31/2017						
54868-0258-01		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2017						
54868-0258-02		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2017						
54868-0258-04		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	20	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2017						
54868-0258-05		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	36	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2017						
54868-0258-06		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	55	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2017						
54868-0258-08		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	60	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2017						
54868-0262-01		J2550		09/29/2005	12/31/2017	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (10X25ML,MDV) 50 MG/ML	10	ML	VL	IJ	ML	50	MG	1	09/29/2005	12/31/2017						
54868-0296-01		J7060		01/01/2002	12/31/2017	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	500	ML	FC	IV	ML	500	ML	0.002	01/01/2002	12/31/2017						
54868-0296-02		J7060		01/01/2002	12/31/2017	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	250	ML	FC	IV	ML	500	ML	0.002	01/01/2002	12/31/2017						
54868-0296-04		J7060		12/12/2006	12/31/2017	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (48X100ML) 5%	100	ML	FC	IV	ML	500	ML	0.002	12/12/2006	12/31/2017						
54868-0559-00		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2002	99/99/9999						
54868-0601-01		J8498		01/01/2006	12/31/2017	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	2	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2017						
54868-0601-02		J8498		01/01/2006	12/31/2017	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2017						
54868-0617-01		J3360		03/07/2002	12/31/2017	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (M.D.V.,FLIPTOP) 5 MG/ML	10	ML	VL	IJ	ML	5	MG	1	03/07/2002	12/31/2017						
54868-0617-02		J3360		04/03/2008	12/31/2017	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X10ML,M.D.V) 5 MG/ML	10	ML	VL	IJ	ML	5	MG	1	04/03/2008	12/31/2017						
54868-0734-00		J3490		08/27/2002	06/30/2012	UNCLASSIFIED DRUGS	ENGERIX-B (S.D.V.,PF) 20 MCG/ML	1	ML	VL	IM	ML	1	EA	1	08/27/2002	06/30/2012						
54868-0753-00		J0561		01/01/2011	99/99/9999	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	BICILLIN L-A (TUBEX) 600000 U/ML	2	ML	SR	IM	ML	100000	UNITS	6	01/01/2011	99/99/9999						
54868-0753-01		J0561		01/01/2011	99/99/9999	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	BICILLIN L-A (TUBEX) 600000 U/ML	2	ML	SR	IM	ML	100000	UNITS	6	01/01/2011	99/99/9999						
54868-0762-00		J3420		01/01/2002	12/31/2017	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITAMIN B12 (VIAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	01/01/2002	12/31/2017						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-0762-01		J3420		09/18/2003	12/31/2017	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/ML	1	ML	VL	IM	ML	1000	MCG	1	09/18/2003	12/31/2017						
54868-0767-01		J3480		03/16/2007	12/31/2017	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 2 MEQ/ML	250	ML	VL	IV	ML	2	MEQ	1	03/16/2007	12/31/2017						
54868-0796-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1MG	DEPO-TESTOSTERONE 100 MG/ML	10	ML	VL	IM	ML	100	MG	100	01/01/2015	99/99/9999						
54868-0836-00		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2017						
54868-0836-02		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2017						
54868-0836-03		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	50	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2017						
54868-0836-04		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2017						
54868-0836-05		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2017						
54868-0836-07		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2017						
54868-0836-08		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2017						
54868-0858-00		J3410		01/01/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (VIAL) 25 MG/ML	1	ML	VL	IM	ML	25	MG	1	01/01/2002	99/99/9999						
54868-0871-01		J1100		07/21/2003	06/30/2012	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (1X125ML) 4 MG/ML	125	ML	NA	U	ML	1	MG	4	07/21/2003	06/30/2012						
54868-0908-00		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 50 MG	30	EA	BO	PO	EA	1	MG	50	01/01/2016	12/31/2017						
54868-0908-01		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 50 MG	10	EA	BO	PO	EA	1	MG	50	01/01/2016	12/31/2017						
54868-0908-03		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	50	EA	BO	PO	EA	1	MG	50	01/01/2016	12/31/2017						
54868-0916-00		J8540		01/01/2006	12/31/2017	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	30	EA	BO	PO	EA	0.25	MG	3	01/01/2006	12/31/2017						
54868-0921-02		J7500		01/01/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999						
54868-0954-00		J7510		12/16/2003	07/10/2024	PREDNISOLONE ORAL, PER 5 MG	ORAPRED (DYE-FREE,GRAPE) 15 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.6	12/16/2003	07/10/2024						
54868-1050-01		Q0163		01/01/2002	12/31/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2017						
54868-1050-05		Q0163		01/01/2002	12/31/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2017						
54868-1050-06		Q0163		04/15/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15	EA	NA	PO	EA	50	MG	1	04/15/2002	99/99/9999						
54868-1082-00		Q0164		01/01/2014	12/31/2017	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2014	12/31/2017						
54868-1082-01		Q0164		01/01/2014	12/31/2017	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	12/31/2017						
54868-1082-02		Q0164		01/01/2014	12/31/2017	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2014	12/31/2017						
54868-1082-03		Q0164		01/01/2014	12/31/2017	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2014	12/31/2017						
54868-1082-04		Q0164		01/01/2014	12/31/2017	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	12/31/2017						
54868-1082-05		Q0164		01/01/2014	12/31/2017	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2014	12/31/2017						
54868-1082-06		Q0164		01/01/2014	12/31/2017	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	90	EA	BO	PO	EA	5	MG	2	01/01/2014	12/31/2017						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-1119-01		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	1	MG	1	01/01/2016	12/31/2017						
54868-1119-03		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	30	EA	BO	PO	EA	1	MG	1	01/01/2016	12/31/2017						
54868-1119-05		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	60	EA	BO	PO	EA	1	MG	1	01/01/2016	12/31/2017						
54868-1183-00		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2017						
54868-1183-01		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2017						
54868-1183-02		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	60	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2017						
54868-1183-03		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2017						
54868-1183-07		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2017						
54868-1183-08		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2017						
54868-1183-09		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	25	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2017						
54868-1227-00		Q0163		02/23/2006	12/31/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE (AF) 12.5 MG/5 ML	473	ML	BO	PO	ML	50	MG	0.05	02/23/2006	12/31/2017						
54868-1227-02		Q0163		10/22/2002	12/31/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GENAHIST (AF,SF,CHERRY) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	10/22/2002	12/31/2017						
54868-1323-00		Q0169		01/01/2014	12/31/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2017						
54868-1323-01		Q0169		01/01/2014	12/31/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2017						
54868-1323-02		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999						
54868-1323-04		Q0169		01/01/2014	12/31/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2017						
54868-1323-05		Q0169		01/01/2014	12/31/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2017						
54868-1323-06		Q0169		01/01/2014	12/31/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2017						
54868-1323-07		Q0169		01/01/2014	12/31/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2017						
54868-1323-08		Q0169		01/01/2014	12/31/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	50	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2017						
54868-1366-00		J8999		04/06/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MATULANE 50 MG	100	EA	BO	PO	EA	1	EA	1	04/06/2006	99/99/9999						
54868-1429-01		J1815		01/01/2003	12/31/2017	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	12/31/2017						
54868-1629-00		J8999		10/03/2005	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100	EA	BO	PO	EA	1	EA	1	10/03/2005	12/31/2017						
54868-1629-02		J8999		07/06/2007	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	30	EA	BO	PO	EA	1	EA	1	07/06/2007	12/31/2017						
54868-1720-00		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PEDIAPRED 5 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.2	01/01/2002	99/99/9999						
54868-1729-00		J1000		01/01/2002	12/31/2017	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	DEPO-ESTRADIOL (VIAL) 5 MG/ML	5	ML	VL	IM	ML	5	MG	1	01/01/2002	12/31/2017						
54868-1744-00		J8540		01/01/2006	12/31/2017	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1.5 MG	100	EA	BO	PO	EA	0.25	MG	6	01/01/2006	12/31/2017						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-1867-00		Q0169		01/01/2014	12/31/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	12/31/2017						
54868-2088-00		J2550		09/29/2005	12/31/2017	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/ML	25	ML	AM	U	ML	50	MG	1	09/29/2005	12/31/2017						
54868-2429-01		J0515		01/01/2002	05/28/2024	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	COGENTIN (AMP) 1 MG/ML	2	ML	AM	U	ML	1	MG	1	01/01/2002	05/28/2024						
54868-2464-00		Q0161		01/01/2014	12/31/2017	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL 25 MG	30	EA	BO	PO	EA	5	MG	5	01/01/2014	12/31/2017						
54868-2464-02		Q0161		01/01/2014	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL 25 MG	60	EA	NA	PO	EA	5	MG	5	01/01/2014	99/99/9999						
54868-2472-00		J7613		04/01/2008	12/31/2017	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	12/31/2017						
54868-2472-00	KO	J7613	KO	04/01/2008	12/31/2017	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	12/31/2017						
54868-2472-01		J7611		04/01/2008	12/31/2017	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	3	ML	PC	IH	ML	1	MG	5	04/01/2008	12/31/2017						
54868-2489-01		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL 100 MG/ML	2	ML	VL	U	ML	100	MG	1	01/01/2004	99/99/9999						
54868-2523-00		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (S.D.V.) 10000 U/ML	1	ML	VL	U	ML	1000	U	10	01/01/2006	99/99/9999						
54868-2523-01		J0885		01/01/2006	12/31/2017	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (S.D.V.) 10000 U/ML	1	ML	VL	U	ML	1000	U	10	01/01/2006	12/31/2017						
54868-2746-00		J1815		01/01/2003	12/31/2017	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	12/31/2017						
54868-2844-00		Q0169		01/01/2014	12/31/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 50 MG	60	EA	BO	PO	EA	12.5	MG	4	01/01/2014	12/31/2017						
54868-2844-01		Q0169		01/01/2014	12/31/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 50 MG	30	EA	BO	PO	EA	12.5	MG	4	01/01/2014	12/31/2017						
54868-2892-00		Q0177		01/01/2002	12/31/2017	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	100	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2017						
54868-2892-03		Q0177		09/19/2005	12/31/2017	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	09/19/2005	12/31/2017						
54868-2892-04		Q0177		10/11/2005	12/31/2017	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25	MG	1	10/11/2005	12/31/2017						
54868-2913-00		J7509		01/01/2002	12/31/2017	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	01/01/2002	12/31/2017						
54868-2913-01		J7509		01/01/2002	12/31/2017	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	30	EA	BO	PO	EA	4	MG	1	01/01/2002	12/31/2017						
54868-2913-02		J7509		07/29/2003	12/31/2017	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	60	EA	BO	PO	EA	4	MG	1	07/29/2003	12/31/2017						
54868-3004-02		J8999		01/01/2002	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2017						
54868-3004-03		J8999		02/02/2006	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	180	EA	BO	PO	EA	1	EA	1	02/02/2006	12/31/2017						
54868-3004-04		J8999		04/10/2006	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	100	EA	BO	PO	EA	1	EA	1	04/10/2006	12/31/2017						
54868-3004-05		J8999		04/13/2006	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	30	EA	BO	PO	EA	1	EA	1	04/13/2006	12/31/2017						
54868-3084-00		Q0167		01/01/2002	12/30/2019	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL (SOFTGEL) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	01/01/2002	12/30/2019						
54868-3084-01		Q0167		02/11/2004	12/30/2019	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	02/11/2004	12/30/2019						
54868-3089-00		J7799		12/11/2006	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (10X50ML) 50%	50	ML	SR	IV	ML	1	EA	1	12/11/2006	12/31/2017						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-3089-01		J7799		12/05/2007	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1X1250ML) 50%	1250	ML	GC	IV	ML	1	EA	1	12/05/2007	12/31/2017						
54868-3112-00		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
54868-3112-01		J8498		01/01/2006	12/31/2017	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2017						
54868-3134-01		J3490		02/02/2007	12/31/2017	UNCLASSIFIED DRUGS	MARCAINE HCL 0.5%	50	ML	VL	IJ	ML	1	EA	1	02/02/2007	12/31/2017						
54868-3157-00		J8540		01/01/2006	12/31/2017	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	10	EA	BO	PO	EA	0.25	MG	8	01/01/2006	12/31/2017						
54868-3157-01		J8540		05/10/2007	12/31/2017	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (USP,GLUTEN-FREE) 2 MG	48	EA	BO	PO	EA	0.25	MG	8	05/10/2007	12/31/2017						
54868-3244-00		Q0144		06/08/2004	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX TRI-PAK 500 MG	3	EA	DP	PO	EA	1	GM	0.5	06/08/2004	99/99/9999						
54868-3407-00		J7611		04/01/2008	12/31/2017	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1	MG	5	04/01/2008	12/31/2017						
54868-3437-00		J3490		02/02/2007	12/31/2017	UNCLASSIFIED DRUGS	MARCAINE 0.25%	50	ML	VL	IJ	ML	1	EA	1	02/02/2007	12/31/2017						
54868-3474-00		J1815		01/01/2003	12/31/2017	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	12/31/2017						
54868-3566-00		J2060		01/01/2002	12/31/2017	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 2 MG/ML	10	ML	VL	IJ	ML	2	MG	1	01/01/2002	12/31/2017						
54868-3566-01		J2060		01/01/2002	12/31/2017	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 2 MG/ML	1	ML	VL	IJ	ML	2	MG	1	01/01/2002	12/31/2017						
54868-3566-02		J2060		01/10/2007	12/31/2017	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 2 MG/ML	25	ML	VL	IJ	ML	2	MG	1	01/10/2007	12/31/2017						
54868-3608-00		J2300		01/01/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL 10 MG/ML	1	ML	AM	IJ	ML	10	MG	1	01/01/2002	99/99/9999						
54868-3618-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (M.D.V.) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999						
54868-3618-01		J1071		01/01/2015	12/31/2017	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE 200 MG/ML	1	ML	VL	IM	ML	1	MG	200	01/01/2015	12/31/2017						
54868-3619-00		J1815		01/01/2003	12/31/2017	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R 100 U/ML	10	ML	VL	IJ	ML	5	U	20	01/01/2003	12/31/2017						
54868-3648-00		Q0144		11/16/2005	12/31/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (TRI-PACK) 500 MG	3	EA	DP	PO	EA	1	GM	0.5	11/16/2005	12/31/2017						
54868-3695-00		J3490		01/01/2002	12/31/2017	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (S.D.V.) 150 MG/ML	2	ML	VL	IJ	ML	1	EA	1	01/01/2002	12/31/2017						
54868-3826-00		None		02/07/2011	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	16	EA	DP	PO	EA	2.5	MG	1	02/07/2011	99/99/9999						
54868-3826-01		None		12/04/2002	12/31/2017	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	12	EA	DP	PO	EA	2.5	MG	1	12/04/2002	12/31/2017						
54868-3826-03		None		08/25/2003	12/31/2017	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	20	EA	BO	PO	EA	2.5	MG	1	08/25/2003	12/31/2017						
54868-3826-04		None		08/25/2003	12/31/2017	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	28	EA	BO	PO	EA	2.5	MG	1	08/25/2003	12/31/2017						
54868-3826-05		None		07/20/2004	12/31/2017	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	07/20/2004	12/31/2017						
54868-3826-06		None		11/22/2004	12/31/2017	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	50	EA	BO	PO	EA	2.5	MG	1	11/22/2004	12/31/2017						
54868-3826-07		None		11/04/2005	12/31/2017	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	11/04/2005	12/31/2017						
54868-3826-08		None		06/29/2010	12/31/2017	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	40	EA	BO	PO	EA	2.5	MG	1	06/29/2010	12/31/2017						
54868-3826-09		None		09/13/2010	12/31/2017	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	2	EA	BO	PO	EA	2.5	MG	1	09/13/2010	12/31/2017						
54868-3873-00		J1800		12/11/2006	12/31/2017	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL (S.D.V.,10X1ML) 1 MG/ML	1	ML	VL	IV	ML	1	MG	1	12/11/2006	12/31/2017						
54868-3905-00		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	6000	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999						
54868-3975-00		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	5	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
54868-3996-00		J8499		01/01/2002	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2017						
54868-3996-02		J8499		01/01/2002	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2017						
54868-3996-03		J8499		01/01/2002	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2017						
54868-3996-05		J8499		08/06/2007	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	60	EA	BO	PO	EA	1	EA	1	08/06/2007	12/31/2017						
54868-3997-00		J8499		01/01/2002	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2017						
54868-3997-01		J8499		06/12/2003	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	06/12/2003	12/31/2017						
54868-3997-02		J8499		09/25/2003	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1	EA	1	09/25/2003	12/31/2017						
54868-3997-03		J8499		10/20/2003	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	10	EA	BO	PO	EA	1	EA	1	10/20/2003	12/31/2017						
54868-3997-04		J8499		11/03/2003	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40	EA	BO	PO	EA	1	EA	1	11/03/2003	12/31/2017						
54868-3997-05		J8499		08/01/2005	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1	EA	1	08/01/2005	12/31/2017						
54868-3998-00		J8499		01/01/2002	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2017						
54868-3998-01		J8499		01/01/2002	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2017						
54868-3998-03		J8499		12/08/2003	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	20	EA	BO	PO	EA	1	EA	1	12/08/2003	12/31/2017						
54868-3998-04		J8499		01/28/2004	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	40	EA	BO	PO	EA	1	EA	1	01/28/2004	12/31/2017						
54868-3998-05		J8499		06/09/2004	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	06/09/2004	12/31/2017						
54868-3998-06		J8499		07/06/2004	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	07/06/2004	12/31/2017						
54868-3998-08		J8499		04/22/2005	12/31/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60	EA	BO	PO	EA	1	EA	1	04/22/2005	12/31/2017						
54868-4021-00		J2550		01/01/2002	12/31/2017	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (AMP) 25 MG/ML	1	ML	AM	IJ	ML	0.5	MG	1	01/01/2002	12/31/2017						
54868-4047-00		J0290		01/01/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 500 MG	1	EA	VL	IJ	EA	500	MG	1	01/01/2002	99/99/9999						
54868-4050-00		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE	25	GM	JR	NA	GM	10	MG	100	01/01/2015	99/99/9999						
54868-4078-01		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	01/01/2002	99/99/9999						
54868-4082-00		J7644		01/01/2002	12/31/2017	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	12/31/2017						
54868-4082-00	KO	J7644	KO	01/01/2002	12/31/2017	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	12/31/2017						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-4082-01		J7644		01/01/2002	12/31/2017	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	12/31/2017						
54868-4082-01	KO	J7644	KO	01/01/2002	12/31/2017	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	12/31/2017						
54868-4096-00		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (6 DAY DOSEPAK) 5 MG	21	EA	BX	PO	EA	1	MG	5	01/01/2016	12/31/2017						
54868-4106-00		J3260		01/01/2002	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.) 40 MG/ML	2	ML	VL	U	ML	80	MG	0.5	01/01/2002	99/99/9999						
54868-4109-00		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 100 MG	100	EA	BO	PO	EA	12.5	MG	8	01/01/2014	99/99/9999						
54868-4123-00		J0585		01/01/2002	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	BOTOX 100 U	1	EA	VL	IM	EA	1	U	100	01/01/2002	99/99/9999						
54868-4142-00		None		06/29/2005	09/05/2024	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	5	EA	BO	PO	EA	20	MG	1	06/29/2005	09/05/2024						
54868-4142-02		None		01/26/2006	09/05/2024	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	10	EA	BO	PO	EA	20	MG	1	01/26/2006	09/05/2024						
54868-4142-03		None		03/16/2006	09/05/2024	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	60	EA	BO	PO	EA	20	MG	1	03/16/2006	09/05/2024						
54868-4142-04		None		03/23/2006	09/05/2024	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	40	EA	BO	PO	EA	20	MG	1	03/23/2006	09/05/2024						
54868-4142-05		None		03/23/2006	09/05/2024	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	30	EA	BO	PO	EA	20	MG	1	03/23/2006	09/05/2024						
54868-4142-06		None		05/16/2006	08/26/2024	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	20	EA	BO	PO	EA	20	MG	1	05/16/2006	08/26/2024						
54868-4143-00		None		02/10/2005	12/31/2017	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	60	EA	BO	PO	EA	150	MG	1	02/10/2005	12/31/2017						
54868-4143-03		None		05/19/2006	09/30/2024	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	28	EA	BO	PO	EA	150	MG	1	05/19/2006	09/30/2024						
54868-4143-03		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	XELODA FILM-COATED 150 MG	28	EA		PO	EA	50	MG	3	01/01/2025	99/99/9999						
54868-4167-00		J2765		01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (S.D.V.) 5 MG/ML	2	ML	VL	IV	ML	10	MG	0.5	01/01/2002	99/99/9999						
54868-4287-00		J8999		01/17/2005	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	30	EA	BO	PO	EA	1	EA	1	01/17/2005	12/31/2017						
54868-4287-01		J8999		01/17/2005	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	10	EA	BO	PO	EA	1	EA	1	01/17/2005	12/31/2017						
54868-4287-02		J8999		02/14/2005	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	100	EA	BO	PO	EA	1	EA	1	02/14/2005	12/31/2017						
54868-4287-03		J8999		09/22/2005	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	90	EA	BO	PO	EA	1	EA	1	09/22/2005	12/31/2017						
54868-4287-04		J8999		01/18/2008	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	60	EA	BO	PO	EA	1	EA	1	01/18/2008	12/31/2017						
54868-4296-00		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	500	ML	VL	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
54868-4311-00		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	500	ML	NA	IV	ML	500	ML	0.002	01/01/2004	99/99/9999						
54868-4319-00		J1750		01/01/2009	99/99/9999	INJECTION, IRON DEXTRAN, 50 MG	INFED (2MLX10) 50 MG/ML	2	ML	VL	U	ML	50	MG	1	01/01/2009	99/99/9999						
54868-4381-00		J1815		01/01/2003	12/31/2017	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 75/25 (VIAL) 75 U/ML-25 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	12/31/2017						
54868-4409-00		J7614		04/01/2008	07/07/2025	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.021%	3	ML	PC	IH	ML	0.5	MG	0.42	04/01/2008	07/07/2025						
54868-4409-00	KO	J7614	KO	04/01/2008	07/07/2025	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.021%	3	ML	PC	IH	ML	0.5	MG	0.42	04/01/2008	07/07/2025						
54868-4419-00		J1885		01/01/2002	12/31/2017	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	01/01/2002	12/31/2017						
54868-4419-01		J1885		10/17/2005	12/31/2017	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	10/17/2005	12/31/2017						
54868-4464-00		A4216		01/01/2004	12/31/2017	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (PF) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	12/31/2017						
54868-4488-00		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (VIAL,PHARMACY BOTTLE) 20 Million U	1	EA	VL	IV	EA	600000	U	33.33333	01/01/2002	99/99/9999						
54868-4527-00		J0456		01/01/2002	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	ZITHROMAX (VIAL) 500 MG	1	EA	VL	IV	EA	500	MG	1	01/01/2002	99/99/9999						
54868-4626-00		J1815		01/01/2003	12/31/2017	INJECTION, INSULIN, PER 5 UNITS	LANTUS (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	12/31/2017						
54868-4644-01		Q0144		02/21/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6	EA	BO	PO	EA	1	GM	0.25	02/21/2005	99/99/9999						
54868-4651-00		J0690		09/15/2003	12/31/2017	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL,PF) 500 MG	1	EA	VL	U	EA	500	MG	1	09/15/2003	12/31/2017						
54868-4686-01		J8498		04/26/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 25 MG	12	EA	NA	RC	EA	1	EA	1	04/26/2006	99/99/9999						
54868-4721-00		Q0164		02/10/2003	12/31/2017	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	30	EA	BO	PO	EA	5	MG	1	02/10/2003	12/31/2017						
54868-4721-01		Q0164		04/08/2003	12/31/2017	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	15	EA	BO	PO	EA	5	MG	1	04/08/2003	12/31/2017						
54868-4721-02		Q0164		06/09/2005	12/31/2017	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	60	EA	BO	PO	EA	5	MG	1	06/09/2005	12/31/2017						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-4721-03		Q0164		06/04/2007	12/31/2017	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5	MG	1	06/04/2007	12/31/2017						
54868-4748-00		J7510		02/28/2003	12/31/2017	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.2	02/28/2003	12/31/2017						
54868-4749-00		J7510		02/28/2003	12/31/2017	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	02/28/2003	12/31/2017						
54868-4749-01		J7510		05/25/2004	12/31/2017	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	480	ML	BO	PO	ML	5	MG	0.6	05/25/2004	12/31/2017						
54868-4751-00		J2175		03/11/2003	12/31/2017	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (CARPUJECT) 100 MG/ML	1	ML	AM	IJ	ML	100	MG	1	03/11/2003	12/31/2017						
54868-4751-01		J2175		07/03/2003	12/31/2017	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE 100 MG/ML	1	ML	AM	IJ	ML	100	MG	1	07/03/2003	12/31/2017						
54868-4773-00		J8999		04/10/2003	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	30	EA	BO	PO	EA	1	EA	1	04/10/2003	12/31/2017						
54868-4773-01		J8999		08/06/2003	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1	EA	1	08/06/2003	12/31/2017						
54868-4773-02		J8999		07/07/2005	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	50	EA	BO	PO	EA	1	EA	1	07/07/2005	12/31/2017						
54868-4773-03		J8999		07/14/2005	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	60	EA	BO	PO	EA	1	EA	1	07/14/2005	12/31/2017						
54868-4794-02		J8498		08/08/2007	12/31/2017	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 12.5 MG	2	EA	BX	RC	EA	1	EA	1	08/08/2007	12/31/2017						
54868-4997-00		J0725		02/18/2004	12/31/2017	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	PREGNYL (W/DILUENT) 10000 U	1	EA	VL	IM	EA	1000	USP Units	10	02/18/2004	12/31/2017						
54868-5000-00		J8999		02/19/2004	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ARIMIDEX 1 MG	30	EA	BO	PO	EA	1	EA	1	02/19/2004	12/31/2017						
54868-5005-00		None		01/18/2006	12/31/2017	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	100	EA	BO	PO	EA	50	MG	1	01/18/2006	12/31/2017						
54868-5005-01		None		04/13/2006	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	50	EA	BO	PO	EA	50	MG	1	04/13/2006	99/99/9999						
54868-5016-00		J3121		01/01/2015	07/10/2024	INJECTION, TESTOSTERONE ENANTHATE,1 MG	DELATESTRYL 200 MG/ML	5	ML	VL	IM	ML	1	MG	200	01/01/2015	07/10/2024						
54868-5026-00		A4216		01/01/2006	01/15/2013	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP,PF) 0.9%	3	ML	PC	IH	ML	10	ML	0.1	01/01/2006	01/15/2013						
54868-5070-00		J1610		05/24/2004	12/31/2017	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT 1 MG	1	EA	BX	IJ	EA	1	MG	1	05/24/2004	12/31/2017						
54868-5108-00		J1817		07/15/2004	07/11/2019	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG 100 U/ML	10	ML	VL	SC	ML	50	U	2	07/15/2004	07/11/2019						
54868-5112-00		J1650		07/28/2004	12/31/2017	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	07/28/2004	12/31/2017						
54868-5112-01		J1650		09/08/2004	12/31/2017	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	09/08/2004	12/31/2017						
54868-5181-00		Q0173		11/18/2004	09/05/2024	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TIGAN 300 MG	100	EA	BO	PO	EA	250	MG	1.2	11/18/2004	09/05/2024						
54868-5201-00		J1815		12/28/2004	12/31/2017	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MIX 70/30 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	12/28/2004	12/31/2017						
54868-5213-00		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	48	EA	DP	PO	EA	1	MG	5	01/01/2016	12/31/2017						
54868-5218-00		None		02/10/2005	12/31/2017	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25	MG	1	02/10/2005	12/31/2017						
54868-5218-01		None		12/22/2005	12/31/2017	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	10	EA	BO	PO	EA	25	MG	1	12/22/2005	12/31/2017						
54868-5218-02		None		12/22/2005	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	30	EA	BO	PO	EA	25	MG	1	12/22/2005	99/99/9999						
54868-5230-00		J7512		01/01/2016	12/31/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (DOSE PACK) 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2017						
54868-5231-01		J8501		08/03/2006	12/31/2017	APREPITANT, ORAL, 5 MG	EMEND 80 MG	6	EA	BX	PO	EA	5	MG	16	08/03/2006	12/31/2017						
54868-5231-02		J8501		03/04/2008	12/31/2017	APREPITANT, ORAL, 5 MG	EMEND 80 MG	2	EA	DP	PO	EA	5	MG	16	03/04/2008	12/31/2017						
54868-5242-00		J7510		03/03/2005	12/31/2017	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE,GRAPE) 15 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.6	03/03/2005	12/31/2017						
54868-5260-00		None		06/28/2005	12/31/2017	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	30	EA	BO	PO	EA	500	MG	1	06/28/2005	12/31/2017						
54868-5260-01		None		06/29/2005	12/31/2017	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	60	EA	BO	PO	EA	500	MG	1	06/29/2005	12/31/2017						
54868-5260-02		None		06/29/2005	12/31/2017	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	120	EA	BO	PO	EA	500	MG	1	06/29/2005	12/31/2017						
54868-5260-03		None		10/07/2005	12/31/2017	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	90	EA	BO	PO	EA	500	MG	1	10/07/2005	12/31/2017						
54868-5260-05		None		01/12/2006	12/31/2017	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	28	EA	BO	PO	EA	500	MG	1	01/12/2006	12/31/2017						
54868-5260-09		None		08/16/2006	12/31/2017	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	20	EA	BO	PO	EA	500	MG	1	08/16/2006	12/31/2017						
54868-5261-00		J8999		06/29/2005	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	AROMASIN 25 MG	30	EA	BO	PO	EA	1	EA	1	06/29/2005	12/31/2017						
54868-5282-00		J8999		05/23/2005	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE 50 MG	60	EA	BO	PO	EA	1	EA	1	05/23/2005	12/31/2017						
54868-5310-00		J7500		05/23/2005	12/31/2017	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	30	EA	BO	PO	EA	50	MG	1	05/23/2005	12/31/2017						
54868-5310-03		J7500		02/23/2006	12/31/2017	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	60	EA	BO	PO	EA	50	MG	1	02/23/2006	12/31/2017						
54868-5310-04		J7500		02/28/2006	12/31/2017	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	90	EA	BO	PO	EA	50	MG	1	02/28/2006	12/31/2017						
54868-5325-00		J8501		06/24/2005	12/31/2017	APREPITANT, ORAL, 5 MG	EMEND (COMBO PACK 1 125MG/2 80MG)	3	EA	PG	PO	EA	5	MG	19	06/24/2005	12/31/2017						
54868-5327-00		J1815		06/09/2005	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MIX 70/30 (PREFILLED SYRINGE) 70 U/ML-30 U/ML	3	ML	SR	SC	ML	5	U	20	06/09/2005	99/99/9999						
54868-5334-00		J8540		01/01/2006	12/31/2017	DEXAMETHASONE, ORAL, 0.25 MG	DEXPAK 1.5 MG	51	EA	DP	PO	EA	0.25	MG	6	01/01/2006	12/31/2017						
54868-5334-01		J8540		08/31/2007	12/31/2017	DEXAMETHASONE, ORAL, 0.25 MG	DEXPAK 1.5 MG	35	EA	NA	PO	EA	0.25	MG	6	08/31/2007	12/31/2017						
54868-5348-01		None		04/13/2006	09/05/2024	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	5	EA	BO	PO	EA	5	MG	1	04/13/2006	09/05/2024						
54868-5350-00		None		10/31/2007	07/26/2024	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	15	EA	BO	PO	EA	100	MG	1	10/31/2007	07/26/2024						
54868-5350-02		None		11/22/2005	09/05/2024	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	5	EA	BO	PO	EA	100	MG	1	11/22/2005	09/05/2024						
54868-5350-03		None		02/08/2006	07/26/2024	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	10	EA	BO	PO	EA	100	MG	1	02/08/2006	07/26/2024						
54868-5350-04		None		03/23/2006	07/26/2024	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	30	EA	BO	PO	EA	100	MG	1	03/23/2006	07/26/2024						
54868-5354-00		None		04/13/2006	08/26/2024	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	5	EA	BO	PO	EA	250	MG	1	04/13/2006	08/26/2024						
54868-5355-01		None		01/30/2006	99/99/9999	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE 50 MG	7	EA	NA	PO	EA	50	MG	1	01/30/2006	99/99/9999						
54868-5389-00		J8999		09/01/2005	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	240	ML	BO	PO	ML	1	EA	1	09/01/2005	12/31/2017						
54868-5389-01		J8999		12/14/2005	12/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	480	ML	BO	PO	ML	1	EA	1	12/14/2005	12/31/2017						
54868-5440-00		J1650		09/29/2005	12/31/2017	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	09/29/2005	12/31/2017						
54868-5440-01		J1650		11/01/2005	12/31/2017	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	11/01/2005	12/31/2017						
54868-5444-00		J1438		03/18/2008	06/30/2012	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (4X0.98ML PF) 50 MG/ML	0.98	ML	SR	SC	ML	25	MG	2	03/18/2008	06/30/2012						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-5459-00		J7614		04/01/2008	07/07/2025	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.042%	3	ML	PC	IH	ML	0.5	MG	0.84	04/01/2008	07/07/2025						
54868-5459-00	KO	J7614	KO	04/01/2008	07/07/2025	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.042%	3	ML	PC	IH	ML	0.5	MG	0.84	04/01/2008	07/07/2025						
54868-5471-00		Q0144		11/16/2005	12/31/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (PAK) 250 MG	6	EA	DP	PO	EA	1	GM	0.25	11/16/2005	12/31/2017						
54868-5478-00		Q0144		11/23/2005	12/31/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1	GM	0.25	11/23/2005	12/31/2017						
54868-5478-01		Q0144		12/13/2005	12/31/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	30	EA	BO	PO	EA	1	GM	0.25	12/13/2005	12/31/2017						
54868-5478-02		Q0144		02/07/2006	12/31/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	10	EA	BO	PO	EA	1	GM	0.25	02/07/2006	12/31/2017						
54868-5487-00		Q0144		12/13/2005	12/31/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	6	EA	BO	PO	EA	1	GM	0.5	12/13/2005	12/31/2017						
54868-5487-01		Q0144		08/10/2007	12/31/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	60	EA	BO	PO	EA	1	GM	0.5	08/10/2007	12/31/2017						
54868-5501-00		J1652		01/11/2006	12/31/2017	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	01/11/2006	12/31/2017						
54868-5511-00		J3535		10/21/2008	12/31/2017	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	IPRATROPIUM BROMIDE (0.017 MG/ACTUATION)	12.9	GM	PC	IH	GM	1	MG	0.017	10/21/2008	12/31/2017						
54868-5522-00		J7502		02/10/2006	12/31/2017	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE 100 MG	30	EA	BO	PO	EA	100	MG	1	02/10/2006	12/31/2017						
54868-5533-00		J0696		02/17/2006	12/31/2017	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	VL	U	EA	250	MG	2	02/17/2006	12/31/2017						
54868-5551-00		J0153		01/01/2015	12/31/2017	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE 3 MG/ML	2	ML	VL	IV	ML	6	MG	3	01/01/2015	12/31/2017						
54868-5587-00		J1650		05/17/2006	12/31/2017	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	05/17/2006	12/31/2017						
54868-5587-01		J1650		09/25/2007	12/31/2017	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 60 MG/0.6 ML	6	ML	SR	SC	ML	10	MG	10	09/25/2007	12/31/2017						
54868-5589-00		J0696		05/12/2006	12/31/2017	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	U	EA	250	MG	1	05/12/2006	12/31/2017						
54868-5621-00		J7626		07/17/2007	12/31/2017	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.5 MG/2 ML	60	ML	PC	IH	ML	0.5	MG	0.5	07/17/2007	12/31/2017						
54868-5621-00	KO	J7626	KO	07/17/2007	12/31/2017	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.5 MG/2 ML	60	ML	PC	IH	ML	0.5	MG	0.5	07/17/2007	12/31/2017						
54868-5634-00		J2941		06/30/2006	06/30/2012	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK 0.4 MG	7	EA	CT	SC	EA	1	MG	0.4	06/30/2006	06/30/2012						
54868-5647-00		Q0144		08/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	08/01/2006	99/99/9999						
54868-5648-00		Q0144		08/01/2006	12/31/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	08/01/2006	12/31/2017						
54868-5648-01		Q0144		08/01/2006	12/31/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	23	ML	BO	PO	ML	1	GM	0.04	08/01/2006	12/31/2017						
54868-5648-02		Q0144		08/03/2006	12/31/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	08/03/2006	12/31/2017						
54868-5670-00		J7608		08/10/2007	12/31/2017	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	30	ML	VL	IH	ML	1	GM	0.2	08/10/2007	12/31/2017						
54868-5670-00	KO	J7608	KO	08/10/2007	12/31/2017	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	30	ML	VL	IH	ML	1	GM	0.2	08/10/2007	12/31/2017						
54868-5673-01		J0885		03/24/2008	12/31/2017	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (M.D.V,1X4ML) 20000 U/ML	4	ML	VL	U	ML	1000	U	20	03/24/2008	12/31/2017						
54868-5709-00		J7613		04/01/2008	12/31/2017	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (30X3ML) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	12/31/2017						
54868-5709-00	KO	J7613	KO	04/01/2008	12/31/2017	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (30X3ML) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	12/31/2017						
54868-5711-00		J2250		12/27/2006	12/31/2017	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (10X2ML) 1 MG/ML	2	ML	VL	U	ML	1	MG	1	12/27/2006	12/31/2017						
54868-5717-00		J1250		12/11/2006	12/31/2017	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE 12.5 MG/ML	20	ML	VL	IV	ML	250	MG	0.05	12/11/2006	12/31/2017						
54868-5717-01		J1250		01/02/2007	12/31/2017	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE (10X40ML) 12.5 MG/ML	40	ML	VL	IV	ML	250	MG	0.05	01/02/2007	12/31/2017						
54868-5717-02		J1250		06/28/2007	12/31/2017	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE 12.5 MG/ML	200	ML	VL	IV	ML	250	MG	0.05	06/28/2007	12/31/2017						
54868-5722-00		J0282		12/11/2006	12/31/2017	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE (SDV,10X3ML) 50 MG/ML	3	ML	VL	IV	ML	30	MG	1.66666	12/11/2006	12/31/2017						
54868-5724-00		J3475		12/12/2006	12/31/2017	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNES SULF (25X10ML) 500 MG/ML	10	ML	SR	U	ML	500	MG	1	12/12/2006	12/31/2017						
54868-5738-00		Q0162		01/01/2012	12/31/2017	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE 8 MG	10	EA	BO	PO	EA	1	MG	8	01/01/2012	12/31/2017						
54868-5741-00		Q0173		01/05/2007	12/31/2017	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOBENZAMIDE 300 MG	100	EA	BO	PO	EA	250	MG	1.2	01/05/2007	12/31/2017						
54868-5749-00		Q0162		01/01/2012	12/31/2017	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON ODT 8 MG	10	EA	BX	PO	EA	1	MG	8	01/01/2012	12/31/2017						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-5749-01		Q0162		01/01/2012	12/31/2017	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON ODT 8 MG	15	EA	BO	PO	EA	1	MG	8	01/01/2012	12/31/2017						
54868-5760-00		J2941		08/17/2007	06/30/2012	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK 0.8 MG	1	EA	CT	SC	EA	1	MG	0.8	08/17/2007	06/30/2012						
54868-5765-00		J1815		04/04/2007	12/31/2017	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	15	ML	CT	SC	ML	5	U	20	04/04/2007	12/31/2017						
54868-5774-00		J7626		06/01/2007	12/31/2017	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	06/01/2007	12/31/2017						
54868-5774-00	KO	J7626	KO	06/01/2007	12/31/2017	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	06/01/2007	12/31/2017						
54868-5801-00		Q0162		01/01/2012	12/31/2017	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	12/31/2017						
54868-5801-01		Q0162		01/01/2012	12/31/2017	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 4 MG	15	EA	BO	PO	EA	1	MG	4	01/01/2012	12/31/2017						
54868-5802-00		J0885		08/13/2007	12/31/2017	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (SDV,1MLX4) 40000 U/ML	1	ML	VL	U	ML	1000	U	40	08/13/2007	12/31/2017						
54868-5808-00		J2175		08/21/2007	12/31/2017	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (1MLX10) 50 MG/ML	1	ML	SR	U	ML	100	MG	0.5	08/21/2007	12/31/2017						
54868-5835-00		J1650		11/29/2007	12/31/2017	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (10X1ML) 100 MG/ML	1	ML	SR	U	ML	10	MG	10	11/29/2007	12/31/2017						
54868-5836-00		J1817		12/03/2007	07/11/2019	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN-HUMALOG (1X15ML) 100 U/ML	15	ML	CT	SC	ML	50	U	2	12/03/2007	07/11/2019						
54868-5837-00		J1650		12/04/2007	12/31/2017	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (8X0.8ML) 120 MG/0.8 ML	0.8	ML	SR	U	ML	10	MG	15	12/04/2007	12/31/2017						
54868-5887-00		Q0162		01/01/2012	12/31/2017	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 4 MG	10	EA	BX	PO	EA	1	MG	4	01/01/2012	12/31/2017						
54868-5888-00		J2405		05/09/2008	12/31/2017	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (1X10ML) 2 MG/ML	10	ML	NA	U	ML	1	MG	2	05/09/2008	12/31/2017						
54868-5980-00		None		01/26/2009	08/26/2024	TEMODAR, 20 MG, ORAL	TEMODAR 180 MG	14	EA	BO	PO	EA	20	MG	9	01/26/2009	08/26/2024						
54868-6624-01		J7509		01/01/2002	12/31/2017	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	12/31/2017						
54879-0021-01		None		05/08/2018	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25	MG	1	05/08/2018	99/99/9999						
54879-0022-01		None		05/08/2018	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	100	EA	BO	PO	EA	50	MG	1	05/08/2018	99/99/9999						
54879-0036-64		J9050		05/16/2019	09/18/2025	INJECTION, CARMUSTINE, 100 MG	CARMUSTINE (W/DILUENT,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	100	MG	1	05/16/2019	09/18/2025						
55111-0153-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999						
55111-0154-13		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (1X3,FILM-COATED) 8 MG	3	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999						
55111-0154-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999						
55111-0156-11		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (1X1,FILM-COATED) 24 MG	1	EA	BP	PO	EA	1	MG	24	01/01/2012	99/99/9999						
55111-0496-60		None		12/23/2020	09/30/2024	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	12/23/2020	09/30/2024						
55111-0496-60		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 150 MG	60	EA		PO	EA	50	MG	3	01/01/2025	99/99/9999						
55111-0497-04		None		12/23/2020	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	12/23/2020	09/30/2024						
55111-0497-04		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 500 MG	120	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
55111-0525-01		J7507		05/14/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	CAP	PO	EA	1	MG	0.5	05/14/2010	99/99/9999						
55111-0526-01		J7507		05/14/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	CAP	PO	EA	1	MG	1	05/14/2010	99/99/9999						
55111-0527-01		J7507		05/14/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	CAP	PO	EA	1	MG	5	05/14/2010	99/99/9999						
55111-0652-07		J0583		05/31/2017	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SINGLE-USE,LYOPHILIZED) 250 MG	1	EA	VL	IV	EA	1	MG	250	05/31/2017	99/99/9999						
55111-0652-37		J0583		05/31/2017	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SINGLE-USE,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	05/31/2017	99/99/9999						
55111-0653-01		J7520		10/27/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 1 MG	100	EA	BO	PO	EA	1	MG	1	10/27/2014	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55111-0654-01		J7520		10/27/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 2 MG	100	EA	BO	PO	EA	1	MG	2	10/27/2014	99/99/9999						
55111-0694-07		J2469		03/23/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/23/2018	99/99/9999						
55135-0132-01		J9317		01/01/2021	99/99/9999	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	TRODELVY (PF,LYOPHILIZED) 180 MG	1	EA	VL	IV	EA	2.5	mg	72	01/01/2021	99/99/9999						
55150-0116-10		J0295		04/21/2023	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	PREMIERPRO RX AMPICILLIN-SULBACTAM (USP, SDV,PF,LATEX-FREE) 1 GM-0.5 GM	10	EA		U	EA	1.5	GM	1	04/21/2023	99/99/9999						
55150-0117-10		J0295		04/21/2023	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	PREMIERPRO RX AMPICILLIN-SULBACTAM (USP, SDV,PF,LATEX-FREE) 2 GM-1 GM	10	EA	VL	U	EA	1.5	GM	2	04/21/2023	99/99/9999						
55150-0118-01		J0295		04/21/2023	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	PREMIERPRO RX AMPICILLIN-SULBACTAM (PHARMACY BULK,USP,PF) 10 GM-5 GM	1	EA		IV	EA	1.5	GM	10	04/21/2023	99/99/9999						
55150-0123-16		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN NOVAPLUS 2 GM	10	EA		U	EA	20	MG	100	01/01/2025	99/99/9999						
55150-0124-09		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN NOVAPLUS BULK PACKAGE 10 GM	1	EA		IV	EA	20	MG	500	01/01/2025	99/99/9999						
55150-0161-09		J2003		06/20/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL USP,10X2ML,SDV 1%	2	ML		U	ML	1	MG	10	06/20/2025	99/99/9999						
55150-0162-09		J2003		06/20/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL USP,10X5ML,SDV 1%	5	ML		U	ML	1	MG	10	06/20/2025	99/99/9999						
55150-0163-00		J2003		06/20/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL USP,1X30ML,SDV 1%	30	ML		U	ML	1	MG	10	06/20/2025	99/99/9999						
55150-0164-09		J2003		06/20/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL USP,10X2ML,SDV 2%	2	ML		U	ML	1	MG	20	06/20/2025	99/99/9999						
55150-0165-09		J2003		06/20/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL USP,10X5ML,SDV 2%	5	ML		U	ML	1	MG	20	06/20/2025	99/99/9999						
55150-0177-05		J1953		04/21/2016	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (LATEX-FREE) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	04/21/2016	99/99/9999						
55150-0180-03		J0282		05/04/2018	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/1 ML	3	ML	VL	IV	ML	30	MG	1.66666	05/04/2018	99/99/9999						
55150-0181-09		J0282		05/04/2018	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/1 ML	9	ML	VL	IV	ML	30	MG	1.66666	05/04/2018	99/99/9999						
55150-0182-18		J0282		05/04/2018	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/1 ML	18	ML	VL	IV	ML	30	MG	1.66666	05/04/2018	99/99/9999						
55150-0183-10		J2404		01/01/2024	99/99/9999	INJECTION, NICARDIPINE, 0.1 MG	NICARDIPINE HCL (PF,LATEX-FREE) 2.5 MG/1 ML	10	ML		IV	ML	0.1	MG	25	01/01/2024	99/99/9999						
55150-0183-11		J2404		01/01/2024	99/99/9999	INJECTION, NICARDIPINE, 0.1 MG	NICARDIPINE HCL NOVAPLUS (SDV,PF,LATEX-FREE) 2.5 MG/1 ML	10	ML		IV	ML	0.1	MG	25	01/01/2024	99/99/9999						
55150-0186-05		J2469		02/07/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	02/07/2019	99/99/9999						
55150-0191-83		J1740		09/08/2015	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG	IBANDRONATE SODIUM 1 MG/1 ML	3	ML	SR	IV	ML	1	MG	1	09/08/2015	99/99/9999						
55150-0192-01		J0153		05/06/2020	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	05/06/2020	99/99/9999						
55150-0192-20		J0153		02/08/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	02/08/2018	99/99/9999						
55150-0193-01		J0153		05/06/2020	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	30	ML	VL	IV	ML	1	MG	3	05/06/2020	99/99/9999						
55150-0193-30		J0153		02/08/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	30	ML	VL	IV	ML	1	MG	3	02/08/2018	99/99/9999						
55150-0194-10		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	ESMOLOL HCL 10 MG/1 ML	10	ML		IV	ML	10	MG	1	07/01/2023	99/99/9999						
55150-0195-20		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 2 MG/1 ML	20	ML	VL	U	ML	1	MG	2	10/31/2016	99/99/9999						
55150-0196-99		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 2 MG/1 ML	100	ML	BO	U	ML	1	MG	2	10/31/2016	99/99/9999						
55150-0197-20		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	U	ML	1	MG	5	10/31/2016	99/99/9999						
55150-0198-30		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	U	ML	1	MG	5	10/31/2016	99/99/9999						
55150-0199-20		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 7.5 MG/1 ML	20	ML	VL	U	ML	1	MG	7.5	10/31/2016	99/99/9999						
55150-0200-10		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 10 MG/1 ML	10	ML	VL	U	ML	1	MG	10	10/31/2016	99/99/9999						
55150-0201-20		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 10 MG/1 ML	20	ML	VL	U	ML	1	MG	10	10/31/2016	99/99/9999						
55150-0202-10		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (FREEZE-DRIED) 40 MG	10	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
55150-0204-20		J3370		08/30/2018	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	08/30/2018	06/30/2025						
55150-0204-20		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL LYOPHILIZED 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
55150-0207-20		J2185		03/27/2017	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (USP) 500 MG	10	EA	VL	IV	EA	100	MG	5	03/27/2017	99/99/9999						
55150-0208-30		J2185		03/27/2017	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (USP) 1 GM	10	EA	VL	IV	EA	100	MG	10	03/27/2017	99/99/9999						
55150-0210-10		J0583		09/27/2018	06/13/2025	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SINGLE-USE VIAL) 250 MG	10	EA	VL	IV	EA	1	MG	250	09/27/2018	06/13/2025						
55150-0212-01		J2501		06/04/2019	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (LATEX-FREE) 0.002 MG/1 ML	1	ML	BO	IV	ML	1	MCG	2	06/04/2019	99/99/9999						
55150-0213-01		J2501		06/04/2019	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (LATEX-FREE) 0.005 MG/1 ML	1	ML	VL	IV	ML	1	MCG	5	06/04/2019	99/99/9999						
55150-0215-02		J2501		06/04/2019	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (LATEX-FREE) 0.005 MG/1 ML	2	ML	VL	IV	ML	1	MCG	5	06/04/2019	99/99/9999						
55150-0218-99		J1327		12/14/2015	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (PF,LATEX-FREE) 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	12/14/2015	99/99/9999						
55150-0219-10		J1327		12/14/2015	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (PF,LATEX-FREE) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	12/14/2015	99/99/9999						
55150-0220-99		J1327		12/14/2015	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (PF,LATEX-FREE) 2 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.4	12/14/2015	99/99/9999						
55150-0223-10		J2800		07/07/2016	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (LATEX-FREE) 100 MG/1 ML	10	ML	VL	U	ML	10	ML	0.1	07/07/2016	99/99/9999						
55150-0228-10		J3243		06/26/2019	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (PF,LATEX-FREE) 50 MG	10	EA	VL	IV	EA	1	MG	50	06/26/2019	99/99/9999						
55150-0230-10		J1652		01/12/2018	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	01/12/2018	99/99/9999						
55150-0231-10		J1652		01/12/2018	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG	25	01/12/2018	99/99/9999						
55150-0232-10		J1652		01/12/2018	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	01/12/2018	99/99/9999						
55150-0233-10		J1652		01/12/2018	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	01/12/2018	99/99/9999						
55150-0237-01		J1100		02/19/2016	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (USP, SDV,LATEX-FREE) 4 MG/1 ML	1	ML	VL	U	ML	1	MG	4	02/19/2016	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55150-0238-05		J1100		02/19/2016	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (USP, MDV,LATEX-FREE) 4 MG/1 ML	5	ML	VL	IJ	ML	1	MG	4	02/19/2016	99/99/9999						
55150-0239-30		J1100		02/19/2016	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (USP, MDV,LATEX-FREE) 4 MG/1 ML	30	ML	VL	IJ	ML	1	MG	4	02/19/2016	99/99/9999						
55150-0241-10		J0883		02/07/2019	12/31/2022	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	1	MG	1	02/07/2019	12/31/2022						
55150-0241-10		J0898		01/01/2023	99/99/9999	INJECTION, ARGATROBAN (AUROMEDICS), NOT THERAPEUTICALLY EQUIVALENT TO J0883, 1 MG (FOR NON-ESRD USE)	ARGATROBAN 1 MG/1 ML	50	ML		IV	ML	1	MG	1	01/01/2023	99/99/9999						
55150-0242-51		J2020		09/26/2016	99/99/9999	INJECTION, LINEZOLID, 200MG	LINEZOLID 2 MG/1 ML	300	ML	FC	IV	ML	200	MG	0.01	09/26/2016	99/99/9999						
55150-0243-46		J1956		09/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X50ML, SINGLE-USE,PF) 5%-250 MG/50 ML	50	ML	FC	IV	ML	250	MG	0.02	09/01/2016	99/99/9999						
55150-0244-47		J1956		09/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X100ML, SINGLE-USE,PF) 5%-500 MG/100 ML	100	ML	FC	IV	ML	250	MG	0.02	09/01/2016	99/99/9999						
55150-0245-52		J1956		09/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X150ML, SINGLE-USE,PF) 5%-750 MG/150 ML	150	ML	FC	IV	ML	250	MG	0.02	09/01/2016	99/99/9999						
55150-0246-47		J1953		01/06/2017	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 500 MG/100 ML-0.82%	100	ML	BG	IV	ML	10	MG	0.5	01/06/2017	99/99/9999						
55150-0247-47		J1953		01/06/2017	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 1000 MG/100 ML-0.75%	100	ML	BG	IV	ML	10	MG	1	01/06/2017	99/99/9999						
55150-0248-47		J1953		01/06/2017	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 1500 MG/100 ML-0.54%	100	ML	BG	IV	ML	10	MG	1.5	01/06/2017	99/99/9999						
55150-0251-10		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (MDV,LATEX-FREE) 1%	10	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
55150-0251-24		J2003		06/20/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 1%	10	ML		IJ	ML	1	MG	10	06/20/2025	99/99/9999						
55150-0252-20		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (MDV,LATEX-FREE) 1%	20	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
55150-0252-24		J2003		06/20/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 1%	20	ML		IJ	ML	1	MG	10	06/20/2025	99/99/9999						
55150-0253-50		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (MDV,LATEX-FREE) 1%	50	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
55150-0254-10		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (MDV,LATEX-FREE) 2%	10	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
55150-0254-24		J2003		06/20/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 2%	10	ML		IJ	ML	1	MG	20	06/20/2025	99/99/9999						
55150-0255-20		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (MDV,LATEX-FREE) 2%	20	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
55150-0255-24		J2003		06/20/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 2%	20	ML		IJ	ML	1	MG	20	06/20/2025	99/99/9999						
55150-0256-50		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (MDV,LATEX-FREE) 2%	50	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
55150-0259-30		J0132		10/06/2016	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG	ACETYLCYSTEINE (SDV; 4X30ML,PF) 200 MG/1 ML	30	ML	VL	IV	ML	100	MG	2	10/06/2016	99/99/9999						
55150-0266-05		J3489		09/27/2018	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SINGLE-USE,LATEX-FREE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	09/27/2018	99/99/9999						
55150-0267-05		J2680		04/21/2018	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (MDV,LATEX-FREE) 25 MG/1 ML	5	ML	VL	IJ	ML	25	MG	1	04/21/2018	99/99/9999						
55150-0270-01		J9070		08/31/2021	03/31/2022	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,PF,LATEX-FREE) 200 MG/1 ML	2.5	ML	VL	IV	ML	100	MG	2	08/31/2021	03/31/2022						
55150-0270-01		J9071		04/01/2022	08/22/2024	INJECTION, CYCLOPHOSPHAMIDE (AUROMEDICS), 5 MG	CYCLOPHOSPHAMIDE (SDV,PF,LATEX-FREE) 200 MG/1 ML	2.5	ML		IV	ML	5	MG	40	04/01/2022	08/22/2024						
55150-0270-99		J9071		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (AUROMEDICS), 5 MG	CYCLOPHOSPHAMIDE (MDV,PF,LATEX-FREE) 200 MG/1 ML	2.5	ML		IV	ML	5	MG	40	04/01/2024	99/99/9999						
55150-0271-01		J9070		08/31/2021	03/31/2022	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,PF,LATEX-FREE) 200 MG/1 ML	5	ML	VL	IV	ML	100	MG	2	08/31/2021	03/31/2022						
55150-0271-01		J9071		04/01/2022	08/22/2024	INJECTION, CYCLOPHOSPHAMIDE (AUROMEDICS), 5 MG	CYCLOPHOSPHAMIDE (SDV,PF,LATEX-FREE) 200 MG/1 ML	5	ML		IV	ML	5	MG	40	04/01/2022	08/22/2024						
55150-0271-99		J9071		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (AUROMEDICS), 5 MG	CYCLOPHOSPHAMIDE (MDV,PF,LATEX-FREE) 200 MG/1 ML	5	ML		IV	ML	5	MG	40	04/01/2024	99/99/9999						
55150-0272-01		J9071		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (AUROMEDICS), 5 MG	CYCLOPHOSPHAMIDE (MDV,PF,LATEX-FREE) 200 MG/1 ML	10	ML	VL	IV	ML	5	MG	40	04/01/2024	99/99/9999						
55150-0273-25		J3411		09/08/2022	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (MDV,PF,LATEX-FREE) 100 MG/1 ML	2	ML		IJ	ML	100	MG	1	09/08/2022	99/99/9999						
55150-0276-01		J1071		11/09/2023	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP,MDV,LATEX-FREE) 100 MG/1 ML	10	ML	VL	IM	ML	1	MG	100	11/09/2023	99/99/9999						
55150-0277-01		J1071		11/09/2023	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP,SDV,LATEX-FREE) 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	11/09/2023	99/99/9999						
55150-0278-01		J1071		11/09/2023	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP,MDV,LATEX-FREE) 200 MG/1 ML	10	ML	VL	IM	ML	1	MG	200	11/09/2023	99/99/9999						
55150-0282-09		J1335		05/03/2019	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM NOVAPLUS (LATEX-FREE,LYOPHILIZED) 1 GM	10	EA	VL	IJ	EA	500	MG	2	05/03/2019	99/99/9999						
55150-0282-20		J1335		06/27/2018	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (LATEX-FREE,LYOPHILIZED) 1 GM	10	EA	VL	IJ	EA	500	MG	2	06/27/2018	99/99/9999						
55150-0287-10		J2260		11/10/2020	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE IN DEXTROSE (SINGLE DOSE,PF) 5%-20 MG/100 ML	100	ML	FC	IV	ML	5	MG	0.04	11/10/2020	99/99/9999						
55150-0292-01		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
55150-0292-01		J7643		01/08/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	12/31/2023						
55150-0292-01	KO	J7643	KO	01/08/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	12/31/2023						
55150-0293-02		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
55150-0293-02		J7643		01/08/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	12/31/2023						
55150-0293-02	KO	J7643	KO	01/08/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	12/31/2023						
55150-0294-05		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
55150-0294-05		J7643		01/08/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	12/31/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55150-0294-05	KO	J7643	KO	01/08/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	12/31/2023						
55150-0295-20		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	20	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
55150-0295-20		J7643		01/08/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	12/31/2023						
55150-0295-20	KO	J7643	KO	01/08/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	12/31/2023						
55150-0299-01		J1453		05/24/2021	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,PF,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	05/24/2021	99/99/9999						
55150-0300-25		J2370		02/07/2021	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (25X1ML;USP,PF) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	02/07/2021	06/30/2023						
55150-0300-25		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (25X1ML;USP,PF) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
55150-0301-10		J2370		01/22/2021	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (5X10ML;USP,PF) 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	01/22/2021	06/30/2023						
55150-0301-10		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (5X10ML;USP,PF) 10 MG/1 ML	5	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
55150-0302-01		J2370		01/22/2021	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (USP,PF,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	01/22/2021	06/30/2023						
55150-0302-01		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (USP,PF,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
55150-0304-25		J1100		01/22/2021	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (25X1ML;USP,PF) 10 MG/1 ML	1	ML	VL	IJ	ML	1	MG	10	01/22/2021	99/99/9999						
55150-0305-10		J1100		08/20/2020	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (10X10ML;USP,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IJ	ML	1	MG	10	08/20/2020	99/99/9999						
55150-0306-10		J2675		05/22/2019	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (LATEX-FREE) 50 MG/1 ML	10	ML	VL	IM	ML	50	MG	1	05/22/2019	99/99/9999						
55150-0307-24		J0131		11/17/2020	99/99/9999	INJECTION, ACETAMINOPHEN, NOT OTHERWISE SPECIFIED,10 MG	ACETAMINOPHEN (24X100ML;SDV,LATEX-FREE) 10 MG/1 ML	100	ML	GC	IV	ML	10	MG	1	11/17/2020	99/99/9999						
55150-0308-01		J2359		10/01/2023	99/99/9999	INJECTION, OLANZAPINE, 0.5 MG	OLANZAPINE (SDV,PF,LATEX-FREE) 10 MG	1	EA		IM	EA	0.5	MG	20	03/11/2021	99/99/9999						
55150-0309-01		J1729		05/21/2019	04/06/2023	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (PF,LATEX-FREE) 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	05/21/2019	04/06/2023						
55150-0310-01		J1729		05/21/2019	04/06/2023	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (LATEX-FREE) 250 MG/1 ML	5	ML	VL	IM	ML	10	MG	25	05/21/2019	04/06/2023						
55150-0313-01		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,LATEX-FREE) 40 MG/1 ML	10	ML		IJ	ML	1	MG	40	04/01/2024	99/99/9999						
55150-0313-01		J1030		05/15/2023	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,LATEX-FREE) 40 MG/1 ML	10	ML	VL	IJ	ML	40	MG	1	05/15/2023	03/31/2024						
55150-0314-01		J1040		05/15/2023	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,LATEX-FREE) 80 MG/1 ML	5	ML	VL	IJ	ML	80	MG	1	05/15/2023	03/31/2024						
55150-0314-01		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (USP;MDV,LATEX-FREE) 80 MG/1 ML	5	ML		IJ	ML	1	MG	80	04/01/2024	99/99/9999						
55150-0318-25		J3230		08/27/2020	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL 25 MG/1 ML	1	ML	AM	IJ	ML	50	MG	0.5	08/27/2020	99/99/9999						
55150-0319-25		J3230		08/27/2020	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL 25 MG/1 ML	2	ML	AM	IJ	ML	50	MG	0.5	08/27/2020	99/99/9999						
55150-0322-25		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	2	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
55150-0322-25		J1940		06/20/2019	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV,PF,LATEX-FREE) 10 MG/1 ML	2	ML	VL	IJ	ML	20	MG	0.5	06/20/2019	03/31/2025						
55150-0323-25		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	4	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
55150-0323-25		J1940		06/20/2019	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV,PF,LATEX-FREE) 10 MG/1 ML	4	ML	VL	IJ	ML	20	MG	0.5	06/20/2019	03/31/2025						
55150-0324-25		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	10	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
55150-0324-25		J1940		06/20/2019	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV,PF,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IJ	ML	20	MG	0.5	06/20/2019	03/31/2025						
55150-0327-10		J2310		01/13/2020	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (10X1ML;SDV,PF) 0.4 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.4	01/13/2020	06/30/2025						
55150-0327-10		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL 10X1ML;SDV 0.4 MG/1 ML	1	ML		IJ	ML	0.01	MG	40	07/01/2025	99/99/9999						
55150-0328-10		J2310		01/13/2020	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (10X10ML;MDV,LATEX-FREE) 0.4 MG/1 ML	10	ML	VL	IJ	ML	1	MG	0.4	01/13/2020	06/30/2025						
55150-0328-10		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL 10X10ML;MDV 0.4 MG/1 ML	10	ML		IJ	ML	0.01	MG	40	07/01/2025	99/99/9999						
55150-0329-01		J1050		12/09/2022	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (SDV,PF,LATEX-FREE) 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	12/09/2022	99/99/9999						
55150-0329-25		J1050		12/09/2022	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (25X1ML;SDV,PF) 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	12/09/2022	99/99/9999						
55150-0330-01		J1050		12/09/2022	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (1X1ML,SDS,PF,LATEX-FREE) 150 MG/1 ML	1	ML	SR	IM	ML	1	MG	150	12/09/2022	99/99/9999						
55150-0331-01		J9263		07/14/2020	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SDV,PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	07/14/2020	99/99/9999						
55150-0332-01		J9263		07/14/2020	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SDV,PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	07/14/2020	99/99/9999						
55150-0335-00		J9045		10/22/2025	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN MDV 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	10/22/2025	99/99/9999						
55150-0335-01		J9045		11/13/2020	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PF,LATEX-FREE) 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	11/13/2020	99/99/9999						
55150-0337-01		J9041		01/01/2023	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB (SDV,LATEX-FREE) 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	01/01/2023	99/99/9999						
55150-0337-01		J9044		05/01/2022	12/31/2022	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	BORTEZOMIB (SDV,LATEX-FREE) 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	05/01/2022	12/31/2022						
55150-0344-01		J0878		01/03/2022	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	1	EA		IV	EA	1	MG	500	01/03/2022	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55150-0345-10		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL 1 MG/1 ML	2	ML		U	ML	0.01	MG	100	07/01/2025	99/99/9999						
55150-0352-01		J9206		01/04/2021	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV;USP,PF,LATEX-FREE) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	01/04/2021	99/99/9999						
55150-0353-01		J9206		01/04/2021	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV;USP,PF,LATEX-FREE) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	01/04/2021	99/99/9999						
55150-0354-01		J9206		01/04/2021	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV;USP,PF,LATEX-FREE) 20 MG/1 ML	15	ML	VL	IV	ML	20	MG	1	01/04/2021	99/99/9999						
55150-0359-50		J1270		10/24/2022	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (MDV,LATEX-FREE) 2 MCG/1 ML	2	ML	VL	IV	ML	1	MCG	2	10/24/2022	99/99/9999						
55150-0360-25		J0780		11/23/2022	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (SDV,LATEX-FREE) 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	11/23/2022	99/99/9999						
55150-0364-25		J3420		05/17/2021	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (25X1ML;USP,PF) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	05/17/2021	99/99/9999						
55150-0365-01		J0289		01/19/2023	99/99/9999	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	AMPHOTERICIN B LIPOSOME (SDV,PF,LATEX-FREE) 50 MG	1	EA		IV	EA	10	MG	5	01/19/2023	99/99/9999						
55150-0366-10		J9017		03/11/2022	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (SDV,PF,LATEX-FREE) 2 MG/1 ML	6	ML	CT	IV	ML	1	MG	2	03/11/2022	99/99/9999						
55150-0370-24		J2598		10/12/2023	99/99/9999	INJECTION, VASOPRESSIN, 1 UNIT	VASOPRESSIN NOVAPLUS (MDV,LATEX-FREE) 20 U/1 ML	1	ML	VL	IV	ML	1	U	20	10/12/2023	99/99/9999						
55150-0370-25		J2598		07/01/2023	99/99/9999	INJECTION, VASOPRESSIN, 1 UNIT	VASOPRESSIN (MDV,PF,LATEX-FREE) 20 U/1 ML	1	ML		IV	ML	1	U	20	07/01/2023	99/99/9999						
55150-0371-25		J2598		07/01/2023	01/31/2024	INJECTION, VASOPRESSIN, 1 UNIT	VASOPRESSIN (SDV,PF,LATEX-FREE) 20 U/1 ML	1	ML		IV	ML	1	U	20	07/01/2023	01/31/2024						
55150-0376-01		J0894		11/16/2021	06/13/2025	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	1	MG	50	11/16/2021	06/13/2025						
55150-0378-01		J9171		08/11/2021	06/13/2025	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SDV,PF,LATEX-FREE) 10 MG/1 ML	2	ML	VL	IV	ML	1	MG	10	08/11/2021	06/13/2025						
55150-0379-01		J9171		08/11/2021	06/13/2025	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (MDV,PF,LATEX-FREE) 10 MG/1 ML	8	ML	VL	IV	ML	1	MG	10	08/11/2021	06/13/2025						
55150-0380-01		J9171		08/11/2021	06/13/2025	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (MDV,PF,LATEX-FREE) 10 MG/1 ML	16	ML	VL	IV	ML	1	MG	10	08/11/2021	06/13/2025						
55150-0381-01		J9305		05/25/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IV	EA	10	MG	10	05/25/2022	99/99/9999						
55150-0382-01		J9305		05/25/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	10	MG	50	05/25/2022	99/99/9999						
55150-0384-01		J3301		12/16/2022	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (MDV) 40 MG/1 ML	5	ML	VL	IJ	ML	10	MG	4	12/16/2022	99/99/9999						
55150-0385-01		J3301		12/16/2022	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (MDV) 40 MG/1 ML	10	ML	VL	IJ	ML	10	MG	4	12/16/2022	99/99/9999						
55150-0386-00		J9045		09/22/2025	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN MDV 10 MG/1 ML	60	ML	VL	IV	ML	50	MG	0.2	09/22/2025	99/99/9999						
55150-0386-01		J9045		11/13/2020	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PF,LATEX-FREE) 10 MG/1 ML	60	ML	VL	IV	ML	50	MG	0.2	11/13/2020	99/99/9999						
55150-0392-01		J9033		06/05/2023	99/99/9999	INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG	BENDAMUSTINE HYDROCHLORIDE (SDV,PF,LATEX-FREE) 100 MG	1	EA		IV	EA	1	MG	100	06/05/2023	99/99/9999						
55150-0393-01		J9025		01/13/2023	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	1	MG	100	01/13/2023	99/99/9999						
55150-0400-25		J0360		05/11/2023	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (SDV;USP,LATEX-FREE) 20 MG/1 ML	1	ML	VL	IJ	ML	20	MG	1	05/11/2023	99/99/9999						
55150-0401-25		J1580		03/14/2024	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN PEDIATRIC (SDV,PF,LATEX-FREE) 10 MG/1 ML	2	ML	VL	IJ	ML	80	MG	0.125	03/14/2024	99/99/9999						
55150-0402-25		J1580		03/14/2024	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (MDV,LATEX-FREE) 40 MG/1 ML	2	ML	VL	IJ	ML	80	MG	0.5	03/14/2024	99/99/9999						
55150-0403-25		J1580		03/14/2024	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (MDV,LATEX-FREE) 40 MG/1 ML	20	ML	VL	IJ	ML	80	MG	0.5	03/14/2024	99/99/9999						
55150-0420-10		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	ESMOLOL HCL (SDC,PF,LATEX-FREE) 2500 MG/250 ML	250	ML		IV	ML	10	MG	1	07/01/2023	99/99/9999						
55150-0421-10		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	ESMOLOL HCL (SDC,PF,LATEX-FREE) 2000 MG/100 ML	100	ML		IV	ML	10	MG	2	07/01/2023	99/99/9999						
55150-0431-01		J9120		01/31/2023	99/99/9999	INJECTION, DACTINOMYCIN, 0.5 MG	DACTINOMYCIN (SDV,PF,LATEX-FREE) 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	01/31/2023	99/99/9999						
55150-0434-01		J1190		10/17/2022	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE (SDV;W/DILUENT,PF) 250 MG	1	EA	VL	IV	EA	250	MG	1	10/17/2022	99/99/9999						
55150-0434-02		J1190		01/19/2023	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE NOVAPLUS (SDV;W/DILUENT,PF) 250 MG	1	EA		IV	EA	250	MG	1	01/19/2023	99/99/9999						
55150-0450-01		J9280		11/13/2023	06/13/2025	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (USP,PF,LATEX-FREE) 5 MG	1	EA	VL	IV	EA	5	MG	1	11/13/2023	06/13/2025						
55150-0451-01		J9280		11/13/2023	06/13/2025	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (USP,PF,LATEX-FREE) 20 MG	1	EA	VL	IV	EA	5	MG	4	11/13/2023	06/13/2025						
55150-0452-01		J9280		11/13/2023	06/13/2025	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (USP,PF,LATEX-FREE) 40 MG	1	EA	VL	IV	EA	5	MG	8	11/13/2023	06/13/2025						
55150-0459-10		J0675		10/01/2025	99/99/9999	INJECTION, CARBOPROST TROMETHAMINE, 0.1 MG	CARBOPROST TROMETHAMINE SDV 250 MCG/1 ML	1	ML		IM	ML	0.1	MG	2.5	10/01/2025	99/99/9999						
55150-0470-06		J3260		07/10/2023	06/13/2025	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN (PF,LATEX-FREE) 1.2 GM	6	EA	VL	IV	EA	80	MG	15	07/10/2023	06/13/2025						
55150-0471-10		J3374		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	VANCOMYCIN HCL SDV,LYOPHILIZED 1.25 GM	10	EA		IV	EA	10	MG	125	07/01/2025	99/99/9999						
55150-0472-10		J3374		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	VANCOMYCIN HCL SDV,LYOPHILIZED 1.5 GM	10	EA		IV	EA	10	MG	150	07/01/2025	99/99/9999						
55150-0498-01		J9190		12/06/2024	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL PHARMACY BULK PACKAGE 50 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.1	12/06/2024	99/99/9999						
55150-0499-01		J9190		12/06/2024	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL PHARMACY BULK PACKAGE 50 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.1	12/06/2024	99/99/9999						
55150-0928-02		J9120		01/31/2023	99/99/9999	INJECTION, DACTINOMYCIN, 0.5 MG	DACTINOMYCIN NOVAPLUS (PF,LATEX-FREE) 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	01/31/2023	99/99/9999						
55154-7477-05		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (LYOPHILIZED) 40 MG	5	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
55154-8226-05		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (SDV,5X1ML,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
55154-8226-05		J2370		07/07/2018	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (SDV,5X1ML,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	07/07/2018	06/30/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55154-8336-05		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (SDV,FREEZE-DRIED) 40 MG	5	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
55154-8337-05		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (MDV; 5X20ML,LATEX-FREE) 1%	20	ML		U	ML	1	MG	10	10/01/2024	99/99/9999						
55289-0006-10		J8499		01/01/2002	03/24/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	10	EA	BO	PO	EA	1	EA	1	01/01/2002	03/24/2019						
55289-0006-25		J8499		01/01/2002	03/24/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	03/24/2019						
55289-0006-35		J8499		01/01/2002	03/24/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2002	03/24/2019						
55289-0006-50		J8499		01/01/2002	03/24/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	03/24/2019						
55289-0100-01		Q0163		05/07/2019	04/12/2021	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	05/07/2019	04/12/2021	01/01/2002	02/03/2016				
55289-0100-10		Q0163		05/07/2019	04/12/2021	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50	MG	1	05/07/2019	04/12/2021	01/01/2002	02/03/2016				
55289-0100-15		Q0163		09/03/2020	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	09/03/2020	99/99/9999	01/01/2002	02/03/2016				
55289-0100-20		Q0163		05/07/2019	04/12/2021	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	05/07/2019	04/12/2021	01/01/2002	02/03/2016				
55289-0100-30		Q0163		05/07/2019	04/12/2021	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	05/07/2019	04/12/2021	01/01/2002	02/03/2016				
55289-0100-40		Q0163		05/07/2019	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	40	EA	BO	PO	EA	50	MG	1	05/07/2019	99/99/9999	01/01/2002	02/03/2016				
55289-0119-02		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	2	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
55289-0119-06		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
55289-0224-04		Q0164		01/01/2014	03/24/2019	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	4	EA	BO	PO	EA	5	MG	2	01/01/2014	03/24/2019						
55289-0224-06		Q0164		01/01/2014	03/24/2019	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	03/24/2019						
55289-0224-12		Q0164		01/01/2014	03/24/2019	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	12	EA	BO	PO	EA	5	MG	2	01/01/2014	03/24/2019						
55289-0226-10		Q0177		01/01/2002	03/24/2019	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	10	EA	BO	PO	EA	25	MG	1	01/01/2002	03/24/2019						
55289-0226-15		Q0177		03/06/2008	03/24/2019	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25	MG	1	03/06/2008	03/24/2019						
55289-0273-10		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	10	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						
55289-0273-25		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						
55289-0273-30		J8499		08/01/2006	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	08/01/2006	09/11/2019						
55289-0273-35		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0273-50		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						
55289-0330-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	5	EA	BO	PO	EA	1	MG	50	01/01/2016	99/99/9999						
55289-0330-07		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 50 MG	7	EA	BO	PO	EA	1	MG	50	01/01/2016	99/99/9999						
55289-0330-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 50 MG	10	EA	BO	PO	EA	1	MG	50	01/01/2016	99/99/9999						
55289-0354-10		Q0177		01/01/2014	03/24/2019	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	10	EA	BO	PO	EA	25	MG	2	01/01/2014	03/24/2019						
55289-0462-05		J8499		01/15/2004	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	5	EA	BO	PO	EA	1	EA	1	01/15/2004	09/11/2019						
55289-0462-12		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	12	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						
55289-0462-15		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						
55289-0462-21		J8499		08/17/2006	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21	EA	BO	PO	EA	1	EA	1	08/17/2006	09/11/2019						
55289-0462-25		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						
55289-0462-30		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						
55289-0462-35		J8499		04/21/2008	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	35	EA	BO	PO	EA	1	EA	1	04/21/2008	09/11/2019						
55289-0462-60		J8499		03/01/2006	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	60	EA	BO	PO	EA	1	EA	1	03/01/2006	09/11/2019						
55289-0479-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
55289-0479-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
55289-0479-12		Q0163		07/01/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	12	EA	BO	PO	EA	50	MG	0.5	07/01/2006	99/99/9999						
55289-0479-15		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
55289-0479-20		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
55289-0479-24		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
55289-0479-30		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
55289-0564-15		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
55289-0564-20		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	20	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
55289-0564-48		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	48	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
55289-0568-10		Q0164		07/01/2005	09/11/2019	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	10	EA	BO	PO	EA	5	MG	1	07/01/2005	09/11/2019						
55289-0568-12		Q0164		10/01/2002	09/11/2019	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	12	EA	BO	PO	EA	5	MG	1	10/01/2002	09/11/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0568-30		Q0164		11/15/2007	09/11/2019	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	30	EA	BO	PO	EA	5	MG	1	11/15/2007	09/11/2019						
55289-0582-04		J8540		10/01/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	4	EA	BO	PO	EA	0.25	MG	16	10/01/2007	99/99/9999						
55289-0582-10		J8540		04/10/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	10	EA	BO	PO	EA	0.25	MG	16	04/10/2008	99/99/9999						
55289-0629-10		J8499		08/26/2002	09/06/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	10	EA	BO	PO	EA	1	EA	1	08/26/2002	09/06/2019						
55289-0629-30		J8499		06/05/2007	09/06/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	06/05/2007	09/06/2019						
55289-0629-50		J8499		04/23/2008	09/06/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 800 MG	50	EA	BO	PO	EA	1	EA	1	04/23/2008	09/06/2019						
55289-0649-30		J7509		10/15/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	30	EA	BO	PO	EA	4	MG	1	10/15/2003	99/99/9999						
55289-0649-98		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	120	EA	BO	PO	EA	4	MG	1	01/01/2002	99/99/9999						
55289-0691-12		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	12	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
55289-0691-15		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
55289-0691-25		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
55289-0928-02		J8498		03/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE (USP) 25 MG	2	EA	BX	RC	EA	1	EA	1	03/01/2006	99/99/9999						
55289-0928-04		J8498		05/09/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	4	EA	BX	RC	EA	1	EA	1	05/09/2006	99/99/9999						
55289-0928-06		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
55289-0928-79		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	1	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
55289-0948-02		Q0169		05/09/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	2	EA	BO	PO	EA	12.5	MG	1	05/09/2006	99/99/9999						
55289-0953-06		Q0173		05/09/2006	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOBENZAMIDE 300 MG	6	EA	BO	PO	EA	250	MG	1.2	05/09/2006	99/99/9999						
55289-0964-04		Q0144		11/01/2005	08/03/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	4	EA	BO	PO	EA	1	GM	0.25	11/01/2005	08/03/2018						
55289-0964-14		Q0144		02/01/2006	08/03/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	14	EA	BO	PO	EA	1	GM	0.25	02/01/2006	08/03/2018						
55292-0139-01		J2502		06/01/2020	99/99/9999	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (SINGLE USE) 10 MG	1	EA	VL	IM	EA	1	MG	10	06/01/2020	99/99/9999						
55292-0141-01		J2502		06/01/2020	99/99/9999	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (SINGLE USE) 30 MG	1	EA	VL	IM	EA	1	MG	30	06/01/2020	99/99/9999						
55292-0702-54		J1640		07/01/2017	99/99/9999	INJECTION, HEMIN, 1 MG	PANHEMATIN (PF,LYOPHILIZED) 350 MG	1	EA	VL	IV	EA	1	MG	350	07/01/2017	99/99/9999						
55292-0702-55		J1640		07/01/2017	99/99/9999	INJECTION, HEMIN, 1 MG	PANHEMATIN (PF,LYOPHILIZED) 350 MG	1	EA	VL	IV	EA	1	MG	350	07/01/2017	99/99/9999						
55513-0002-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.025 MG/ML	1	ML	VL	IJ	ML	1	MCG	25	09/11/2006	99/99/9999						
55513-0002-04		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (4X1ML,PF) 0.025 MG/ML	1	ML	VL	IJ	ML	1	MCG	25	09/11/2006	99/99/9999						
55513-0003-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.04 MG/ML	1	ML	VL	IJ	ML	1	MCG	40	09/11/2006	99/99/9999						
55513-0003-04		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1MLX4,PF) 0.04 MG/ML	1	ML	VL	IJ	ML	1	MCG	40	09/11/2006	99/99/9999						
55513-0004-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.06 MG/ML	1	ML	VL	IJ	ML	1	MCG	60	09/11/2006	99/99/9999						
55513-0004-04		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1MLX4,PF) 0.06 MG/ML	1	ML	VL	IJ	ML	1	MCG	60	09/11/2006	99/99/9999						
55513-0005-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.1 MG/ML	1	ML	VL	IJ	ML	1	MCG	100	09/11/2006	99/99/9999						
55513-0005-04		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1MLX4,PF) 0.1 MG/ML	1	ML	VL	IJ	ML	1	MCG	100	09/11/2006	99/99/9999						
55513-0006-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.2 MG/ML	1	ML	VL	IJ	ML	1	MCG	200	09/11/2006	99/99/9999						
55513-0021-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.04 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	100	08/14/2006	99/99/9999						
55513-0021-04		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.04 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	100	08/14/2006	99/99/9999						
55513-0023-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.06 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	200	08/14/2006	99/99/9999						
55513-0023-04		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.06 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	200	08/14/2006	99/99/9999						
55513-0025-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.1 MG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	200	08/14/2006	99/99/9999						
55513-0025-04		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.1 MG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	200	08/14/2006	99/99/9999						
55513-0027-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.15 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	500	09/11/2006	99/99/9999						
55513-0027-04		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (0.3MLX4,PF) 0.15 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	500	09/11/2006	99/99/9999						
55513-0028-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.2 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	500	08/14/2006	99/99/9999						
55513-0032-01		J0881		06/07/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLEJECT,G27,1/2",PF) 0.5 MG/ML	1	ML	SR	IJ	ML	1	MCG	500	06/07/2006	99/99/9999						
55513-0056-01		Q5147		04/01/2025	99/99/9999	INJECTION, AFLIBERCEPT-AYYH (PAVBLU), BIOSIMILAR, 1 MG	PAVBLU PREFILLED-SYRINGE 2 MG/0.05 ML	0.05	ML		IO	ML	1	MG	40	04/01/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55513-0057-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.025 MG/0.42 ML	0.42	ML	SR	U	ML	1	MCG	59.52381	08/14/2006	99/99/9999						
55513-0057-04		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.025 MG/0.42 ML	0.42	ML	SR	U	ML	1	MCG	59.52381	08/14/2006	99/99/9999						
55513-0059-01		J9026		01/01/2025	99/99/9999	INJECTION, TARLATAMAB-DLLE, 1 MG	IMDELLTRA LYOPHILIZED 1 MG	1	EA		IV	EA	1	MG	1	01/01/2025	99/99/9999						
55513-0065-01		Q5147		04/01/2025	99/99/9999	INJECTION, AFLIBERCEPT-AYYH (PAVBLU), BIOSIMILAR, 1 MG	PAVBLU SINGLE-DOSE VIAL 2 MG/0.05 ML	0.05	ML		IO	ML	1	MG	40	04/01/2025	99/99/9999						
55513-0077-01		J9026		01/01/2025	99/99/9999	INJECTION, TARLATAMAB-DLLE, 1 MG	IMDELLTRA LYOPHILIZED 10 MG	1	EA		IV	EA	1	MG	10	01/01/2025	99/99/9999						
55513-0078-01		J9999		10/28/2015	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IMLYGIC (PF) 1000000 PFU/1 ML	1	ML	VL	U	ML	1	U	1	10/28/2015	99/99/9999						
55513-0079-01		J9999		10/28/2015	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IMLYGIC (PF) 100000000 PFU/1 ML	1	ML	VL	U	ML	1	U	1	10/28/2015	99/99/9999						
55513-0098-01		J0881		03/16/2015	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (INNER PACK,PF) 0.01 MG/0.4 ML	0.4	ML	BO	U	ML	1	MCG	25	03/16/2015	99/99/9999						
55513-0098-04		J0881		03/16/2015	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLE USE,PF) 0.01 MG/0.4 ML	0.4	ML	SR	U	ML	1	MCG	25	03/16/2015	99/99/9999						
55513-0111-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.3 MG/0.6 ML	0.6	ML	SR	U	ML	1	MCG	500	08/14/2006	99/99/9999						
55513-0126-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S2,PF) 2000 U/ML	1	ML	VL	U	ML	1000	U	2	01/01/2006	99/99/9999						
55513-0126-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S2,PF) 2000 U/ML	1	ML	VL	U	ML	1000	U	2	01/01/2006	99/99/9999						
55513-0132-01		Q5117		10/01/2019	99/99/9999	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	KANJINTI (PF,LYOPHILIZED) 420 MG	1	EA	VL	IV	EA	10	MG	42	10/01/2019	99/99/9999						
55513-0141-01		Q5117		11/04/2019	99/99/9999	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	KANJINTI (SDV,PF,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	10	MG	15	11/04/2019	99/99/9999						
55513-0144-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S10,PF) 10000 U/ML	1	ML	VL	U	ML	1000	U	10	01/01/2006	99/99/9999						
55513-0144-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S10,PF) 10000 U/ML	1	ML	VL	U	ML	1000	U	10	01/01/2006	99/99/9999						
55513-0148-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S4,PF) 4000 U/ML	1	ML	VL	U	ML	1000	U	4	01/01/2006	99/99/9999						
55513-0148-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S4,PF) 4000 U/ML	1	ML	VL	U	ML	1000	U	4	01/01/2006	99/99/9999						
55513-0150-01		J9039		01/01/2016	99/99/9999	INJECTION, BLINATUMOMAB, 1 MICROGRAM	BLINCYTO (INNER VIAL NDC,PF) 35 MCG	1	EA	VL	IV	EA	1	MCG	35	01/01/2016	99/99/9999						
55513-0160-01		J9039		01/01/2016	99/99/9999	INJECTION, BLINATUMOMAB, 1 MICROGRAM	BLINCYTO (W/ SOLN STABALIZER,PF) 35 MCG	1	EA	VL	IV	EA	1	MCG	35	01/01/2016	99/99/9999						
55513-0164-01		Q5117		05/01/2023	06/30/2025	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	KANJINTI KIT (W/DILUENT,PF) 420 MG	1	EA	BX	IV	EA	10	MG	42	05/01/2023	06/30/2025						
55513-0190-01		J2505		01/01/2004	12/31/2021	INJECTION, PEGFILGRASTIM, 6 MG	NEULASTA (SRN,PREFILLED,PF,4X0.6ML) 6 MG/0.6 ML	0.6	ML	SR	SC	ML	6	MG	1.66666	01/01/2004	12/31/2021						
55513-0190-01		J2506		01/01/2022	99/99/9999	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	NEULASTA (SRN,PREFILLED,PF,4X0.6ML) 6 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	20	01/01/2022	99/99/9999						
55513-0192-01		J2505		02/02/2015	12/31/2021	INJECTION, PEGFILGRASTIM, 6 MG	NEULASTA (DELIVERY KIT,PF) 6 MG/0.6 ML	0.6	ML	SR	SC	ML	6	MG	1.66667	02/02/2015	12/31/2021						
55513-0192-01		J2506		01/01/2022	99/99/9999	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	NEULASTA (DELIVERY KIT,PF) 6 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	20	01/01/2022	99/99/9999						
55513-0206-01		Q5107		07/18/2019	99/99/9999	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	MVASI (PF) 25 MG/1 ML	4	ML	VL	IV	ML	10	MG	2.5	07/18/2019	99/99/9999						
55513-0207-01		Q5107		07/18/2019	99/99/9999	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	MVASI (PF) 25 MG/1 ML	16	ML	VL	IV	ML	10	MG	2.5	07/18/2019	99/99/9999						
55513-0209-01		J1442		08/08/2000	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (26GX5/8",PF,SINGLEJECT) 480 MCG/0.8 ML	0.8	ML	SR	U	ML	1	MCG	600	08/08/2000	99/99/9999						
55513-0209-10		J1442		08/08/2000	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (26GX5/8",0.8MLX10,PF) 480 MCG/0.8 ML	0.8	ML	SR	U	ML	1	MCG	600	08/08/2000	99/99/9999						
55513-0221-01		J2796		08/25/2008	12/31/2024	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	NPLATE (PF,STERILE, LYOPHILIZED) 250 MCG	1	EA	VL	SC	EA	10	MCG	25	08/25/2008	12/31/2024						
55513-0221-01		J2802		01/01/2025	99/99/9999	INJECTION, ROMIPLOSTIM, 1 MICROGRAM	NPLATE LYOPHILIZED 250 MCG	1	EA		SC	EA	1	MCG	250	01/01/2025	99/99/9999						
55513-0222-01		J2796		08/25/2008	12/31/2024	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	NPLATE (PF,STERILE, LYOPHILIZED) 500 MCG	1	EA	VL	SC	EA	10	MCG	50	08/25/2008	12/31/2024						
55513-0222-01		J2802		01/01/2025	99/99/9999	INJECTION, ROMIPLOSTIM, 1 MICROGRAM	NPLATE LYOPHILIZED 500 MCG	1	EA		SC	EA	1	MCG	500	01/01/2025	99/99/9999						
55513-0223-01		J2802		01/01/2025	99/99/9999	INJECTION, ROMIPLOSTIM, 1 MICROGRAM	NPLATE LYOPHILIZED 125 MCG	1	EA		SC	EA	1	MCG	125	01/01/2025	99/99/9999						
55513-0267-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S3,PF) 3000 U/ML	1	ML	VL	U	ML	1000	U	3	01/01/2006	99/99/9999						
55513-0267-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S3,PF) 3000 U/ML	1	ML	VL	U	ML	1000	U	3	01/01/2006	99/99/9999						
55513-0283-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (M.D.V.,M10) 10000 U/ML	2	ML	VL	U	ML	1000	U	10	01/01/2006	99/99/9999						
55513-0283-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (M.D.V.,M10) 10000 U/ML	2	ML	VL	U	ML	1000	U	10	01/01/2006	99/99/9999						
55513-0478-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (M.D.V.,M20) 20000 U/ML	1	ML	VL	U	ML	1000	U	20	01/01/2006	99/99/9999						
55513-0478-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (M.D.V.,M20) 20000 U/ML	1	ML	VL	U	ML	1000	U	20	01/01/2006	99/99/9999						
55513-0530-01		J1442		03/17/1997	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (S.D.V.,PF) 300 MCG/1 ML	1	ML	VL	U	ML	1	MCG	300	03/17/1997	99/99/9999						
55513-0530-10		J1442		03/17/1997	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (SDV,1MLX10,PF) 300 MCG/1 ML	1	ML	VL	U	ML	1	MCG	300	03/17/1997	99/99/9999						
55513-0546-01		J1442		03/17/1997	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (S.D.V.,PF) 480 MCG/1.6 ML	1.6	ML	VL	U	ML	1	MCG	300	03/17/1997	99/99/9999						
55513-0546-10		J1442		03/17/1997	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (SDV,1.6MLX10,PF) 480 MCG/1.6 ML	1.6	ML	VL	U	ML	1	MCG	300	03/17/1997	99/99/9999						
55513-0710-01		J0897		06/05/2010	99/99/9999	INJECTION, DENOSUMAB, 1 MG	PROLIA (PF) 60 MG/1 ML	1	ML	SR	SC	ML	1	MG	60	06/05/2010	99/99/9999						
55513-0710-21		J0897		09/23/2024	99/99/9999	INJECTION, DENOSUMAB, 1 MG	PROLIA SINGLE DOSE PFS 60 MG/1 ML	1	ML		SC	ML	1	MG	60	09/23/2024	99/99/9999						
55513-0730-01		J0897		11/20/2010	99/99/9999	INJECTION, DENOSUMAB, 1 MG	XGEVA (PF) 120 MG/1.7 ML	1.7	ML	VL	SC	ML	1	MG	70.58823	11/20/2010	99/99/9999						
55513-0740-01		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG	PARSABIV (PF) 2.5 MG/0.5 ML	0.5	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999						
55513-0740-10		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG	PARSABIV (PF) 2.5 MG/0.5 ML	0.5	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999						
55513-0741-01		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG	PARSABIV (PF) 5 MG/1 ML	1	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999						
55513-0741-10		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG	PARSABIV (PF) 5 MG/1 ML	1	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55513-0742-01		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG	PARSABIV (SDV,PF) 10 MG/2 ML	2	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999						
55513-0742-10		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG	PARSABIV (SDV,PF) 10 MG/2 ML	2	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999						
55513-0880-02		J3111		10/01/2019	99/99/9999	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	EVENITY (PF,LATEX-FREE) 105 MG/1.17 ML	1.17	ML	SR	SC	ML	1	MG	89.74359	10/01/2019	99/99/9999						
55513-0924-01		J1442		08/08/2000	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN ((26GX5/8"),SINGLE-USE) 300 MCG/0.5 ML	0.5	ML	SR	U	ML	1	MCG	600	08/08/2000	99/99/9999						
55513-0924-10		J1442		08/08/2000	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (26GX5/8",0.5MLX10,PF) 300 MCG/0.5 ML	0.5	ML	SR	U	ML	1	MCG	600	08/08/2000	99/99/9999						
55513-0954-01		J9303		01/01/2008	99/99/9999	INJECTION, PANITUMUMAB, 10 MG	VECTIBIX 20 MG/ML	5	ML	VL	IV	ML	10	MG	2	01/01/2008	99/99/9999						
55513-0956-01		J9303		01/01/2008	99/99/9999	INJECTION, PANITUMUMAB, 10 MG	VECTIBIX 20 MG/ML	20	ML	VL	IV	ML	10	MG	2	01/01/2008	99/99/9999						
55513-0998-02		J3111		06/17/2024	99/99/9999	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	EVENITY (PF,LATEX-FREE) 105 MG/1.17 ML	1.17	ML	SY	SC	ML	1	MG	89.74359	06/17/2024	99/99/9999						
55553-0129-10		J2360		01/01/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ANTIFLEX (AMP) 30 MG/ML	10	ML	AM	U	ML	60	MG	0.5	01/01/2002	99/99/9999						
55553-0827-10		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BANARIL (VIAL) 50 MG/ML	10	ML	VL	U	ML	50	MG	1	01/01/2002	99/99/9999						
55566-0302-01		J0795		01/01/2006	12/31/2020	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	ACTHREL (S.D.V.) 0.1 MG	1	EA	VL	IV	EA	1	MCG	100	01/01/2006	12/31/2020						
55566-1000-01		J3490		02/14/2019	03/31/2023	UNCLASSIFIED DRUGS	GANIRELIX ACETATE 250 MCG/0.5 ML	0.5	ML	SR	SC	ML	1	EA	1	02/14/2019	03/31/2023						
55566-1010-01		J3490		03/01/2022	99/99/9999	UNCLASSIFIED DRUGS	FYREMADEL (W/26GX1/2"NEEDLE) 250 MCG/0.5 ML	0.5	ML	SR	SC	ML	1	EA	1	03/01/2022	99/99/9999						
55566-1501-01		J0725		01/01/2002	10/31/2021	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	NOVAREL (M.D.V.) 10000 U	1	EA	VL	IM	EA	1000	USP Units	10	01/01/2002	10/31/2021						
55566-1502-01		J0725		09/15/2017	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	NOVAREL (10MLVIALBACTRIOSTTICH2O) 5000 U	1	EA	VL	IM	EA	1000	U	5	09/15/2017	99/99/9999						
55566-1801-01		J2941		05/18/2015	99/99/9999	INJECTION, SOMATROPIN, 1 MG	ZOMACTON (VIAL W/DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	05/18/2015	99/99/9999						
55566-1901-01		J2941		05/18/2015	99/99/9999	INJECTION, SOMATROPIN, 1 MG	ZOMACTON (VIAL W/DILUENT) 10 MG	1	EA	VL	SC	EA	1	MG	10	05/18/2015	99/99/9999						
55566-1902-01		J2941		09/26/2018	05/31/2022	INJECTION, SOMATROPIN, 1 MG	ZOMACTON WITH VIAL ADAPTER (LYOPHILIZED) 10 MG	1	EA	VL	SC	EA	1	MG	10	09/26/2018	05/31/2022						
55566-2200-00		J2597		04/15/2015	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP 4 MCG/ML	1	ML	AM	U	ML	1	MCG	4	04/15/2015	99/99/9999						
55566-2300-00		J2597		05/10/2015	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP 4 MCG/ML	10	ML	VL	U	ML	1	MCG	4	05/10/2015	99/99/9999						
55700-0705-06		Q0144		11/30/2018	12/31/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1000	MG	0.25	11/30/2018	12/31/2019						
57237-0075-30		Q0162		04/01/2016	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HCL (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	04/01/2016	99/99/9999						
57237-0075-50		Q0162		11/07/2022	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HCL (FILM-COATED) 4 MG	500	EA		PO	EA	1	MG	4	11/07/2022	99/99/9999						
57237-0076-30		Q0162		04/01/2016	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HCL (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	04/01/2016	99/99/9999						
57237-0076-50		Q0162		11/07/2022	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HCL (FILM-COATED) 8 MG	500	EA		PO	EA	1	MG	8	11/07/2022	99/99/9999						
57237-0077-30		Q0162		02/19/2016	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,STRAWBERRY GUARANA) 4 MG	30	EA	BO	PO	EA	1	MG	4	02/19/2016	99/99/9999						
57237-0077-50		Q0162		10/21/2024	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON USP,STRAWBERRY GUARANA 4 MG	500	EA		PO	EA	1	MG	4	10/21/2024	99/99/9999						
57237-0078-30		Q0162		02/19/2016	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,STRAWBERRY GUARANA) 8 MG	30	EA	BO	PO	EA	1	MG	8	02/19/2016	99/99/9999						
57237-0078-50		Q0162		10/21/2024	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON USP,STRAWBERRY GUARANA 8 MG	500	EA		PO	EA	1	MG	8	10/21/2024	99/99/9999						
57278-0315-02		J1444		07/01/2019	10/01/2022	INJECTION, FERRIC PYROPHOSPHATE CITRATE POWDER, 0.1 MG OF IRON	TRIFERIC 272 MG	100	EA	BX	NA	EA	0.1	MG	2720	07/01/2019	10/01/2022						
57664-0683-31		J2020		08/10/2017	99/99/9999	INJECTION, LINEZOLID, 200 MG	LINEZOLID (INNER PACK,LATEX-FREE) 2 MG/1 ML	300	ML	BG	IV	ML	200	MG	0.01	08/10/2017	99/99/9999						
57664-0683-57		J2020		08/10/2017	99/99/9999	INJECTION, LINEZOLID, 200 MG	LINEZOLID (10X300ML BAGS) 2 MG/1 ML	300	ML	BG	IV	ML	200	MG	0.01	08/10/2017	99/99/9999						
57665-0001-01		J2504		01/01/2006	06/30/2019	INJECTION, PEGADEMASE BOVINE, 25 IU	ADAGEN (VIAL) 250 U/ML	1.5	ML	VL	IM	ML	25	IU	10	01/01/2006	06/30/2019						
57665-0101-41		J0287		01/01/2004	08/31/2025	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	ABELCET (W/FILTER NEEDLE) 5 MG/ML	20	ML	VL	IV	ML	10	MG	0.5	11/15/2004	08/31/2025	01/01/2004	01/01/2004	0.5			
57894-0030-01		J1745		01/01/2002	99/99/9999	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	REMICADE (S.D.V.,PF) 100 MG	1	EA	VL	IV	EA	10	MG	10	01/01/2002	99/99/9999						
57894-0054-27		J3358		01/01/2018	12/31/2024	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	STELARA (SDV,PF) 5 MG/1 ML	26	ML	VL	IV	ML	1	MG	5	01/01/2018	12/31/2024						
57894-0060-02		J3357		01/01/2011	12/31/2024	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	STELARA (PF) 45 MG/0.5 ML	0.5	ML	VL	SC	ML	1	MG	90	01/01/2011	12/31/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
57894-0060-03		J3357		01/01/2011	12/31/2024	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	STELARA (1X0.5ML,SINGLE DOSE) 45 MG/0.5 ML	0.5	ML	SR	SC	ML	1	MG	90	01/01/2011	12/31/2024						
57894-0160-01		J1745		11/19/2021	99/99/9999	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	INFLIXIMAB (SDV,PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	10	MG	10	11/19/2021	99/99/9999						
57894-0200-01		J0130		01/01/2017	10/01/2019	INJECTION ABCIXIMAB, 10 MG	REOPRO (VIAL,PF) 2 MG/1 ML	5	ML	VL	IV	ML	10	MG	0.2	01/01/2017	10/01/2019						
57894-0449-01		J9380		07/01/2023	99/99/9999	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	TECVAYLI (PF,LATEX-FREE) 10 MG/1 ML	3	ML		SC	ML	0.5	MG	20	07/01/2023	99/99/9999						
57894-0450-01		J9380		07/01/2023	99/99/9999	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	TECVAYLI (PF,LATEX-FREE) 90 MG/1 ML	1.7	ML		SC	ML	0.5	MG	180	07/01/2023	99/99/9999						
57894-0469-01		J3055		04/01/2024	99/99/9999	INJECTION, TALQUETAMAB-TGVS, 0.25 MG	TALVEY (PF,LATEX-FREE) 2 MG/1 ML	1.5	ML		SC	ML	0.25	MG	8	04/01/2024	99/99/9999						
57894-0470-01		J3055		04/01/2024	99/99/9999	INJECTION, TALQUETAMAB-TGVS, 0.25 MG	TALVEY (SDV,PF,LATEX-FREE) 40 MG/1 ML	1	ML		SC	ML	0.25	MG	160	04/01/2024	99/99/9999						
57896-0001-01		A4217		01/02/2018	01/29/2022	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE WATER	100	ML		IR	ML	500	ML	0.002	01/02/2018	01/29/2022						
57896-0001-10		A4217		01/02/2018	01/29/2022	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE WATER	1000	ML		IR	ML	500	ML	0.002	01/02/2018	01/29/2022						
57896-0001-12		A4217		01/02/2018	01/29/2022	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE WATER	120	ML		IR	ML	500	ML	0.002	01/02/2018	01/29/2022						
57896-0001-25		A4217		01/02/2018	03/03/2022	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE WATER	250	ML		IR	ML	500	ML	0.002	01/02/2018	03/03/2022						
57896-0001-50		A4217		01/02/2018	01/29/2022	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE WATER	500	ML		IR	ML	500	ML	0.002	01/02/2018	01/29/2022						
57896-0002-01		A4217		01/02/2018	08/04/2022	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE SALINE 0.9%	100	ML		IR	ML	500	ML	0.002	01/02/2018	08/04/2022						
57896-0002-10		A4217		01/02/2018	08/04/2022	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE SALINE 0.9%	1000	ML		IR	ML	500	ML	0.002	01/02/2018	08/04/2022						
57896-0002-12		A4217		01/02/2018	08/04/2022	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE SALINE 0.9%	120	ML		IR	ML	500	ML	0.002	01/02/2018	08/04/2022						
57896-0002-25		A4217		01/02/2018	08/04/2022	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE SALINE 0.9%	250	ML		IR	ML	500	ML	0.002	01/02/2018	08/04/2022						
57896-0002-50		A4217		01/02/2018	08/04/2022	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE SALINE 0.9%	500	ML		IR	ML	500	ML	0.002	01/02/2018	08/04/2022						
57902-0249-01		J9019		11/01/2017	07/31/2021	INJECTION,ASPARAGINASE (ERWINAZE), 1000 IU	ERWINAZE (SDV,LYOPHILIZED POWDER) 10000 iu	1	EA	VL	IJ	EA	1000	IU	10	11/01/2017	07/31/2021						
57902-0249-05		J9019		11/01/2017	07/31/2021	INJECTION,ASPARAGINASE (ERWINAZE), 1000 IU	ERWINAZE (LYOPHILIZED POWDER) 10000 iu	1	EA	VL	IJ	EA	1000	IU	10	11/01/2017	07/31/2021						
58151-0137-81		J3486		09/09/2025	99/99/9999	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	GEODON LYOPHILIZED 20 MG	10	EA	VL	IM	EA	10	MG	2	09/09/2025	99/99/9999						
58160-0821-11		J3490		02/01/2007	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B (SDV,TAXINCL,PF) 20 MCG/ML	1	ML	VL	IM	ML	1	EA	1	02/01/2007	99/99/9999						
58284-0208-01		J0577		04/01/2024	99/99/9999	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), LESS THAN OR EQUAL TO 7 DAYS OF THERAPY	BRIXADI WEEKLY 8MG 8 MG/0.16 ML	0.16	ML		SC	EA	1	U	1	04/01/2024	99/99/9999						
58284-0208-01		J0576		01/01/2024	03/31/2024	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG	BRIXADI WEEKLY 8MG 8 MG/0.16 ML	0.16	ML		SC	ML	1	MG	50	01/01/2024	03/31/2024						
58284-0216-01		J0576		01/01/2024	03/31/2024	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG	BRIXADI WEEKLY 16MG 8 MG/0.16 ML	0.32	ML		SC	ML	1	MG	50	01/01/2024	03/31/2024						
58284-0216-01		J0577		04/01/2024	99/99/9999	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), LESS THAN OR EQUAL TO 7 DAYS OF THERAPY	BRIXADI WEEKLY 16MG 8 MG/0.16 ML	0.32	ML		SC	EA	1	U	1	04/01/2024	99/99/9999						
58284-0224-01		J0576		01/01/2024	03/31/2024	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG	BRIXADI WEEKLY 24MG 8 MG/0.16 ML	0.48	ML		SC	ML	1	MG	50	01/01/2024	03/31/2024						
58284-0224-01		J0577		04/01/2024	99/99/9999	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), LESS THAN OR EQUAL TO 7 DAYS OF THERAPY	BRIXADI WEEKLY 24MG 8 MG/0.16 ML	0.48	ML		SC	EA	1	U	1	04/01/2024	99/99/9999						
58284-0228-01		J0576		01/01/2024	03/31/2024	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG	BRIXADI MONTHLY 128MG 32 MG/0.09 ML	0.36	ML		SC	ML	1	MG	355.55556	01/01/2024	03/31/2024						
58284-0228-01		J0578		04/01/2024	99/99/9999	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), GREATER THAN 7 DAYS AND UP TO 28 DAYS OF THERAPY	BRIXADI MONTHLY 128MG 32 MG/0.09 ML	0.36	ML		SC	EA	1	U	1	04/01/2024	99/99/9999						
58284-0232-01		J0576		01/01/2024	03/31/2024	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG	BRIXADI WEEKLY 32MG 8 MG/0.16 ML	0.64	ML		SC	ML	1	MG	50	01/01/2024	03/31/2024						
58284-0232-01		J0577		04/01/2024	99/99/9999	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), LESS THAN OR EQUAL TO 7 DAYS OF THERAPY	BRIXADI WEEKLY 32MG 8 MG/0.16 ML	0.64	ML		SC	EA	1	U	1	04/01/2024	99/99/9999						
58284-0264-01		J0576		01/01/2024	03/31/2024	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG	BRIXADI MONTHLY 64MG 32 MG/0.09 ML	0.18	ML		SC	ML	1	MG	355.55556	01/01/2024	03/31/2024						
58284-0264-01		J0578		04/01/2024	99/99/9999	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), GREATER THAN 7 DAYS AND UP TO 28 DAYS OF THERAPY	BRIXADI MONTHLY 64MG 32 MG/0.09 ML	0.18	ML		SC	EA	1	U	1	04/01/2024	99/99/9999						
58284-0296-01		J0576		01/01/2024	03/31/2024	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG	BRIXADI MONTHLY 96MG 32 MG/0.09 ML	0.27	ML		SC	ML	1	MG	355.55556	01/01/2024	03/31/2024						
58284-0296-01		J0578		04/01/2024	99/99/9999	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), GREATER THAN 7 DAYS AND UP TO 28 DAYS OF THERAPY	BRIXADI MONTHLY 96MG 32 MG/0.09 ML	0.27	ML		SC	EA	1	U	1	04/01/2024	99/99/9999						
58406-0010-01		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (25MG/0.5ML PREFILL SYR) 50 MG/1 ML	0.5	ML	SR	SC	ML	25	MG	2	08/05/2019	99/99/9999						
58406-0010-04		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (25MG/0.5ML X 4 PREFILL) 50 MG/1 ML	0.5	ML	CT	SC	ML	25	MG	2	08/05/2019	99/99/9999						
58406-0021-01		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (50MG/1ML PREFILL SYR,PF) 50 MG/1 ML	1	ML	SR	SC	ML	25	MG	2	08/05/2019	99/99/9999						
58406-0021-04		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (4 PREFILLED SYRINGES,PF) 50 MG/1 ML	1	ML	CT	SC	ML	25	MG	2	08/05/2019	99/99/9999						
58406-0032-01		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (SURECLICK AUTOINJECTOR) 50 MG/1 ML	1	ML	SR	SC	ML	25	MG	2	08/05/2019	99/99/9999						
58406-0032-04		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (SURECLICK AUTOINJECTOR) 50 MG/1 ML	1	ML	SR	SC	ML	25	MG	2	08/05/2019	99/99/9999						
58406-0044-01		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL MINI (1 PREFILLED CARTRIDGE) 50 MG/1 ML	1	ML	CT	SC	ML	25	MG	2	08/05/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58406-0044-04		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL MINI (4 PREFILLED CARTRIDGES) 50 MG/1 ML	1	ML	CT	SC	ML	25	MG	2	08/05/2019	99/99/9999						
58406-0055-04		J1438		08/03/2020	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (4X0.5ML,PF) 25 MG/0.5 ML	0.5	ML	BO	SC	ML	25	MG	2	08/03/2020	99/99/9999						
58406-0425-34		J1438		01/01/2002	01/26/2022	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (S.D. TRAY,PF) 25 MG	4	EA	BX	SC	EA	25	MG	1	01/01/2002	01/26/2022						
58406-0425-41		J1438		01/01/2002	01/26/2022	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (S.D. TRAY,PF) 25 MG	1	EA	BX	SC	EA	25	MG	1	01/01/2002	01/26/2022						
58406-0435-01		J1438		11/17/2004	01/26/2022	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (ACTUAL FILL 50MG/0.98ML) 50 MG/ML	0.98	ML	SR	SC	ML	25	MG	2	11/17/2004	01/26/2022						
58406-0435-04		J1438		11/17/2004	01/26/2022	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (ACTUAL FILL 50MG/0.98ML) 50 MG/ML	0.98	ML	SR	SC	ML	25	MG	2	11/17/2004	01/26/2022						
58406-0445-01		J1438		07/17/2006	01/26/2022	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (SURECLICK AUTOINJECTOR) 50 MG/ML	0.98	ML	SR	SC	ML	25	MG	2	07/17/2006	01/26/2022						
58406-0445-04		J1438		07/17/2006	01/26/2022	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (SURECLICK AUTOINJECTOR) 50 MG/ML	0.98	ML	SR	SC	ML	25	MG	2	07/17/2006	01/26/2022						
58406-0455-01		J1438		04/30/2007	10/31/2021	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (27G,1/2",PF) 50 MG/ML	0.51	ML	SR	SC	ML	25	MG	2	04/30/2007	10/31/2021						
58406-0455-04		J1438		04/30/2007	10/31/2021	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (4X0.51ML,27G,1/2",PF) 50 MG/ML	0.51	ML	SR	SC	ML	25	MG	2	04/30/2007	10/31/2021						
58406-0456-01		J1438		11/17/2017	12/31/2021	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (MINI,PF) 50 MG/1 ML	0.98	ML	BX	SC	ML	25	MG	2	11/17/2017	12/31/2021						
58406-0456-04		J1438		11/17/2017	12/31/2021	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (MINI,PF) 50 MG/1 ML	0.98	ML	BX	SC	ML	25	MG	2	11/17/2017	12/31/2021						
58463-0010-08		J8540		04/18/2018	09/27/2019	DEXAMETHASONE, ORAL, 0.25 MG	DECADRON (RASPBERRY) 0.5 MG/5 ML	237	ML	BO	PO	ML	0.25	MG	0.4	04/18/2018	09/27/2019						
58463-0014-01		J8540		04/18/2018	03/31/2022	DEXAMETHASONE, ORAL, 0.25 MG	DECADRON 0.5 MG	100	EA		PO	EA	0.25	MG	2	04/18/2018	03/31/2022						
58463-0015-01		J8540		04/18/2018	03/31/2022	DEXAMETHASONE, ORAL, 0.25 MG	DECADRON 0.75 MG	100	EA		PO	EA	0.25	MG	3	04/18/2018	03/31/2022						
58463-0016-01		J8540		04/18/2018	03/31/2022	DEXAMETHASONE, ORAL, 0.25 MG	DECADRON 4 MG	100	EA		PO	EA	0.25	MG	16	04/18/2018	03/31/2022						
58463-0017-01		J8540		04/18/2018	03/31/2022	DEXAMETHASONE, ORAL, 0.25 MG	DECADRON 6 MG	100	EA	BO	PO	EA	0.25	MG	24	04/18/2018	03/31/2022						
58468-0030-02		J3240		05/01/2016	99/99/9999	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	THYROGEN (LYOPHILIZED) 1.1 MG	2	EA	VL	IM	EA	1.1	MG	1	05/01/2016	99/99/9999						
58468-0040-01		J0180		01/01/2005	99/99/9999	INJECTION, AGALSIDASE BETA, 1 MG	FABRAZYME (PF) 35 MG	1	EA	VL	IV	EA	1	MG	35	01/01/2005	99/99/9999						
58468-0041-01		J0180		01/01/2005	99/99/9999	INJECTION, AGALSIDASE BETA, 1 MG	FABRAZYME (PF) 5 MG	1	EA	VL	IV	EA	1	MG	5	01/01/2005	99/99/9999						
58468-0050-01		J0218		04/01/2023	99/99/9999	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	XENPOZYME (SDV,PF,LATEX-FREE) 20 MG	1	EA		IV	EA	1	MG	20	04/01/2023	99/99/9999						
58468-0070-01		J1931		01/01/2005	99/99/9999	INJECTION, LARONIDASE, 0.1 MG	ALDURAZYME (PF) 0.58 MG/ML	5	ML	VL	IV	ML	0.1	MG	5.8	01/01/2005	99/99/9999						
58468-0080-01		J7511		12/01/2005	99/99/9999	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	THYMOGLOBULIN (VIAL,DILUENT) 25 MG	1	EA	VL	IV	EA	25	MG	1	12/01/2005	99/99/9999						
58468-0127-01		J1270		06/11/2014	09/30/2024	INJECTION, DOXERCALCIFEROL, 1 MCG	HECTOROL (50X2ML,MDV) 2 MCG/ML	2	ML	VL	IV	ML	1	MCG	2	06/11/2014	09/30/2024						
58468-0218-02		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	120	EA	NA	PO	EA	0.25	MG	16	01/01/2006	99/99/9999						
58864-0162-30		Q0163		01/01/2002	03/24/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (REDI-SCRIPT) 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	03/24/2019						
58864-0162-56		Q0163		03/01/2004	03/24/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (REDI-SCRIPT) 25 MG	56	EA	BO	PO	EA	50	MG	0.5	03/01/2004	03/24/2019						
58864-0191-25		J8499		03/01/2004	09/06/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (REDI-SCRIPT) 800 MG	25	EA	BO	PO	EA	1	EA	1	03/01/2004	09/06/2019						
58864-0191-35		J8499		03/01/2004	09/06/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (REDI-SCRIPT) 800 MG	35	EA	BO	PO	EA	1	EA	1	03/01/2004	09/06/2019						
58864-0362-20		J7512		01/01/2016	03/24/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,REDI-SCRIPT) 5 MG	20	EA	BO	PO	EA	1	MG	5	01/01/2016	03/24/2019						
58864-0362-56		J7512		01/01/2016	03/24/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,REDI-SCRIPT) 5 MG	56	EA	BO	PO	EA	1	MG	5	01/01/2016	03/24/2019						
58864-0423-15		J7512		01/01/2016	03/24/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	1	MG	10	01/01/2016	03/24/2019						
58864-0423-20		J7512		01/01/2016	03/24/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	03/24/2019						
58864-0423-30		J7512		01/01/2016	03/24/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (REDI-SCRIPT) 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	03/24/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58864-0423-40		J7512		01/01/2016	03/24/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (REDI-SCRIPT) 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	03/24/2019						
58864-0424-14		J7512		01/01/2016	03/24/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (REDI-SCRIPT) 20 MG	14	EA	BO	PO	EA	1	MG	20	01/01/2016	03/24/2019						
58864-0424-20		J7512		01/01/2016	03/24/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (REDI-SCRIPT) 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	03/24/2019						
58864-0424-30		J7512		01/01/2016	03/24/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	03/24/2019						
58864-0602-01		J8499		06/01/2004	03/24/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (REDI-SCRIPT) 400 MG	100	EA	BO	PO	EA	1	EA	1	06/01/2004	03/24/2019						
58864-0602-30		J8499		03/02/2004	03/24/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (REDI-SCRIPT) 400 MG	30	EA	BO	PO	EA	1	EA	1	03/02/2004	03/24/2019						
58864-0644-42		Q0164		01/01/2014	03/24/2019	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (REDI-SCRIPT) 10 MG	42	EA	BO	PO	EA	5	MG	2	01/01/2014	03/24/2019						
58864-0655-04		Q0144		07/01/2005	03/24/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	07/01/2005	03/24/2019						
58864-0655-06		Q0144		09/10/2003	03/24/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (REDI-SCRIPT) 250 MG	6	EA	BO	PO	EA	1	GM	0.25	09/10/2003	03/24/2019						
58864-0655-14		Q0144		02/01/2005	03/24/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	14	EA	BO	PO	EA	1	GM	0.25	02/01/2005	03/24/2019						
58864-0655-30		Q0144		06/01/2006	03/24/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6	EA	BO	PO	EA	1	GM	0.25	06/01/2006	03/24/2019						
58864-0702-01		Q0164		06/15/2006	12/31/2021	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	15	EA	BO	PO	EA	5	MG	1	06/15/2006	12/31/2021						
58864-0761-10		Q0169		01/01/2014	03/24/2019	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL (REDI-SCRIPT) 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	03/24/2019						
58864-0761-30		Q0169		01/01/2014	03/24/2019	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	03/24/2019						
58864-0761-42		Q0169		01/01/2014	03/24/2019	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	42	EA	BO	PO	EA	12.5	MG	2	01/01/2014	03/24/2019						
58864-0791-06		Q0144		07/01/2004	03/13/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN DIHYDRATE 250 MG	6	EA	BO	PO	EA	1	GM	0.25	07/01/2004	03/13/2019						
58864-0876-35		J8499		01/01/2005	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2005	09/11/2019						
58914-0080-52		J0500		06/22/2004	04/30/2025	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	BENTYL (AMP) 10 MG/ML	2	ML	AM	IM	ML	20	MG	0.5	03/23/2007	04/30/2025	06/22/2004	11/14/2004	0.5			
59137-0335-01		J0614		10/01/2025	99/99/9999	INJECTION, TREOSULFAN, 50 MG	GRAFAPEX SDV,LYOPHILIZED 1 GM	1	EA		IV	EA	50	MG	20	10/01/2025	99/99/9999						
59137-0365-01		J0614		10/01/2025	99/99/9999	INJECTION, TREOSULFAN, 50 MG	GRAFAPEX SDV,LYOPHILIZED 5 GM	1	EA		IV	EA	50	MG	100	10/01/2025	99/99/9999						
59137-0510-04		J9250		09/22/2014	03/31/2024	METHOTREXATE SODIUM, 5 MG	RASUVO (1X4 AUTO INJECTORS,PF) 10 MG/0.2 ML	0.2	ML	CT	SC	ML	5	MG	10	09/22/2014	03/31/2024						
59137-0510-04		J9260		04/01/2024	99/99/9999	INJECTION, METHOTREXATE SODIUM, 50 MG	RASUVO (1X4 AUTO INJECTORS,PF) 10 MG/0.2 ML	0.2	ML		SC	ML	50	MG	1	04/01/2024	99/99/9999						
59148-0046-70		J0894		10/21/2015	04/15/2024	INJECTION, DECITABINE, 1 MG	DACOGEN (SDV) 50 MG	1	EA	VL	IV	EA	1	MG	50	10/21/2015	04/15/2024						
59148-0102-80		J0402		01/01/2024	99/99/9999	INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG	ABILIFY ASIMTUFII 720 MG/2.4 ML	2.4	ML		IM	ML	1	MG	300	01/01/2024	99/99/9999						
59148-0114-80		J0402		01/01/2024	99/99/9999	INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG	ABILIFY ASIMTUFII 960 MG/3.2 ML	3.2	ML		IM	ML	1	MG	300	01/01/2024	99/99/9999						
59353-0002-01		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 2000 U/1 ML	1	ML	VL	U	ML	1000	U	2	05/25/2018	12/31/2018						
59353-0002-01		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 2000 U/1 ML	1	ML	VL	U	ML	1000	U	2	01/01/2019	99/99/9999						
59353-0002-10		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 2000 U/1 ML	1	ML	VL	U	ML	1000	U	2	05/25/2018	12/31/2018						
59353-0002-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 2000 U/1 ML	1	ML	VL	U	ML	1000	U	2	01/01/2019	99/99/9999						
59353-0003-01		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 3000 U/1 ML	1	ML	VL	U	ML	1000	U	3	05/25/2018	12/31/2018						
59353-0003-01		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 3000 U/1 ML	1	ML	VL	U	ML	1000	U	3	01/01/2019	99/99/9999						
59353-0003-10		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 3000 U/1 ML	1	ML	VL	U	ML	1000	U	3	05/25/2018	12/31/2018						
59353-0003-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 3000 U/1 ML	1	ML	VL	U	ML	1000	U	3	01/01/2019	99/99/9999						
59353-0004-01		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 4000 U/1 ML	1	ML	VL	U	ML	1000	U	4	05/25/2018	12/31/2018						
59353-0004-01		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 4000 U/1 ML	1	ML	VL	U	ML	1000	U	4	01/01/2019	99/99/9999						
59353-0004-10		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 4000 U/1 ML	1	ML	VL	U	ML	1000	U	4	05/25/2018	12/31/2018						
59353-0004-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 4000 U/1 ML	1	ML	VL	U	ML	1000	U	4	01/01/2019	99/99/9999						
59353-0010-01		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 10000 U/1 ML	1	ML	VL	U	ML	1000	U	10	05/25/2018	12/31/2018						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
59353-0010-01		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 10000 U/1 ML	1	ML	VL	U	ML	1000	U	10	01/01/2019	99/99/9999						
59353-0010-10		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 10000 U/1 ML	1	ML	VL	U	ML	1000	U	10	05/25/2018	12/31/2018						
59353-0010-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 10000 U/1 ML	1	ML	VL	U	ML	1000	U	10	01/01/2019	99/99/9999						
59353-0220-01		Q5106		11/25/2020	99/99/9999	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT 10000 U/1 ML	2	ML	VL	U	ML	1000	U	10	11/25/2020	99/99/9999						
59353-0220-10		Q5106		11/25/2020	99/99/9999	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT 10000 U/1 ML	2	ML	VL	U	ML	1000	U	10	11/25/2020	99/99/9999						
59572-0984-01		J9315		09/16/2016	09/30/2021	INJECTION, ROMIDEPSIN, 1 MG	ISTODAX (W/DILUENT) 10 MG	1	EA	VL	IV	EA	1	MG	10	09/16/2016	09/30/2021						
59572-0984-01		J9319		10/01/2021	99/99/9999	INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG	ISTODAX (W/DILUENT) 10 MG	1	EA	VL	IV	EA	0.1	MG	100	10/01/2021	99/99/9999						
59627-0111-03		J1826		04/01/2015	05/31/2019	INJECTION, INTERFERON BETA-1A, 30 MCG	AVONEX (4 DOSE PACKS; S.D.V.) 30 MCG	4	EA	BX	IM	EA	30	MCG	1	04/01/2015	05/31/2019						
59627-0222-05		J1826		04/01/2015	99/99/9999	INJECTION, INTERFERON BETA-1A, 30 MCG	AVONEX (4 DOSE PACKS) 30 MCG/0.5 ML	1	EA	BX	MR	EA	30	MCG	1	04/01/2015	99/99/9999						
59627-0333-04		J1826		04/01/2015	99/99/9999	INJECTION, INTERFERON BETA-1A, 30 MCG	AVONEX PEN (SINGLE USE,25G,5/8") 30 MCG/0.5 ML	1	EA	BX	MR	EA	30	MCG	1	04/01/2015	99/99/9999						
59651-0007-15		Q0144		12/19/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	12/19/2018	99/99/9999						
59651-0008-15		Q0144		12/19/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	12/19/2018	99/99/9999						
59651-0008-23		Q0144		12/19/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	12/19/2018	99/99/9999						
59651-0008-30		Q0144		12/19/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	12/19/2018	99/99/9999						
59651-0165-30		J0750		05/15/2025	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE FILM-COATED 100 MG-150 MG	30	EA	BO	PO	EA	200	MG	0.5	05/15/2025	99/99/9999						
59651-0166-30		J0750		05/15/2025	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE FILM-COATED 133 MG-200 MG	30	EA	BO	PO	EA	200	MG	0.666	05/15/2025	99/99/9999						
59651-0167-30		J0750		05/15/2025	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE FILM-COATED 167 MG-250 MG	30	EA	BO	PO	EA	200	MG	0.834	05/15/2025	99/99/9999						
59651-0182-01		None		05/14/2020	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	05/14/2020	99/99/9999						
59651-0183-25		J7613		01/22/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.63 MG/3 ML	3	ML		IH	ML	1	MG	0.21	01/22/2025	99/99/9999						
59651-0183-25	KO	J7613	KO	01/22/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.63 MG/3 ML	3	ML		IH	ML	1	MG	0.21	01/22/2025	99/99/9999						
59651-0183-30		J7613		01/22/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.63 MG/3 ML	3	ML		IH	ML	1	MG	0.21	01/22/2025	99/99/9999						
59651-0183-30	KO	J7613	KO	01/22/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.63 MG/3 ML	3	ML		IH	ML	1	MG	0.21	01/22/2025	99/99/9999						
59651-0184-25		J7613		01/22/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 1.25 MG/3 ML	3	ML		IH	ML	1	MG	0.416667	01/22/2025	99/99/9999						
59651-0184-25	KO	J7613	KO	01/22/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 1.25 MG/3 ML	3	ML		IH	ML	1	MG	0.416667	01/22/2025	99/99/9999						
59651-0184-30		J7613		01/22/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 1.25 MG/3 ML	3	ML		IH	ML	1	MG	0.416667	01/22/2025	99/99/9999						
59651-0184-30	KO	J7613	KO	01/22/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 1.25 MG/3 ML	3	ML		IH	ML	1	MG	0.416667	01/22/2025	99/99/9999						
59651-0204-60		None		05/24/2019	09/30/2024	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	05/24/2019	09/30/2024						
59651-0204-60		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 150 MG	60	EA		PO	EA	50	MG	3	01/01/2025	99/99/9999						
59651-0205-08		None		05/24/2019	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	05/24/2019	09/30/2024						
59651-0205-08		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 500 MG	120	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
59651-0236-30		J8999		10/05/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ANASTROZOLE (USP,FILM COATED) 1 MG	30	EA	BO	PO	EA	1	EA	1	10/05/2020	99/99/9999						
59651-0236-90		J8999		10/05/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ANASTROZOLE (USP,FILM COATED) 1 MG	90	EA	BO	PO	EA	1	EA	1	10/05/2020	99/99/9999						
59651-0241-30		J8999		10/08/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BO	PO	EA	1	EA	1	10/08/2020	99/99/9999						
59651-0299-60		J8999		11/10/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP,FILM-COATED) 10 MG	60	EA		PO	EA	1	EA	1	11/10/2020	99/99/9999						
59651-0300-30		J8999		08/14/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP,FILM-COATED) 20 MG	30	EA	BO	PO	EA	1	EA	1	08/14/2020	99/99/9999						
59651-0300-90		J8999		06/01/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP,FILM-COATED) 20 MG	90	EA		PO	EA	1	EA	1	06/01/2023	99/99/9999						
59651-0484-01		J7512		06/20/2022	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 1 MG	100	EA	BO	PO	EA	1	MG	1	06/20/2022	99/99/9999						
59651-0484-99		J7512		06/20/2022	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 1 MG	1000	EA	BO	PO	EA	1	MG	1	06/20/2022	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
59651-0485-01		J7512		02/07/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 2.5 MG	100	EA		PO	EA	1	MG	2.5	02/07/2023	99/99/9999						
59651-0486-01		J7512		02/07/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	100	EA		PO	EA	1	MG	5	02/07/2023	99/99/9999						
59651-0486-99		J7512		02/07/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	1000	EA		PO	EA	1	MG	5	02/07/2023	99/99/9999						
59651-0487-01		J7512		02/07/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	100	EA		PO	EA	1	MG	10	02/07/2023	99/99/9999						
59651-0487-05		J7512		02/07/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	500	EA		PO	EA	1	MG	10	02/07/2023	99/99/9999						
59651-0488-01		J7512		02/07/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	100	EA		PO	EA	1	MG	20	02/07/2023	99/99/9999						
59651-0488-05		J7512		02/07/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	500	EA		PO	EA	1	MG	20	02/07/2023	99/99/9999						
59651-0489-01		J7512		02/07/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	100	EA		PO	EA	1	MG	50	02/07/2023	99/99/9999						
59651-0493-47		J8499		01/29/2024	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP,BANANA) 200 MG/5 ML	473	ML		PO	ML	1	EA	1	01/29/2024	99/99/9999						
59651-0500-01		Q0177		04/18/2023	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE HCL (FILM-COATED) 25 MG	100	EA	BO	PO	EA	25	MG	1	04/18/2023	99/99/9999						
59651-0500-05		Q0177		04/18/2023	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE HCL (FILM-COATED) 25 MG	500	EA	BO	PO	EA	25	MG	1	04/18/2023	99/99/9999						
59651-0500-99		Q0177		03/07/2024	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE HCL (FILM-COATED) 25 MG	1000	EA	BO	PO	EA	25	MG	1	03/07/2024	99/99/9999						
59651-0516-30		J8999		08/04/2022	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	EXEMESTANE 25 MG	30	EA	BO	PO	EA	1	EA	1	08/04/2022	99/99/9999						
59651-0585-30		J7626		05/23/2025	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE 30X2ML,SINGLE-DOSE 0.5 MG/2 ML	2	ML		IH	ML	0.5	MG	0.5	05/23/2025	99/99/9999						
59651-0585-30	KO	J7626	KO	05/23/2025	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE 30X2ML,SINGLE-DOSE 0.5 MG/2 ML	2	ML		IH	ML	0.5	MG	0.5	05/23/2025	99/99/9999						
59651-0621-08		J7518		05/18/2024	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 180 MG	120	EA		PO	EA	180	MG	1	05/18/2024	99/99/9999						
59651-0622-08		J7518		05/18/2024	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 360 MG	120	EA		PO	EA	180	MG	2	05/18/2024	99/99/9999						
59651-0624-01		J7517		04/15/2024	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA		PO	EA	250	MG	1	04/15/2024	99/99/9999						
59651-0624-05		J7517		04/15/2024	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA		PO	EA	250	MG	1	04/15/2024	99/99/9999						
59651-0638-01		J7517		05/29/2024	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA		PO	EA	250	MG	2	05/29/2024	99/99/9999						
59651-0638-05		J7517		05/29/2024	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	500	EA		PO	EA	250	MG	2	05/29/2024	99/99/9999						
59651-0646-26		J7517		11/18/2024	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL USP,MIXED FRUIT 200 MG/1 ML	160	ML	BO	PO	ML	250	MG	0.8	11/18/2024	99/99/9999						
59676-0302-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VIAL) 2000 U/ML	1	ML	VL	U	ML	1000	U	2	01/01/2006	99/99/9999						
59676-0303-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VIAL) 3000 U/ML	1	ML	VL	U	ML	1000	U	3	01/01/2006	99/99/9999						
59676-0304-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VIAL) 4000 U/ML	1	ML	VL	U	ML	1000	U	4	01/01/2006	99/99/9999						
59676-0310-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VIAL) 10000 U/ML	1	ML	VL	U	ML	1000	U	10	01/01/2006	99/99/9999						
59676-0310-02		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VOLUME PACK VIAL) 10000 U/ML	1	ML	VL	U	ML	1000	U	10	01/01/2006	99/99/9999						
59676-0312-04		J0885		01/18/2008	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (4X2ML,MDV) 10000 U/ML	2	ML	VL	U	ML	1000	U	10	01/18/2008	99/99/9999						
59676-0320-04		J0885		01/01/2016	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (MULTIDOSE) 20000 U/ML	1	ML	VL	U	ML	1000	U	20	01/01/2016	99/99/9999						
59676-0340-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (PF) 40000 U/ML	1	ML	VL	U	ML	1000	U	40	01/01/2006	99/99/9999						
59676-0610-01		J9999		10/23/2015	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	YONDELIS (PF,LYOPHILIZED) 1 MG	1	EA	VL	IV	EA	1	MG	1	10/23/2015	99/99/9999						
59676-0966-01		Q2050		07/24/2017	09/30/2020	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	07/24/2017	09/30/2020						
59676-0966-02		Q2050		08/28/2017	10/31/2020	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	08/28/2017	10/31/2020						
59730-6502-01		J1556		12/19/2012	09/30/2021	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	BIVIGAM (LATEX-FREE) 100 MG/ML	50	ML	VL	IV	ML	500	MG	0.2	12/19/2012	09/30/2021						
59746-0001-03		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999						
59746-0001-06		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	01/01/2002	99/99/9999						
59746-0002-04		J7509		09/24/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 8 MG	25	EA	BO	PO	EA	4	MG	2	09/24/2007	99/99/9999						
59746-0003-14		J7509		07/20/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 16 MG	50	EA	BO	PO	EA	4	MG	4	07/20/2007	99/99/9999						
59746-0015-04		J7509		07/20/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 32 MG	25	EA	BO	PO	EA	4	MG	8	07/20/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
59746-0113-06		Q0164		01/01/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	99/99/9999						
59746-0115-06		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
59746-0171-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999						
59746-0171-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	1000	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999						
59746-0172-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
59746-0172-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
59746-0173-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
59746-0173-09		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	500	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
59746-0173-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	1000	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
59746-0175-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
59746-0175-09		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	500	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
59746-0175-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	1000	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
59746-0782-01		J7512		08/08/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 2.5 MG	100	EA	BO	PO	EA	1	MG	2.5	08/08/2023	99/99/9999						
59746-0783-01		J7512		08/08/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	100	EA	BO	PO	EA	1	MG	50	08/08/2023	99/99/9999						
59746-0798-01		J7507		06/01/2025	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS HARD GELATIN 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	06/01/2025	99/99/9999						
59746-0799-01		J7507		06/01/2025	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS HARD GELATIN 1 MG	100	EA	BO	PO	EA	1	MG	1	06/01/2025	99/99/9999						
59746-0800-01		J7507		06/01/2025	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS HARD GELATIN 5 MG	100	EA	BO	PO	EA	1	MG	5	06/01/2025	99/99/9999						
59762-1001-01		J7520		01/16/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	01/16/2014	99/99/9999						
59762-1002-01		J7520		10/27/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 1 MG	100	EA	BO	PO	EA	1	MG	1	10/27/2014	99/99/9999						
59762-1003-01		J7520		10/27/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 2 MG	100	EA	BO	PO	EA	1	MG	2	10/27/2014	99/99/9999						
59762-1205-06		J7520		07/22/2019	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 1 MG/1 ML	60	ML	BO	PO	ML	1	MG	1	07/22/2019	99/99/9999						
59762-2198-03		Q0144		05/13/2019	06/30/2025	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	18	EA	BO	PO	EA	1	GM	0.25	05/13/2019	06/30/2025						
59762-2198-07		Q0144		05/13/2019	04/30/2025	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	05/13/2019	04/30/2025						
59762-2576-01		J9211		08/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	5	ML	VL	IV	ML	5	MG	0.2	08/27/2007	99/99/9999						
59762-2586-01		J9211		08/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	08/27/2007	99/99/9999						
59762-2596-01		J9211		08/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	08/27/2007	99/99/9999						
59762-3051-01		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 1 GM/Packet	10	EA	BX	PO	EA	1	GM	1	07/07/2006	99/99/9999						
59762-3051-02		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 1 GM/Packet	3	EA	BX	PO	EA	1	GM	1	07/07/2006	99/99/9999						
59762-3060-01		Q0144		11/14/2005	09/30/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6	EA	DP	PO	EA	1	GM	0.25	11/14/2005	09/30/2019						
59762-3060-02		Q0144		11/14/2005	04/30/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	11/14/2005	04/30/2019						
59762-3060-03		Q0144		11/14/2005	09/30/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	50	EA	BX	PO	EA	1	GM	0.25	11/14/2005	09/30/2019						
59762-3070-01		Q0144		11/14/2005	02/28/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3	EA	DP	PO	EA	1	GM	0.5	11/14/2005	02/28/2019						
59762-3070-02		Q0144		11/14/2005	09/30/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	11/14/2005	09/30/2019						
59762-3080-01		Q0144		11/14/2005	11/30/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	11/14/2005	11/30/2018						
59762-3110-01		Q0144		07/07/2006	10/31/2024	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	07/07/2006	10/31/2024						
59762-3120-01		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	07/07/2006	99/99/9999						
59762-3130-01		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	07/07/2006	99/99/9999						
59762-3140-01		Q0144		07/07/2006	08/31/2025	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	07/07/2006	08/31/2025						
59762-4537-01		J1050		09/27/2004	01/31/2023	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE 150 MG/ML	1	ML	VL	IM	ML	1	MG	150	09/27/2004	01/31/2023						
59762-4537-02		J1050		09/27/2004	11/30/2021	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	09/27/2004	11/30/2021						
59762-4538-02		J1050		09/17/2012	09/30/2024	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (1X1ML) strength 150 mg/1 ml	1	ML	SY	IM	ML	1	MG	150	09/17/2012	09/30/2024						
59762-5091-01		J9178		08/08/2007	09/17/2019	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE USE,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	08/08/2007	09/17/2019						
59762-5093-01		J9178		08/08/2007	09/17/2019	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE USE,PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	08/08/2007	09/17/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
59762-5420-01		Q0177		07/15/2020	08/31/2025	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	25	MG	2	07/15/2020	08/31/2025						
59923-0604-02		J9185		10/09/2020	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (1X2ML;SDV;USP) 25 MG/1 ML	2	ML	VL	IV	ML	50	MG	0.5	10/09/2020	99/99/9999						
59923-0613-70		J0637		01/02/2025	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE LYOPHILIZED 70 MG	1	EA		IV	EA	5	MG	14	01/02/2025	99/99/9999						
59923-0614-50		J0637		01/02/2025	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE LYOPHILIZED 50 MG	1	EA		IV	EA	5	MG	10	01/02/2025	99/99/9999						
59923-0615-05		J3105		01/02/2025	99/99/9999	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	TERBUTALINE SULFATE SDV 1 MG/1 ML	1	ML		SC	ML	1	MG	1	01/02/2025	99/99/9999						
59923-0703-05		None		01/25/2019	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	01/25/2019	99/99/9999						
59923-0704-14		None		01/25/2019	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	01/25/2019	99/99/9999						
59923-0705-05		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	01/25/2019	99/99/9999						
59923-0706-14		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	01/25/2019	99/99/9999						
59923-0707-05		None		01/25/2019	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	01/25/2019	99/99/9999						
59923-0708-14		None		01/25/2019	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	01/25/2019	99/99/9999						
59923-0709-05		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	01/25/2019	99/99/9999						
59923-0710-14		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	01/25/2019	99/99/9999						
59923-0711-05		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	01/25/2019	99/99/9999						
59923-0712-14		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	01/25/2019	99/99/9999						
59923-0713-05		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	01/25/2019	99/99/9999						
59923-0714-02		J9206		03/01/2019	12/31/2023	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	03/01/2019	12/31/2023						
59923-0715-05		J9206		03/01/2019	12/31/2023	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	03/01/2019	12/31/2023						
59923-0716-15		J9206		03/01/2020	12/31/2023	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	15	ML	VL	IV	ML	20	MG	1	03/01/2020	12/31/2023						
59923-0717-05		J3490		08/01/2019	12/31/2022	UNCLASSIFIED DRUGS	BUPIVACAINE FISIOPHARMA 0.25%	5	ML	AM	U	ML	1	EA	1	08/01/2019	12/31/2022						
59923-0718-05		J3490		08/01/2019	12/31/2022	UNCLASSIFIED DRUGS	BUPIVACAINE FISIOPHARMA 0.5%	5	ML	AM	U	ML	1	EA	1	08/01/2019	12/31/2022						
59923-0719-10		J3490		08/01/2019	12/31/2022	UNCLASSIFIED DRUGS	BUPIVACAINE FISIOPHARMA 0.25%	10	ML	AM	U	ML	1	EA	1	08/01/2019	12/31/2022						
59923-0720-10		J3490		08/01/2019	12/31/2022	UNCLASSIFIED DRUGS	BUPIVACAINE FISIOPHARMA 0.5%	10	ML	AM	U	ML	1	EA	1	08/01/2019	12/31/2022						
59923-0721-60		None		05/01/2020	09/30/2024	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	05/01/2020	09/30/2024						
59923-0721-60		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 150 MG	60	EA		PO	EA	50	MG	3	01/01/2025	99/99/9999						
59923-0722-12		None		05/01/2020	11/11/2021	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	05/01/2020	11/11/2021						
59923-0724-30		J8999		05/01/2020	09/20/2021	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BO	PO	EA	1	EA	1	05/01/2020	09/20/2021						
60219-1076-01		J7500		04/13/2017	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	100	EA	BO	PO	EA	50	MG	1	04/13/2017	99/99/9999						
60219-1573-01		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	PREMIERPRO RX METHYLPREDNISOLONE ACETATE (USP;SDV) 40 MG/1 ML	1	ML		IJ	ML	1	MG	40	04/01/2024	99/99/9999						
60219-1573-01		J1030		05/12/2022	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	PREMIERPRO RX METHYLPREDNISOLONE ACETATE (USP;SDV) 40 MG/1 ML	1	ML	VL	IJ	ML	40	MG	1	05/12/2022	03/31/2024						
60219-1573-05		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	PREMIERPRO RX METHYLPREDNISOLONE ACETATE (USP;SDV) 40 MG/1 ML	1	ML		IJ	ML	1	MG	40	04/01/2024	99/99/9999						
60219-1573-05		J1030		05/12/2022	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	PREMIERPRO RX METHYLPREDNISOLONE ACETATE (USP;SDV) 40 MG/1 ML	1	ML	VL	IJ	ML	40	MG	1	05/12/2022	03/31/2024						
60219-1574-01		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	PREMIERPRO RX METHYLPREDNISOLONE ACETATE (USP;SDV) 80 MG/1 ML	1	ML		IJ	ML	1	MG	80	04/01/2024	99/99/9999						
60219-1574-01		J1040		05/12/2022	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	PREMIERPRO RX METHYLPREDNISOLONE ACETATE (USP;SDV) 80 MG/1 ML	1	ML	VL	IJ	ML	80	MG	1	05/12/2022	03/31/2024						
60219-1574-05		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	PREMIERPRO RX METHYLPREDNISOLONE ACETATE (USP;SDV) 80 MG/1 ML	1	ML		IJ	ML	1	MG	80	04/01/2024	99/99/9999						
60219-1574-05		J1040		05/12/2022	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	PREMIERPRO RX METHYLPREDNISOLONE ACETATE (USP;SDV) 80 MG/1 ML	1	ML	VL	IJ	ML	80	MG	1	05/12/2022	03/31/2024						
60219-1595-02		J7517		07/11/2024	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (USP,MIXED FRUIT) 200 MG/1 ML	160	ML	BO	PO	ML	250	MG	0.8	07/11/2024	99/99/9999						
60219-1705-01		J7512		10/06/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP,UNCOATED) 1 MG	100	EA	BO	PO	EA	1	MG	1	10/06/2021	99/99/9999						
60219-1706-01		J7512		10/06/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP,UNCOATED) 5 MG	100	EA	BO	PO	EA	1	MG	5	10/06/2021	99/99/9999						
60219-1706-07		J7512		10/06/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP,UNCOATED) 5 MG	1000	EA	BO	PO	EA	1	MG	5	10/06/2021	99/99/9999						
60219-1707-01		J7512		10/06/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP,UNCOATED) 10 MG	100	EA	BO	PO	EA	1	MG	10	10/06/2021	99/99/9999						
60219-1707-05		J7512		10/06/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP,UNCOATED) 10 MG	500	EA	BO	PO	EA	1	MG	10	10/06/2021	99/99/9999						
60219-1708-01		J7512		10/06/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP,UNCOATED) 20 MG	100	EA	BO	PO	EA	1	MG	20	10/06/2021	99/99/9999						
60219-1708-05		J7512		10/06/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP,UNCOATED) 20 MG	500	EA	BO	PO	EA	1	MG	20	10/06/2021	99/99/9999						
60219-2036-01		J7500		11/16/2021	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 75 MG	100	EA	BO	PO	EA	50	MG	1.5	11/16/2021	99/99/9999						
60219-2037-01		J7500		11/16/2021	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 100 MG	100	EA	BO	PO	EA	50	MG	2	11/16/2021	99/99/9999						
60219-2038-01		Q0164		04/19/2023	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP,FILM-COATED) 5 MG	100	EA		PO	EA	5	MG	1	04/19/2023	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60219-2039-01		Q0164		04/19/2023	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP,FILM-COATED) 10 MG	100	EA		PO	EA	5	MG	2	04/19/2023	99/99/9999						
60219-2043-01		J8540		10/22/2021	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (USP) 4 MG	100	EA	BO	PO	EA	0.25	MG	16	10/22/2021	99/99/9999						
60219-2044-01		J8540		10/22/2021	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (USP) 4 MG	100	EA	BO	PO	EA	0.25	MG	16	10/22/2021	99/99/9999						
60219-2056-01		J8540		09/09/2022	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	100	EA		PO	EA	0.25	MG	8	09/09/2022	99/99/9999						
60267-0705-50		J0208		04/01/2023	03/31/2024	INJECTION, SODIUM THIOSULFATE, 100 MG	SODIUM THIOSULFATE 250 MG/1 ML	50	ML		IV	ML	100	MG	2.5	04/01/2023	03/31/2024						
60267-0705-50		J0209		04/01/2024	99/99/9999	INJECTION, SODIUM THIOSULFATE (HOPE), 100 MG	SODIUM THIOSULFATE 250 MG/1 ML	50	ML		IV	ML	100	MG	2.5	04/01/2024	99/99/9999						
60429-0377-01		J7507		02/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	02/10/2016	99/99/9999						
60429-0378-01		J7507		02/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	02/10/2016	99/99/9999						
60429-0379-01		J7507		02/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1	MG	5	02/10/2016	99/99/9999						
60429-0846-60		J8499		11/12/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE 450 MG	60	EA	BO	PO	EA	1	MG	1	11/12/2018	99/99/9999						
60432-0126-08		J8999		11/17/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/ML	240	ML	BO	PO	ML	1	EA	1	11/17/2004	99/99/9999						
60432-0126-16		J8999		12/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/ML	480	ML	BO	PO	ML	1	EA	1	12/01/2006	99/99/9999						
60432-0212-08		J7510		10/25/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE,GRAPE) 15 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.6	10/25/2004	99/99/9999						
60432-0466-08		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (RASPBERRY) 0.5 MG/5 ML	240	ML	BO	PO	ML	0.25	MG	0.4	01/01/2006	99/99/9999						
60432-0608-04		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL (TROPICAL FRUIT) 6.25 MG/5 ML	118	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	99/99/9999						
60432-0608-16		Q0169		01/01/2014	12/31/2022	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL (TROPICAL FRUIT) 6.25 MG/5 ML	473	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	12/31/2022						
60505-0042-06		J8499		03/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 200 MG	100	EA	BO	PO	EA	1	EA	1	03/01/2006	99/99/9999						
60505-0133-00		J7515		05/17/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE 25 MG	30	EA	BO	PO	EA	25	MG	1	05/17/2002	99/99/9999						
60505-0134-00		J7502		05/17/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE 100 MG	30	EA	BO	PO	EA	100	MG	1	05/17/2002	99/99/9999						
60505-0679-05		J0696		09/01/2005	07/10/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X100ML,BULK PKG) 10 GM	1	EA	VL	IV	EA	250	MG	40	09/01/2005	07/10/2019						
60505-0681-00		J0692		06/19/2007	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	06/19/2007	03/18/2019						
60505-0681-01		J0692		11/02/2015	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME 2 GM	1	EA	VL	IJ	EA	500	MG	4	11/02/2015	03/18/2019						
60505-0681-04		J0692		06/19/2007	02/04/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	10	EA	VL	IJ	EA	500	MG	4	06/19/2007	02/04/2019						
60505-0686-01		J2543		10/06/2015	12/31/2018	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV) 2 GM-0.25 GM	1	EA	VL	IV	EA	1.125	GM	2	10/06/2015	12/31/2018						
60505-0686-04		J2543		09/21/2009	02/20/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	09/21/2009	02/20/2019						
60505-0687-01		J2543		10/06/2015	11/01/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV) 3 GM-0.375 GM	1	EA	VL	IV	EA	1.125	GM	3	10/06/2015	11/01/2019						
60505-0687-04		J2543		09/21/2009	11/01/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	09/21/2009	11/01/2019						
60505-0688-01		J2543		10/06/2015	05/30/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV) 4 GM-0.5 GM	1	EA	VL	IV	EA	1.125	GM	4	10/06/2015	05/30/2019						
60505-0688-04		J2543		09/21/2009	05/31/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	09/21/2009	05/31/2019						
60505-0750-00		J0696		08/02/2005	06/30/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X10ML) 250 MG	1	EA	VL	IJ	EA	250	MG	1	08/02/2005	06/30/2019						
60505-0750-01		J0696		11/02/2015	06/30/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV, USP,CRYSTALLINE) 250 MG	1	EA	VL	IJ	EA	250	MG	1	11/02/2015	06/30/2019						
60505-0750-04		J0696		08/02/2005	06/30/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X10ML) 250 MG	1	EA	VL	IJ	EA	250	MG	1	08/02/2005	06/30/2019						
60505-0751-00		J0696		08/02/2005	04/30/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X10ML) 500 MG	1	EA	VL	IJ	EA	250	MG	2	08/02/2005	04/30/2019						
60505-0751-01		J0696		11/02/2015	04/30/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV, USP,CRYSTALLINE) 500 MG	1	EA	VL	IJ	EA	250	MG	2	11/02/2015	04/30/2019						
60505-0751-04		J0696		08/02/2005	04/30/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X10ML) 500 MG	1	EA	VL	IJ	EA	250	MG	2	08/02/2005	04/30/2019						
60505-0753-03		J0696		11/02/2015	04/30/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV, USP,CRYSTALLINE) 2 GM	1	EA	VL	IJ	EA	250	MG	8	11/02/2015	04/30/2019						
60505-0753-04		J0696		08/02/2005	04/30/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X20ML) 2 GM	1	EA	VL	IJ	EA	250	MG	8	08/02/2005	04/30/2019						
60505-0760-01		J0694		10/06/2015	08/01/2019	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM 2 GM	1	EA	VL	IV	EA	1	GM	2	10/06/2015	08/01/2019						
60505-0760-05		J0694		01/23/2006	08/01/2019	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 2 GM	1	EA	VL	IV	EA	1	GM	2	01/23/2006	08/01/2019						
60505-0761-01		J0694		10/06/2015	07/10/2019	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	1	GM	10	10/06/2015	07/10/2019						
60505-0761-04		J0694		02/13/2006	07/10/2019	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN (BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	1	GM	10	02/13/2006	07/10/2019						
60505-0769-00		J0690		06/13/2006	08/31/2017	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN 10 GM	1	EA	VL	IV	EA	500	MG	20	06/13/2006	08/31/2017						
60505-0773-00		J2543		09/21/2009	08/31/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PHARMACY BULK PACKAGE) 36 GM-4.5 GM	1	EA	BO	IV	EA	1.125	GM	36	09/21/2009	08/31/2019						
60505-0791-04		J1650		01/16/2019	03/31/2023	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 30 MG/0.3 ML	0.3	ML	SY	IJ	ML	10	MG	10	01/16/2019	03/31/2023						
60505-0792-04		J1650		01/16/2019	05/31/2024	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 40 MG/0.4 ML	0.4	ML	SY	IJ	ML	10	MG	10	01/16/2019	05/31/2024						
60505-0793-04		J1650		01/16/2019	03/31/2023	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 60 MG/0.6 ML	0.6	ML	SY	IJ	ML	10	MG	10	01/16/2019	03/31/2023						
60505-0794-04		J1650		01/16/2019	08/31/2024	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 80 MG/0.8 ML	0.8	ML	SY	IJ	ML	10	MG	10	01/16/2019	08/31/2024						
60505-0795-04		J1650		01/16/2019	08/31/2024	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 100 MG/1 ML	1	ML	SY	IJ	ML	10	MG	10	01/16/2019	08/31/2024						
60505-0796-04		J1650		01/16/2019	08/31/2024	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 120 MG/0.8 ML	0.8	ML	SY	IJ	ML	10	MG	15	01/16/2019	08/31/2024						
60505-0798-04		J1650		01/16/2019	08/31/2024	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 150 MG/1 ML	1	ML	SY	IJ	ML	10	MG	15	01/16/2019	08/31/2024						
60505-0834-00		J0692		06/19/2007	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	06/19/2007	03/18/2019						
60505-0834-01		J0692		11/02/2015	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME 1 GM	1	EA	VL	IJ	EA	500	MG	2	11/02/2015	03/18/2019						
60505-0834-04		J0692		06/19/2007	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	10	EA	VL	IJ	EA	500	MG	2	06/19/2007	03/18/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60505-2965-07		J7518		03/11/2014	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID 180 MG	120	EA	BO	PO	EA	180	MG	1	03/11/2014	99/99/9999						
60505-2966-07		J7518		08/20/2014	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (ENTERIC COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	08/20/2014	99/99/9999						
60505-4512-03		J8565		05/30/2023	99/99/9999	GEFITINIB, ORAL, 250 MG	GEFITINIB (FILM-COATED) 250 MG	30	EA		PO	EA	250	MG	1	05/30/2023	99/99/9999						
60505-4630-03		J7515		12/06/2019	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (3X10,USP,MODIFIED,PF,SF) 25 MG	30	EA	BX	PO	EA	25	MG	1	12/06/2019	99/99/9999						
60505-4631-03		J7515		12/06/2019	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (6X5,USP,MODIFIED,PF,SF) 50 MG	30	EA	BX	PO	EA	25	MG	2	12/06/2019	99/99/9999						
60505-4632-03		J7502		12/06/2019	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (5X6,USP,MODIFIED,PF,SF) 100 MG	30	EA	BX	PO	EA	100	MG	1	12/06/2019	99/99/9999						
60505-5306-01		J8499		03/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	100	EA	BO	PO	EA	1	EA	1	03/01/2006	99/99/9999						
60505-5306-08		J8499		05/21/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	1000	EA	BO	PO	EA	1	EA	1	05/21/2007	99/99/9999						
60505-5307-01		J8499		03/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 800 MG	100	EA	BO	PO	EA	1	EA	1	03/01/2006	99/99/9999						
60505-5307-05		J8499		05/21/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500	EA	BO	PO	EA	1	EA	1	05/21/2007	99/99/9999						
60505-6020-02		J1631		01/30/2008	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	NOVAPLUS HALOPERIDOL DECANOATE (1X5ML,MDV) 50 MG/ML	5	ML	VL	IM	ML	50	MG	1	01/30/2008	99/99/9999						
60505-6021-02		J1631		12/14/2007	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	NOVAPLUS HALOPERIDOL DECANOATE (1X5ML,MDV) 100 MG/ML	5	ML	VL	IM	ML	50	MG	2	12/14/2007	99/99/9999						
60505-6030-04		J0692		04/11/2008	07/19/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	04/11/2008	07/19/2019						
60505-6031-04		J0692		04/11/2008	07/19/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/11/2008	07/19/2019						
60505-6050-04		J9041		01/01/2023	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB (SDV,PF,SF,DYE-FREE) 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	01/01/2023	99/99/9999						
60505-6050-04		J9044		05/02/2022	12/31/2022	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	BORTEZOMIB (SDV,PF,SF,DYE-FREE) 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	05/02/2022	12/31/2022						
60505-6065-00		J9305		05/26/2022	06/30/2025	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,AF,PF,SF,DYE-FREE) 100 MG	1	EA	VL	IV	EA	10	MG	10	05/26/2022	06/30/2025						
60505-6066-00		J9305		05/26/2022	05/31/2024	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,AF,PF,SF,DYE-FREE) 500 MG	1	EA	VL	IV	EA	10	MG	50	05/26/2022	05/31/2024						
60505-6076-04		J0456		09/02/2010	09/02/2020	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (MONOHYDRATE;SINGLE-DOSE) 500 MG	10	EA	VL	IV	EA	500	MG	1	09/02/2010	09/02/2020						
60505-6096-00		J9033		06/08/2023	04/30/2025	INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG	BENDAMUSTINE HYDROCHLORIDE (SDV,PF,LATEX-FREE) 100 MG	1	EA		IV	EA	1	MG	100	06/08/2023	04/30/2025						
60505-6097-00		J1740		01/15/2016	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG	IBANDRONATE SODIUM 1 MG/1 ML	3	ML	SR	IV	ML	1	MG	1	01/15/2016	99/99/9999						
60505-6098-01		J3243		04/02/2019	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (PF,LYOPHILIZED) 50 MG	10	EA	VL	IV	EA	1	MG	50	04/02/2019	99/99/9999						
60505-6101-04		J0583		07/17/2017	03/01/2021	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SDV,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	07/17/2017	03/01/2021						
60505-6102-04		J0696		11/22/2013	05/31/2018	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (CRYSTALLINE) 2 GM	10	EA	VL	IJ	EA	250	MG	8	11/22/2013	05/31/2018						
60505-6105-01		J1453		09/05/2019	11/30/2023	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/05/2019	11/30/2023						
60505-6110-00		J3489		10/04/2013	06/21/2019	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	10/04/2013	06/21/2019						
60505-6113-06		J9201		02/23/2018	01/31/2021	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 38 MG/1 ML	5.26	ML	VL	IV	ML	200	MG	0.19	02/23/2018	01/31/2021						
60505-6114-00		J9201		02/23/2018	01/31/2021	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 38 MG/1 ML	26.3	ML	VL	IV	ML	200	MG	0.19	02/23/2018	01/31/2021						
60505-6115-02		J9201		02/23/2018	01/31/2021	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 38 MG/1 ML	52.6	ML	VL	IV	ML	200	MG	0.19	02/23/2018	01/31/2021						
60505-6119-05		J2248		11/05/2020	07/31/2024	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (SDV,PF,LATEX-FREE) 50 MG	10	EA	VL	IV	EA	1	MG	50	11/05/2020	07/31/2024						
60505-6120-06		J2248		11/05/2020	07/31/2024	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (SDV,PF,LATEX-FREE) 100 MG	10	EA	VL	IV	EA	1	MG	100	11/05/2020	07/31/2024						
60505-6128-00		J9206		01/10/2018	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV;USP,PF) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	01/10/2018	99/99/9999						
60505-6128-01		J9206		01/10/2018	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV;USP,PF) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	01/10/2018	99/99/9999						
60505-6130-00		J2405		04/28/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	04/28/2016	99/99/9999						
60505-6130-05		J2405		04/28/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	04/28/2016	99/99/9999						
60505-6132-06		J9263		01/05/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (1X10ML,SINGLE USE,PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	01/05/2017	99/99/9999						
60505-6132-07		J9263		01/05/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (1X20ML,SINGLE USE,PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	01/05/2017	99/99/9999						
60505-6132-08		J9263		09/16/2020	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SDV,PF) 5 MG/1 ML	40	ML	VL	IV	ML	0.5	MG	10	09/16/2020	99/99/9999						
60505-6142-00		J0690		08/07/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (INNER PACK,PF) 1 GM	1	EA	VL	IJ	EA	500	MG	2	08/07/2017	99/99/9999						
60505-6142-05		J0690		08/07/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (USP,PF,LATEX-FREE) 1 GM	25	EA	VL	IJ	EA	500	MG	2	08/07/2017	99/99/9999						
60505-6143-00		J0690		04/11/2019	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (PF,LATEX-FREE) 10 GM	1	EA	VL	IV	EA	500	MG	20	04/11/2019	99/99/9999						
60505-6143-04		J0690		04/11/2019	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (PF,LATEX-FREE) 10 GM	10	EA	VL	IV	EA	500	MG	20	04/11/2019	99/99/9999						
60505-6144-00		J0692		03/15/2018	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME NOVAPLUS 1 GM	1	EA		IJ	EA	500	MG	2	03/15/2018	99/99/9999						
60505-6144-04		J0692		03/15/2018	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME NOVAPLUS 1 GM	10	EA	VL	IJ	EA	500	MG	2	03/15/2018	99/99/9999						
60505-6145-00		J0692		03/15/2018	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME NOVAPLUS (USP) 2 GM	1	EA		IJ	EA	500	MG	4	03/15/2018	99/99/9999						
60505-6145-04		J0692		03/15/2018	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME NOVAPLUS (USP) 2 GM	10	EA	VL	IJ	EA	500	MG	4	03/15/2018	99/99/9999						
60505-6146-00		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,SDV) 1 GM	1	EA	VL	IJ	EA	500	MG	2	04/03/2017	99/99/9999						
60505-6146-04		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,SDV) 1 GM	10	EA	VL	IJ	EA	500	MG	2	04/03/2017	99/99/9999						
60505-6147-00		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,SDV) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/03/2017	99/99/9999						
60505-6147-04		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,SDV) 2 GM	10	EA	VL	IJ	EA	500	MG	4	04/03/2017	99/99/9999						
60505-6148-00		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (CRYSTALLINE) 1 GM	1	EA	VL	IJ	EA	250	MG	4	06/23/2017	99/99/9999						
60505-6148-04		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X20ML,CRYSTALLINE) 1 GM	10	EA	VL	IJ	EA	250	MG	4	06/23/2017	99/99/9999						
60505-6149-00		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (CRYSTALLINE) 2 GM	1	EA	VL	IJ	EA	250	MG	8	06/23/2017	99/99/9999						
60505-6149-04		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X20ML,CRYSTALLINE) 2 GM	10	EA	VL	IJ	EA	250	MG	8	06/23/2017	99/99/9999						
60505-6150-05		J0696		02/28/2019	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (BULK PKG) 10 GM	1	EA	VL	IV	EA	250	MG	40	02/28/2019	99/99/9999						
60505-6151-01		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV,CRYSTALLINE) 250 MG	10	EA	VL	IJ	EA	250	MG	1	06/23/2017	99/99/9999						
60505-6151-04		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV,CRYSTALLINE) 250 MG	1	EA	VL	IJ	EA	250	MG	1	06/23/2017	99/99/9999						
60505-6152-01		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X10ML,CRYSTALLINE) 500 MG	10	EA	VL	IJ	EA	250	MG	2	06/23/2017	99/99/9999						
60505-6152-04		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (CRYSTALLINE) 500 MG	1	EA	VL	IJ	EA	250	MG	2	06/23/2017	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60505-6156-00		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 2 GM-0.25 GM	1	EA	VL	IV	EA	1.125	GM	2	02/15/2019	99/99/9999						
60505-6156-04		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	02/15/2019	99/99/9999						
60505-6157-00		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 3 GM-0.375 GM	1	EA	VL	IV	EA	1.125	GM	3	02/15/2019	99/99/9999						
60505-6157-04		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	02/15/2019	99/99/9999						
60505-6159-00		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 4 GM-0.5 GM	1	EA	VL	IV	EA	1.125	GM	4	02/15/2019	99/99/9999						
60505-6159-04		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	02/15/2019	99/99/9999						
60505-6160-00		J1267		12/12/2016	08/01/2019	INJECTION, DORIPENEM, 10 MG	DORIPENEM 250 MG	1	EA	VL	IV	EA	10	MG	25	12/12/2016	08/01/2019						
60505-6160-04		J1267		12/12/2016	08/01/2019	INJECTION, DORIPENEM, 10 MG	DORIPENEM 250 MG	10	EA	VL	IV	EA	10	MG	25	12/12/2016	08/01/2019						
60505-6161-00		J1267		12/12/2016	09/01/2019	INJECTION, DORIPENEM, 10 MG	DORIPENEM 500 MG	1	EA	VL	IV	EA	10	MG	50	12/12/2016	09/01/2019						
60505-6161-04		J1267		12/12/2016	09/01/2019	INJECTION, DORIPENEM, 10 MG	DORIPENEM 500 MG	10	EA	VL	IV	EA	10	MG	50	12/12/2016	09/01/2019						
60505-6166-00		J9027		01/09/2018	01/31/2025	INJECTION, CLOFARABINE, 1 MG	CLOFARABINE (SDV,PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	01/09/2018	01/31/2025						
60505-6177-00		J0594		07/19/2019	03/08/2022	INJECTION, BUSULFAN, 1 MG	BUSULFAN (SDV) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	07/19/2019	03/08/2022						
60505-6177-08		J0594		07/19/2019	03/08/2022	INJECTION, BUSULFAN, 1 MG	BUSULFAN (SDV) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	07/19/2019	03/08/2022						
60505-6179-00		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
60505-6179-00		J7643		05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6179-00	KO	J7643	KO	05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6179-05		J1596		01/01/2024	03/31/2025	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	01/01/2024	03/31/2025						
60505-6179-05		J7643		05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6179-05	KO	J7643	KO	05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6180-00		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE 0.2 MG/1 ML	2	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
60505-6180-00		J7643		05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6180-00	KO	J7643	KO	05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6180-05		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE 0.2 MG/1 ML	2	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
60505-6180-05		J7643		05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6180-05	KO	J7643	KO	05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6181-00		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE 0.2 MG/1 ML	5	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
60505-6181-00		J7643		05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6181-00	KO	J7643	KO	05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6181-05		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE 0.2 MG/1 ML	5	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
60505-6181-05		J7643		05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6181-05	KO	J7643	KO	05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6182-00		J7643		05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6182-00		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE 0.2 MG/1 ML	20	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
60505-6182-00	KO	J7643	KO	05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6182-04		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE 0.2 MG/1 ML	20	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
60505-6182-04		J7643		05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6182-04	KO	J7643	KO	05/19/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	12/31/2023						
60505-6193-01		J2469		09/19/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	09/19/2018	99/99/9999						
60505-6193-04		J2469		06/26/2025	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL SDV 0.05 MG/1 ML	5	ML		IV	ML	25	MCG	2	06/26/2025	99/99/9999						
60505-6196-04		J1335		04/02/2019	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (LYOPHILIZED) 1 GM	10	EA	CT	IJ	EA	500	MG	2	04/02/2019	99/99/9999						
60505-6197-02		J7520		04/17/2020	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (1X60ML,PF,SF,DYE-FREE) 1 MG/1 ML	60	ML	BO	PO	ML	1	MG	1	04/17/2020	99/99/9999						
60505-6228-00		J9036		01/01/2025	99/99/9999	INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO/BENDAMUSTINE), 1 MG	BENDAMUSTINE HYDROCHLORIDE MDV 25 MG/1 ML	4	ML		IV	ML	1	MG	25	01/01/2025	99/99/9999						
60505-6228-00		J9058		07/01/2023	12/31/2024	INJECTION, BENDAMUSTINE HYDROCHLORIDE (APOTEX), 1 MG	BENDAMUSTINE HYDROCHLORIDE (MDV,PF,LATEX-FREE) 25 MG/1 ML	4	ML	VL	IV	ML	1	MG	25	07/01/2023	12/31/2024						
60505-6229-04		J0878		02/07/2022	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,AF,PF,SF,DYE-FREE) 500 MG	1	EA	VL	IV	EA	1	MG	500	02/07/2022	99/99/9999						
60505-6230-04		J9264		04/12/2022	04/30/2025	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	PACLITAXEL PROTEIN-BOUND PARTICLES 100 MG	1	EA	VL	IV	EA	1	MG	100	04/12/2022	04/30/2025						
60505-6236-06		J0895		11/03/2021	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (SDV;USP,AF,PF,SF) 500 MG	4	EA	VL	IJ	EA	500	MG	1	11/03/2021	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60505-6237-06		J0895		11/03/2021	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (SDV;USP,AF,PF,SF) 2 GM	4	EA	VL	U	EA	500	MG	4	11/03/2021	99/99/9999						
60505-6238-06		J0895		03/07/2022	11/30/2024	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE NOVAPLUS (SDV;USP,AF,PF,SF) 500 MG	4	EA	VL	U	EA	500	MG	1	03/07/2022	11/30/2024						
60505-6244-00		J0690		11/07/2022	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	PREMIERPRO RX CEFAZOLIN (PHARMACY BULK PKG,AF,PF) 10 GM	1	EA	VL	IV	EA	500	MG	20	11/07/2022	99/99/9999						
60505-6244-04		J0690		11/07/2022	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	PREMIERPRO RX CEFAZOLIN (PHARMACY BULK PKG,AF,PF) 10 GM	10	EA	VL	IV	EA	500	MG	20	11/07/2022	99/99/9999						
60505-6245-04		J0692		11/07/2022	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	PREMIERPRO RX CEFEPIME (SDV) 1 GM	10	EA		U	EA	500	MG	2	11/07/2022	99/99/9999						
60505-6246-04		J0692		11/07/2022	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	PREMIERPRO RX CEFEPIME (SDV) 2 GM	10	EA		U	EA	500	MG	4	11/07/2022	99/99/9999						
60505-6249-01		J8540		11/01/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	100	EA	BO	PO	EA	0.25	MG	2	11/01/2023	99/99/9999						
60505-6250-01		J8540		11/01/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100	EA	BO	PO	EA	0.25	MG	3	11/01/2023	99/99/9999						
60505-6251-01		J8540		11/01/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1 MG	100	EA	BO	PO	EA	0.25	MG	4	11/01/2023	99/99/9999						
60505-6252-01		J8540		11/01/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1.5 MG	100	EA	BO	PO	EA	0.25	MG	6	11/01/2023	99/99/9999						
60505-6253-01		J8540		11/01/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	100	EA	BO	PO	EA	0.25	MG	8	11/01/2023	99/99/9999						
60505-6254-01		J8540		11/01/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100	EA		PO	EA	0.25	MG	16	11/01/2023	99/99/9999						
60505-6255-01		J8540		11/01/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 6 MG	100	EA	BO	PO	EA	0.25	MG	24	11/01/2023	99/99/9999						
60505-6262-00		J2543		09/12/2023	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PHARMACY BULK;USP,PF) 36 GM-4.5 GM	1	EA	VL	IV	EA	1.125	GM	36	09/12/2023	99/99/9999						
60505-6271-01		J9025		12/12/2023	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	U	EA	1	MG	100	12/12/2023	99/99/9999						
60505-6272-01		J9206		08/01/2023	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HCL NOVAPLUS (SDV,PF,LATEX-FREE) 20 MG/1 ML	5	ML		IV	ML	20	MG	1	08/01/2023	99/99/9999						
60505-6277-00		J9060		06/06/2023	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV,PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	06/06/2023	99/99/9999						
60505-6279-00		J9060		08/05/2024	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV,PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	08/05/2024	99/99/9999						
60505-6282-01		J9045		01/24/2024	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PF) 10 MG/1 ML	5	ML		IV	ML	50	MG	0.2	01/24/2024	99/99/9999						
60505-6282-03		J9045		01/24/2024	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PF) 10 MG/1 ML	15	ML		IV	ML	50	MG	0.2	01/24/2024	99/99/9999						
60505-6282-06		J9045		01/24/2024	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PF) 10 MG/1 ML	45	ML		IV	ML	50	MG	0.2	01/24/2024	99/99/9999						
60505-6282-07		J9045		01/24/2024	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PF) 10 MG/1 ML	60	ML		IV	ML	50	MG	0.2	01/24/2024	99/99/9999						
60505-6287-02		J9263		03/27/2024	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN NOVAPLUS (PF) 5 MG/1 ML	10	ML		IV	ML	0.5	MG	10	03/27/2024	99/99/9999						
60505-6287-04		J9263		03/27/2024	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN NOVAPLUS (PF) 5 MG/1 ML	20	ML		IV	ML	0.5	MG	10	03/27/2024	99/99/9999						
60687-0149-11		None		03/11/2016	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (INNER NDC,FILM-COATED) 500 MG	1	EA	BP	PO	EA	500	MG	1	03/11/2016	09/30/2024						
60687-0149-11		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE INNER PACK,FILM-COATED 500 MG	1	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
60687-0149-94		None		03/11/2016	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (2X10,FILM-COATED) 500 MG	20	EA	BX	PO	EA	500	MG	1	03/11/2016	09/30/2024						
60687-0149-94		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE 2X10,FILM-COATED 500 MG	20	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
60687-0252-86		Q0162		01/28/2019	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 4 MG/5 ML	5	ML	CP	PO	ML	1	MG	0.8	01/28/2019	99/99/9999						
60687-0394-83		J7644		12/26/2018	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	12/26/2018	99/99/9999						
60687-0394-83	KO	J7644	KO	12/26/2018	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	12/26/2018	99/99/9999						
60687-0395-83		J7613		12/26/2018	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	12/26/2018	99/99/9999						
60687-0395-83	KO	J7613	KO	12/26/2018	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	12/26/2018	99/99/9999						
60687-0405-83		J7620		12/26/2018	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.333333	12/26/2018	99/99/9999						
60710-0015-50		J3480		09/05/2018	07/10/2019	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE PROAMP 2 MEQ/1 ML	10	ML	AM	IV	ML	2	MEQ	1	09/05/2018	07/10/2019						
60760-0002-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	01/01/2002	09/26/2002	4	03/01/2006	09/01/2007	4
60760-0830-20		Q0169		01/01/2014	10/31/2019	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	10/31/2019						
60793-0130-10		J2510		09/14/2007	04/12/2023	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	PENICILLIN G PROCAINE (21GX1&1/2,1MLX10) 600000 U/ML	1	ML	SR	IM	ML	600000	U	1	09/14/2007	04/12/2023						
60793-0131-10		J2510		09/14/2007	04/12/2023	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	PENICILLIN G PROCAINE (21GX1&1/4,2MLX10) 600000 U/ML	2	ML	SR	IM	ML	600000	U	1	09/14/2007	04/12/2023						
60842-0021-01		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	AUVI-Q 0.1 MG/0.1 ML	2	EA		U	EA	0.1	MG	1	07/01/2025	99/99/9999						
60842-0021-01		J0171		04/18/2018	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	AUVI-Q 0.1 MG/0.1 ML	2	EA	SR	U	EA	0.1	MG	1	04/18/2018	06/30/2025						
60842-0021-02		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	AUVI-Q 0.1 MG/0.1 ML	2	EA		U	EA	0.1	MG	1	07/01/2025	99/99/9999						
60842-0021-02		J0171		09/04/2024	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	AUVI-Q 0.1 MG/0.1 ML	2	EA	VL	U	EA	0.1	MG	1	09/04/2024	06/30/2025						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60842-0022-01		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	AUVI-Q 0.15 MG/0.15 ML	2	EA		U	EA	0.1	MG	1.5	07/01/2025	99/99/9999						
60842-0022-01		J0171		01/19/2017	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	AUVI-Q 0.15 MG/0.15 ML	2	EA	BX	U	EA	0.1	MG	1.5	01/19/2017	06/30/2025						
60842-0022-02		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	AUVI-Q 0.15 MG/0.15 ML	2	EA		U	EA	0.1	MG	1.5	07/01/2025	99/99/9999						
60842-0022-02		J0171		09/04/2024	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	AUVI-Q 0.15 MG/0.15 ML	2	EA	PN	U	EA	0.1	MG	1.5	09/04/2024	06/30/2025						
60842-0023-01		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	AUVI-Q 0.3 MG/0.3 ML	2	EA		U	EA	0.1	MG	3	07/01/2025	99/99/9999						
60842-0023-01		J0171		01/19/2017	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	AUVI-Q 0.3 MG/0.3 ML	2	EA	BX	U	EA	0.1	MG	3	01/19/2017	06/30/2025						
60842-0023-02		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	AUVI-Q 0.3 MG/0.3 ML	2	EA		U	EA	0.1	MG	3	07/01/2025	99/99/9999						
60842-0023-02		J0171		09/04/2024	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	AUVI-Q 0.3 MG/0.3 ML	2	EA	PN	U	EA	0.1	MG	3	09/04/2024	06/30/2025						
60923-0501-10		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (10 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0502-11		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (11 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0503-12		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (12 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0504-13		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (13 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0505-14		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (14 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0506-15		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (15 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0507-16		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (16 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0508-17		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (17 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0509-18		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (18 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0510-19		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (19 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0511-20		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (20 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0512-21		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (21 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0513-22		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (22 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0514-23		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (23 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0515-24		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (24 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0516-25		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (25 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0517-26		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (26 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0518-27		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (27 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0519-28		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (28 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0520-29		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (29 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0521-30		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (30 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0522-31		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (31 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0523-32		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (32 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0524-33		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (33 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0525-34		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (34 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0526-35		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (35 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0527-36		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (36 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0528-37		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (37 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0529-38		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (38 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0530-39		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (39 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0531-40		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (40 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0532-41		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (41 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0533-42		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (42 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0534-43		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (43 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0535-44		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (44 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0536-45		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (45 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0537-46		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (46 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0538-47		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (47 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0539-48		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (48 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60923-0540-49		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (49 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0541-50		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (50 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0542-51		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (51 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0543-52		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (52 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0544-53		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (53 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0545-54		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (54 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0546-55		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (55 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0547-56		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (56 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0548-57		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (57 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0549-58		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (58 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0550-59		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (59 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0551-60		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (60 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0552-61		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (61 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0553-62		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (62 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0554-63		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (63 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0555-64		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (64 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0556-65		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (65 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0557-66		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (66 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0558-67		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (67 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0559-68		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (68 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0560-69		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (69 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60923-0561-70		J1413		01/01/2024	99/99/9999	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	ELEVIDYS (70 VIALS,PF)	1	EA		IV	EA	1	U	1	01/01/2024	99/99/9999						
60977-0141-01		J2730		12/20/2004	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PROTOPAM CHLORIDE (S.D.V.) 1 GM	1	EA	VL	U	EA	1	GM	1	12/20/2004	99/99/9999						
60977-0141-27		J2730		05/05/2007	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PROTOPAM CHLORIDE 1 GM	1	EA	VL	U	EA	1	GM	1	05/05/2007	99/99/9999						
61269-0402-60		J8999		04/26/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	DROXIA 200 MG	60	EA	BO	PO	EA	1	EA	1	04/26/2023	99/99/9999						
61269-0403-60		J8999		04/26/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	DROXIA 300 MG	60	EA	BO	PO	EA	1	EA	1	04/26/2023	99/99/9999						
61269-0404-60		J8999		04/26/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	DROXIA 400 MG	60	EA	BO	PO	EA	1	EA	1	04/26/2023	99/99/9999						
61269-0410-20		J9181		02/01/2020	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOPHOS (PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	10	MG	10	02/01/2020	99/99/9999						
61269-0450-20		J1570		10/01/2019	07/15/2021	INJECTION, GANCICLOVIR SODIUM, 500 MG	CYTOVENE IV (LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	500	MG	1	10/01/2019	07/15/2021						
61269-0470-60		None		06/06/2023	09/30/2024	CAPECITABINE, 150 MG, ORAL	XELODA (FILM-COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	06/06/2023	09/30/2024						
61269-0470-60		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	XELODA FILM-COATED 150 MG	60	EA		PO	EA	50	MG	3	01/01/2025	99/99/9999						
61269-0475-12		None		06/06/2023	09/30/2024	CAPECITABINE, 500 MG, ORAL	XELODA (FILM-COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	06/06/2023	09/30/2024						
61269-0475-12		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	XELODA FILM-COATED 500 MG	120	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
61269-0480-60		J8499		08/09/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALCYTE 450 MG	60	EA	BO	PO	EA	1	EA	1	08/09/2023	99/99/9999						
61269-0835-10		J8999		04/26/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDREA 500 MG	100	EA	BO	PO	EA	1	EA	1	04/26/2023	99/99/9999						
61314-0304-01		Q5101		04/01/2018	02/28/2021	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	ZARXIO (PF) 300 MCG/0.5 ML	0.5	ML	SR	U	ML	1	MCG	600	04/01/2018	02/28/2021						
61314-0318-01		Q5101		05/04/2018	99/99/9999	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	ZARXIO (PF) 300 MCG/0.5 ML	0.5	ML	SR	U	ML	1	MCG	600	05/04/2018	99/99/9999						
61314-0318-10		Q5101		07/20/2018	99/99/9999	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	ZARXIO (PF) 300 MCG/0.5 ML	0.5	ML	SR	U	ML	1	MCG	600	07/20/2018	99/99/9999						
61314-0326-01		Q5101		05/04/2018	99/99/9999	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	ZARXIO (PF) 480 MCG/0.8 ML	0.8	ML	SR	U	ML	1	MCG	600	05/04/2018	99/99/9999						
61314-0326-10		Q5101		07/20/2018	99/99/9999	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	ZARXIO (PF) 480 MCG/0.8 ML	0.8	ML	SR	U	ML	1	MCG	600	07/20/2018	99/99/9999						
61442-0114-01		J8499		08/17/2017	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 200 MG	100	EA		PO	EA	1	EA	1	08/17/2017	99/99/9999						
61442-0114-05		J8499		07/01/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 200 MG	500	EA		PO	EA	1	EA	1	07/01/2018	99/99/9999						
61476-0104-01		J1552		01/01/2025	99/99/9999	INJECTION, IMMUNE GLOBULIN (ALYGLO), 500 MG	ALYGLO 100 MG/1 ML	50	ML		IV	ML	500	MG	0.2	01/01/2025	99/99/9999						
61476-0104-02		J1552		01/01/2025	99/99/9999	INJECTION, IMMUNE GLOBULIN (ALYGLO), 500 MG	ALYGLO 100 MG/1 ML	100	ML		IV	ML	500	MG	0.2	01/01/2025	99/99/9999						
61476-0104-03		J1552		01/01/2025	99/99/9999	INJECTION, IMMUNE GLOBULIN (ALYGLO), 500 MG	ALYGLO 100 MG/1 ML	200	ML		IV	ML	500	MG	0.2	01/01/2025	99/99/9999						
61476-0104-05		J1552		01/01/2025	99/99/9999	INJECTION, IMMUNE GLOBULIN (ALYGLO), 500 MG	ALYGLO 100 MG/1 ML	50	ML		IV	ML	500	MG	0.2	01/01/2025	99/99/9999						
61476-0104-10		J1552		01/01/2025	99/99/9999	INJECTION, IMMUNE GLOBULIN (ALYGLO), 500 MG	ALYGLO 100 MG/1 ML	100	ML		IV	ML	500	MG	0.2	01/01/2025	99/99/9999						
61476-0104-20		J1552		01/01/2025	99/99/9999	INJECTION, IMMUNE GLOBULIN (ALYGLO), 500 MG	ALYGLO 100 MG/1 ML	200	ML		IV	ML	500	MG	0.2	01/01/2025	99/99/9999						
61553-0107-02		J3010		02/02/2004	02/03/2020	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 0.5 MG/100 ML-0.9%	250	ML	BG	IV	ML	0.1	MG	0.05	02/02/2004	02/03/2020						
61553-0109-72		J3010		02/02/2004	02/03/2020	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (SRN,12 ML) 0.5 MG/100 ML-0.9%	10	ML	SR	IV	ML	0.1	MG	0.05	02/02/2004	02/03/2020						
61553-0111-48		J3010		02/02/2004	02/03/2020	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 1 MG/100 ML-0.9%	100	ML	BG	IV	ML	0.1	MG	0.1	02/02/2004	02/03/2020						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61553-0113-02		J3010		02/02/2004	02/03/2020	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 1 MG/100 ML-0.9%	250	ML	BG	IV	ML	0.1	MG	0.1	02/02/2004	02/03/2020						
61553-0116-48		J3010		02/02/2004	02/03/2020	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 2 MG/100 ML-0.9%	100	ML	BG	IV	ML	0.1	MG	0.2	02/02/2004	02/03/2020						
61553-0118-41		J3010		02/02/2004	02/03/2020	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (INTRAVIA) 0.05 MG/ML	50	ML	NA	IV	ML	0.1	MG	0.5	02/02/2004	02/03/2020						
61553-0170-41		J2175		02/02/2004	02/03/2020	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL/SODIUM CHLORIDE (INTRAVIA) 500 MG/50 ML-0.9%	50	ML	BG	IV	ML	100	MG	0.1	02/02/2004	02/03/2020						
61553-0172-48		J2175		02/02/2004	02/03/2020	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL/SODIUM CHLORIDE (INTRAVIA) 1 GM/100 ML-0.9%	100	ML	BG	IV	ML	100	MG	0.1	02/02/2004	02/03/2020						
61553-0177-41		J2270		02/02/2004	02/03/2020	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 50 MG/50 ML-0.9%	50	ML	BG	IV	ML	10	MG	0.1	02/02/2004	02/03/2020						
61553-0179-48		J2270		02/02/2004	02/03/2020	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 100 MG/100 ML-0.9%	150	ML	BG	IV	ML	10	MG	0.1	02/02/2004	02/03/2020						
61553-0181-02		J2270		02/02/2004	02/03/2020	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 250 MG/250 ML-0.9%	250	ML	BG	IV	ML	10	MG	0.1	02/02/2004	02/03/2020						
61553-0183-48		J2270		02/02/2004	02/03/2020	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (INTRAVIA) 5%-100 MG/100 ML	100	ML	NA	IV	ML	10	MG	0.1	02/02/2004	02/03/2020						
61553-0185-02		J2270		02/02/2004	02/03/2020	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (INTRAVIA) 5%-100 MG/100 ML	250	ML	NA	IV	ML	10	MG	0.1	02/02/2004	02/03/2020						
61553-0186-67		J2270		02/02/2004	02/03/2020	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (SRN,35 ML) 5%-2 MG/ML	25	ML	NA	IV	ML	10	MG	0.2	02/02/2004	02/03/2020						
61553-0187-75		J2270		02/02/2004	02/03/2020	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (SRN,60 ML) 5%-2 MG/ML	50	ML	NA	IV	ML	10	MG	0.2	02/02/2004	02/03/2020						
61553-0602-48		J3010		02/02/2004	02/03/2020	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 0.2 MG/100 ML-0.9%	100	ML	BG	IV	ML	0.1	MG	0.02	02/02/2004	02/03/2020						
61553-0649-75		J2270		01/01/2015	02/03/2020	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (5X50ML,LATEX-FREE) 50 MG/ML	50	ML	EA	U	ML	10	MG	5	01/01/2015	02/03/2020						
61553-0651-76		J2270		01/01/2015	02/03/2020	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE-SODIUM CHLORIDE (5X55ML,LATEX-FREE) 1 MG/ML-0.9%	55	ML	EA	U	ML	10	MG	0.1	01/01/2015	02/03/2020						
61553-0730-68		J3010		11/21/2007	02/03/2020	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 25 MCG/ML-0.9%	30	ML	VL	IV	ML	0.1	MG	0.25	11/21/2007	02/03/2020						
61553-0791-68		J3010		12/01/2006	02/03/2020	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 10 MCG/ML-0.9%	30	ML	VL	IV	ML	0.1	MG	100	12/01/2006	02/03/2020						
61553-0792-68		J3010		12/01/2006	02/03/2020	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 20 MCG/ML-0.9%	30	ML	VL	IV	ML	0.1	MG	200	12/01/2006	02/03/2020						
61553-0793-68		J3010		12/01/2006	02/03/2020	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 30 MCG/ML-0.9%	30	ML	VL	IV	ML	0.1	MG	300	12/01/2006	02/03/2020						
61553-0794-68		J3010		12/01/2006	02/03/2020	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 40 MCG/ML-0.9%	30	ML	VL	IV	ML	0.1	MG	400	12/01/2006	02/03/2020						
61553-0795-68		J3010		12/01/2006	02/03/2020	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (10X30ML, PCA VIAL) 50 MCG/ML	30	ML	VL	IV	ML	0.1	MG	0.5	12/01/2006	02/03/2020						
61570-0079-01		Q0173		02/13/2002	06/04/2021	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TIGAN 300 MG	100	EA	BO	PO	EA	250	MG	1.2	02/13/2002	06/04/2021						
61570-0260-10		J2770		06/27/2003	08/30/2022	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	SYNERCID (PF) 350 MG-150 MG	1	EA	VL	IV	EA	500	MG	1	06/27/2003	08/30/2022						
61703-0015-04		J9267		04/08/2025	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL MDV 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	04/08/2025	99/99/9999						
61703-0124-40		J9250		01/09/2023	03/31/2024	METHOTREXATE SODIUM, 5 MG	PREMIERPRO RX METHOTREXATE (SDV,PF,LATEX-FREE) 25 MG/1 ML	40	ML	VL	U	ML	5	MG	5	01/09/2023	03/31/2024						
61703-0124-40		J9260		04/01/2024	99/99/9999	INJECTION, METHOTREXATE SODIUM, 50 MG	PREMIERPRO RX METHOTREXATE (SDV,PF,LATEX-FREE) 25 MG/1 ML	40	ML		U	ML	50	MG	0.5	04/01/2024	99/99/9999						
61703-0150-05		J9045		05/23/2022	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN NOVAPLUS (MDV,PF,LATEX-FREE) 10 MG/1 ML	15	ML	VL	IV	ML	50	MG	0.2	05/23/2022	99/99/9999						
61703-0155-01		J9100		04/07/2025	99/99/9999	INJECTION, CYTARABINE, 100 MG	HEALTHTRUST CYTARABINE SDV 100 MG/1 ML	20	ML	VL	U	ML	100	MG	1	04/07/2025	99/99/9999						
61703-0161-05		J9260		11/04/2024	99/99/9999	INJECTION, METHOTREXATE SODIUM, 50 MG	PREMIERPRO RX METHOTREXATE MDV 25 MG/1 ML	2	ML		U	ML	50	MG	0.5	11/04/2024	99/99/9999						
61703-0262-05		J9045		05/23/2022	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN NOVAPLUS (MDV,PF,LATEX-FREE) 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	05/23/2022	99/99/9999						
61703-0305-38		J9100		05/01/2003	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (S.D.V. X 5,PF) 20 MG/ML	5	ML	VL	U	ML	100	MG	0.2	05/01/2003	99/99/9999						
61703-0309-06		J9370		01/01/2002	99/99/9999	VINCRISTINE SULFATE, 1 MG	VINCRISTINE SULFATE (S.D.V.,PF) 1 MG/ML	1	ML	VL	IV	ML	1	MG	1	01/01/2002	99/99/9999						
61703-0309-16		J9370		01/01/2002	99/99/9999	VINCRISTINE SULFATE, 1 MG	VINCRISTINE SULFATE (S.D.V.,PF) 1 MG/ML	2	ML	VL	IV	ML	1	MG	1	01/01/2002	99/99/9999						
61703-0317-45		J0595		06/25/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1	ML	VL	U	ML	1	MG	1	06/25/2004	99/99/9999						
61703-0318-45		J0595		06/25/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1	ML	VL	U	ML	1	MG	2	06/25/2004	99/99/9999						
61703-0323-22		J9040		01/01/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE 30 U	1	EA	VL	U	EA	15	U	2	01/01/2002	99/99/9999						
61703-0324-18		J2430		12/15/2006	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (SDV) 3 MG/ML	10	ML	VL	IV	ML	30	MG	0.1	12/15/2006	99/99/9999						
61703-0325-18		J2430		01/27/2003	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (PF) 6 MG/ML	10	ML	VL	IV	ML	30	MG	0.2	01/27/2003	99/99/9999						
61703-0326-18		J2430		09/15/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 9 MG/ML	10	ML	VL	IV	ML	30	MG	0.3	09/15/2005	99/99/9999						
61703-0332-18		J9040		01/01/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE 15 U	1	EA	VL	U	EA	15	U	1	01/01/2002	99/99/9999						
61703-0339-18		J9045		04/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	5	ML	VL	IV	ML	50	MG	0.2	04/14/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61703-0339-22		J9045		04/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	15	ML	VL	IV	ML	50	MG	0.2	04/14/2004	99/99/9999						
61703-0339-50		J9045		04/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	45	ML	VL	IV	ML	50	MG	0.2	04/14/2004	99/99/9999						
61703-0339-56		J9045		02/09/2005	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	60	ML	VL	IV	ML	50	MG	0.2	02/09/2005	99/99/9999						
61703-0342-09		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (M.D.V.) 6 MG/ML	5	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999						
61703-0342-22		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (M.D.V.) 6 MG/ML	16.7	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999						
61703-0342-50		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (M.D.V.) 6 MG/ML	50	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999						
61703-0343-18		J9293		04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,CONCENTRATE,MDV,PF) 2 MG/ML	10	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99/99/9999						
61703-0343-65		J9293		04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,CONCENTRATE,MDV,PF) 2 MG/ML	12.5	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99/99/9999						
61703-0343-66		J9293		04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,CONCENTRATE,MDV,PF) 2 MG/ML	15	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99/99/9999						
61703-0349-09		J9206		02/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	02/27/2008	99/99/9999						
61703-0349-16		J9206		02/27/2008	99/99/9999	IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	02/27/2008	99/99/9999						
61703-0349-36		J9206		02/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X25ML,SDV) 20 MG/ML	25	ML	VL	IV	ML	20	MG	1	02/27/2008	99/99/9999						
61703-0350-38		J9250		06/27/2005	03/31/2024	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (MDV,5X2ML) 25 MG/ML	2	ML	VL	IJ	ML	5	MG	5	06/27/2005	03/31/2024						
61703-0350-38		J9260		04/01/2024	99/99/9999	INJECTION, METHOTREXATE SODIUM, 50 MG	METHOTREXATE (MDV,5X2ML,LATEX-FREE) 25 MG/1 ML	2	ML		IJ	ML	50	MG	0.5	04/01/2024	99/99/9999						
61703-0360-18		J9045		06/28/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	NOVAPLUS CARBOPLATIN (MDV) 10 MG/ML	5	ML	VL	IV	ML	50	MG	0.2	06/28/2006	99/99/9999						
61703-0408-25		J9250		08/02/2021	03/31/2024	METHOTREXATE SODIUM, 5 MG	METHOTREXATE NOVAPLUS (PF,LATEX-FREE) 25 MG/1 ML	40	ML	VL	IJ	ML	5	MG	5	08/02/2021	03/31/2024						
61703-0408-25		J9260		04/01/2024	99/99/9999	INJECTION, METHOTREXATE SODIUM, 50 MG	METHOTREXATE NOVAPLUS (PF,LATEX-FREE) 25 MG/1 ML	40	ML		IJ	ML	50	MG	0.5	04/01/2024	99/99/9999						
61703-0408-41		J9250		04/09/2004	03/31/2024	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (SDV,PF) 25 MG/ML	40	ML	VL	IJ	ML	5	MG	5	06/27/2005	03/31/2024	04/09/2004	01/17/2005	5			
61703-0408-41		J9260		04/01/2024	99/99/9999	INJECTION, METHOTREXATE SODIUM, 50 MG	METHOTREXATE SODIUM (SDV,PF) 25 MG/1 ML	40	ML		IJ	ML	50	MG	0.5	04/01/2024	99/99/9999						
61703-0600-05		J9045		05/23/2022	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN NOVAPLUS (MDV,PF,LATEX-FREE) 10 MG/1 ML	60	ML	VL	IV	ML	50	MG	0.2	05/23/2022	99/99/9999						
61755-0005-01		J0178		12/03/2019	99/99/9999	INJECTION, AFLIBERCEPT, 1 MG	EYLEA (PF) 40 MG/1 ML	0.05	ML	VL	IO	ML	1	MG	40	12/03/2019	99/99/9999						
61755-0005-02		J0178		11/21/2011	99/99/9999	INJECTION, AFLIBERCEPT, 1 MG	EYLEA (PF) 40 MG/1 ML	0.05	ML	VL	IO	ML	1	MG	40	11/21/2011	99/99/9999						
61755-0008-01		J9119		10/01/2019	99/99/9999	INJECTION, CEMIPLIMAB-RWLC, 1 MG	LIBTAYO 50 MG/1 ML	7	ML	VL	IV	ML	1	MG	50	10/01/2019	99/99/9999						
61755-0008-01		J9999		09/28/2018	09/30/2019	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	LIBTAYO 50 MG/1 ML	7	ML	VL	IV	ML	1	MG	1	09/28/2018	09/30/2019						
61755-0014-01		J9376		04/01/2024	99/99/9999	INJECTION, POZELIMAB-BBFG, 1 MG	VEOPOZ (PF) 200 MG/1 ML	2	ML		IJ	ML	1	MG	200	04/01/2024	99/99/9999						
61755-0050-01		J0177		04/01/2024	99/99/9999	INJECTION, AFLIBERCEPT HD, 1 MG	EYLEA HD (VIAL KIT,PF) 8 MG/0.07 ML	0.07	ML		IO	ML	1	MG	114.28571	04/01/2024	99/99/9999						
61953-0004-02		J1572		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	50	ML	VL	IV	ML	500	MG	0.1	01/01/2008	99/99/9999						
61953-0004-03		J1572		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	100	ML	VL	IV	ML	500	MG	0.1	01/01/2008	99/99/9999						
61953-0004-04		J1572		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	200	ML	VL	IV	ML	500	MG	0.1	01/01/2008	99/99/9999						
61953-0004-05		J1572		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	400	ML	VL	IV	ML	500	MG	0.1	01/01/2008	99/99/9999						
61958-0703-01		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	TRUVADA (FILM-COATED) 100 MG-150 MG	30	EA		PO	EA	200	MG	0.5	01/02/2024	99/99/9999						
61958-0704-01		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	TRUVADA (FILM-COATED) 133 MG-200 MG	30	EA		PO	EA	200	MG	0.666	01/02/2024	99/99/9999						
61958-0705-01		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	TRUVADA (FILM-COATED) 167 MG-250 MG	30	EA		PO	EA	200	MG	0.834	01/02/2024	99/99/9999						
61958-2002-01		J0751		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR ALAFENAMIDE 25MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	DESCOVY (FILM COATED) 200 MG-25 MG	30	EA		PO	EA	200	MG	1	01/02/2024	99/99/9999						
61958-2002-02		J0751		01/02/2024	02/11/2025	EMTRICITABINE 200MG AND TENOFOVIR ALAFENAMIDE 25MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	DESCOVY (10X3,FILM COATED) 200 MG-25 MG	30	EA		PO	EA	200	MG	1	01/02/2024	02/11/2025						
61958-2005-01		J0751		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR ALAFENAMIDE 25MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	DESCOVY (FILM COATED) 120 MG-15 MG	30	EA		PO	EA	200	MG	0.6	01/02/2024	99/99/9999						
61958-3002-01		J1961		07/01/2023	99/99/9999	INJECTION, LENACAPAVIR, 1 MG	SUNLENCA (PF,LATEX-FREE) 309 MG/1 ML	1.5	ML		SC	ML	1	MG	309	07/01/2023	99/99/9999						
61958-3005-01		J1961		04/14/2025	99/99/9999	INJECTION, LENACAPAVIR, 1 MG	SUNLENCA 309 MG/1 ML	1.5	ML	VL	SC	ML	1	MG	309	04/14/2025	99/99/9999						
61958-3401-01		J0752		10/01/2025	99/99/9999	ORAL, LENACAPAVIR, 300 MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)	YEZTUGO FILM-COATED 300 MG	4	EA		PO	EA	300	MG	1	10/01/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61958-3402-01		J0738		10/01/2025	99/99/9999	INJECTION, LENACAPAVIR, 1 MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)	YEZTUGO SDV 309 MG/1 ML	1.5	ML		SC	ML	1	MG	309	10/01/2025	99/99/9999						
61958-3402-01		J1961		06/18/2025	09/30/2025	INJECTION, LENACAPAVIR, 1 MG	YEZTUGO SDV 309 MG/1 ML	1.5	ML	VL	SC	ML	1	MG	309	06/18/2025	09/30/2025						
61990-0110-01		J2543		08/01/2019	03/31/2024	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 2 GM-0.25 GM	1	EA		IV	EA	1.125	GM	2	08/01/2019	03/31/2024						
61990-0110-02		J2543		08/01/2019	03/31/2024	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 2 GM-0.25 GM	10	EA		IV	EA	1.125	GM	2	08/01/2019	03/31/2024						
61990-0120-01		J2543		08/01/2019	03/31/2024	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 3 GM-0.375 GM	1	EA		IV	EA	1.125	GM	3	08/01/2019	03/31/2024						
61990-0120-02		J2543		08/01/2019	03/31/2024	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 3 GM-0.375 GM	10	EA		IV	EA	1.125	GM	3	08/01/2019	03/31/2024						
61990-0130-01		J2543		08/01/2019	03/31/2024	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 4 GM-0.5 GM	1	EA		IV	EA	1.125	GM	4	08/01/2019	03/31/2024						
61990-0130-02		J2543		08/01/2019	03/31/2024	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 4 GM-0.5 GM	10	EA		IV	EA	1.125	GM	4	08/01/2019	03/31/2024						
61990-0140-01		J2543		08/01/2019	03/31/2024	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 12 GM-1.5 GM	1	EA		IV	EA	1.125	GM	12	08/01/2019	03/31/2024						
61990-0150-01		J2543		08/01/2019	03/31/2024	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 36 GM-4.5 GM	1	EA		IV	EA	1.125	GM	36	08/01/2019	03/31/2024						
61990-0211-03		J2370		09/21/2020	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (PF,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	09/21/2020	06/30/2023						
61990-0211-03		J2371		07/01/2023	12/20/2024	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (PF,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	07/01/2023	12/20/2024						
61990-0212-02		J2370		09/21/2020	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (PF,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	09/21/2020	06/30/2023						
61990-0212-02		J2371		07/01/2023	12/20/2024	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (PF,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	20	MCG	500	07/01/2023	12/20/2024						
61990-0213-01		J2370		09/21/2020	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (PF,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	09/21/2020	06/30/2023						
61990-0213-01		J2371		07/01/2023	12/20/2024	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (PF,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	12/20/2024						
61990-0411-01		J1110		05/04/2020	03/31/2024	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE 1 MG/1 ML	1	ML	AM	U	ML	1	MG	1	05/04/2020	03/31/2024						
61990-0411-02		J1110		05/04/2020	03/31/2024	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE 1 MG/1 ML	1	ML	AM	U	ML	1	MG	1	05/04/2020	03/31/2024						
62064-0122-02		J1746		01/01/2019	99/99/9999	INJECTION, IBALIZUMAB-UIYK, 10 MG	TROGARZO (PF) 150 MG/1 ML	1.33	ML	VL	IV	ML	10	MG	15	01/01/2019	99/99/9999						
62064-0122-02		J3490		03/06/2018	12/31/2018	UNCLASSIFIED DRUGS	TROGARZO (PF) 150 MG/1 ML	1.33	ML	VL	IV	ML	1	MG	1	03/06/2018	12/31/2018						
62135-0019-50		J8499		08/16/2022	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	50	EA	BO	PO	EA	1	EA	1	08/16/2022	99/99/9999						
62135-0039-50		J8499		08/16/2022	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (HARD-GELATIN) 200 MG	50	EA	BO	PO	EA	1	EA	1	08/16/2022	99/99/9999						
62135-0114-37		J8540		01/26/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (CHERRY) 0.5 MG/5 ML	237	ML	BO	PO	ML	0.25	MG	0.4	01/26/2023	99/99/9999						
62135-0121-30		Q0162		03/30/2022	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 4 MG	30	EA	BO	PO	EA	1	MG	4	03/30/2022	99/99/9999						
62135-0122-30		Q0162		03/30/2022	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 8 MG	30	EA	BO	PO	EA	1	MG	8	03/30/2022	99/99/9999						
62135-0250-24		J7510		08/28/2024	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE USP,WILD CHERRY 15 MG/5 ML	5	ML		PO	ML	5	MG	0.6	08/28/2024	99/99/9999						
62135-0250-37		J7510		09/21/2022	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (WILD CHERRY) 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	09/21/2022	99/99/9999						
62135-0250-47		J7510		09/21/2022	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (WILD CHERRY) 15 MG/5 ML	480	ML	BO	PO	ML	5	MG	0.6	09/21/2022	99/99/9999						
62135-0330-24		J7510		10/24/2024	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE 20X5ML,RASPBERRY 5 MG/5 ML	5	ML		PO	ML	5	MG	0.2	10/24/2024	99/99/9999						
62135-0330-41		J7510		08/07/2023	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,SF,DYE-FREE) 5 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.2	08/07/2023	99/99/9999						
62135-0350-05		Q0162		04/20/2022	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (FILM-COATED) 4 MG	500	EA	BO	PO	EA	1	MG	4	04/20/2022	99/99/9999						
62135-0350-30		Q0162		04/20/2022	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	04/20/2022	99/99/9999						
62135-0351-05		Q0162		04/20/2022	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (FILM-COATED) 8 MG	500	EA	BO	PO	EA	1	MG	8	04/20/2022	99/99/9999						
62135-0351-30		Q0162		04/20/2022	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	04/20/2022	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62135-0421-90		Q0161		11/14/2022	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (SUGAR-COATED) 25 MG	90	EA	BO	PO	EA	5	MG	5	11/14/2022	99/99/9999						
62135-0470-18		J7512		02/01/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 1 MG	180	EA	BO	PO	EA	1	MG	1	02/01/2023	99/99/9999						
62135-0470-90		J7512		02/01/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 1 MG	90	EA	BO	PO	EA	1	MG	1	02/01/2023	99/99/9999						
62135-0471-18		J7512		02/01/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	180	EA	BO	PO	EA	1	MG	5	02/01/2023	99/99/9999						
62135-0471-90		J7512		02/01/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	90	EA	BO	PO	EA	1	MG	5	02/01/2023	99/99/9999						
62135-0490-30		J8999		01/24/2022	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ANASTROZOLE 1 MG	30	EA	BO	PO	EA	1	EA	1	01/24/2022	99/99/9999						
62135-0490-90		J8999		01/24/2022	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ANASTROZOLE 1 MG	90	EA	BO	PO	EA	1	EA	1	01/24/2022	99/99/9999						
62135-0553-30		J7512		10/11/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	30	EA	BO	PO	EA	1	MG	20	10/11/2023	99/99/9999						
62135-0553-90		J7512		10/11/2023	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	90	EA	BO	PO	EA	1	MG	20	10/11/2023	99/99/9999						
62135-0555-24		Q0162		08/28/2024	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON USP 4 MG/5 ML	5	ML		PO	ML	1	MG	0.8	08/28/2024	99/99/9999						
62135-0555-58		Q0162		10/10/2022	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP) 4 MG/5 ML	50	ML	BO	PO	ML	1	MG	0.8	10/10/2022	99/99/9999						
62135-0574-05		Q0177		04/19/2023	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE HCL (USP,FILM-COATED) 25 MG	500	EA		PO	EA	25	MG	1	04/19/2023	99/99/9999						
62135-0574-12		Q0177		04/18/2023	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE HCL (USP,FILM-COATED) 25 MG	120	EA	BO	PO	EA	25	MG	1	04/18/2023	99/99/9999						
62135-0611-90		J8499		06/13/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CALCITRIOL (SOFTGEL) 0.5 MCG	90	EA	BO	PO	EA	1	EA	1	06/13/2023	99/99/9999						
62135-0659-30		J8999		03/25/2024	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA		PO	EA	1	EA	1	03/25/2024	99/99/9999						
62135-0673-90		Q0164		05/01/2024	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP,FILM-COATED) 5 MG	90	EA	BO	PO	EA	5	MG	1	05/01/2024	99/99/9999						
62135-0674-90		Q0164		05/01/2024	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP,FILM-COATED) 10 MG	90	EA	BO	PO	EA	5	MG	2	05/01/2024	99/99/9999						
62135-0704-51		Q0144		04/11/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	04/11/2024	99/99/9999						
62135-0705-43		Q0144		04/11/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	04/11/2024	99/99/9999						
62135-0705-51		Q0144		04/11/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	04/11/2024	99/99/9999						
62135-0705-52		Q0144		04/11/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	04/11/2024	99/99/9999						
62135-0760-01		J7509		05/30/2024	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	05/30/2024	99/99/9999						
62135-0760-21		J7509		05/30/2024	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	BO	PO	EA	4	MG	1	05/30/2024	99/99/9999						
62135-0761-26		J7509		05/30/2024	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 8 MG	25	EA	BO	PO	EA	4	MG	2	05/30/2024	99/99/9999						
62135-0762-50		J7509		05/30/2024	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 16 MG	50	EA	BO	PO	EA	4	MG	4	05/30/2024	99/99/9999						
62135-0763-26		J7509		05/30/2024	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 32 MG	25	EA	BO	PO	EA	4	MG	8	05/30/2024	99/99/9999						
62135-0772-35		None		09/05/2023	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	09/05/2023	99/99/9999						
62135-0773-30		Q0173		11/30/2023	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOBENZAMIDE HCL 300 MG	30	EA	BO	PO	EA	250	MG	1.2	11/30/2023	99/99/9999						
62135-0774-23		Q0169		02/18/2025	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL USP 6.25 MG/5 ML	10	ML	BX	PO	ML	12.5	MG	0.1	02/18/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62135-0774-24		Q0169		02/18/2025	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL USP 6.25 MG/5 ML	5	ML	BX	PO	ML	12.5	MG	0.1	02/18/2025	99/99/9999						
62135-0774-41		Q0169		11/30/2023	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL (USP) 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5	MG	0.1	11/30/2023	99/99/9999						
62135-0774-47		Q0169		11/30/2023	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL (USP) 6.25 MG/5 ML	473	ML	BO	PO	ML	12.5	MG	0.1	11/30/2023	99/99/9999						
62135-0783-60		None		11/03/2023	09/30/2024	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	11/03/2023	09/30/2024						
62135-0783-60		None		01/01/2025	03/25/2025	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 150 MG	60	EA		PO	EA	50	MG	3	01/01/2025	03/25/2025						
62135-0784-12		None		11/03/2023	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	11/03/2023	09/30/2024						
62135-0784-12		None		01/01/2025	03/25/2025	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 500 MG	120	EA		PO	EA	50	MG	10	01/01/2025	03/25/2025						
62135-0799-90		Q0175		11/14/2023	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 4 MG	90	EA	BO	PO	EA	4	MG	1	11/14/2023	99/99/9999						
62135-0803-23		J8499		03/26/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 20X20ML;USP,BANANA 200 MG/5 ML	20	ML		PO	ML	1	EA	1	03/26/2025	99/99/9999						
62135-0803-24		J8499		03/26/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 20X5ML;USP,BANANA 200 MG/5 ML	5	ML		PO	ML	1	EA	1	03/26/2025	99/99/9999						
62135-0803-47		J8499		12/29/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP,BANANA) 200 MG/5 ML	473	ML	BO	PO	ML	1	EA	1	12/29/2023	99/99/9999						
62135-0816-12		Q0177		02/14/2024	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	120	EA	BO	PO	EA	25	MG	1	02/14/2024	99/99/9999						
62135-0817-12		Q0177		02/14/2024	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	120	EA	BO	PO	EA	25	MG	2	02/14/2024	99/99/9999						
62135-0822-84		J7626		02/07/2024	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (SINGLE-DOSE) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	02/07/2024	99/99/9999						
62135-0822-84	KO	J7626	KO	02/07/2024	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (SINGLE-DOSE) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	02/07/2024	99/99/9999						
62135-0823-84		J7626		02/07/2024	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	02/07/2024	99/99/9999						
62135-0823-84	KO	J7626	KO	02/07/2024	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	02/07/2024	99/99/9999						
62135-0826-84		J7613		01/30/2024	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,PF) 0.63 MG/3 ML	3	ML		IH	ML	1	MG	0.21	01/30/2024	99/99/9999						
62135-0826-84	KO	J7613	KO	01/30/2024	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,PF) 0.63 MG/3 ML	3	ML		IH	ML	1	MG	0.21	01/30/2024	99/99/9999						
62135-0827-84		J7613		01/30/2024	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.042%	3	ML	PC	IH	ML	1	MG	0.42	01/30/2024	99/99/9999						
62135-0827-84	KO	J7613	KO	01/30/2024	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.042%	3	ML	PC	IH	ML	1	MG	0.42	01/30/2024	99/99/9999						
62135-0828-84		J7613		01/30/2024	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	3	ML		IH	ML	1	MG	0.83	01/30/2024	99/99/9999						
62135-0828-84	KO	J7613	KO	01/30/2024	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	3	ML		IH	ML	1	MG	0.83	01/30/2024	99/99/9999						
62135-0829-84		J7611		02/02/2024	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (PF) 0.5%	0.5	ML		IH	ML	1	MG	5	02/02/2024	99/99/9999						
62135-0830-84		J7644		02/02/2024	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (SDV,PF) 0.02%	2.5	ML		IH	ML	1	MG	0.2	02/02/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62135-0830-84	KO	J7644	KO	02/02/2024	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (SDV,PF) 0.02%	2.5	ML		IH	ML	1	MG	0.2	02/02/2024	99/99/9999						
62135-0831-84		J7620		02/09/2024	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (SDV) 3 MG/3 ML-0.5 MG/3 ML	3	ML		IH	ML	3	MG	0.333333	02/09/2024	99/99/9999						
62175-0381-37		J7507		09/28/2012	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	09/28/2012	99/99/9999						
62332-0071-01		J2470		08/06/2025	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM SDV,FREEZE-DRIED 40 MG	1	EA	VL	IV	EA	40	MG	1	08/06/2025	99/99/9999						
62332-0071-10		J2470		08/06/2025	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM SDV,FREEZE-DRIED 40 MG	10	EA	VL	IV	EA	40	MG	1	08/06/2025	99/99/9999						
62332-0251-18		Q0144		09/22/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	18	EA	DP	PO	EA	1	GM	0.25	09/22/2020	99/99/9999						
62332-0251-30		Q0144		04/21/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	04/21/2020	99/99/9999						
62332-0252-09		Q0144		09/22/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	9	EA	DP	PO	EA	1	GM	0.5	09/22/2020	99/99/9999						
62332-0252-30		Q0144		04/21/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	04/21/2020	99/99/9999						
62332-0253-30		Q0144		08/26/2021	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	08/26/2021	99/99/9999						
62332-0599-25		J1885		04/11/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	04/11/2023	99/99/9999						
62332-0600-25		J1885		04/11/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	04/11/2023	99/99/9999						
62332-0601-25		J1885		04/11/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X2ML,PF) 30 MG/1 ML	2	ML	VL	IM	ML	15	MG	2	04/11/2023	99/99/9999						
62332-0607-01		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
62332-0607-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
62332-0618-31		None		04/27/2023	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE (HARD GELATIN) 25 MG	100	EA	BO	PO	EA	25	MG	1	04/27/2023	99/99/9999						
62332-0619-31		None		04/27/2023	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE (HARD GELATIN) 50 MG	100	EA	BO	PO	EA	50	MG	1	04/27/2023	99/99/9999						
62332-0620-05		J9267		02/08/2023	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	02/08/2023	99/99/9999						
62332-0621-17		J9267		02/08/2023	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	02/08/2023	99/99/9999						
62332-0622-50		J9267		02/08/2023	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	02/08/2023	99/99/9999						
62332-0627-02		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
62332-0627-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
62332-0628-05		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
62332-0628-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
62332-0629-10		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	20	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
62332-0629-20		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	20	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
62332-0633-30		J7605		09/18/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	09/18/2023	99/99/9999						
62332-0633-30	KO	J7605	KO	09/18/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	09/18/2023	99/99/9999						
62332-0633-60		J7605		09/18/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (60X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	09/18/2023	99/99/9999						
62332-0633-60	KO	J7605	KO	09/18/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (60X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	09/18/2023	99/99/9999						
62332-0655-30		J7606		02/03/2022	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (PF,LATEX-FREE) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	02/03/2022	99/99/9999						
62332-0655-30	KO	J7606	KO	02/03/2022	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (PF,LATEX-FREE) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	02/03/2022	99/99/9999						
62332-0655-60		J7606		02/03/2022	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (PF,LATEX-FREE) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	02/03/2022	99/99/9999						
62332-0655-60	KO	J7606	KO	02/03/2022	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (PF,LATEX-FREE) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	02/03/2022	99/99/9999						
62332-0659-02		J9050		02/15/2024	99/99/9999	INJECTION, CARMUSTINE, 100 MG	CARMUSTINE (W/DILUENT,LYOPHILIZED) 100 MG	1	EA		IV	EA	100	MG	1	02/15/2024	99/99/9999						
62332-0678-02		J9171		05/12/2023	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SDV) 10 MG/1 ML	2	ML	VL	IV	ML	1	MG	10	05/12/2023	99/99/9999						
62332-0678-08		J9171		05/12/2023	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (MDV) 10 MG/1 ML	8	ML	VL	IV	ML	1	MG	10	05/12/2023	99/99/9999						
62332-0678-16		J9171		05/12/2023	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (MDV) 10 MG/1 ML	16	ML	VL	IV	ML	1	MG	10	05/12/2023	99/99/9999						
62332-0690-02		J1270		10/19/2023	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (MDV,PF,LATEX-FREE) 2 MCG/1 ML	2	ML	BO	IV	ML	1	MCG	2	10/19/2023	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62332-0690-30		J1270		10/19/2023	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (MDV,PF,LATEX-FREE) 2 MCG/1 ML	2	ML		IV	ML	1	MCG	2	10/19/2023	99/99/9999						
62332-0730-31		None		08/14/2024	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE (USP) 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	08/14/2024	99/99/9999						
62332-0730-36		None		08/14/2024	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE (USP) 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	08/14/2024	99/99/9999						
62332-0736-31		Q0161		10/27/2023	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (FILM-COATED) 25 MG	100	EA	BO	PO	EA	5	MG	5	10/27/2023	99/99/9999						
62332-0751-50		J9190		04/20/2023	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (PF,LATEX-FREE) 50 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.1	04/20/2023	99/99/9999						
62332-0777-01		J0675		10/01/2025	99/99/9999	INJECTION, CARBOPROST TROMETHAMINE, 0.1 MG	CARBOPROST TROMETHAMINE SDV 250 MCG/1 ML	1	ML		IM	ML	0.1	MG	2.5	10/01/2025	99/99/9999						
62332-0777-10		J0675		10/01/2025	99/99/9999	INJECTION, CARBOPROST TROMETHAMINE, 0.1 MG	CARBOPROST TROMETHAMINE SDV 250 MCG/1 ML	1	ML		IM	ML	0.1	MG	2.5	10/01/2025	99/99/9999						
62332-0779-31		J9190		11/02/2023	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (PHARMACY BULK,PF) 50 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.1	11/02/2023	99/99/9999						
62332-0811-20		J3360		07/25/2024	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (SINGLE DOSE,LATEX-FREE) 5 MG/1 ML	2	ML	SY	IJ	ML	5	MG	1	07/25/2024	99/99/9999						
62332-0813-50		J9261		11/01/2024	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE SDV 5 MG/1 ML	50	ML		IV	ML	50	MG	0.1	11/01/2024	99/99/9999						
62332-0813-63		J9261		11/01/2024	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE SDV 5 MG/1 ML	50	ML		IV	ML	50	MG	0.1	11/01/2024	99/99/9999						
62559-0670-30		J8999		06/26/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ARIMIDEX (FILM-COATED) 1 MG	30	EA		PO	EA	1	EA	1	06/26/2018	99/99/9999						
62559-0920-14		None		11/16/2020	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	11/16/2020	99/99/9999						
62559-0920-51		None		11/16/2020	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	11/16/2020	99/99/9999						
62559-0921-14		None		11/16/2020	02/28/2023	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	11/16/2020	02/28/2023						
62559-0921-51		None		11/16/2020	02/28/2023	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	11/16/2020	02/28/2023						
62559-0922-14		None		11/16/2020	02/28/2023	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	11/16/2020	02/28/2023						
62559-0922-51		None		11/16/2020	02/28/2023	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	11/16/2020	02/28/2023						
62559-0923-14		None		11/16/2020	02/28/2023	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	11/16/2020	02/28/2023						
62559-0923-51		None		11/16/2020	02/28/2023	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	11/16/2020	02/28/2023						
62559-0924-14		None		11/16/2020	02/28/2023	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	11/16/2020	02/28/2023						
62559-0924-51		None		11/16/2020	02/28/2023	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	11/16/2020	02/28/2023						
62559-0925-51		None		11/16/2020	10/31/2022	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	11/16/2020	10/31/2022						
62559-0930-01		None		07/01/2020	03/31/2023	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25	MG	1	07/01/2020	03/31/2023						
62559-0931-01		None		07/01/2020	08/31/2023	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	100	EA	BO	PO	EA	50	MG	1	07/01/2020	08/31/2023						
62756-0008-60		J9198		07/01/2020	07/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	INFUGEM (LATEX-FREE) 1300 MG/130 ML	130	ML	FC	IV	ML	100	MG	0.1	07/01/2020	07/31/2023						
62756-0008-60		J9199		01/01/2020	06/30/2020	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1300 MG/130 ML	130	ML	FC	IV	ML	200	MG	0.05	01/01/2020	06/30/2020						
62756-0059-40		J1325		01/18/2021	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL (SDV,LYOPHILIZED) 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	01/18/2021	99/99/9999						
62756-0060-40		J1325		01/18/2021	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL (SDV,LYOPHILIZED) 1.5 MG	1	EA	VL	IV	EA	0.5	MG	3	01/18/2021	99/99/9999						
62756-0073-60		J9198		07/01/2020	07/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	INFUGEM (LATEX-FREE) 1200 MG/120 ML	120	ML	FC	IV	ML	100	MG	0.1	07/01/2020	07/31/2023						
62756-0073-60		J9199		01/01/2020	06/30/2020	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1200 MG/120 ML	120	ML	FC	IV	ML	200	MG	0.05	01/01/2020	06/30/2020						
62756-0090-40		J1050		11/20/2019	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	11/20/2019	99/99/9999						
62756-0090-45		J1050		11/20/2019	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (SDV) 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	11/20/2019	99/99/9999						
62756-0091-40		J1050		08/26/2021	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (LATEX-FREE) 150 MG/1 ML	1	ML	SR	IM	ML	1	MG	150	08/26/2021	99/99/9999						
62756-0102-60		J9198		07/01/2020	07/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	INFUGEM (LATEX-FREE) 1400 MG/140 ML	140	ML	FC	IV	ML	100	MG	0.1	07/01/2020	07/31/2023						
62756-0102-60		J9199		01/01/2020	06/30/2020	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1400 MG/140 ML	140	ML	FC	IV	ML	200	MG	0.05	01/01/2020	06/30/2020						
62756-0129-40		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (LYOPHILIZED) 40 MG	1	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
62756-0129-40		J3490		10/08/2019	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (LYOPHILIZED) 40 MG	1	EA	VL	IV	EA	1	EA	1	10/08/2019	06/30/2024						
62756-0129-44		J3490		10/08/2019	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (LYOPHILIZED) 40 MG	10	EA	VL	IV	EA	1	EA	1	10/08/2019	06/30/2024						
62756-0129-44		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (LYOPHILIZED) 40 MG	10	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
62756-0130-01		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999						
62756-0131-01		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999						
62756-0219-60		J9198		07/01/2020	07/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	INFUGEM (LATEX-FREE) 1500 MG/150 ML	150	ML	FC	IV	ML	100	MG	0.1	07/01/2020	07/31/2023						
62756-0219-60		J9199		01/01/2020	06/30/2020	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1500 MG/150 ML	150	ML	FC	IV	ML	200	MG	0.05	01/01/2020	06/30/2020						
62756-0233-01		J0289		02/14/2022	99/99/9999	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	AMPHOTERICIN B LIPOSOME (SDV,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	10	MG	5	02/14/2022	99/99/9999						
62756-0238-86		None		11/14/2019	09/30/2024	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	11/14/2019	09/30/2024						
62756-0238-86		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 150 MG	60	EA		PO	EA	50	MG	3	01/01/2025	99/99/9999						
62756-0239-20		None		11/14/2019	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	11/14/2019	09/30/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62756-0239-20		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 500 MG	120	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
62756-0240-64		Q0162		01/01/2012	12/19/2022	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 4 MG	30	EA	BX	PO	EA	1	MG	4	01/01/2012	12/19/2022						
62756-0277-02		J7605		06/17/2022	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML,PF,LATEX-FREE) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	06/17/2022	99/99/9999						
62756-0277-02	KO	J7605	KO	06/17/2022	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML,PF,LATEX-FREE) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	06/17/2022	99/99/9999						
62756-0277-03		J7605		06/17/2022	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (60X2ML,PF,LATEX-FREE) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	06/17/2022	99/99/9999						
62756-0277-03	KO	J7605	KO	06/17/2022	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (60X2ML,PF,LATEX-FREE) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	06/17/2022	99/99/9999						
62756-0321-60		J9198		07/01/2020	07/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	INFUGEM (LATEX-FREE) 1600 MG/160 ML	160	ML	FC	IV	ML	100	MG	0.1	07/01/2020	07/31/2023						
62756-0321-60		J9199		01/01/2020	06/30/2020	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1600 MG/160 ML	160	ML	FC	IV	ML	200	MG	0.05	01/01/2020	06/30/2020						
62756-0356-64		Q0162		01/01/2012	12/19/2022	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 8 MG	30	EA	BX	PO	EA	1	MG	8	01/01/2012	12/19/2022						
62756-0356-66		Q0162		01/01/2012	12/19/2022	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 8 MG	10	EA	BX	PO	EA	1	MG	8	01/01/2012	12/19/2022						
62756-0438-60		J9198		07/01/2020	07/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	INFUGEM (LATEX-FREE) 1700 MG/170 ML	170	ML	FC	IV	ML	100	MG	0.1	07/01/2020	07/31/2023						
62756-0438-60		J9199		01/01/2020	06/30/2020	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1700 MG/170 ML	170	ML	FC	IV	ML	200	MG	0.05	01/01/2020	06/30/2020						
62756-0533-60		J9198		07/01/2020	07/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	INFUGEM (LATEX-FREE) 1800 MG/180 ML-0.9%	180	ML	FC	IV	ML	100	MG	0.1	07/01/2020	07/31/2023						
62756-0533-60		J9199		01/01/2020	06/30/2020	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1800 MG/180 ML-0.9%	180	ML	FC	IV	ML	200	MG	0.05	01/01/2020	06/30/2020						
62756-0614-60		J9198		07/01/2020	07/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	INFUGEM (LATEX-FREE) 1900 MG/190 ML	190	ML	FC	IV	ML	100	MG	0.1	07/01/2020	07/31/2023						
62756-0614-60		J9199		01/01/2020	06/30/2020	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1900 MG/190 ML	190	ML	FC	IV	ML	200	MG	0.05	01/01/2020	06/30/2020						
62756-0746-60		J9198		07/01/2020	07/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	INFUGEM (LATEX-FREE) 2000 MG/200 ML	200	ML	FC	IV	ML	100	MG	0.1	07/01/2020	07/31/2023						
62756-0746-60		J9199		01/01/2020	06/30/2020	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 2000 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.05	01/01/2020	06/30/2020						
62756-0954-01		J0289		01/13/2025	99/99/9999	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	PREMIERPRO RX AMPHOTERICIN B LIPOSOME SDV,LYOPHILIZED 50 MG	1	EA	VL	IV	EA	10	MG	5	01/13/2025	99/99/9999						
62756-0968-88		J8499		09/29/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CALCITRIOL 0.5 MCG	100	EA	BO	PO	EA	1	EA	1	09/29/2020	99/99/9999						
62756-0970-64		J0574		01/22/2018	99/99/9999	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE	BUPRENORPHINE-NALOXONE (LEMON LIME,UNCOATED) 8 MG-2 MG	30	EA		SL	EA	8	MG	1	01/22/2018	99/99/9999						
62756-0970-83		J0574		01/22/2018	99/99/9999	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE	BUPRENORPHINE-NALOXONE (LEMON LIME,UNCOATED) 8 MG-2 MG	30	EA		SL	EA	8	MG	1	01/22/2018	99/99/9999						
62756-0974-60		J9198		07/01/2020	07/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	INFUGEM (LATEX-FREE) 2200 MG/220 ML	220	ML	FC	IV	ML	100	MG	0.1	07/01/2020	07/31/2023						
62756-0974-60		J9199		01/01/2020	06/30/2020	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 2200 MG/220 ML	220	ML	FC	IV	ML	200	MG	0.05	01/01/2020	06/30/2020						
62847-0001-01		J3095		10/01/2016	12/16/2020	INJECTION, TELEVANCIN, 10 MG	VIBATIV (SDV,PF,LYOPHILIZED) 750 MG	10	EA	VL	IV	EA	10	MG	75	10/01/2016	12/16/2020						
62856-0212-01		J0174		07/06/2023	99/99/9999	INJECTION, LECANEMAB-IRMB, 1 MG	LEQEMBI (SDV,PF) 100 MG/1 ML	2	ML		IV	ML	1	MG	100	01/18/2023	99/99/9999						
62856-0215-01		J0174		07/06/2023	99/99/9999	INJECTION, LECANEMAB-IRMB, 1 MG	LEQEMBI (SDV,PF) 100 MG/1 ML	5	ML		IV	ML	1	MG	100	01/18/2023	99/99/9999						
62935-0223-05		J9217		05/07/2015	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (W/SAFETY NEEDLE) 22.5 MG	1	EA	BX	SC	EA	7.5	MG	3	05/07/2015	99/99/9999						
62935-0227-10		J9217		12/01/2023	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SINGLE-USE) 22.5 MG	1	EA		SC	EA	7.5	MG	3	12/01/2023	99/99/9999						
62991-1003-01		J7608		10/31/2011	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	GM	BO	NA	GM	1	GM	1	10/31/2011	99/99/9999						
62991-1003-01	KO	J7608	KO	10/31/2011	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	GM	BO	NA	GM	1	GM	1	10/31/2011	99/99/9999						
62991-1003-02		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
62991-1003-02	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1003-03		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
62991-1003-03	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
62991-1003-04		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
62991-1003-04	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
62991-1004-01		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
62991-1004-02		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
62991-1013-01		J0475		01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
62991-1013-02		J0475		01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
62991-1013-03		J0475		01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
62991-1013-04		J0475		09/15/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/15/2003	99/99/9999						
62991-1021-02		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P./N.F.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
62991-1021-04		J3490		09/15/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/15/2003	99/99/9999						
62991-1023-02		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1023-02	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1023-03		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1023-03	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1024-01		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1024-01	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1024-02		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1024-02	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1024-04		J7624		09/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999						
62991-1024-04	KO	J7624	KO	09/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999						
62991-1024-05		J7624		09/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999						
62991-1024-05	KO	J7624	KO	09/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999						
62991-1038-01		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
62991-1038-01	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
62991-1038-02		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
62991-1038-02	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
62991-1038-03		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
62991-1038-03	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
62991-1038-04		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
62991-1038-04	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
62991-1039-02		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG	1000	01/01/2002	99/99/9999						
62991-1039-03		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG	1000	01/01/2002	99/99/9999						
62991-1041-01		J7638		10/31/2011	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	GM	BO	NA	GM	1	MG	1000	10/31/2011	99/99/9999						
62991-1041-01	KO	J7638	KO	10/31/2011	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	GM	BO	NA	GM	1	MG	1000	10/31/2011	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1041-02		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1041-02	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1041-03		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1041-03	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1041-04		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1041-04	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1047-02		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	VL	NA	GM	50	MG	20	01/01/2002	99/99/9999						
62991-1051-02		J1435		01/01/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1051-03		J1435		09/15/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999						
62991-1051-04		J1435		09/15/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999						
62991-1072-01		J7699		09/01/2002	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/01/2002	99/99/9999						
62991-1072-02		J7699		09/01/2002	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/01/2002	99/99/9999						
62991-1108-01		J2760		01/01/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
62991-1108-02		J2760		01/01/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
62991-1108-03		J2760		09/15/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/15/2003	99/99/9999						
62991-1108-04		J2760		09/15/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/15/2003	99/99/9999						
62991-1122-02		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	100	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999						
62991-1124-02		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
62991-1124-03		J2675		10/01/2007	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG	20	10/01/2007	99/99/9999						
62991-1124-05		J2675		10/01/2007	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG	20	10/01/2007	99/99/9999						
62991-1125-01		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
62991-1125-02		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
62991-1125-04		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
62991-1128-02		J0270		09/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	09/15/2003	99/99/9999						
62991-1128-06		J0270		09/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	09/15/2003	99/99/9999						
62991-1128-07		J0270		09/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	09/15/2003	99/99/9999						
62991-1128-08		J0270		09/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	09/15/2003	99/99/9999						
62991-1130-02		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999						
62991-1130-03		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999						
62991-1132-01		J2780		09/15/2003	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/15/2003	04/01/2020						
62991-1132-02		J2780		09/15/2003	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/15/2003	04/01/2020						
62991-1132-03		J2780		09/15/2003	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/15/2003	04/01/2020						
62991-1132-04		J2780		09/15/2003	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/15/2003	04/01/2020						
62991-1152-01		J7681		01/01/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1152-01	KO	J7681	KO	01/01/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1152-02		J7681		01/01/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1152-02	KO	J7681	KO	01/01/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1156-01		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,BP,EP,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1156-01	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,BP,EP,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1156-02		J7684		01/01/2002	06/30/2023	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,BP,EP,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	06/30/2023						
62991-1156-02	KO	J7684	KO	01/01/2002	06/30/2023	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,BP,EP,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	06/30/2023						
62991-1156-03		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,BP,EP,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1156-03	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,BP,EP,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1173-02		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL GRADE)	1	EA	BO	NA	GM	50	MG	20	01/01/2008	99/99/9999	01/01/2002	09/01/2004	20			
62991-1173-04		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL GRADE)	1	EA	BO	NA	GM	50	MG	20	01/01/2008	99/99/9999	01/01/2002	09/01/2004	20			
62991-1173-05		J0285		01/01/2008	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (USP)	1	EA	BO	NA	GM	50	MG	20	01/01/2008	99/99/9999						
62991-1179-03		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
62991-1179-03	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
62991-1179-05		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
62991-1179-05	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
62991-1206-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
62991-1206-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
62991-1257-01		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
62991-1257-02		J7510		09/15/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P., MICRO)	1	EA	NA	NA	GM	5	MG	200	09/15/2003	99/99/9999						
62991-1351-02		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
62991-1351-02	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
62991-1351-03		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
62991-1351-03	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
62991-1352-01		J3490		01/01/2007	99/99/9999	UNCLASSIFIED DRUGS	HYALURONIC ACID	1	EA	BO	NA	GM	1	EA	1	01/01/2007	99/99/9999						
62991-1352-02		J3490		01/01/2007	99/99/9999	UNCLASSIFIED DRUGS	HYALURONIC ACID	1	EA	NA	NA	GM	1	EA	1	01/01/2007	99/99/9999						
62991-1352-04		J3490		01/01/2007	99/99/9999	UNCLASSIFIED DRUGS	HYALURONIC ACID	1	EA	BO	NA	GM	1	EA	1	01/01/2007	99/99/9999						
62991-1382-01		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P./N.F.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	99/99/9999						
62991-1422-01		J0735		09/15/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999						
62991-1422-02		J0735		09/15/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999						
62991-1486-01		J9190		08/17/2011	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1	GM	BO	NA	GM	500	MG	2	08/17/2011	99/99/9999						
62991-1486-02		J9190		09/15/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	09/15/2003	99/99/9999						
62991-1486-03		J9190		09/15/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	09/15/2003	99/99/9999						
62991-1513-01		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1513-02		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1513-03		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1530-02		J0520		09/15/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/15/2003	99/99/9999						
62991-1530-03		J0520		09/15/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/15/2003	99/99/9999						
62991-1533-01		J7516		09/15/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (U.S.P.,A)	1	EA	BO	NA	GM	250	MG	4	09/15/2003	99/99/9999						
62991-1533-02		J7516		09/15/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (U.S.P.,A)	1	EA	BO	NA	GM	250	MG	4	09/15/2003	99/99/9999						
62991-1533-05		J7516		01/01/2008	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (U.S.P.,A)	1	EA	NA	NA	GM	250	MG	4	01/01/2008	99/99/9999						
62991-1583-01		J0592		09/15/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE	1	EA	BO	NA	GM	0.1	MG	10000	09/15/2003	99/99/9999						
62991-1583-02		J0592		09/15/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE	1	EA	BO	NA	GM	0.1	MG	10000	09/15/2003	99/99/9999						
62991-1583-03		J0592		09/15/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE	1	EA	BO	NA	GM	0.1	MG	10000	09/15/2003	99/99/9999						
62991-1692-01		J2650		09/01/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED	1	EA	BO	NA	GM	1	ML	20	09/01/2002	99/99/9999						
62991-1692-02		J2650		09/01/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED	1	EA	BO	NA	GM	1	ML	20	09/01/2002	99/99/9999						
62991-1692-03		J2650		09/01/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED	1	EA	BO	NA	GM	1	ML	20	09/01/2002	99/99/9999						
62991-1707-01		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE,1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
62991-1707-02		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE,1MG	TESTOSTERONE CYPIONATE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
62991-1707-03		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
62991-1707-05		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1000	GM	VL	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
62991-2002-01		J0278		10/31/2011	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	5	GM	BO	NA	GM	100	MG	10	10/31/2011	99/99/9999						
62991-2002-02		J0278		10/31/2011	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	25	GM	BO	NA	GM	100	MG	10	10/31/2011	99/99/9999						
62991-2003-02		J0280		01/01/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	01/01/2002	99/99/9999						
62991-2003-03		J0280		01/01/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	01/01/2002	99/99/9999						
62991-2004-02		J1320		01/01/2002	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	01/01/2002	99/99/9999						
62991-2004-03		J1320		01/01/2002	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	01/01/2002	99/99/9999						
62991-2022-02		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-2022-02	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-2022-04		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-2022-04	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-2026-02		J3520		01/01/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P./N.F.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	99/99/9999						
62991-2026-03		J3520		01/01/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P./N.F.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	99/99/9999						
62991-2026-04		J3520		09/15/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (DIHYDRATE)	1	EA	BO	NA	GM	150	MG	6.66666	09/15/2003	99/99/9999						
62991-2031-02		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
62991-2031-03		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
62991-2031-04		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
62991-2042-02		J2765		01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
62991-2042-03		J2765		01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
62991-2068-02		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X100GM, USP)	1	EA	BO	NA	GM	100	MG	10	10/01/2007	99/99/9999	01/01/2004	09/01/2004	10			
62991-2068-03		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X500GM, USP)	1	EA	BO	NA	GM	100	MG	10	10/01/2007	99/99/9999	01/01/2004	09/01/2004	10			
62991-2068-04		J3411		10/01/2007	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X1000GM,USP)	1	EA	NA	NA	GM	100	MG	10	10/01/2007	99/99/9999						
62991-2150-01		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED (U.S.P.)	5	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
62991-2150-02		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED (U.S.P.)	25	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
62991-2150-03		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED (U.S.P.)	100	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
62991-2150-04		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED (U.S.P.)	500	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
62991-2501-01		J3490		09/15/2003	04/25/2023	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P., 24)	1	EA	BO	NA	GM	1	EA	1	09/15/2003	04/25/2023						
62991-2501-02		J3490		09/15/2003	04/25/2023	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P., 24)	1	EA	BO	NA	GM	1	EA	1	09/15/2003	04/25/2023						
62991-2516-01		J7640		01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999						
62991-2516-01	KO	J7640	KO	01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999						
62991-2516-03		J7640		01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999						
62991-2516-03	KO	J7640	KO	01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999						
62991-2562-01		J1835		11/01/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	NA	NA	GM	50	MG	20	11/01/2005	99/99/9999						
62991-2562-02		J1835		11/01/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	NA	NA	GM	50	MG	20	11/01/2005	99/99/9999						
62991-2562-03		J1835		11/01/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	NA	NA	GM	50	MG	20	11/01/2005	99/99/9999						
62991-2577-01		J0456		10/31/2011	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (U.S.P.,MICRONIZED)	1000	GM	NA	NA	GM	500	MG	2	10/31/2011	99/99/9999						
62991-2577-02		J0456		10/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X100GM,USP)	1	EA	NA	NA	GM	500	MG	2	10/01/2007	99/99/9999						
62991-2577-03		J0456		10/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X500GM,USP)	1	EA	NA	NA	GM	500	MG	2	10/01/2007	99/99/9999						
62991-2599-01		J2405		01/01/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HYDROCHLORIDE (1X100GM)	1	EA	BO	NA	GM	1	MG	1000	01/01/2006	99/99/9999						
62991-2599-02		J2405		01/01/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HYDROCHLORIDE (1X1000GM)	1	EA	BO	NA	GM	1	MG	1000	01/01/2006	99/99/9999						
62991-2664-01		J7507		10/01/2007	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (1X100MG)	0.1	GM	NA	NA	GM	1	MG	1000	10/01/2007	99/99/9999						
62991-2664-02		J7507		10/01/2007	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (1X500MG)	0.5	GM	NA	NA	GM	1	MG	1000	10/01/2007	99/99/9999						
62991-2664-03		J7507		10/01/2007	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (1X1GM)	1	EA	NA	NA	GM	1	MG	1000	10/01/2007	99/99/9999						
62991-2664-04		J7507		10/01/2007	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (1X5GM)	5	GM	NA	NA	GM	1	MG	1000	10/01/2007	99/99/9999						
62991-2700-01		J3121		10/17/2016	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, 1 MG	TESTOSTERONE ENANTHATE (USP, 1X1000GM)	1000	GM	BO	NA	GM	1	MG	1000	10/17/2016	99/99/9999						
62991-2707-02		J1956		01/01/2008	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN	1	EA	BO	NA	GM	250	MG	4	01/01/2008	99/99/9999						
62991-2707-03		J1956		01/01/2008	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN	1	EA	BO	NA	GM	250	MG	4	01/01/2008	99/99/9999						
63020-0049-01		J9041		01/01/2005	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	VELCADE (10ML SDV,LYOPHILIZED) 3.5 MG	1	EA	VL	IV	EA	0.1	MG	35	01/01/2005	99/99/9999						
63275-1025-04		J2270		01/01/2015	05/31/2021	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (U.S.P.)	25	GM	BO	NA	GM	10	MG	100	01/01/2015	05/31/2021						
63275-1100-05		J2270		01/01/2015	05/31/2021	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (U.S.P.)	100	GM	BO	NA	GM	10	MG	100	01/01/2015	05/31/2021						
63275-1200-01		J1960		12/03/2002	05/31/2021	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	12/03/2002	05/31/2021						
63275-1200-02		J1960		12/03/2002	05/31/2021	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	12/03/2002	05/31/2021						
63275-1200-04		J1960		12/03/2002	05/31/2021	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	12/03/2002	05/31/2021						
63275-1200-07		J1960		12/03/2002	05/31/2021	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	12/03/2002	05/31/2021						
63275-2001-01		J1170		12/03/2002	05/31/2021	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	JR	NA	GM	4	MG	250	12/03/2002	05/31/2021						
63275-2005-02		J1170		12/03/2002	05/31/2021	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	12/03/2002	05/31/2021						
63275-2010-03		J1170		12/03/2002	05/31/2021	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	12/03/2002	05/31/2021						
63275-2100-05		J1170		12/03/2002	05/31/2021	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	12/03/2002	05/31/2021						
63275-2100-09		J1170		09/01/2003	05/31/2021	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	09/01/2003	05/31/2021						
63275-5100-01		J3010		12/03/2002	05/31/2021	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	12/03/2002	05/31/2021						
63275-5100-02		J3010		09/01/2002	05/31/2021	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	09/01/2002	05/31/2021						
63275-5100-04		J3010		06/01/2015	05/31/2021	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (USP)	25	GM	BO	NA	GM	0.1	MG	10000	06/01/2015	05/31/2021						
63275-5100-06		J3010		12/03/2002	05/31/2021	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	12/03/2002	05/31/2021						
63275-6200-01		J3490		01/01/2002	05/31/2021	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	05/31/2021						
63275-6200-06		J3490		12/03/2002	05/31/2021	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	12/03/2002	05/31/2021						
63275-6200-07		J3490		12/03/2002	05/31/2021	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	12/03/2002	05/31/2021						
63275-6200-09		J3490		12/03/2002	05/31/2021	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	12/03/2002	05/31/2021						
63275-7100-04		J2175		12/03/2002	05/31/2021	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	12/03/2002	05/31/2021						
63275-7100-05		J2175		12/03/2002	05/31/2021	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	12/03/2002	05/31/2021						
63275-8100-03		J0745		12/03/2002	05/31/2021	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	12/03/2002	05/31/2021						
63275-8100-04		J0745		12/03/2002	05/31/2021	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	12/03/2002	05/31/2021						
63275-8100-05		J0745		12/03/2002	05/31/2021	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	12/03/2002	05/31/2021						
63275-9100-04		J1230		12/03/2002	05/31/2021	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	12/03/2002	05/31/2021						
63275-9100-05		J1230		12/03/2002	05/31/2021	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	12/03/2002	05/31/2021						
63275-9936-02		J1320		01/01/2007	05/31/2021	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X5GM, USP)	1	EA	BO	NA	GM	20	MG	50	01/01/2007	05/31/2021						
63275-9936-04		J1320		01/01/2007	05/31/2021	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X25GM, USP)	1	EA	BO	NA	GM	20	MG	50	01/01/2007	05/31/2021						
63275-9936-05		J1320		01/01/2007	05/31/2021	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X100GM, USP)	1	EA	BO	NA	GM	20	MG	50	01/01/2007	05/31/2021						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63275-9936-08		J1320		01/01/2007	05/31/2021	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X500GM, USP)	1	EA	BO	NA	GM	20	MG	50	01/01/2007	05/31/2021						
63275-9955-01		J2405		01/27/2005	05/31/2021	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HCL	1	EA	BO	NA	GM	1	MG	1000	01/27/2005	05/31/2021						
63275-9955-06		J2405		01/27/2005	05/31/2021	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HCL	1	EA	BO	NA	GM	1	MG	1000	01/27/2005	05/31/2021						
63275-9955-07		J2405		01/27/2005	05/31/2021	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HCL	1	EA	BO	NA	GM	1	MG	1000	01/27/2005	05/31/2021						
63275-9958-01		J7507		09/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS	1	EA	BO	NA	GM	1	MG	1000	09/01/2004	99/99/9999						
63275-9958-02		J7507		09/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS	5	EA	BO	NA	GM	1	MG	1000	09/01/2004	99/99/9999						
63275-9958-06		J7507		09/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS	0.1	GM	BO	NA	GM	1	MG	1000	09/01/2004	99/99/9999						
63275-9958-07		J7507		09/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS	0.5	GM	BO	NA	GM	1	MG	1000	09/01/2004	99/99/9999						
63275-9960-01		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1	EA	NA	NA	GM	200	MG	5	05/01/2004	99/99/9999						
63275-9960-02		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1	EA	BO	NA	GM	200	MG	5	05/01/2004	99/99/9999						
63275-9960-04		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1	EA	BO	NA	GM	200	MG	5	05/01/2004	99/99/9999						
63275-9960-05		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1	EA	BO	NA	GM	200	MG	5	05/01/2004	99/99/9999						
63275-9960-09		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1	EA	BO	NA	GM	200	MG	5	05/01/2004	99/99/9999						
63275-9963-02		J1835		06/04/2004	05/31/2021	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	BO	NA	GM	50	MG	20	06/04/2004	05/31/2021						
63275-9963-04		J1835		06/04/2004	05/31/2021	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	BO	NA	GM	50	MG	20	06/04/2004	05/31/2021						
63275-9963-05		J1835		06/04/2004	05/31/2021	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	BO	NA	GM	50	MG	20	06/04/2004	05/31/2021						
63275-9963-09		J1835		06/04/2004	05/31/2021	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	BO	NA	GM	50	MG	20	06/04/2004	05/31/2021						
63275-9965-02		J0456		01/01/2007	05/31/2021	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X5GM, USP)	1	EA	BO	NA	GM	500	MG	2	01/01/2007	05/31/2021						
63275-9965-03		J0456		01/01/2007	05/31/2021	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X10GM, USP)	1	EA	BO	NA	GM	500	MG	2	01/01/2007	05/31/2021						
63275-9965-04		J0456		01/01/2007	05/31/2021	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X25GM, USP)	1	EA	BO	NA	GM	500	MG	2	01/01/2007	05/31/2021						
63275-9965-05		J0456		01/01/2007	05/31/2021	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X100GM, USP)	1	EA	BO	NA	GM	500	MG	2	01/01/2007	05/31/2021						
63275-9974-01		J0735		01/01/2003	05/31/2021	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (BULK COMPOUND)	1	EA	JR	NA	GM	1	MG	1000	01/01/2003	05/31/2021						
63275-9974-02		J0735		01/01/2003	05/31/2021	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (BULK COMPOUND)	1	EA	JR	NA	GM	1	MG	1000	01/01/2003	05/31/2021						
63275-9974-03		J0735		01/01/2003	05/31/2021	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (BULK COMPOUND)	1	EA	JR	NA	GM	1	MG	1000	01/01/2003	05/31/2021						
63275-9979-02		J2060		12/04/2002	05/31/2021	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	12/04/2002	05/31/2021						
63275-9979-04		J2060		12/04/2002	05/31/2021	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	12/04/2002	05/31/2021						
63275-9979-05		J2060		12/04/2002	05/31/2021	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	12/04/2002	05/31/2021						
63275-9981-05		J2675		12/04/2002	05/31/2021	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG	20	12/04/2002	05/31/2021						
63275-9981-08		J2675		12/04/2002	05/31/2021	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG	20	12/04/2002	05/31/2021						
63275-9981-09		J2675		12/04/2002	05/31/2021	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG	20	12/04/2002	05/31/2021						
63275-9982-04		J1071		01/01/2015	05/31/2021	INJECTION, TESTOSTERONE CYPIONATE,1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	01/01/2015	05/31/2021						
63275-9982-05		J1071		01/01/2015	05/31/2021	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1000	01/01/2015	05/31/2021						
63275-9982-09		J1071		01/01/2015	05/31/2021	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1000	GM	BO	NA	GM	1	MG	1000	01/01/2015	05/31/2021						
63275-9983-04		J3490		01/01/2015	05/31/2021	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED	25	GM	JR	NA	GM	1	EA	1	01/01/2015	05/31/2021						
63275-9983-05		J3490		01/01/2015	05/31/2021	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED	100	GM	JR	NA	GM	1	EA	1	01/01/2015	05/31/2021						
63275-9983-08		J3490		01/01/2015	05/31/2021	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED	500	GM	JR	NA	GM	1	EA	1	01/01/2015	05/31/2021						
63275-9983-09		J3490		01/01/2015	05/31/2021	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED	1000	GM	JR	NA	GM	1	EA	1	01/01/2015	05/31/2021						
63275-9986-01		J1435		12/04/2002	05/31/2021	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	12/04/2002	05/31/2021						
63275-9986-02		J1435		12/04/2002	05/31/2021	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	12/04/2002	05/31/2021						
63275-9986-04		J1435		12/04/2002	05/31/2021	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	12/04/2002	05/31/2021						
63275-9988-09		J0270		12/04/2002	05/31/2021	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTAGLANDIN E1 (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	12/04/2002	05/31/2021						
63275-9989-01		J2760		12/04/2002	05/31/2021	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	12/04/2002	05/31/2021						
63275-9989-06		J2760		12/04/2002	05/31/2021	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	12/04/2002	05/31/2021						
63275-9989-07		J2760		12/04/2002	05/31/2021	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	12/04/2002	05/31/2021						
63275-9990-02		J2440		12/04/2002	05/31/2021	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	12/04/2002	05/31/2021						
63275-9990-04		J2440		12/04/2002	05/31/2021	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	12/04/2002	05/31/2021						
63275-9990-05		J2440		12/04/2002	05/31/2021	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	12/04/2002	05/31/2021						
63275-9991-04		J2001		01/01/2004	05/31/2021	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2004	05/31/2021						
63275-9991-05		J2001		01/01/2004	05/31/2021	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2004	05/31/2021						
63275-9991-08		J2001		01/01/2004	05/31/2021	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2004	05/31/2021						
63275-9992-02		J0475		12/04/2002	05/31/2021	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	12/04/2002	05/31/2021						
63275-9992-04		J0475		12/04/2002	05/31/2021	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	12/04/2002	05/31/2021						
63275-9992-05		J0475		12/04/2002	05/31/2021	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	12/04/2002	05/31/2021						
63275-9998-01		J7645		01/01/2007	05/31/2021	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2021						
63275-9998-01	KO	J7645	KO	01/01/2007	05/31/2021	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2021						
63275-9998-02		J7645		01/01/2007	05/31/2021	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2021						
63275-9998-02	KO	J7645	KO	01/01/2007	05/31/2021	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2021						
63275-9998-04		J7645		01/01/2007	05/31/2021	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2021						
63275-9998-04	KO	J7645	KO	01/01/2007	05/31/2021	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2021						
63275-9998-05		J7645		01/01/2007	05/31/2021	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2021						
63275-9998-05	KO	J7645	KO	01/01/2007	05/31/2021	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2021						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63275-9999-04		J7609		01/01/2007	05/31/2021	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2021						
63275-9999-04	KO	J7609	KO	01/01/2007	05/31/2021	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2021						
63275-9999-05		J7609		01/01/2007	05/31/2021	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2021						
63275-9999-05	KO	J7609	KO	01/01/2007	05/31/2021	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2021						
63304-0143-01		Q0161		10/05/2022	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (USP,COATED) 25 MG	100	EA	BO	PO	EA	5	MG	5	10/05/2022	99/99/9999	03/08/2021	10/08/2021				
63304-0143-10		Q0161		03/08/2021	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (USP,COATED) 25 MG	1000	EA	BO	PO	EA	5	MG	5	03/08/2021	99/99/9999						
63304-0458-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999						
63304-0459-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999						
63304-0504-01		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
63304-0505-01		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
63304-0652-01		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
63304-0652-05		J8499		01/01/2002	09/19/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500	EA	BO	PO	EA	1	EA	1	01/01/2002	09/19/2019						
63323-0010-02		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (M.D.V.) 40 MG/ML	2	ML	VL	IJ	ML	80	MG	0.5	01/01/2002	99/99/9999						
63323-0010-20		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (M.D.V.) 40 MG/ML	20	ML	VL	IJ	ML	80	MG	0.5	01/01/2002	99/99/9999						
63323-0011-15		J0720		01/01/2002	99/99/9999	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	CHLORAMPHENICOL SODIUM SUCCINATE (VIAL,PF) 1 GM	1	EA	VL	IV	GM	1	GM	1	01/01/2002	99/99/9999						
63323-0012-01		J2590		01/01/2002	10/25/2023	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (VIAL,P.C.) 10 U/ML	1	ML	VL	IV	ML	10	U	1	01/01/2002	10/25/2023						
63323-0012-07		J2590		01/14/2020	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN NOVAPLUS (25X1ML,USP) 10 U/1 ML	1	ML	VL	IJ	ML	10	U	1	01/14/2020	99/99/9999						
63323-0012-10		J2590		01/01/2002	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (M.D.V.) 10 U/ML	10	ML	VL	IV	ML	10	U	1	01/01/2002	99/99/9999						
63323-0012-11		J2590		12/16/2019	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (GLASS VIAL, USP) 10 U/1 ML	1	ML	VL	IJ	ML	10	U	1	12/16/2019	99/99/9999						
63323-0012-12		J2590		01/28/2008	01/13/2020	INJECTION, OXYTOCIN, UP TO 10 UNITS	NOVAPLUS OXYTOCIN (25X1ML,USP) 10 U/ML	1	ML	VL	IJ	ML	10	U	1	01/28/2008	01/13/2020						
63323-0012-30		J2590		09/24/2007	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (10X30ML,MDV) 10 U/ML	30	ML	VL	IV	ML	10	U	1	09/24/2007	99/99/9999						
63323-0013-02		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (M.D.V.) 100 MG/ML	2	ML	VL	IJ	ML	100	MG	1	01/01/2004	99/99/9999						
63323-0017-10		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPFLUSH-10 (S.D.V.,PF) 10 U/ML	10	ML	VL	IV	ML	10	U	1	01/01/2002	99/99/9999						
63323-0024-25		J2150		01/01/2002	09/30/2025	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (FLIPOFF TOP,PF) 25%	50	ML	VL	IV	ML	50	ML	0.02	01/01/2002	09/30/2025						
63323-0024-25		J2151		10/01/2025	99/99/9999	INJECTION, MANNITOL, 250 MG	MANNITOL 25%	50	ML		IJ	ML	250	MG	1	10/01/2025	99/99/9999						
63323-0025-10		J0725		01/01/2002	12/26/2018	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	CHORIONIC GONADOTROPIN (M.D.V. W/DILUENT) 10000 U	1	EA	VL	IM	EA	1000	USP Units	10	01/01/2002	12/26/2018						
63323-0044-01		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	1	ML	VL	IM	ML	1000	MCG	1	01/01/2002	99/99/9999						
63323-0044-44		J3420		10/18/2000	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	PREMIERPRO RX CYANOCOBALAMIN (MDV) 1000 MCG/1 ML	1	ML		IJ	ML	1000	MCG	1	10/18/2000	99/99/9999						
63323-0047-10		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 5000 U/ML	10	ML	VL	IJ	ML	1000	U	5	01/01/2002	99/99/9999						
63323-0064-02		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,P.C.) 500 MG/ML	2	ML	VL	IJ	ML	500	MG	1	01/01/2002	99/99/9999						
63323-0064-03		J3475		01/30/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (25X2ML,PF) 500 MG/1 ML	2	ML	VL	IJ	ML	500	MG	1	01/30/2018	99/99/9999						
63323-0064-10		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,P.C.,PF) 500 MG/ML	10	ML	VL	IJ	ML	500	MG	1	01/01/2002	99/99/9999						
63323-0064-11		J3475		01/30/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (25X10ML,PF) 500 MG/1 ML	10	ML	VL	IJ	ML	500	MG	1	01/30/2018	99/99/9999						
63323-0064-23		J3475		11/02/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE NOVAPLUS (S.D.V.,PF) 500 MG/1 ML	2	ML	VL	IJ	ML	500	MG	1	11/02/2018	99/99/9999						
63323-0064-43		J3475		06/08/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	PREMIERPRO RX MAGNESIUM SULFATE (S.D.V. GLASS,PF) 500 MG/1 ML	2	ML	VL	IJ	ML	500	MG	1	06/08/2018	99/99/9999						
63323-0088-61		J7799		01/01/2002	05/10/2022	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (MAXIVIAL,BULK PACK,PF) 23.4%	100	ML	VL	IV	ML	1	EA	1	01/01/2002	05/10/2022						
63323-0088-63		J7799		01/01/2002	07/27/2023	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (MAXIVIAL,BULK PACK,PF) 23.4%	200	ML	VL	IV	ML	1	EA	1	01/01/2002	07/27/2023						
63323-0090-20		J7131		06/09/2021	99/99/9999	HYPERTONIC SALINE SOLUTION, 1 ML	SODIUM CHLORIDE (PF) 14.6%	20	ML	VL	IV	ML	1	ML	1	06/09/2021	99/99/9999						
63323-0090-40		J7131		06/09/2021	99/99/9999	HYPERTONIC SALINE SOLUTION, 1 ML	SODIUM CHLORIDE (PF) 14.6%	40	ML	VL	IV	ML	1	ML	1	06/09/2021	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0093-30		J7131		06/09/2021	99/99/9999	HYPERTONIC SALINE SOLUTION, 1 ML	SODIUM CHLORIDE CONCENTRATE (25X30ML;USP;SD) 23.4%	30	ML	VL	IV	ML	1	ML	1	06/09/2021	99/99/9999						
63323-0095-61		J7131		05/11/2022	99/99/9999	HYPERTONIC SALINE SOLUTION, 1 ML	SODIUM CHLORIDE CONCENTRATE (PF) 23.4%	100	ML	VL	IV	ML	1	ML	1	05/11/2022	99/99/9999						
63323-0099-63		J7131		07/28/2023	99/99/9999	HYPERTONIC SALINE SOLUTION, 1 ML	SODIUM CHLORIDE CONCENTRATE (MAXIVIAL,PF,LATEX-FREE) 23.4%	200	ML	VL	IV	ML	1	ML	1	07/28/2023	99/99/9999						
63323-0101-61		J9000		08/06/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,MDV,PF) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	08/06/2007	99/99/9999						
63323-0104-05		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	5	ML	VL	IV	ML	10	MG	2	01/01/2002	99/99/9999						
63323-0104-06		J9181		06/06/2024	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (MDV) 20 MG/1 ML	5	ML		IV	ML	10	MG	2	06/06/2024	99/99/9999						
63323-0104-25		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	25	ML	VL	IV	ML	10	MG	2	01/01/2002	99/99/9999						
63323-0104-50		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	50	ML	VL	IV	ML	10	MG	2	01/01/2002	99/99/9999						
63323-0106-01		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	100	ML	FC	IV	ML	500	MG	0.08	06/03/2016	99/99/9999						
63323-0106-05		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.08	06/03/2016	99/99/9999						
63323-0106-10		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	1000	ML	FC	IV	ML	500	MG	0.08	06/03/2016	99/99/9999						
63323-0106-15		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	500	ML	FC	IV	ML	500	MG	0.08	06/03/2016	99/99/9999						
63323-0106-26		J3475		03/14/2017	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	PREMIERPRO RX MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	50	ML	BG	IV	ML	500	MG	0.08	03/14/2017	99/99/9999						
63323-0107-05		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 80 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.16	06/03/2016	99/99/9999						
63323-0108-01		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE-DEXTROSE (FREEFLEX BAG,LATEX-FREE) 5%-1 GM/100 ML	100	ML	FC	IV	ML	500	MG	0.02	06/03/2016	99/99/9999						
63323-0108-26		J3475		03/14/2017	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	PREMIERPRO RX MAGNESIUM SULFATE-DEXTROSE (FREEFLEX BAG,LATEX-FREE) 5%-1 GM/100 ML	100	ML	BG	IV	ML	500	MG	0.02	03/14/2017	99/99/9999						
63323-0113-10		J7676		01/01/2008	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAM (S.D.V.,PF) 300 MG	1	EA	VL	U	EA	300	MG	1	01/01/2008	99/99/9999						
63323-0113-10	KO	J7676	KO	01/01/2008	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAM (S.D.V.,PF) 300 MG	1	EA	VL	U	EA	300	MG	1	01/01/2008	99/99/9999						
63323-0117-10		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (S.D.V.,PF) 50 MG/ML	10	ML	VL	IV	ML	500	MG	0.1	01/01/2002	99/99/9999						
63323-0117-20		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (S.D.V.,PF) 50 MG/ML	20	ML	VL	IV	ML	500	MG	0.1	01/01/2002	99/99/9999						
63323-0117-51		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/ML	50	ML	VL	IV	ML	500	MG	0.1	01/01/2002	99/99/9999						
63323-0117-61		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/ML	100	ML	VL	IV	ML	500	MG	0.1	01/01/2002	99/99/9999						
63323-0118-05		J1644		07/09/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	SIMPLIST HEPARIN SODIUM (SD, USP,PF,LATEX-FREE) 5000 U/0.5 ML	0.5	ML	VL	IJ	ML	1000	U	10	07/09/2019	99/99/9999						
63323-0121-02		J9250		01/01/2002	09/20/2019	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	2	ML	VL	IJ	ML	5	MG	5	01/01/2002	09/20/2019						
63323-0121-08		J9250		01/01/2002	03/31/2024	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	8	ML	VL	IJ	ML	5	MG	5	01/01/2002	03/31/2024						
63323-0121-08		J9260		04/01/2024	99/99/9999	INJECTION, METHOTREXATE SODIUM, 50 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/1 ML	8	ML		IJ	ML	50	MG	0.5	04/01/2024	99/99/9999						
63323-0121-10		J9250		01/01/2002	03/31/2024	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	10	ML	VL	IJ	ML	5	MG	5	01/01/2002	03/31/2024						
63323-0121-10		J9260		04/01/2024	99/99/9999	INJECTION, METHOTREXATE SODIUM, 50 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/1 ML	10	ML		IJ	ML	50	MG	0.5	04/01/2024	99/99/9999						
63323-0121-40		J9250		03/08/2002	03/31/2024	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL,PF) 25 MG/ML	40	ML	VL	IJ	ML	5	MG	5	03/08/2002	03/31/2024						
63323-0121-40		J9260		04/01/2024	99/99/9999	INJECTION, METHOTREXATE SODIUM, 50 MG	METHOTREXATE SODIUM (VIAL,PF) 25 MG/1 ML	40	ML		IJ	ML	50	MG	0.5	04/01/2024	99/99/9999						
63323-0122-50		J9260		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 50 MG	METHOTREXATE SODIUM (S.D.V.,PF) 1 GM	1	EA	VL	IJ	EA	50	MG	20	01/01/2002	99/99/9999						
63323-0123-10		J9250		01/01/2002	03/31/2024	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL) 25 MG/ML	10	ML	VL	IJ	ML	5	MG	5	01/01/2002	03/31/2024						
63323-0123-10		J9260		04/01/2024	99/99/9999	INJECTION, METHOTREXATE SODIUM, 50 MG	METHOTREXATE SODIUM (VIAL) 25 MG/1 ML	10	ML		IJ	ML	50	MG	0.5	04/01/2024	99/99/9999						
63323-0127-10		J9130		01/01/2002	99/99/9999	DACARBAZINE, 100 MG	DACARBAZINE (S.D.V.) 100 MG	1	EA	VL	IV	EA	100	MG	1	01/01/2002	99/99/9999						
63323-0130-11		J1271		04/01/2025	99/99/9999	INJECTION, DOXYCYCLINE HYCLATE, 1 MG	DOXY 100 VIAL 100 MG	10	EA		IV	EA	1	MG	100	04/01/2025	99/99/9999						
63323-0130-11		J3490		10/29/2003	03/31/2025	UNCLASSIFIED DRUGS	DOXY 100 (VIAL,PF) 100 MG	10	EA	VL	IV	EA	1	MG	1	10/29/2003	03/31/2025						
63323-0132-10		J9293		03/17/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,PF,LATEX-FREE) 2 MG/ML	10	ML	VL	IV	ML	5	MG	0.4	03/17/2006	99/99/9999						
63323-0132-12		J9293		03/17/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,PF,LATEX-FREE) 2 MG/ML	12.5	ML	VL	IV	ML	5	MG	0.4	03/17/2006	99/99/9999						
63323-0132-15		J9293		03/17/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,PF,LATEX-FREE) 2 MG/ML	15	ML	VL	IV	ML	5	MG	0.4	03/17/2006	99/99/9999						
63323-0134-10		J9305		05/17/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IV	EA	10	MG	10	05/17/2022	99/99/9999						
63323-0139-40		J7799		01/01/2002	06/08/2021	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (S.D.V.) 14.6%	40	ML	VL	IV	ML	1	EA	1	01/01/2002	06/08/2021						
63323-0140-10		J9065		09/13/2004	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE (S.D.V.,PF) 1 MG/ML	10	ML	VL	IV	ML	1	MG	1	09/13/2004	99/99/9999						
63323-0142-10		J9208		07/25/2002	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (S.D.V.) 1 GM	1	EA	VL	IV	EA	1	GM	1	07/25/2002	99/99/9999						
63323-0142-12		J9208		11/18/2002	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV) 1 GM	1	EA	VL	IV	EA	1	GM	1	11/18/2002	99/99/9999						
63323-0145-07		J9200		01/01/2002	08/31/2020	INJECTION, FLOXURIDINE, 500 MG	FLOXURIDINE 0.5 GM	1	EA	VL	IJ	EA	500	MG	1	01/01/2002	08/31/2020						
63323-0148-01		J9390		06/22/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (USP,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	06/22/2005	99/99/9999						
63323-0148-05		J9390		06/22/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (USP,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	06/22/2005	99/99/9999						
63323-0161-01		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	01/01/2002	99/99/9999						
63323-0162-01		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	01/01/2002	99/99/9999						
63323-0162-02		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0164-74		J7120		07/23/2019	10/31/2024	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (FREEFLEX BAG)	250	ML	BG	IV	ML	1000	ML	0.001	07/23/2019	10/31/2024						
63323-0164-75		J7120		07/23/2019	10/31/2024	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (FREEFLEX BAG)	500	ML	BG	IV	ML	1000	ML	0.001	07/23/2019	10/31/2024						
63323-0164-76		J7120		07/23/2019	11/12/2023	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (FREEFLEX BAG)	1000	ML	BG	IV	ML	1000	ML	0.001	07/23/2019	11/12/2023						
63323-0165-01		J1100		01/01/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (VIAL) 4 MG/ML	1	ML	VL	IJ	ML	1	MG	4	01/01/2002	99/99/9999						
63323-0165-05		J1100		01/01/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	5	ML	VL	IJ	ML	1	MG	4	01/01/2002	99/99/9999						
63323-0165-30		J1100		01/01/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	30	ML	VL	IJ	ML	1	MG	4	01/01/2002	99/99/9999						
63323-0167-21		J9045		04/01/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 150 MG	1	EA	VL	IV	EA	50	MG	3	04/01/2004	99/99/9999						
63323-0172-60		J9045		04/07/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (600MG/60ML,LATEX-FREE) 10 MG/ML	60	ML	VL	IV	ML	50	MG	0.2	04/07/2006	99/99/9999						
63323-0173-02		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE PEDIATRIC (PEDIATRIC S.D.V.,PF) 10 MG/ML	2	ML	VL	IJ	ML	80	MG	0.125	01/01/2002	99/99/9999						
63323-0178-76		A4216		10/23/2018	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER FOR INJECTION (FREEFLEX,LATEX-FREE)	1000	ML		IJ	ML	10	ML	0.1	10/23/2018	99/99/9999						
63323-0180-01		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (M.D.V.,AMBER) 100 MG/ML	1	ML	VL	IJ	ML	100	MG	1	01/01/2004	99/99/9999						
63323-0185-00		A4216		01/01/2004	11/15/2022	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,TEAR TOP)	100	ML	VL	IV	ML	10	ML	0.1	01/01/2004	11/15/2022						
63323-0185-05		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	5	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
63323-0185-10		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,P.C.)	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
63323-0185-20		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,P.C.)	20	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
63323-0185-50		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,P.C.,PF)	50	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
63323-0186-00		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (S.D.V.,TEAR TOP) 0.9%	100	ML	VL	IV	ML	250	ML	0.004	01/01/2002	99/99/9999						
63323-0186-02		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	2	ML	VL	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
63323-0186-10		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
63323-0186-20		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	20	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
63323-0201-02		J2001		01/01/2004	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (S.D.V.,P.C.) 1%	2	ML	VL	EP	ML	10	MG	1	01/01/2004	09/30/2024						
63323-0201-02		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (S.D.V.,P.C.) 1%	2	ML		U	ML	1	MG	10	10/01/2024	99/99/9999						
63323-0201-10		J2001		01/01/2004	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (M.D.V.) 1%	10	ML	VL	EP	ML	10	MG	1	01/01/2004	09/30/2024						
63323-0201-10		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (M.D.V., 25X10ML) 1%	10	ML		U	ML	1	MG	10	10/01/2024	99/99/9999						
63323-0202-02		J2001		01/01/2004	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (S.D.V.) 2%	2	ML	VL	IJ	ML	10	MG	2	01/01/2004	09/30/2024						
63323-0202-02		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (S.D.V.) 2%	2	ML		U	ML	1	MG	20	10/01/2024	99/99/9999						
63323-0203-20		J3370		10/03/2016	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (FLIP TOP VIAL) 750 MG	10	EA	VL	IV	EA	500	MG	1.5	10/03/2016	06/30/2025						
63323-0203-20		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL FLIP TOP VIAL 750 MG	10	EA		IV	EA	10	MG	75	07/01/2025	99/99/9999						
63323-0203-26		J3370		05/02/2018	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	PREMIERPRO RX VANCOMYCIN HCL 750 MG	10	EA	VL	IV	EA	500	MG	1.5	05/02/2018	06/30/2025						
63323-0203-26		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	PREMIERPRO RX VANCOMYCIN HCL 750 MG	10	EA		IV	EA	10	MG	75	07/01/2025	99/99/9999						
63323-0208-05		J2001		01/01/2004	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (S.D.V.,PF) 2%	5	ML	VL	IV	ML	10	MG	2	01/01/2004	09/30/2024						
63323-0208-05		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (S.D.V.,PF) 2%	5	ML		IV	ML	1	MG	20	10/01/2024	99/99/9999						
63323-0221-10		J3370		01/01/2002	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,PF) 500 MG	1	EA	VL	IV	EA	500	MG	1	01/01/2002	06/30/2025						
63323-0221-10		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL VIAL 500 MG	25	EA		IV	EA	10	MG	50	07/01/2025	99/99/9999						
63323-0221-38		J3370		01/10/2018	08/08/2021	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 500 MG	25	EA	VL	IV	EA	500	MG	1	01/10/2018	08/08/2021						
63323-0221-48		J3370		01/08/2018	08/06/2021	INJECTION, VANCOMYCIN HCL, 500 MG	PREMIERPRO RX VANCOMYCIN HCL (SDV,PF,LATEX-FREE) 500 MG	25	EA		IV	EA	500	MG	1	01/08/2018	08/06/2021						
63323-0229-05		J2720		01/01/2002	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (S.D.V.) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	01/01/2002	99/99/9999						
63323-0229-15		J2720		01/07/2008	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	NOVAPLUS PROTAMINE SULFATE (25X5ML,SDV,FLIPTOP,USP) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	01/07/2008	99/99/9999						
63323-0229-30		J2720		01/01/2002	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (S.D.V.) 10 MG/ML	25	ML	VL	IV	ML	10	MG	1	01/01/2002	99/99/9999						
63323-0229-35		J2720		01/07/2008	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	NOVAPLUS PROTAMINE SULFATE (1X25ML,SDV,FLIPTOP,USP) 10 MG/ML	25	ML	VL	IV	ML	10	MG	1	01/07/2008	99/99/9999						
63323-0236-10		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL,PF) 500 MG	1	EA	VL	IJ	EA	500	MG	1	01/01/2002	99/99/9999						
63323-0237-10		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2002	99/99/9999						
63323-0238-61		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (BULK PACKAGE,PF) 10 GM	1	EA	VL	IJ	EA	500	MG	20	01/01/2002	99/99/9999						
63323-0249-30		A4216		01/01/2004	07/08/2015	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER BACTERIOSTATIC (M.D.V.)	30	ML	VL	IV	ML	10	ML	0.1	01/01/2004	07/08/2015						
63323-0255-03		J2920		09/22/2004	09/18/2014	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	METHYLPREDNISOLONE SODIUM SUCCINATE 40 MG	1	EA	VL	IJ	EA	40	MG	1	09/22/2004	09/18/2014						
63323-0258-03		J2930		08/23/2004	09/18/2014	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE 125 MG	1	EA	VL	IJ	EA	125	MG	1	08/23/2004	09/18/2014						
63323-0259-30		A4216		01/01/2004	08/31/2019	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (M.D.V.) 0.9%	30	ML	VL	IV	ML	10	ML	0.1	01/01/2004	08/31/2019						
63323-0261-10		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE IN SESAME OIL (M.D.V.) 50 MG/ML	10	ML	VL	IM	ML	50	MG	1	01/01/2002	99/99/9999						
63323-0262-01		J1644		01/01/2002	01/13/2020	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.,P.C.) 5000 U/ML	1	ML	VL	IJ	ML	1000	U	5	01/01/2002	01/13/2020						
63323-0262-06		J1644		01/14/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV;G.C.) 5000 U/1 ML	1	ML	VL	IJ	ML	1000	U	5	01/14/2020	99/99/9999						
63323-0262-26		J1644		04/24/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM NOVAPLUS (MD GLASS VIAL) 5000 U/1 ML	1	ML	VL	IJ	ML	1000	U	5	04/24/2020	99/99/9999						
63323-0262-36		J1644		04/03/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MD GLASS VIAL) 5000 U/1 ML	1	ML	VL	IJ	ML	1000	U	5	04/03/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0265-30		J2919		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (PF) 1 GM	1	EA		U	EA	5	MG	200	04/01/2024	99/99/9999						
63323-0265-30		J2930		10/27/2004	03/31/2024	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (PF) 1 GM	1	EA	VL	U	EA	125	MG	8	10/27/2004	03/31/2024						
63323-0269-16		J2704		12/14/2020	99/99/9999	INJECTION, PROPOFOL, 10 MG	DIPRIVAN NOVAPLUS (10X10ML;USP,PF) 10 MG/1 ML	10	ML	VL	IV	ML	10	MG	1	12/14/2020	99/99/9999						
63323-0269-50		J3490		04/28/2008	99/99/9999	UNCLASSIFIED DRUGS	DIPRIVAN (20X50ML) 10 MG/ML	50	ML	VL	IV	ML	1	EA	1	04/28/2008	99/99/9999						
63323-0269-57		J3490		03/05/2008	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS DIPRIVAN (20X50ML) 10 MG/ML	50	ML	VL	IV	ML	1	EA	1	03/05/2008	99/99/9999						
63323-0269-65		J3490		03/06/2008	99/99/9999	UNCLASSIFIED DRUGS	DIPRIVAN (10X100ML) 10 MG/ML	100	ML	VL	IV	ML	1	EA	1	03/06/2008	99/99/9999						
63323-0269-67		J3490		02/01/2008	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS DIPRIVAN (10X100ML, INFUSION) 10 MG/ML	100	ML	VL	IV	ML	1	EA	1	02/01/2008	99/99/9999						
63323-0272-05		J2680		01/01/2002	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (M.D.V.) 25 MG/ML	5	ML	VL	U	ML	25	MG	1	01/01/2002	99/99/9999						
63323-0276-02		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (S.D.V.) 1000 U/ML	2	ML	VL	U	ML	1000	U	1	01/01/2002	99/99/9999						
63323-0278-10		J9360		01/01/2002	99/99/9999	INJECTION, VINBLASTINE SULFATE, 1 MG	VINBLASTINE SULFATE (M.D.V.) 1 MG/ML	10	ML	VL	IV	ML	1	MG	1	01/01/2002	99/99/9999						
63323-0280-02		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE 25X2ML,SDV 10 MG/1 ML	2	ML		U	ML	1	MG	10	04/01/2025	99/99/9999						
63323-0280-02		J1940		01/01/2002	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	2	ML	VL	U	ML	20	MG	0.5	01/01/2002	03/31/2025						
63323-0280-04		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE 25X4ML,SDV 10 MG/1 ML	4	ML		U	ML	1	MG	10	04/01/2025	99/99/9999						
63323-0280-04		J1940		01/01/2002	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	4	ML	VL	U	ML	20	MG	0.5	01/01/2002	03/31/2025						
63323-0280-10		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE 25X10ML,SDV 10 MG/1 ML	10	ML		U	ML	1	MG	10	04/01/2025	99/99/9999						
63323-0280-10		J1940		01/01/2002	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	10	ML	VL	U	ML	20	MG	0.5	01/01/2002	03/31/2025						
63323-0282-02		J3490		05/11/2007	11/30/2019	UNCLASSIFIED DRUGS	CLINDAMYCIN (SDV,USP,2MLX25) 150 MG/ML	2	ML	VL	U	ML	1	EA	1	05/11/2007	11/30/2019						
63323-0282-04		J3490		05/11/2007	01/13/2020	UNCLASSIFIED DRUGS	CLINDAMYCIN (SDV,USP,4MLX25) 150 MG/ML	4	ML	VL	U	ML	1	EA	1	05/11/2007	01/13/2020						
63323-0282-06		J3490		05/11/2007	10/31/2019	UNCLASSIFIED DRUGS	CLINDAMYCIN (SDV,USP,6MLX25) 150 MG/ML	6	ML	VL	U	ML	1	EA	1	05/11/2007	10/31/2019						
63323-0282-60		J3490		05/11/2007	01/07/2020	UNCLASSIFIED DRUGS	CLINDAMYCIN (USP) 150 MG/ML	60	ML	VL	IV	ML	1	EA	1	05/11/2007	01/07/2020						
63323-0284-20		J3370		01/01/2002	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,PF) 1 GM	1	EA	VL	IV	EA	500	MG	2	01/01/2002	06/30/2025						
63323-0284-20		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL VIAL (1X10) 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
63323-0284-21		J3370		01/22/2016	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	01/22/2016	06/30/2025						
63323-0284-21		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
63323-0284-45		J3370		01/08/2018	09/29/2021	INJECTION, VANCOMYCIN HCL, 500 MG	PREMIERPRO RX VANCOMYCIN HCL (SDV,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	01/08/2018	09/29/2021						
63323-0285-61		J2795		11/03/2014	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (IN FREEFLEX BAG,PF) 2 MG/ML	100	ML	BG	U	ML	1	MG	2	11/03/2014	99/99/9999						
63323-0285-63		J2795		11/03/2014	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (IN FREEFLEX BAG,PF) 2 MG/ML	200	ML	BG	U	ML	1	MG	2	11/03/2014	99/99/9999						
63323-0285-64		J2795		09/01/2020	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (PF) 2 MG/1 ML	200	ML	VL	U	ML	1	MG	2	09/01/2020	99/99/9999						
63323-0285-65		J2795		09/01/2020	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (PF) 2 MG/1 ML	100	ML	GC	U	ML	1	MG	2	09/01/2020	99/99/9999						
63323-0285-67		J2795		09/01/2020	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN NOVAPLUS (PF) 2 MG/1 ML	100	ML	GC	U	ML	1	MG	2	09/01/2020	99/99/9999						
63323-0285-68		J2795		09/01/2020	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	PREMIERPRO RX NAROPIN (PF) 2 MG/1 ML	100	ML	BO	U	ML	1	MG	2	09/01/2020	99/99/9999						
63323-0285-73		J2795		09/01/2020	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	PREMIERPRO RX NAROPIN (PF) 2 MG/1 ML	200	ML	GC	U	ML	1	MG	2	09/01/2020	99/99/9999						
63323-0295-61		J3370		01/01/2002	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (BULK PACKAGE,PF) 5 GM	1	EA	VL	IV	GM	500	MG	2	01/01/2002	06/30/2025						
63323-0295-61		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL BULK PACKAGE 5 GM	1	EA		IV	GM	10	MG	500	07/01/2025	99/99/9999						
63323-0300-30		J2543		09/24/2012	07/10/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE USE,PF) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	09/24/2012	07/10/2019						
63323-0303-51		J3260		01/01/2007	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (BULK VIAL,PF,LATEX-FREE) 1.2 GM	6	EA	VL	IV	EA	80	MG	15	01/01/2007	99/99/9999						
63323-0303-55		J3260		01/01/2007	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE NOVAPLUS (BULK PKG,50ML VIAL X 6) 1.2 GM	6	EA	VL	IV	EA	80	MG	15	01/01/2007	99/99/9999						
63323-0305-02		J3260		04/05/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (PEDIATRIC M.D.V.) 10 MG/ML	2	ML	VL	U	ML	80	MG	0.125	04/05/2004	99/99/9999						
63323-0306-02		J3260		04/05/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.,LATEX-FREE) 40 MG/ML	2	ML	VL	U	ML	80	MG	0.5	04/05/2004	99/99/9999						
63323-0306-30		J3260		04/05/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.,LATEX-FREE) 40 MG/ML	30	ML	VL	U	ML	80	MG	0.5	04/05/2004	99/99/9999						
63323-0307-51		J3260		04/05/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (PHARMACY BULK PACKAGE) 40 MG/ML	50	ML	VL	U	ML	80	MG	0.5	04/05/2004	99/99/9999						
63323-0314-61		J3370		01/01/2002	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (BULK PACKAGE,PF) 10 GM	1	EA	VL	IV	GM	500	MG	2	01/01/2002	06/30/2025						
63323-0314-61		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL BULK PACKAGE 10 GM	1	EA		IV	GM	10	MG	1000	07/01/2025	99/99/9999						
63323-0314-68		J3370		10/26/2017	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	500	MG	20	10/26/2017	06/30/2025						
63323-0314-68		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK PACKAGE,LYOPHILIZED 10 GM	1	EA		IV	EA	10	MG	1000	07/01/2025	99/99/9999						
63323-0318-01		J1626		06/25/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X1ML,SDV,PF) 1 MG/ML	1	ML	VL	IV	ML	100	MCG	10	06/25/2008	99/99/9999						
63323-0319-04		J1626		06/25/2008	05/31/2024	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML,MDV) 1 MG/ML	4	ML	VL	IV	ML	100	MCG	10	06/25/2008	05/31/2024						
63323-0325-10		J0133		01/01/2006	05/21/2025	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (S.D.V.,PF) 50 MG/ML	10	ML	VL	IV	ML	5	MG	10	01/01/2006	05/21/2025						
63323-0325-20		J0133		01/01/2006	06/16/2025	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (S.D.V.,PF) 50 MG/ML	20	ML	VL	IV	ML	5	MG	10	01/01/2006	06/16/2025						
63323-0326-20		J0692		03/17/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,10X1GM) 1 GM	1	EA	VL	U	EA	500	MG	2	03/17/2008	99/99/9999						
63323-0328-22		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	PREMIERPRO RX NAFCILLIN 2GMX10 2 GM	10	EA		U	EA	20	MG	100	01/01/2025	99/99/9999						
63323-0329-30		J3490		04/23/2004	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (LATEX-FREE) 50000 U	1	EA	VL	IM	EA	1	EA	1	04/23/2004	99/99/9999						
63323-0346-10		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 1 GM	1	EA	VL	U	EA	250	MG	4	02/16/2006	99/99/9999						
63323-0347-20		J0696		02/16/2006	05/27/2020	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 2 GM	1	EA	VL	U	EA	250	MG	8	02/16/2006	05/27/2020						
63323-0348-61		J0696		02/16/2006	03/31/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (BULK PACKAGE,1X100ML) 10 GM	1	EA	VL	IV	EA	250	MG	40	02/16/2006	03/31/2019						
63323-0356-10		J0637		07/28/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LATEX-FREE) 50 MG	10	EA	VL	IV	EA	5	MG	10	07/28/2017	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0358-10		J0637		07/28/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LATEX-FREE) 70 MG	10	EA	VL	IV	EA	5	MG	14	07/28/2017	99/99/9999						
63323-0360-19		J0610		08/31/2017	03/31/2023	INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 ML	CALCIUM GLUCONATE (PF,LATEX-FREE) 100 MG/1 ML	10	ML	VL	IV	ML	10	ML	0.1	08/31/2017	03/31/2023						
63323-0360-19		J0612		04/01/2023	99/99/9999	INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 MG	CALCIUM GLUCONATE (PF,LATEX-FREE) 100 MG/1 ML	10	ML	VL	IV	ML	10	MG	10	04/01/2023	99/99/9999						
63323-0360-59		J0610		08/31/2017	03/31/2023	INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 ML	CALCIUM GLUCONATE (PF,LATEX-FREE) 100 MG/1 ML	50	ML	VL	IV	ML	10	ML	0.1	08/31/2017	03/31/2023						
63323-0360-59		J0612		04/01/2023	99/99/9999	INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 MG	CALCIUM GLUCONATE (PF,LATEX-FREE) 100 MG/1 ML	50	ML	VL	IV	ML	10	MG	10	04/01/2023	99/99/9999						
63323-0360-61		J0610		08/31/2017	03/31/2023	INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 ML	CALCIUM GLUCONATE (PF,LATEX-FREE) 100 MG/1 ML	100	ML	VL	IV	ML	10	ML	0.1	08/31/2017	03/31/2023						
63323-0360-61		J0612		04/01/2023	99/99/9999	INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 MG	CALCIUM GLUCONATE (PF,LATEX-FREE) 100 MG/1 ML	100	ML	VL	IV	ML	10	MG	10	04/01/2023	99/99/9999						
63323-0366-01		J1240		07/01/2004	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	07/01/2004	99/99/9999						
63323-0371-10		J0878		04/11/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	04/11/2018	99/99/9999						
63323-0371-19		J0878		04/11/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN NOVAPLUS (PF,LYOPHILIZED) 500 MG	1	EA		IV	EA	1	MG	500	04/11/2018	99/99/9999						
63323-0373-02		J2405		12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,25X2ML,PF) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	12/27/2006	99/99/9999						
63323-0374-20		J2405		12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	12/27/2006	99/99/9999						
63323-0376-01		J2354		04/13/2006	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,1MLX10,PF) 100 MCG/ML	1	ML	VL	IJ	ML	25	MCG	4	04/13/2006	99/99/9999						
63323-0377-01		J2354		04/13/2006	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,1MLX10,PF) 500 MCG/ML	1	ML	VL	IJ	ML	25	MCG	20	04/13/2006	99/99/9999						
63323-0378-05		J2354		05/12/2006	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 200 MCG/ML	5	ML	VL	IJ	ML	25	MCG	8	05/12/2006	99/99/9999						
63323-0379-05		J2354		05/12/2006	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 1000 MCG/ML	5	ML	VL	IJ	ML	25	MCG	40	05/12/2006	99/99/9999						
63323-0383-10		J2710		01/01/2002	11/18/2016	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.,AMBER) 1 MG/ML	10	ML	VL	IJ	ML	0.5	MG	2	01/01/2002	11/18/2016						
63323-0385-10		J0525		10/01/2025	99/99/9999	INJECTION, CEFOTETAN DISODIUM, 10 MG	CEFOTETAN DISODIUM 1 GM	10	EA		IJ	EA	10	MG	100	10/01/2025	99/99/9999						
63323-0385-10		J3490		08/13/2007	09/30/2025	UNCLASSIFIED DRUGS	CEFOTETAN 1 GM	1	EA	VL	IJ	EA	1	EA	1	08/13/2007	09/30/2025						
63323-0386-20		J0525		10/01/2025	99/99/9999	INJECTION, CEFOTETAN DISODIUM, 10 MG	CEFOTETAN DISODIUM 2 GM	10	EA		IJ	EA	10	MG	200	10/01/2025	99/99/9999						
63323-0386-20		J3490		08/13/2007	09/30/2025	UNCLASSIFIED DRUGS	CEFOTETAN 2 GM	1	EA	VL	IJ	EA	1	EA	1	08/13/2007	09/30/2025						
63323-0393-06		J0770		03/10/2008	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (USP,LYOPHILIZED CAKE) 150 MG	1	EA	VL	IJ	EA	150	MG	1	03/10/2008	99/99/9999						
63323-0398-10		J0456		02/27/2006	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (10X10ML,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	02/27/2006	99/99/9999						
63323-0398-12		J0456		02/27/2006	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	NOVAPLUS AZITHROMYCIN (10X10ML) 500 MG	1	EA	VL	IV	EA	500	MG	1	02/27/2006	99/99/9999						
63323-0400-05		J1953		11/13/2015	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (SINGLE USE,LATEX-FREE) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	11/13/2015	99/99/9999						
63323-0400-44		J1953		03/25/2019	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	PREMIERPRO RX LEVETIRACETAM (LATEX-FREE) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	03/25/2019	99/99/9999						
63323-0401-20		J0457		07/01/2023	99/99/9999	INJECTION, AZTREONAM, 100 MG	AZTREONAM (SDV,USP,SODIUM-FREE) 1 GM	10	EA		IJ	EA	100	MG	10	07/01/2023	99/99/9999						
63323-0401-24		J0457		07/01/2023	99/99/9999	INJECTION, AZTREONAM, 100 MG	PREMIERPRO RX AZTREONAM (SDV,USP,SODIUM-FREE) 1 GM	10	EA		IJ	EA	100	MG	10	07/01/2023	99/99/9999						
63323-0401-26		J0457		07/01/2023	99/99/9999	INJECTION, AZTREONAM, 100 MG	AZTREONAM NOVAPLUS (SDV,USP,LATEX-FREE) 1 GM	10	EA		IJ	EA	100	MG	10	07/01/2023	99/99/9999						
63323-0402-20		J0457		07/01/2023	99/99/9999	INJECTION, AZTREONAM, 100 MG	AZTREONAM (SDV,USP,SODIUM-FREE) 2 GM	10	EA		IJ	EA	100	MG	20	07/01/2023	99/99/9999						
63323-0402-24		J0457		07/01/2023	99/99/9999	INJECTION, AZTREONAM, 100 MG	PREMIERPRO RX AZTREONAM (SDV,USP,SODIUM-FREE) 2 GM	10	EA		IJ	EA	100	MG	20	07/01/2023	99/99/9999						
63323-0402-30		J0457		07/01/2023	99/99/9999	INJECTION, AZTREONAM, 100 MG	AZTREONAM NOVAPLUS (SDV,USP,LATEX-FREE) 2 GM	10	EA		IJ	EA	100	MG	20	07/01/2023	99/99/9999						
63323-0404-00		J0290		12/12/2014	08/25/2025	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (BULK PACKAGE,LATEX-FREE) 10 GM	1	EA	VL	IV	EA	500	MG	20	12/12/2014	08/25/2025						
63323-0407-03		J0706		08/03/2007	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (USP,SDV,PF) 20 MG/ML	3	ML	VL	IV	ML	5	MG	4	08/03/2007	99/99/9999						
63323-0411-10		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	10	ML	VL	IJ	ML	1	MG	1	01/01/2002	99/99/9999						
63323-0411-12		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	01/01/2002	99/99/9999						
63323-0411-25		J2250		12/08/2003	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	5	ML	VL	IJ	ML	1	MG	1	12/08/2003	99/99/9999						
63323-0412-02		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	2	ML	VL	IJ	ML	1	MG	5	01/01/2002	99/99/9999						
63323-0412-05		J2250		01/01/2002	08/31/2019	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	5	ML	VL	IJ	ML	1	MG	5	01/01/2002	08/31/2019						
63323-0412-10		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	10	ML	VL	IJ	ML	1	MG	5	01/01/2002	99/99/9999						
63323-0412-25		J2250		01/07/2004	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	1	ML	VL	IJ	ML	1	MG	5	01/07/2004	99/99/9999						
63323-0413-10		J2710		02/18/2015	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (MDV, USP) 0.5 MG/ML	10	ML	VL	IV	ML	0.5	MG	1	02/18/2015	99/99/9999						
63323-0415-10		J2710		02/18/2015	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (MDV, USP) 1 MG/ML	10	ML	VL	IV	ML	0.5	MG	2	02/18/2015	99/99/9999						
63323-0450-50		J9305		05/17/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	10	MG	50	05/17/2022	99/99/9999						
63323-0451-01		J2270		05/23/2018	12/31/2022	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IJ	ML	10	MG	1	05/23/2018	12/31/2022						
63323-0451-01		J2272		01/01/2023	99/99/9999	INJECTION, MORPHINE SULFATE (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J2270, UP TO 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IJ	ML	10	MG	1	01/01/2023	99/99/9999						
63323-0452-01		J2270		05/23/2018	12/31/2022	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 2 MG/1 ML	1	ML	VL	IJ	ML	10	MG	0.2	05/23/2018	12/31/2022						
63323-0452-01		J2272		01/01/2023	99/99/9999	INJECTION, MORPHINE SULFATE (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J2270, UP TO 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 2 MG/1 ML	1	ML	VL	IJ	ML	10	MG	0.2	01/01/2023	99/99/9999						
63323-0454-01		J2270		05/23/2018	12/31/2022	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 4 MG/1 ML	1	ML	VL	IJ	ML	10	MG	0.4	05/23/2018	12/31/2022						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0454-01		J2272		01/01/2023	99/99/9999	INJECTION, MORPHINE SULFATE (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J2270, UP TO 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 4 MG/1 ML	1	ML	VL	U	ML	10	MG	0.4	01/01/2023	99/99/9999						
63323-0455-01		J2270		05/23/2018	12/31/2022	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 5 MG/1 ML	1	ML	VL	U	ML	10	MG	0.5	05/23/2018	12/31/2022						
63323-0455-01		J2272		01/01/2023	09/26/2024	INJECTION, MORPHINE SULFATE (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J2270, UP TO 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 5 MG/1 ML	1	ML	VL	U	ML	10	MG	0.5	01/01/2023	09/26/2024						
63323-0464-38		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	PREMIERPRO RX SENSORCAINE-MPF (SDV,PF,LATEX-FREE) 0.25%	10	ML	VL	U	ML	0.5	MG	5	07/01/2023	99/99/9999						
63323-0464-38		J3490		03/07/2023	06/30/2023	UNCLASSIFIED DRUGS	PREMIERPRO RX SENSORCAINE-MPF (SDV,PF,LATEX-FREE) 0.25%	10	ML	VL	U	ML	1	EA	1	03/07/2023	06/30/2023						
63323-0464-39		J3490		05/15/2023	06/30/2023	UNCLASSIFIED DRUGS	PREMIERPRO RX SENSORCAINE-MPF (SDV,PF,LATEX-FREE) 0.25%	30	ML	VL	U	ML	1	EA	1	05/15/2023	06/30/2023						
63323-0464-39		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	PREMIERPRO RX SENSORCAINE-MPF (SDV,PF,LATEX-FREE) 0.25%	30	ML	VL	U	ML	0.5	MG	5	07/01/2023	99/99/9999						
63323-0466-38		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	PREMIERPRO RX SENSORCAINE-MPF (SDV,PF,LATEX-FREE) 0.5%	10	ML	VL	U	ML	0.5	MG	10	07/01/2023	99/99/9999						
63323-0466-38		J3490		03/07/2023	06/30/2023	UNCLASSIFIED DRUGS	PREMIERPRO RX SENSORCAINE-MPF (SDV,PF,LATEX-FREE) 0.5%	10	ML	VL	U	ML	1	EA	1	03/07/2023	06/30/2023						
63323-0466-39		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	PREMIERPRO RX SENSORCAINE-MPF (SDV,PF,LATEX-FREE) 0.5%	30	ML		U	ML	0.5	MG	10	07/01/2023	99/99/9999						
63323-0466-39		J3490		03/27/2023	06/30/2023	UNCLASSIFIED DRUGS	PREMIERPRO RX SENSORCAINE-MPF (SDV,PF,LATEX-FREE) 0.5%	30	ML		U	ML	1	EA	1	03/27/2023	06/30/2023						
63323-0469-01		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 50 MG/ML	1	ML	VL	IM	ML	50	MG	1	01/01/2002	99/99/9999						
63323-0469-05		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 50 MG/ML	5	ML	VL	IM	ML	50	MG	1	01/01/2002	99/99/9999						
63323-0471-01		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 100 MG/ML	1	ML	VL	IM	ML	50	MG	2	01/01/2002	99/99/9999						
63323-0471-05		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 100 MG/ML	5	ML	VL	IM	ML	50	MG	2	01/01/2002	99/99/9999						
63323-0471-41		J1631		03/04/2025	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	PREMIERPRO RX HALOPERIDOL 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	03/04/2025	99/99/9999						
63323-0471-44		J1631		07/12/2000	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	PREMIERPRO RX HALOPERIDOL DECANOATE 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	07/12/2000	99/99/9999						
63323-0474-01		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (VIAL) 5 MG/ML	1	ML	VL	IM	ML	5	MG	1	01/01/2002	99/99/9999						
63323-0474-10		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (M.D.V.) 5 MG/ML	10	ML	VL	IM	ML	5	MG	1	01/01/2002	99/99/9999						
63323-0482-26		J2004		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HCL WITH EPINEPHRINE, 1 MG	PREMIERPRO RX XYLOCAINE WITH EPINEPHRINE 1:100000-1%	20	ML		U	ML	1	MG	10	10/01/2024	99/99/9999						
63323-0485-26		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	PREMIERPRO RX XYLOCAINE (25X20ML,MDV) 1%	20	ML		U	ML	1	MG	10	10/01/2024	99/99/9999						
63323-0486-26		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	PREMIERPRO RX XYLOCAINE (USP, MDV) 2%	20	ML		U	ML	1	MG	20	10/01/2024	99/99/9999						
63323-0492-16		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	PREMIERPRO RX XYLOCAINE-MPF 1%	2	ML		EP	ML	1	MG	10	10/01/2024	99/99/9999						
63323-0492-26		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	PREMIERPRO RX XYLOCAINE-MPF (SDV) 1%	30	ML		EP	ML	1	MG	10	10/01/2024	99/99/9999						
63323-0492-36		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	PREMIERPRO RX XYLOCAINE-MPF 1%	5	ML		EP	ML	1	MG	10	10/01/2024	99/99/9999						
63323-0495-26		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	PREMIERPRO RX XYLOCAINE-MPF 2%	5	ML		U	ML	1	MG	20	10/01/2024	99/99/9999						
63323-0506-01		J1100		05/30/2003	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (LATEX-FREE) 10 MG/ML	1	ML	VL	U	ML	1	MG	10	05/30/2003	99/99/9999						
63323-0516-10		J1100		08/23/2005	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML	10	ML	VL	U	ML	1	MG	10	08/23/2005	99/99/9999						
63323-0517-74		J1644		06/15/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM-SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 25000 U/250 ML-0.45%	250	ML	BG	IV	ML	1000	U	0.1	06/15/2018	99/99/9999						
63323-0518-77		J1644		06/15/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM-SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 25000 U/500 ML-0.45%	500	ML	BG	IV	ML	1000	U	0.05	06/15/2018	99/99/9999						
63323-0522-77		J1644		06/15/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM-DEXTROSE (FREEFLEX BAG,LATEX-FREE) 5%-25000 U/500 ML	500	ML	BG	IV	ML	1000	U	0.05	06/15/2018	99/99/9999						
63323-0523-74		J1644		06/15/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM-DEXTROSE (FREEFLEX BAG,LATEX-FREE) 5%-25000 U/250 ML	250	ML	BG	IV	ML	1000	U	0.1	06/15/2018	99/99/9999						
63323-0530-75		J7131		01/10/2020	99/99/9999	HYPERTONIC SALINE SOLUTION, 1 ML	SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 3%	500	ML	FC	IV	ML	1	ML	1	01/10/2020	99/99/9999						
63323-0531-90		J1650		10/01/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (BROWN LABEL,PF) 80 MG/0.8 ML	0.8	ML	SR	U	ML	10	MG	10	10/01/2019	99/99/9999						
63323-0531-98		J1650		03/06/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (BROWN LABEL,PF) 80 MG/0.8 ML	0.8	ML	SY	U	ML	10	MG	10	03/06/2020	99/99/9999						
63323-0533-83		J1650		01/27/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (MED BLUE LABEL,PF) 30 MG/0.3 ML	0.3	ML	SR	U	ML	10	MG	10	01/27/2020	99/99/9999						
63323-0533-93		J1650		11/12/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (MEDIUM BLUE LABEL,PF) 30 MG/0.3 ML	0.3	ML	SR	U	ML	10	MG	10	11/12/2019	99/99/9999						
63323-0535-87		J1650		05/07/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (YELLOW LABEL,PF) 40 MG/0.4 ML	0.4	ML	SR	U	ML	10	MG	10	05/07/2020	99/99/9999						
63323-0535-98		J1650		10/01/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (PF) 40 MG/0.4 ML	0.4	ML	SR	U	ML	10	MG	10	10/01/2019	99/99/9999						
63323-0537-84		J1650		11/19/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (NAVY BLUE LABEL,PF) 150 MG/1 ML	1	ML	SR	U	ML	10	MG	15	11/19/2019	99/99/9999						
63323-0539-03		J1650		03/09/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (MDV;RED LABEL) 100 MG/1 ML	3	ML	VL	U	ML	10	MG	10	03/09/2020	99/99/9999						
63323-0540-01		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.,P.C.) 1000 U/ML	1	ML	VL	U	ML	1000	U	1	01/01/2002	99/99/9999						
63323-0540-11		J1644		01/01/2002	01/13/2020	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	10	ML	VL	U	ML	1000	U	1	01/01/2002	01/13/2020						
63323-0540-13		J1644		09/04/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25X1ML;MDV;USP) 1000 U/1 ML	1	ML	VL	U	ML	1000	U	1	09/04/2020	99/99/9999						
63323-0540-15		J1644		01/14/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV;G.C.,LATEX-FREE) 1000 U/1 ML	10	ML	VL	U	ML	1000	U	1	01/14/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0540-31		J1644		01/01/2002	01/13/2020	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	30	ML	VL	U	ML	1000	U	1	01/01/2002	01/13/2020						
63323-0540-36		J1644		01/14/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV;G.C.,LATEX-FREE) 1000 U/1 ML	30	ML	VL	U	ML	1000	U	1	01/14/2020	99/99/9999						
63323-0540-67		J1644		04/23/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM NOVAPLUS (25X10ML;MDV,LATEX-FREE) 1000 U/1 ML	10	ML	VL	U	ML	1000	U	1	04/23/2020	99/99/9999						
63323-0542-01		J1644		01/01/2002	11/30/2021	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.,P.C.) 10000 U/ML	1	ML	VL	U	ML	1000	U	10	01/01/2002	11/30/2021						
63323-0542-07		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 10000 U/ML	5	ML	VL	U	ML	1000	U	10	01/01/2002	99/99/9999						
63323-0542-13		J1644		11/20/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 10000 U/1 ML	1	ML	VL	U	ML	1000	U	10	11/20/2020	99/99/9999						
63323-0542-14		J1644		11/20/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X5ML,LATEX-FREE) 10000 U/1 ML	5	ML	VL	U	ML	1000	U	10	11/20/2020	99/99/9999						
63323-0543-13		J1644		08/25/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25X0.5ML,SDV,PF) 5000 U/0.5 ML	0.5	ML	VL	U	ML	1000	U	10	08/25/2020	99/99/9999						
63323-0544-01		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V.,P.C.) 10 U/ML	1	ML	VL	IV	ML	10	U	1	01/01/2002	99/99/9999						
63323-0544-11		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V.) 10 U/ML	10	ML	VL	IV	ML	10	U	1	01/01/2002	99/99/9999						
63323-0545-01		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V.,P.C.) 100 U/ML	1	ML	VL	IV	ML	10	U	10	01/01/2002	99/99/9999						
63323-0545-05		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V.) 100 U/ML	5	ML	VL	IV	ML	10	U	10	01/01/2002	99/99/9999						
63323-0559-65		J1650		03/22/2022	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (MED BLUE LABEL,PF) 30 MG/0.3 ML	0.3	ML	SR	SC	ML	10	MG	10	03/22/2022	99/99/9999						
63323-0559-93		J1650		10/15/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (MED BLUE LABEL,PF) 30 MG/0.3 ML	0.3	ML	SR	U	ML	10	MG	10	10/15/2019	99/99/9999						
63323-0564-65		J1650		07/25/2022	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (YELLOW LABEL, SD,PF) 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	07/25/2022	99/99/9999						
63323-0564-97		J1650		10/15/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (YELLOW LABEL,PF) 40 MG/0.4 ML	0.4	ML	SR	U	ML	10	MG	10	10/15/2019	99/99/9999						
63323-0565-86		J1650		04/01/2015	05/31/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (MDV;RED LABEL) 100 MG/ML	3	ML	VL	U	ML	10	MG	10	04/01/2015	05/31/2021						
63323-0566-65		J1650		01/06/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (SD,PF) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	01/06/2023	99/99/9999						
63323-0566-98		J1650		10/15/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (ORANGE LABEL,PF) 60 MG/0.6 ML	0.6	ML	SR	U	ML	10	MG	10	10/15/2019	99/99/9999						
63323-0568-83		J1650		04/01/2015	03/31/2022	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (MED BLUE LABEL,PF) 30 MG/0.3 ML	0.3	ML	SR	SC	ML	10	MG	10	04/01/2015	03/31/2022						
63323-0568-84		J1650		04/01/2015	09/30/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (BLACK LABEL,PF) 100 MG/ML	1	ML	SR	SC	ML	10	MG	10	04/01/2015	09/30/2021						
63323-0568-87		J1650		04/01/2015	11/30/2022	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (YELLOW LABEL,PF) 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	04/01/2015	11/30/2022						
63323-0568-88		J1650		04/01/2015	08/31/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (ORANGE LABEL,PF) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	04/01/2015	08/31/2021						
63323-0568-90		J1650		04/01/2015	05/31/2021	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	04/01/2015	05/31/2021						
63323-0569-84		J1650		04/01/2015	10/31/2020	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (NAVY BLUE LABEL,PF) 150 MG/ML	1	ML	SR	SC	ML	10	MG	15	04/01/2015	10/31/2020						
63323-0569-90		J1650		04/01/2015	09/30/2020	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PURPLE LABEL,PF) 120 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	15	04/01/2015	09/30/2020						
63323-0572-70		J9027		04/25/2017	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOFARABINE (PF,LATEX-FREE) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	04/25/2017	99/99/9999						
63323-0578-01	KO	J7643	KO	06/15/2018	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML		U	ML	1	MG	0.2	06/15/2018	12/31/2023						
63323-0578-01		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
63323-0578-01		J7643		06/15/2018	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML		U	ML	1	MG	0.2	06/15/2018	12/31/2023						
63323-0578-02		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
63323-0578-02		J7643		06/15/2018	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		U	ML	1	MG	0.2	06/15/2018	12/31/2023						
63323-0578-02	KO	J7643	KO	06/15/2018	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		U	ML	1	MG	0.2	06/15/2018	12/31/2023						
63323-0578-05		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	5	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
63323-0578-05		J7643		06/15/2018	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	5	ML		U	ML	1	MG	0.2	06/15/2018	12/31/2023						
63323-0578-05	KO	J7643	KO	06/15/2018	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	5	ML		U	ML	1	MG	0.2	06/15/2018	12/31/2023						
63323-0578-11		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	PREMIERPRO RX GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
63323-0578-11		J7643		07/31/2018	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PREMIERPRO RX GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML		U	ML	1	MG	0.2	07/31/2018	12/31/2023						
63323-0578-11	KO	J7643	KO	07/31/2018	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PREMIERPRO RX GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML		U	ML	1	MG	0.2	07/31/2018	12/31/2023						
63323-0578-12		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	PREMIERPRO RX GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
63323-0578-12		J7643		07/31/2018	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PREMIERPRO RX GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		U	ML	1	MG	0.2	07/31/2018	12/31/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0578-12	KO	J7643	KO	07/31/2018	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PREMIERPRO RX GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		IJ	ML	1	MG	0.2	07/31/2018	12/31/2023						
63323-0578-20		J7643		06/15/2018	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	20	ML		IJ	ML	1	MG	0.2	06/15/2018	12/31/2023						
63323-0578-20	KO	J7643	KO	06/15/2018	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	20	ML		IJ	ML	1	MG	0.2	06/15/2018	12/31/2023						
63323-0579-05		J2805		05/25/2023	99/99/9999	INJECTION, SINCALIDE, 5 MICROGRAMS	SINCALIDE (PF,LATEX-FREE) 5 MCG	10	EA		IV	EA	5	MCG	1	05/25/2023	99/99/9999						
63323-0580-20		J0461		05/22/2018	99/99/9999	INJECTION, ATROPINE SULFATE, 0.01 MG	ATROPINE SULFATE 0.4 MG/1 ML	20	ML	VL	IJ	ML	0.01	MG	40	05/22/2018	99/99/9999						
63323-0584-65		J1650		03/22/2022	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (BROWN LABEL,PF) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	03/22/2022	99/99/9999						
63323-0584-99		J1650		10/15/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (BROWN LABEL,PF) 80 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	10	10/15/2019	99/99/9999						
63323-0585-15		J0878		08/14/2019	09/29/2022	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 350 MG	1	EA	VL	IV	EA	1	MG	350	08/14/2019	09/29/2022						
63323-0586-65		J1650		01/06/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (SD,PF) 100 MG/1 ML	1	ML	SR	SC	ML	10	MG	10	01/06/2023	99/99/9999						
63323-0586-96		J1650		10/15/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (BLACK LABEL,PF) 100 MG/1 ML	1	ML	SR	IJ	ML	10	MG	10	10/15/2019	99/99/9999						
63323-0589-94		J1650		10/15/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (NAVY BLUE LABEL,PF) 150 MG/1 ML	1	ML	SR	IJ	ML	10	MG	15	10/15/2019	99/99/9999						
63323-0604-01		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (S.D.V.) 1 MG/ML	1	ML	VL	IV	ML	1	MG	1	01/01/2002	99/99/9999						
63323-0605-84		J1650		10/18/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (BLACK LABEL,PF) 100 MG/1 ML	1	ML	SR	IJ	ML	10	MG	10	10/18/2019	99/99/9999						
63323-0605-94		J1650		11/20/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (BLACK LABEL,PF) 100 MG/1 ML	1	ML	SR	IJ	ML	10	MG	10	11/20/2019	99/99/9999						
63323-0607-88		J1650		11/20/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (ORANGE LABEL,PF) 60 MG/0.6 ML	0.6	ML	SR	IJ	ML	10	MG	10	11/20/2019	99/99/9999						
63323-0607-98		J1650		05/13/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (10X0.6ML,PF) 60 MG/0.6 ML	0.6	ML	SR	IJ	ML	10	MG	10	05/13/2020	99/99/9999						
63323-0609-90		J1650		03/05/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (0.8MLX10,PF) 120 MG/0.8 ML	0.8	ML	SY	IJ	ML	10	MG	15	03/05/2020	99/99/9999						
63323-0614-01		J0360		01/01/2002	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (S.D.V.) 20 MG/ML	1	ML	VL	IJ	ML	20	MG	1	01/01/2002	99/99/9999						
63323-0614-55		J0360		03/26/2007	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	NOVAPLUS HYDRALAZINE HYDROCHLORIDE (USP,SDV,LATEX-FREE) 20 MG/ML	1	ML	VL	IJ	ML	20	MG	1	03/26/2007	99/99/9999						
63323-0616-03		J0282		08/02/2002	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (S.D.V.) 50 MG/ML	3	ML	VL	IV	ML	30	MG	1.66666	08/02/2002	99/99/9999						
63323-0616-09		J0282		12/16/2003	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (S.D.V.) 50 MG/ML	9	ML	VL	IV	ML	30	MG	1.66666	12/16/2003	99/99/9999						
63323-0617-10		J2260		05/14/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	05/14/2002	99/99/9999						
63323-0617-20		J2260		05/14/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	05/14/2002	99/99/9999						
63323-0617-50		J2260		05/14/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	50	ML	VL	IV	ML	5	MG	0.2	05/14/2002	99/99/9999						
63323-0624-50		J7060		11/19/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (FREEFLEX BAG,LATEX-FREE) 5%	50	ML	FC	IV	ML	500	ML	0.002	11/19/2019	99/99/9999						
63323-0626-00		J7799		10/02/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 0.45%	100	ML	PC	IV	ML	1	EA	1	10/02/2019	99/99/9999						
63323-0626-10		J7799		10/02/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 0.45%	1000	ML	FC	IV	ML	1	EA	1	10/02/2019	99/99/9999						
63323-0626-25		J7799		10/02/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 0.45%	250	ML	FC	IV	ML	1	EA	1	10/02/2019	99/99/9999						
63323-0626-50		J7799		10/02/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 0.45%	50	ML	FC	IV	ML	1	EA	1	10/02/2019	99/99/9999						
63323-0626-55		J7799		10/02/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 0.45%	500	ML	FC	IV	ML	1	EA	1	10/02/2019	99/99/9999						
63323-0637-10		J9017		09/19/2018	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (10X10 SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	09/19/2018	99/99/9999						
63323-0642-20		J3475		05/18/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/1 ML	20	ML	VL	IJ	ML	500	MG	1	05/18/2016	99/99/9999						
63323-0642-50		J3475		05/18/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/1 ML	50	ML	VL	IJ	ML	500	MG	1	05/18/2016	99/99/9999						
63323-0649-16		J0650		04/01/2024	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	LEVOTHYROXINE SODIUM NOVAPLUS (PF,LATEX-FREE) 100 MCG	1	EA		IV	EA	10	MCG	10	04/01/2024	99/99/9999						
63323-0651-02		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (PF) 3 MG/ML	2	ML	VL	IV	ML	1	MG	3	01/01/2015	99/99/9999						
63323-0651-04		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (PF) 3 MG/ML	4	ML	VL	IV	ML	1	MG	3	01/01/2015	99/99/9999						
63323-0651-20		J0153		05/02/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	05/02/2018	99/99/9999						
63323-0651-30		J0153		05/02/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	30	ML	VL	IV	ML	1	MG	3	05/02/2018	99/99/9999						
63323-0651-89		J0153		03/11/2019	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	SIMPLIST ADENOSINE (PF,LATEX-FREE) 3 MG/1 ML	2	ML	SR	IV	ML	1	MG	3	03/11/2019	99/99/9999						
63323-0651-90		J0153		03/11/2019	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	SIMPLIST ADENOSINE (PF,LATEX-FREE) 3 MG/1 ML	4	ML	SR	IV	ML	1	MG	3	03/11/2019	99/99/9999						
63323-0652-10		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	ESMOLOL HCL (25X10ML,PF) 10 MG/1 ML	10	ML		IV	ML	10	MG	1	07/01/2023	99/99/9999						
63323-0655-99		J1650		10/15/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PURPLE LABEL,PF) 120 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	15	10/15/2019	99/99/9999						
63323-0664-01		J1200		06/12/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	06/12/2002	99/99/9999						
63323-0665-01		J3105		06/21/2004	99/99/9999	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	TERBUTALINE SULFATE 1 MG/ML	1	ML	VL	SC	ML	1	MG	1	06/21/2004	99/99/9999						
63323-0673-05		J2469		04/24/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (SDV,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	04/24/2019	99/99/9999						
63323-0673-89		J2469		09/07/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	SIMPLIST PALONOSETRON HCL 0.05 MG/1 ML	5	ML	SR	IV	ML	25	MCG	2	09/07/2018	99/99/9999						
63323-0690-30		J7608		09/19/2012	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PDF) 20%	3	ML	SOL	IH	ML	1	GM	0.2	09/19/2012	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0690-30	KO	J7608	KO	09/19/2012	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PDF) 20%	3	ML	SOL	IH	ML	1	GM	0.2	09/19/2012	99/99/9999						
63323-0690-44		J7608		10/02/2019	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	PREMIERPRO RX ACETYLCYSTEINE (PF) 20%	30	ML	VL	IH	ML	1	GM	0.2	10/02/2019	99/99/9999						
63323-0690-44	KO	J7608	KO	10/02/2019	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	PREMIERPRO RX ACETYLCYSTEINE (PF) 20%	30	ML	VL	IH	ML	1	GM	0.2	10/02/2019	99/99/9999						
63323-0691-30		J7608		07/14/2014	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 10%	30	ML	VL	IH	ML	1	GM	0.1	07/14/2014	99/99/9999						
63323-0691-30	KO	J7608	KO	07/14/2014	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 10%	30	ML	VL	IH	ML	1	GM	0.1	07/14/2014	99/99/9999						
63323-0694-04	KO	J7608	KO	12/10/2013	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 20%	4	ML	VL	PO	ML	1	GM	0.2	12/10/2013	99/99/9999						
63323-0694-04		J7608		12/10/2013	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 20%	4	ML	VL	PO	ML	1	GM	0.2	12/10/2013	99/99/9999						
63323-0694-44		J7608		10/02/2019	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	PREMIERPRO RX ACETYLCYSTEINE (PF) 20%	4	ML	VL	IH	ML	1	GM	0.2	10/02/2019	99/99/9999						
63323-0694-44	KO	J7608	KO	10/02/2019	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	PREMIERPRO RX ACETYLCYSTEINE (PF) 20%	4	ML	VL	IH	ML	1	GM	0.2	10/02/2019	99/99/9999						
63323-0696-25		J0166		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE (BPI), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG	EPINEPHRINE SDV 1 MG/1 ML	1	ML		IJ	ML	0.1	MG	10	07/01/2025	99/99/9999						
63323-0696-25		J0171		11/25/2024	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE SDV 1 MG/1 ML	1	ML	VL	IJ	ML	0.1	MG	10	11/25/2024	06/30/2025						
63323-0698-30		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	EPINEPHRINE MDV 1 MG/1 ML	30	ML		IJ	ML	0.1	MG	10	07/01/2025	99/99/9999						
63323-0698-30		J0171		04/17/2025	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE MDV 1 MG/1 ML	30	ML	VL	IJ	ML	0.1	MG	10	04/17/2025	06/30/2025						
63323-0704-08		J0290		06/23/2017	12/11/2019	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 1 GM	10	EA	VL	IJ	EA	500	MG	2	06/23/2017	12/11/2019						
63323-0705-08		J0290		01/05/2017	10/02/2019	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 2 GM	10	EA	VL	IJ	EA	500	MG	4	01/05/2017	10/02/2019						
63323-0707-20		J0290		01/05/2017	08/04/2019	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	01/05/2017	08/04/2019						
63323-0708-00		J0290		12/01/2017	06/30/2021	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 500 MG	10	EA	VL	IJ	EA	500	MG	1	12/01/2017	06/30/2021						
63323-0713-13		J2020		03/25/2016	99/99/9999	INJECTION, LINEZOLID, 200MG	LINEZOLID (LATEX-FREE) 2 MG/1 ML	300	ML	FC	IV	ML	200	MG	0.01	03/25/2016	99/99/9999						
63323-0721-10		J9044		01/01/2019	12/31/2022	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	BORTEZOMIB, (SDV,LATEX-FREE) 3.5 MG	1	EA	VL	IV	EA	0.1	MG	35	01/01/2019	12/31/2022						
63323-0721-10		J9048		01/01/2023	03/18/2024	INJECTION, BORTEZOMIB (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	BORTEZOMIB, (SDV,LATEX-FREE) 3.5 MG	1	EA	VL	IV	EA	0.1	MG	35	01/01/2023	03/18/2024						
63323-0728-10		J2248		04/22/2020	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (LYOPHILIZED) 50 MG	10	EA	VL	IV	EA	1	MG	50	04/22/2020	99/99/9999						
63323-0729-10		J2248		04/22/2020	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (LYOPHILIZED) 100 MG	10	EA	VL	IV	EA	1	MG	100	04/22/2020	99/99/9999						
63323-0729-12		J2248		08/09/2021	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	PREMIERPRO RX MICAFUNGIN (SDV,PF,LATEX-FREE) 100 MG	10	EA	VL	IV	EA	1	MG	100	08/09/2021	99/99/9999						
63323-0733-10		J9209		01/01/2002	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	01/01/2002	99/99/9999						
63323-0733-11		J9209		01/01/2002	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	01/01/2002	99/99/9999						
63323-0738-20		J1308		04/01/2025	99/99/9999	INJECTION, FAMOTIDINE, 0.25 MG	FAMOTIDINE M.D.V., 10X20ML,CONCENTRATED 10 MG/1 ML	20	ML		IV	ML	0.25	MG	40	04/01/2025	99/99/9999						
63323-0738-20		J3490		01/01/2002	03/31/2025	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	01/01/2002	03/31/2025						
63323-0739-12		J1308		04/01/2025	99/99/9999	INJECTION, FAMOTIDINE, 0.25 MG	FAMOTIDINE SDV,CONCENTRATED 10 MG/1 ML	2	ML		IV	ML	0.25	MG	40	04/01/2025	99/99/9999						
63323-0739-12		J3490		05/14/2002	03/31/2025	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V.) 10 MG/ML	2	ML	VL	IV	ML	1	EA	1	05/14/2002	03/31/2025						
63323-0750-10		J9263		07/30/2015	07/26/2024	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SINGLE-USE VIAL; USP,PF) 5 MG/ML	10	ML	VL	IV	ML	0.5	MG	10	07/30/2015	07/26/2024						
63323-0750-20		J9263		12/17/2015	12/12/2024	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SINGLE-USE VIAL; USP,PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	12/17/2015	12/12/2024						
63323-0751-01		J2370		06/24/2019	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	06/24/2019	06/30/2023						
63323-0751-01		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
63323-0751-05		J2370		06/24/2019	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	06/24/2019	06/30/2023						
63323-0751-05		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
63323-0751-10		J2370		06/24/2019	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	06/24/2019	06/30/2023						
63323-0751-10		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
63323-0751-13		J2370		07/13/2020	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL NOVAPLUS 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	07/13/2020	06/30/2023						
63323-0751-13		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL NOVAPLUS 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
63323-0760-20		J9245		02/21/2018	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	MELPHALAN HYDROCHLORIDE (W/10ML DILUENT) 50 MG	1	EA	VL	IV	EA	50	MG	1	02/21/2018	99/99/9999						
63323-0771-39		J9025		04/13/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV) 100 MG	1	EA	VL	IJ	EA	1	MG	100	04/13/2017	99/99/9999						
63323-0778-10		J2800		01/11/2019	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	01/11/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0806-01		J3010		05/15/2019	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SDV,PF,LATEX-FREE) 50 MCG/1 ML	1	ML	VL	U	ML	0.1	MG	0.5	05/15/2019	99/99/9999						
63323-0806-02		J3010		05/15/2019	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SDV,PF,LATEX-FREE) 50 MCG/1 ML	2	ML	VL	U	ML	0.1	MG	0.5	05/15/2019	99/99/9999						
63323-0806-05		J3010		05/15/2019	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SDV,PF,LATEX-FREE) 50 MCG/1 ML	5	ML	VL	U	ML	0.1	MG	0.5	05/15/2019	99/99/9999						
63323-0806-20		J3010		05/15/2019	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SDV,PF,LATEX-FREE) 50 MCG/1 ML	20	ML	VL	IV	ML	0.1	MG	0.5	05/15/2019	99/99/9999						
63323-0806-50		J3010		05/15/2019	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SDV,PF,LATEX-FREE) 50 MCG/1 ML	50	ML	VL	IV	ML	0.1	MG	0.5	05/15/2019	99/99/9999						
63323-0808-11		J3010		01/22/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	SIMPLIST FENTANYL CITRATE (SD,PF) 50 MCG/1 ML	1	ML	SY	U	ML	0.1	MG	0.5	01/22/2021	99/99/9999						
63323-0810-20		J3010		06/26/2023	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	SIMPLIST FENTANYL CITRATE (SD,PF) 50 MCG/1 ML	2	ML	SR	U	ML	0.1	MG	0.5	06/26/2023	99/99/9999						
63323-0811-00		J2700		12/10/2020	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (PHARMACY BULK) 10 GM	1	EA	GC	IV	EA	250	MG	40	12/10/2020	99/99/9999						
63323-0812-20		J2700		12/10/2020	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (LATEX-FREE) 2 GM	10	EA	VL	U	EA	250	MG	8	12/10/2020	99/99/9999						
63323-0813-20		J2700		12/10/2020	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (LATEX-FREE) 1 GM	10	EA	VL	U	EA	250	MG	4	12/10/2020	99/99/9999						
63323-0817-20		J3010		09/24/2021	02/27/2023	INJECTION, FENTANYL CITRATE, 0.1 MG	SIMPLIST FENTANYL CITRATE (SD,PF) 50 MCG/1 ML	2	ML	SR	U	ML	0.1	MG	0.5	09/24/2021	02/27/2023						
63323-0821-10		J9041		04/19/2022	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB (SDV,PF,LATEX-FREE) 3.5 MG	1	EA	VL	U	EA	0.1	MG	35	04/19/2022	99/99/9999						
63323-0823-20		J1335		11/22/2019	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (SDV,LYOPHILIZED) 1 GM	10	EA	VL	U	EA	500	MG	2	11/22/2019	99/99/9999						
63323-0824-74		J7799		10/11/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (FREEFLEX,LATEX-FREE) 10%	250	ML	FC	IV	ML	1	EA	1	10/11/2019	99/99/9999						
63323-0824-75		J7799		10/11/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (FREEFLEX,LATEX-FREE) 10%	500	ML	FC	IV	ML	1	EA	1	10/11/2019	99/99/9999						
63323-0824-76		J7799		10/11/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (FREEFLEX,LATEX-FREE) 10%	1000	ML	FC	IV	ML	1	EA	1	10/11/2019	99/99/9999						
63323-0825-20		J0894		12/20/2019	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	12/20/2019	99/99/9999						
63323-0842-02		J0500		10/03/2019	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HCL 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	10/03/2019	99/99/9999						
63323-0850-74		J2280		07/20/2015	12/31/2022	INJECTION, MOXIFLOXACIN, 100 MG	MOXIFLOXACIN HCL (FREEFLEX,LATEX-FREE) 400 MG/250 ML	250	ML	FC	IV	ML	100	MG	0.016	07/20/2015	12/31/2022						
63323-0850-74		J2281		01/01/2023	99/99/9999	INJECTION, MOXIFLOXACIN (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J2280, 100 MG	MOXIFLOXACIN HCL (FREEFLEX,LATEX-FREE) 400 MG/250 ML	250	ML	FC	IV	ML	100	MG	0.016	01/01/2023	99/99/9999						
63323-0851-10		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (PF,LATEX-FREE) 10 MG/1 ML	1	ML		U	ML	0.1	MG	100	10/01/2024	99/99/9999						
63323-0851-15		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (PF,LATEX-FREE) 10 MG/1 ML	5	ML		U	ML	0.1	MG	100	10/01/2024	99/99/9999						
63323-0851-50		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (PF,LATEX-FREE) 10 MG/1 ML	50	ML		U	ML	0.1	MG	100	10/01/2024	99/99/9999						
63323-0852-25		J1170		06/19/2018	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (PF,LATEX-FREE) 1 MG/1 ML	1	ML	VL	U	ML	4	MG	0.25	06/19/2018	09/30/2024						
63323-0852-25		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (PF,LATEX-FREE) 1 MG/1 ML	1	ML		U	ML	0.1	MG	10	10/01/2024	99/99/9999						
63323-0853-25		J1170		06/19/2018	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (PF,LATEX-FREE) 2 MG/1 ML	1	ML	VL	U	ML	4	MG	0.5	06/19/2018	09/30/2024						
63323-0853-25		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (PF,LATEX-FREE) 2 MG/1 ML	1	ML		U	ML	0.1	MG	20	10/01/2024	99/99/9999						
63323-0854-10		J1170		06/19/2018	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (PF,LATEX-FREE) 4 MG/1 ML	1	ML	VL	U	ML	4	MG	1	06/19/2018	09/30/2024						
63323-0854-10		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL (PF,LATEX-FREE) 4 MG/1 ML	1	ML		U	ML	0.1	MG	40	10/01/2024	99/99/9999						
63323-0865-02		J0630		12/16/2024	99/99/9999	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	CALCITONIN-SALMON MDV 200 IU/1 ML	2	ML	VL	U	ML	400	IU	0.5	12/16/2024	99/99/9999						
63323-0867-10		A4216		04/27/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE/SODIUM CHLORIDE (FREEFLEX,PF,LATEX-FREE) 5%-0.3%	1000	ML	FC	IV	ML	10	ML	0.1	04/27/2021	99/99/9999						
63323-0867-74		A4216		04/27/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE/SODIUM CHLORIDE (FREEFLEX,PF,LATEX-FREE) 5%-0.3%	500	ML	FC	IV	ML	10	ML	0.1	04/27/2021	99/99/9999						
63323-0867-75		A4216		04/27/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE/SODIUM CHLORIDE (FREEFLEX,PF,LATEX-FREE) 5%-0.3%	250	ML		IV	ML	10	ML	0.1	04/27/2021	99/99/9999						
63323-0869-10		A4216		04/27/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE-SODIUM CHLORIDE (10X1000ML;USP,PF) 5%-0.45%	1000	ML	FC	IV	ML	10	ML	0.1	04/27/2021	99/99/9999						
63323-0869-74		A4216		04/27/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE-SODIUM CHLORIDE (20X500ML;USP,PF) 5%-0.45%	500	ML	FC	IV	ML	10	ML	0.1	04/27/2021	99/99/9999						
63323-0869-75		A4216		04/27/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE-SODIUM CHLORIDE (30X250ML;USP,PF) 5%-0.45%	250	ML		IV	ML	10	ML	0.1	04/27/2021	99/99/9999						
63323-0870-10		J7042		04/27/2021	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE-SODIUM CHLORIDE (20X500ML;USP,PF) 5%-0.9%	500	ML	FC	IV	ML	500	ML	0.002	04/27/2021	99/99/9999						
63323-0870-74		J7042		04/27/2021	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE-SODIUM CHLORIDE (10X1000ML;USP,PF) 5%-0.9%	1000	ML	FC	IV	ML	500	ML	0.002	04/27/2021	99/99/9999						
63323-0871-15		J0878		08/30/2016	06/30/2024	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	08/30/2016	06/30/2024						
63323-0873-10		A4216		04/27/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE-SODIUM CHLORIDE (10X1000ML;USP,PF) 5%-0.225%	1000	ML	FC	IV	ML	10	ML	0.1	04/27/2021	99/99/9999						
63323-0873-74		A4216		04/27/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE-SODIUM CHLORIDE (20X500ML;USP,PF) 5%-0.225%	500	ML	FC	IV	ML	10	ML	0.1	04/27/2021	99/99/9999						
63323-0873-75		A4216		04/27/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE-SODIUM CHLORIDE (30X250ML;USP,PF) 5%-0.225%	250	ML	FC	IV	ML	10	ML	0.1	04/27/2021	99/99/9999						
63323-0874-10		A4216		04/27/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE-SODIUM CHLORIDE (FREE-FLEX,PF,LATEX-FREE) 2.5%-0.45%	1000	ML	FC	IV	ML	10	ML	0.1	04/27/2021	99/99/9999						
63323-0877-15		J2545		01/01/2007	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	NEBUPENT (S.D.V.,PF) 300 MG	1	EA	VL	IH	EA	300	MG	1	01/01/2007	99/99/9999						
63323-0883-05		J9000		08/06/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV,PF) 2 MG/ML	5	ML	VL	IV	ML	10	MG	0.2	08/06/2007	99/99/9999						
63323-0883-10		J9000		08/06/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV,PF) 2 MG/ML	10	ML	VL	IV	ML	10	MG	0.2	08/06/2007	99/99/9999						
63323-0883-30		J9000		08/06/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV,PF) 2 MG/ML	25	ML	VL	IV	ML	10	MG	0.2	08/06/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0885-10		J0651		04/01/2024	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J0650, 10 MCG	LEVOTHYROXINE SODIUM (PF,LATEX-FREE) 20 MCG/1 ML	5	ML		IV	ML	10	MCG	2	04/01/2024	99/99/9999						
63323-0885-12		J0651		04/01/2024	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J0650, 10 MCG	PREMIERPRO RX LEVOTHYROXINE SODIUM (SDV,PF,LATEX-FREE) 20 MCG/1 ML	5	ML		IV	ML	10	MCG	2	04/01/2024	99/99/9999						
63323-0885-14		J0651		04/01/2024	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J0650, 10 MCG	LEVOTHYROXINE SODIUM NOVAPLUS (SDV,PF,LATEX-FREE) 20 MCG/1 ML	5	ML		IV	ML	10	MCG	2	04/01/2024	99/99/9999						
63323-0890-10		J0651		04/01/2024	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J0650, 10 MCG	LEVOTHYROXINE SODIUM (PF,LATEX-FREE) 40 MCG/1 ML	5	ML		IV	ML	10	MCG	4	04/01/2024	99/99/9999						
63323-0895-10		J0651		04/01/2024	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J0650, 10 MCG	LEVOTHYROXINE SODIUM (PF,LATEX-FREE) 100 MCG/1 ML	5	ML		IV	ML	10	MCG	10	04/01/2024	99/99/9999						
63323-0915-01		J1644		01/01/2002	06/25/2020	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.,P.C.) 20000 U/ML	1	ML	VL	U	ML	1000	U	20	01/01/2002	06/25/2020						
63323-0915-13		J1644		06/26/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V;G.C.,LATEX-FREE) 20000 U/1 ML	1	ML	VL	U	ML	1000	U	20	06/26/2020	99/99/9999						
63323-0924-10		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (M.D.V.,P.C.) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
63323-0924-30		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (M.D.V.,P.C.) 0.9%	30	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
63323-0926-88		J9319		01/17/2022	99/99/9999	INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG	ROMIDEPSIN (W/DILUENT,LATEX-FREE) 10 MG	1	EA		IV	EA	0.1	MG	100	01/17/2022	99/99/9999						
63323-0930-01		J2598		06/02/2023	99/99/9999	INJECTION, VASOPRESSIN, 1 UNIT	VASOPRESSIN (SDV,PF,LATEX-FREE) 20 U/1 ML	1	ML		IV	ML	1	U	20	06/02/2023	99/99/9999						
63323-0942-05		J2469		03/27/2018	04/23/2019	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/27/2018	04/23/2019						
63323-0943-10		J0330		05/20/2021	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (25X10ML;MDV,LATEX-FREE) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	05/20/2021	99/99/9999						
63323-0963-44		J0132		10/02/2019	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG	PREMIERPRO RX ACETYLCYSTEINE (SDV,PF,LATEX-FREE) 200 MG/1 ML	30	ML	VL	IV	ML	100	MG	2	10/02/2019	99/99/9999						
63323-0965-05		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	5	ML	VL	IV	ML	2	MEQ	1	01/01/2002	99/99/9999						
63323-0965-10		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	10	ML	VL	IV	ML	2	MEQ	1	01/01/2002	99/99/9999						
63323-0965-20		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	20	ML	VL	IV	ML	2	MEQ	1	01/01/2002	99/99/9999						
63323-0966-00		J3489		03/31/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 5 MG/100 ML	100	ML	VL	IV	ML	1	MG	0.05	03/31/2017	99/99/9999						
63323-0967-30		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (M.D.V.,P.C.) 2 MEQ/ML	30	ML	VL	IV	ML	2	MEQ	1	01/01/2002	99/99/9999						
63323-0972-10		J1453		09/10/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/10/2019	99/99/9999						
63323-0981-21		J2543		09/10/2019	11/16/2023	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE USE,PF) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	09/10/2019	11/16/2023						
63323-0981-53		J2543		09/23/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PREMIERPRO RX PIPERACILLIN AND TAZOBACTAM (SDV,PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	09/23/2019	99/99/9999						
63323-0982-52		J2543		05/15/2019	08/08/2021	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE USE,PF) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	05/15/2019	08/08/2021						
63323-0982-54		J2543		02/02/2021	08/08/2021	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PREMIERPRO RX PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	02/02/2021	08/08/2021						
63323-0983-21		J2543		07/11/2019	11/16/2023	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE USE,PF) 3 GM-0.375 GM	10	EA	CT	IV	EA	1.125	GM	3	07/11/2019	11/16/2023						
63323-0983-53		J2543		09/23/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PREMIERPRO RX PIPERACILLIN AND TAZOBACTAM (SDV,PF) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	09/23/2019	99/99/9999						
63402-0201-00		J7643		02/16/2018	06/30/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	LONHALA MAGNAIR (STARTER KIT) 25 MCG/1 ML	1	ML	VL	IH	ML	1	MG	0.025	02/16/2018	06/30/2023						
63402-0201-00	KO	J7643	KO	02/16/2018	06/30/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	LONHALA MAGNAIR (STARTER KIT) 25 MCG/1 ML	1	ML	VL	IH	ML	1	MG	0.025	02/16/2018	06/30/2023						
63402-0301-01		J7643		02/16/2018	06/30/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	LONHALA MAGNAIR (REFILL KIT) 25 MCG/1 ML	1	ML	VL	IH	ML	1	MG	0.025	02/16/2018	06/30/2023						
63402-0301-01	KO	J7643	KO	02/16/2018	06/30/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	LONHALA MAGNAIR (REFILL KIT) 25 MCG/1 ML	1	ML	VL	IH	ML	1	MG	0.025	02/16/2018	06/30/2023						
63402-0911-30	KO	J7605	KO	01/01/2008	01/01/2024	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	BROVANA 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	01/01/2008	01/01/2024						
63402-0911-64	KO	J7605	KO	01/01/2008	01/01/2024	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	BROVANA (60X2ML) 15 MCG/2 ML	2	ML	VL	IH	ML	15	MCG	0.5	01/01/2008	01/01/2024						
63459-0103-10		Q5115		11/09/2019	99/99/9999	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	TRUXIMA (SDV,PF) 10 MG/1 ML	10	ML	VL	IV	ML	10	MG	1	11/09/2019	99/99/9999						
63459-0104-50		Q5115		11/09/2019	99/99/9999	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	TRUXIMA (SDV,PF) 10 MG/1 ML	50	ML	VL	IV	ML	10	MG	1	11/09/2019	99/99/9999						
63459-0177-14		J9262		11/12/2012	12/27/2023	INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG	SYNRIBO (PF,LYOPHILIZED) 3.5MG	1	EA	VL	SC	EA	0.01	MG	350	11/12/2012	12/27/2023						
63459-0391-20		J3490		03/31/2008	99/99/9999	UNCLASSIFIED DRUGS	TREANDA	1	EA	VL	IV	EA	1	EA	1	03/31/2008	99/99/9999						
63459-0601-06		J9017		12/05/2017	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	TRISENOX (PF) 2 MG/1 ML	6	ML	VL	IV	ML	1	MG	2	12/05/2017	99/99/9999						
63459-0918-59		J1447		09/04/2018	99/99/9999	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	GRANIX (PF) 300 MCG/1 ML	1	ML	VL	SC	ML	1	MCG	300	09/04/2018	99/99/9999						
63459-0920-59		J1447		09/04/2018	07/31/2025	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	GRANIX (PF) 480 MCG/1.6 ML	1.6	ML	VL	SC	ML	1	MCG	300	09/04/2018	07/31/2025						
63561-0121-01		J7512		04/01/2025	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE USP 10 MG	100	EA		PO	EA	1	MG	10	04/01/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63561-0122-01		J7512		04/01/2025	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE USP 20 MG	100	EA		PO	EA	1	MG	20	04/01/2025	99/99/9999						
63629-1262-01		J8999		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	AROMASIN 25 MG	30	EA	NA	PO	EA	1	EA	1	11/01/2004	99/99/9999						
63629-1335-01		Q0164		01/01/2014	12/31/2017	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	12/31/2017						
63629-1335-02		Q0164		01/01/2014	12/31/2017	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	12/31/2017						
63629-1335-03		Q0164		01/01/2014	12/31/2017	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2014	12/31/2017						
63629-1343-01		Q0163		11/01/2004	11/10/2021	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	30	EA	BO	PO	EA	50	MG	0.5	11/01/2004	11/10/2021						
63629-1343-02		Q0163		11/01/2004	11/10/2021	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	20	EA	BO	PO	EA	50	MG	0.5	11/01/2004	11/10/2021						
63629-1343-03		Q0163		11/01/2004	11/10/2021	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	42	EA	BO	PO	EA	50	MG	0.5	11/01/2004	11/10/2021						
63629-1343-04		Q0163		11/01/2004	11/10/2021	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	24	EA	BO	PO	EA	50	MG	0.5	11/01/2004	11/10/2021						
63629-1349-01		Q0163		11/01/2004	12/31/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	15	EA	BO	PO	EA	50	MG	1	11/01/2004	12/31/2017						
63629-1349-02		Q0163		11/01/2004	12/31/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	20	EA	BO	PO	EA	50	MG	1	11/01/2004	12/31/2017						
63629-1349-03		Q0163		11/01/2004	12/31/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	30	EA	BO	PO	EA	50	MG	1	11/01/2004	12/31/2017						
63629-1472-01		None		11/01/2004	10/27/2022	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30	EA	NA	PO	EA	2.5	MG	1	11/01/2004	10/27/2022						
63629-1472-02		None		02/01/2009	10/27/2022	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	12	EA	BO	PO	EA	2.5	MG	1	02/01/2009	10/27/2022						
63629-1533-01		Q0177		11/01/2004	02/28/2017	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYYZINE PAMOATE 25 MG	20	EA	NA	PO	EA	25	MG	1	11/01/2004	02/28/2017						
63629-1533-02		Q0177		11/01/2004	02/28/2017	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYYZINE PAMOATE 25 MG	30	EA	NA	PO	EA	25	MG	1	11/01/2004	02/28/2017						
63629-1587-01		J7512		01/01/2016	07/25/2024	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	NA	PO	EA	1	MG	20	01/01/2016	07/25/2024						
63629-1587-02		J7512		01/01/2016	07/25/2024	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	NA	PO	EA	1	MG	20	01/01/2016	07/25/2024						
63629-1587-03		J7512		01/01/2016	07/25/2024	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	40	EA	NA	PO	EA	1	MG	20	01/01/2016	07/25/2024						
63629-1587-04		J7512		01/01/2016	07/25/2024	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	15	EA	NA	PO	EA	1	MG	20	01/01/2016	07/25/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63629-1591-01		Q0169		11/01/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	12	EA	NA	PO	EA	12.5	MG	1	11/01/2004	99/99/9999						
63629-1591-02		Q0169		11/01/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	4	EA	NA	PO	EA	12.5	MG	1	11/01/2004	99/99/9999						
63629-1591-03		Q0169		11/01/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	2	EA	NA	PO	EA	12.5	MG	1	11/01/2004	99/99/9999						
63629-1591-04		Q0169		11/01/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	30	EA	NA	PO	EA	12.5	MG	1	11/01/2004	99/99/9999						
63629-1605-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	78	EA	NA	PO	EA	1	MG	5	01/01/2016	99/99/9999						
63629-1605-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	36	EA	NA	PO	EA	1	MG	5	01/01/2016	99/99/9999						
63629-1605-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	NA	PO	EA	1	MG	5	01/01/2016	99/99/9999						
63629-1605-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	15	EA	NA	PO	EA	1	MG	5	01/01/2016	99/99/9999						
63629-1676-01		J8499		11/01/2004	01/14/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	11/01/2004	01/14/2020						
63629-1676-02		J8499		11/01/2004	01/14/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	11/01/2004	01/14/2020						
63629-1676-03		J8499		11/01/2004	01/14/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1	EA	1	11/01/2004	01/14/2020						
63629-1677-01		J8499		11/01/2004	10/01/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1	EA	1	11/01/2004	10/01/2018						
63629-1677-02		J8499		11/01/2004	10/01/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	28	EA	BO	PO	EA	1	EA	1	11/01/2004	10/01/2018						
63629-1677-03		J8499		11/01/2004	10/01/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	11/01/2004	10/01/2018						
63629-1678-01		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999						
63629-1678-02		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999						
63629-1678-03		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999						
63629-1742-01		Q0169		01/01/2014	10/05/2022	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 25 MG	15	EA	BO	PO	EA	12.5	MG	2	01/01/2014	10/05/2022						
63629-1742-02		Q0169		01/01/2014	10/05/2022	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	10/05/2022						
63629-1742-03		Q0169		01/01/2014	10/05/2022	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	10/05/2022						
63629-1742-04		Q0169		01/01/2014	10/05/2022	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	10/05/2022						
63629-1841-01		Q0164		11/01/2004	10/05/2022	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	20	EA	NA	PO	EA	5	MG	1	11/01/2004	10/05/2022						
63629-1856-01		Q0177		11/01/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYYZINE PAMOATE 25 MG	30	EA	NA	PO	EA	25	MG	1	11/01/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63629-1856-02		Q0177		11/01/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYYZINE PAMOATE 25 MG	60	EA	NA	PO	EA	25	MG	1	11/01/2004	99/99/9999						
63629-1862-01		J7510		11/01/2004	11/16/2021	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	60	ML	NA	PO	ML	5	MG	0.6	11/01/2004	11/16/2021						
63739-0165-10		J8999		02/27/2007	12/31/2020	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP) 40 MG	100	EA	BX	PO	EA	1	EA	1	02/27/2007	12/31/2020						
63739-0213-10		Q0169		01/01/2014	09/30/2024	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BX	PO	EA	12.5	MG	2	01/01/2014	09/30/2024						
63739-0269-10		J8999		02/27/2007	12/31/2022	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	100	EA	BX	PO	EA	1	EA	1	02/27/2007	12/31/2022						
63739-0901-28		J1644		06/13/2014	12/31/2024	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X10ML,LATEX-FREE) 5000 U/ML	10	ML	VL	U	ML	1000	U	5	06/13/2014	12/31/2024						
63739-0920-25		J1644		06/13/2014	08/31/2024	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 1000 U/ML	1	ML	VL	U	ML	1000	U	1	06/13/2014	08/31/2024						
63739-0953-25		J1644		06/13/2014	04/30/2025	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X10ML,LATEX-FREE) 5000 U/ML	1	ML	VL	U	ML	1000	U	5	06/13/2014	04/30/2025						
63739-0964-25		J1644		06/13/2014	07/31/2024	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 10000 U/ML	1	ML	VL	U	ML	1000	U	10	06/13/2014	07/31/2024						
63739-0986-25		J1644		06/13/2014	08/31/2024	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 20000 U/ML	1	ML	VL	U	ML	1000	U	20	06/13/2014	08/31/2024						
63807-0100-11		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	10	ML	BX	U	ML	10	ML	0.1	01/01/2007	99/99/9999						
63807-0100-33		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	2.5	ML	BX	U	ML	10	ML	0.1	01/01/2007	99/99/9999						
63807-0100-51		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	5	ML	BX	U	ML	10	ML	0.1	01/01/2007	99/99/9999						
63807-0400-31		J1642		01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 2 U/ML	5	ML	SR	IV	ML	10	U	0.2	01/01/2007	99/99/9999						
63807-0400-35		J1642		04/12/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (USP,3MLX100,PF) 2 U/ML	3	ML	SR	IV	ML	10	U	0.2	04/12/2007	99/99/9999						
63807-0500-31		J1642		01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 10 U/ML	3	ML	SR	IV	ML	10	U	1	01/01/2007	99/99/9999						
63807-0500-51		J1642		01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 10 U/ML	5	ML	SR	IV	ML	10	U	1	01/01/2007	99/99/9999						
63807-0600-31		J1642		01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 100 U/ML	3	ML	SR	IV	ML	10	U	10	01/01/2007	99/99/9999						
63807-0600-51		J1642		01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 100 U/ML	5	ML	SR	IV	ML	10	U	10	01/01/2007	99/99/9999						
63807-0600-55		J1642		05/10/2005	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH 100 U/ML	5	ML	SR	IV	ML	10	U	10	05/10/2005	99/99/9999						
63833-0387-02		J7165		04/01/2024	99/99/9999	INJECTION, PROTHROMBIN COMPLEX CONCENTRATE, HUMAN-LANS, PER I.U. OF FACTOR IX ACTIVITY	KCENTRA (1000U,LYOPHILIZED) 1 IU	1	EA		MR	EA	1	IU	1	04/01/2024	99/99/9999						
63868-0087-01		Q0163		01/01/2002	03/31/2022	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MEDIPHEDRYL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	03/31/2022						
63868-0087-24		Q0163		01/01/2002	03/31/2022	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MEDIPHEDRYL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	01/01/2002	03/31/2022						
63868-0500-01		Q0163		01/01/2002	03/02/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MEDIPHEDRYL (MINITAB) 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	03/02/2020						
63868-0789-24		Q0163		11/01/2003	03/02/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	QUALITY CHOICE REST SIMPLY (CAPLET) 25 MG	24	EA	BX	PO	EA	50	MG	0.5	11/01/2003	03/02/2020						
63874-0005-01		Q0163		01/01/2002	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	NA	PO	EA	50	MG	0.5	01/01/2002	04/01/2020						
63874-0005-02		Q0163		01/01/2002	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	NA	PO	EA	50	MG	0.5	01/01/2002	04/01/2020						
63874-0005-06		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	6	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0005-09		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	9	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-10		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-12		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	12	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-14		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	14	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-15		Q0163		01/01/2002	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15	EA	NA	PO	EA	50	MG	0.5	01/01/2002	04/01/2020						
63874-0005-20		Q0163		01/01/2002	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	NA	PO	EA	50	MG	0.5	01/01/2002	04/01/2020						
63874-0005-21		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	21	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-24		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-25		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	25	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-28		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	28	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-30		Q0163		01/01/2002	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BX	PO	EA	50	MG	0.5	01/01/2002	04/01/2020						
63874-0005-40		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	40	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-45		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	45	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-60		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-90		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	90	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0246-00		Q0144		03/15/2006	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (Z-PACK) 250 MG	6	EA	NA	PO	EA	1	GM	0.25	03/15/2006	04/01/2020						
63874-0246-04		Q0144		03/15/2006	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	03/15/2006	04/01/2020						
63874-0246-06		Q0144		03/15/2006	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6	EA	BO	PO	EA	1	GM	0.25	03/15/2006	04/01/2020						
63874-0246-10		Q0144		03/15/2006	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10	EA	BO	PO	EA	1	GM	0.25	03/15/2006	04/01/2020						
63874-0246-15		Q0144		03/15/2006	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	15	EA	BO	PO	EA	1	GM	0.25	03/15/2006	04/01/2020						
63874-0370-60		Q0169		01/01/2014	04/01/2020	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	04/01/2020						
63874-0413-21		J7509		01/01/2002	09/23/2019	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	09/23/2019						
63874-0442-02		Q0177		05/11/2004	04/01/2020	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	1000	EA	NA	PO	EA	25	MG	1	05/11/2004	04/01/2020						
63874-0442-03		Q0177		05/11/2004	04/01/2020	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	500	EA	NA	PO	EA	25	MG	1	05/11/2004	04/01/2020						
63874-0708-20		J7611		04/01/2008	05/01/2020	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20	ML	NA	IH	ML	1	MG	5	04/01/2008	05/01/2020						
63874-0712-12		Q0169		01/01/2014	04/01/2020	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	NA	PO	ML	12.5	MG	0.1	01/01/2014	04/01/2020						
63874-0806-12		J8498		01/15/2006	04/01/2020	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	NA	RC	EA	1	EA	1	01/15/2006	04/01/2020						
64011-0247-02		J1726		01/01/2018	12/31/2023	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	MAKENA 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	01/01/2018	12/31/2023						
64011-0301-03		J1726		02/14/2018	12/31/2023	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	MAKENA (PF) 275 MG/1.1 ML	1.1	ML	VL	SC	ML	10	MG	25	02/14/2018	12/31/2023						
64019-0750-85		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
64019-0750-88		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
64208-8234-02		J1557		01/01/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID) 500 MG	GAMMAPLEX (1X100ML,SINGLE USE) 5 GM/ 100 ML	1	ML	VL	IV	ML	1	EA	0.1	01/01/2012	99/99/9999						
64208-8234-03		J1557		01/01/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID) 500 MG	GAMMAPLEX (1X200ML,SINGLE USE) 10 GM/ 200 ML	1	ML	VL	IV	ML	1	EA	0.1	01/01/2012	99/99/9999						
64208-8234-06		J1557		07/26/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAPLEX (1X100ML,SINGLE USE) 5 GM/100ML	100	ML	VL	IV	ML	500	MG	0.1	07/26/2013	99/99/9999						
64208-8234-07		J1557		07/26/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAPLEX (1X200ML,SINGLE USE) 10 GM/200ML	200	ML	VL	IV	ML	500	MG	0.1	07/26/2013	99/99/9999						
64208-8235-01		J1557		04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX 10% (INNER PACK NDC,PF) 100 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.2	04/01/2017	99/99/9999						
64208-8235-02		J1557		04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX 10% (INNER PACK NDC,PF) 100 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.2	04/01/2017	99/99/9999						
64208-8235-03		J1557		04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX 10% (INNER PACK NDC,PF) 100 MG/1 ML	200	ML	VL	IV	ML	500	MG	0.2	04/01/2017	99/99/9999						
64208-8235-05		J1557		04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX 10% (PF,LATEX-FREE) 100 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.2	04/01/2017	99/99/9999						
64208-8235-06		J1557		04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX 10% (PF,LATEX-FREE) 100 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.2	04/01/2017	99/99/9999						
64208-8235-07		J1557		04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX 10% (PF,LATEX-FREE) 100 MG/1 ML	200	ML	VL	IV	ML	500	MG	0.2	04/01/2017	99/99/9999						
64253-0020-30		A4216		07/06/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER FOR INJECTION (60X10ML;USP)	10	ML	SR	IJ	ML	10	ML	0.1	07/06/2020	99/99/9999						
64253-0111-23		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
64253-0111-30		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN W/LUER LOCK,PF) 0.9%	10	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
64253-0111-35		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML W/LUER LOK,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
64253-0222-21		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 10 U/ML-0.9%	1	ML	SR	IV	ML	10	U	1	05/01/2019	99/99/9999	01/01/2002	02/03/2016	1			
64253-0222-35		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,12 ML W/LUER LOCK) 10 U/ML-0.9%	5	ML	SR	IV	ML	10	U	1	01/01/2002	99/99/9999						
64253-0333-33		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,12 ML W/LUER LOCK) 100 U/ML-0.9%	3	ML	SR	IV	ML	10	U	10	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
64253-0333-35		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,12 ML W/LUER LOCK) 100 U/ML-0.9%	5	ML	SR	IV	ML	10	U	10	01/01/2002	99/99/9999						
64253-0900-91		J0618		07/01/2025	99/99/9999	INJECTION, CALCIUM CHLORIDE, 2 MG	CALCIUM CHLORIDE 10X10ML,SD 100 MG/1 ML	10	ML		IV	ML	2	MG	50	07/01/2025	99/99/9999						
64281-0100-06		J7674		01/01/2005	99/99/9999	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG	PROVOCHOLINE 100 MG	1	EA	VL	IH	EA	1	MG	100	01/01/2005	99/99/9999						
64370-0532-01		J9390		06/23/2008	10/31/2021	INJECTION, VINORELBINE TARTRATE, 10 MG	NAVELBINE (1X1ML,SINGLE USE,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	06/23/2008	10/31/2021						
64370-0532-02		J9390		06/23/2008	10/31/2021	INJECTION, VINORELBINE TARTRATE, 10 MG	NAVELBINE (1X5ML,SINGLE USE,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	06/23/2008	10/31/2021						
64380-0153-01		J8499		09/07/2022	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	60	EA	BO	PO	EA	1	EA	1	09/07/2022	99/99/9999						
64380-0158-01		J8999		03/21/2022	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	100	EA		PO	EA	1	EA	1	03/21/2022	99/99/9999						
64380-0160-01		J8999		03/21/2022	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/1 ML	240	ML	BO	PO	ML	1	EA	1	03/21/2022	99/99/9999						
64380-0160-02		J8999		03/21/2022	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/1 ML	480	ML	BO	PO	ML	1	EA	1	03/21/2022	99/99/9999						
64380-0161-01		J8499		07/01/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE FILM-COATED 450 MG	60	EA		PO	EA	1	EA	1	07/01/2025	99/99/9999						
64380-0719-04		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (GLUTEN-FREE,FILM-COATED) 200 MG-300 MG	30	EA		PO	EA	200	MG	1	01/02/2024	99/99/9999						
64380-0720-06		J7507		09/10/2014	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	09/10/2014	99/99/9999						
64380-0721-06		J7507		09/10/2014	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 1 MG	100	EA	BO	PO	EA	1	MG	1	09/10/2014	99/99/9999						
64380-0722-06		J7507		09/10/2014	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 5 MG	100	EA	BO	PO	EA	1	MG	5	09/10/2014	99/99/9999						
64380-0725-06		J7517		01/06/2014	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	01/06/2014	99/99/9999						
64380-0725-07		J7517		05/01/2014	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (USP,FILM-COATED) 500 MG	500	EA	BO	PO	EA	250	MG	2	05/01/2014	99/99/9999						
64380-0726-06		J7517		01/06/2014	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	01/06/2014	99/99/9999						
64380-0726-07		J7517		05/01/2014	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (USP,HARD GELATIN) 250 MG	500	EA		PO	EA	250	MG	1	05/01/2014	99/99/9999						
64380-0782-06		J7512		08/19/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 1 MG	100	EA		PO	EA	1	MG	1	08/19/2021	99/99/9999						
64380-0783-06		J7512		08/19/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	100	EA		PO	EA	1	MG	5	08/19/2021	99/99/9999						
64380-0783-08		J7512		08/19/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	1000	EA		PO	EA	1	MG	5	08/19/2021	99/99/9999						
64380-0784-06		J7512		08/19/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	100	EA		PO	EA	1	MG	10	08/19/2021	99/99/9999						
64380-0784-07		J7512		08/19/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	500	EA	BO	PO	EA	1	MG	10	08/19/2021	99/99/9999						
64380-0784-08		J7512		08/19/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	1000	EA		PO	EA	1	MG	10	08/19/2021	99/99/9999						
64380-0785-06		J7512		08/19/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	08/19/2021	99/99/9999						
64380-0785-07		J7512		08/19/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	500	EA		PO	EA	1	MG	20	08/19/2021	99/99/9999						
64380-0785-08		J7512		08/19/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	1	MG	20	08/19/2021	99/99/9999						
64380-0835-06		J7512		08/19/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 2.5 MG	100	EA		PO	EA	1	MG	2.5	08/19/2021	99/99/9999						
64380-0949-06		J7512		05/25/2022	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	100	EA		PO	EA	1	MG	50	05/25/2022	99/99/9999						
64406-0109-01		J1304		01/01/2024	99/99/9999	INJECTION, TOFERSEN, 1 MG	QALSODY (PF) 6.7 MG/1 ML	15	ML		IN	ML	1	MG	6.7	01/01/2024	99/99/9999						
64679-0012-01		J2543		06/12/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	06/12/2017	99/99/9999						
64679-0034-01		J2543		06/12/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	06/12/2017	99/99/9999						
64679-0056-01		J2543		06/12/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	06/12/2017	99/99/9999						
64679-0067-02		J0894		04/09/2019	09/18/2025	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	04/09/2019	09/18/2025						
64679-0096-01		J9025		12/23/2016	07/01/2023	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV) 100 MG	1	EA	VL	IJ	EA	1	MG	100	12/23/2016	07/01/2023						
64679-0636-01		J2354		05/11/2011	12/31/2018	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,PF) 50 MCG/1 ML	1	ML		IJ	ML	25	MCG	2	05/11/2011	12/31/2018						
64679-0636-02		J2354		05/11/2011	12/31/2018	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,PF) 50 MCG/1 ML	1	ML		IJ	ML	25	MCG	2	05/11/2011	12/31/2018						
64679-0661-01		J1626		06/30/2008	09/18/2025	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE 1 MG/1 ML	1	ML	CT	IV	ML	100	MCG	10	06/30/2008	09/18/2025						
64679-0661-04		J1626		06/30/2008	09/18/2025	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE 1 MG/1 ML	1	ML	VL	IV	ML	100	MCG	10	06/30/2008	09/18/2025						
64679-0662-02		J1626		03/03/2008	09/18/2025	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (PF) 0.1 MG/1 ML	1	ML	CT	IV	ML	100	MCG	1	03/03/2008	09/18/2025						
64679-0679-01		J2543		06/12/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 36 GM-4.5 GM	1	EA	VL	IV	EA	1.125	GM	36	06/12/2017	99/99/9999						
64679-0698-01		J2700		03/12/2018	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 1 GM	10	EA	VL	IJ	EA	250	MG	4	03/12/2018	99/99/9999						
64679-0699-01		J2700		03/12/2018	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 2 GM	10	EA	VL	IJ	EA	250	MG	8	03/12/2018	99/99/9999						
64679-0700-01		J2700		11/24/2017	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 10 GM	10	EA	CT	IV	EA	250	MG	40	11/24/2017	99/99/9999						
64679-0700-03		J2700		04/20/2018	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 10 GM	1	EA	VL	IV	EA	250	MG	40	04/20/2018	99/99/9999						
64679-0701-02		J0696		05/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1	EA	VL	IJ	EA	250	MG	1	05/18/2007	99/99/9999						
64679-0702-02		J0696		05/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1	EA	VL	IJ	EA	250	MG	2	05/18/2007	99/99/9999						
64679-0703-01		J0696		05/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1	EA	VL	IJ	EA	250	MG	8	05/18/2007	99/99/9999						
64679-0727-02		J2405		12/06/2017	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV) 2 MG/1 ML	20	ML		IJ	ML	1	MG	2	12/06/2017	99/99/9999						
64679-0739-01		J0282		10/30/2008	09/18/2025	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/1 ML	3	ML		IV	ML	30	MG	1.666667	10/30/2008	09/18/2025						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
64679-0739-02		J0282		10/30/2008	09/18/2025	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/1 ML	3	ML		IV	ML	30	MG	1.666667	10/30/2008	09/18/2025						
64679-0739-04		J0282		10/30/2008	09/18/2025	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/1 ML	3	ML		IV	ML	30	MG	1.666667	10/30/2008	09/18/2025						
64679-0760-01		J2550		12/23/2009	12/31/2021	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 25 MG/1 ML	1	ML		U	ML	50	MG	0.5	12/23/2009	12/31/2021						
64679-0760-02		J2550		12/23/2009	12/31/2021	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 25 MG/1 ML	1	ML		U	ML	50	MG	0.5	12/23/2009	12/31/2021						
64679-0760-03		J2550		12/23/2009	12/31/2021	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 25 MG/1 ML	1	ML		U	ML	50	MG	0.5	12/23/2009	12/31/2021						
64679-0760-04		J2550		12/23/2009	12/31/2021	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 25 MG/1 ML	1	ML		U	ML	50	MG	0.5	12/23/2009	12/31/2021						
64679-0761-01		J2550		12/23/2009	12/31/2021	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/1 ML	1	ML		U	ML	50	MG	1	12/23/2009	12/31/2021						
64679-0761-02		J2550		12/23/2009	12/31/2021	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/1 ML	1	ML		U	ML	50	MG	1	12/23/2009	12/31/2021						
64679-0761-03		J2550		12/23/2009	12/31/2021	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/1 ML	1	ML		U	ML	50	MG	1	12/23/2009	12/31/2021						
64679-0761-04		J2550		12/23/2009	12/31/2021	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/1 ML	1	ML		U	ML	50	MG	1	12/23/2009	12/31/2021						
64679-0764-01		J2250		11/10/2008	09/18/2025	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV,PF) 1 MG/1 ML	2	ML		U	ML	1	MG	1	11/10/2008	09/18/2025						
64679-0764-02		J2250		11/10/2008	09/18/2025	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV,PF) 1 MG/1 ML	5	ML		U	ML	1	MG	1	11/10/2008	09/18/2025						
64679-0764-03		J2250		11/10/2008	09/18/2025	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV,PF) 1 MG/1 ML	2	ML		U	ML	1	MG	1	11/10/2008	09/18/2025						
64679-0764-04		J2250		11/10/2008	09/18/2025	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV,PF) 1 MG/1 ML	5	ML		U	ML	1	MG	1	11/10/2008	09/18/2025						
64679-0765-01		J2250		11/10/2008	09/18/2025	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV,PF) 5 MG/1 ML	1	ML		U	ML	1	MG	5	11/10/2008	09/18/2025						
64679-0765-02		J2250		11/10/2008	09/18/2025	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV,PF) 5 MG/1 ML	2	ML		U	ML	1	MG	5	11/10/2008	09/18/2025						
64679-0765-03		J2250		11/10/2008	09/18/2025	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV,PF) 5 MG/1 ML	1	ML		U	ML	1	MG	5	11/10/2008	09/18/2025						
64679-0765-04		J2250		11/10/2008	09/18/2025	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV,PF) 5 MG/1 ML	2	ML		U	ML	1	MG	5	11/10/2008	09/18/2025						
64679-0780-01		J0282		10/30/2008	12/31/2021	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/1 ML	18	ML		IV	ML	30	MG	1.666667	10/30/2008	12/31/2021						
64679-0794-01		J8999		01/17/2019	09/18/2025	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA		PO	EA	1	EA	1	01/17/2019	09/18/2025						
64679-0794-02		J8999		01/17/2019	09/18/2025	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	90	EA		PO	EA	1	EA	1	01/17/2019	09/18/2025						
64679-0794-03		J8999		01/17/2019	09/18/2025	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	500	EA		PO	EA	1	EA	1	01/17/2019	09/18/2025						
64679-0961-01		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	08/10/2015	99/99/9999	02/11/2008	05/31/2014	0.25			
64679-0961-02		Q0144		07/28/2015	09/18/2025	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	100	EA	CT	PO	EA	1	GM	0.25	07/28/2015	09/18/2025						
64679-0961-04		Q0144		02/14/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6	EA	BX	PO	EA	1	GM	0.25	08/01/2015	99/99/9999	02/14/2008	05/31/2014	0.25			
64679-0961-05		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6,FILM-COATED) 250 MG	18	EA	DP	PO	EA	1	GM	0.25	08/10/2015	99/99/9999	02/11/2008	05/31/2014	0.25			
64679-0961-08		Q0144		07/28/2015	09/18/2025	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	3500	EA	BG	PO	EA	1	GM	0.25	07/28/2015	09/18/2025						
64679-0961-09		Q0144		07/28/2015	09/18/2025	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	1	EA		PO	EA	1	GM	0.25	07/28/2015	09/18/2025						
64679-0962-01		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	09/11/2015	99/99/9999	02/11/2008	05/31/2014	0.6			
64679-0962-03		Q0144		07/28/2015	12/08/2022	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 600 MG	1400	EA	PC	PO	EA	1	GM	0.6	07/28/2015	12/08/2022						
64679-0964-01		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	08/10/2015	99/99/9999	02/11/2008	05/31/2014	0.5			
64679-0964-02		Q0144		07/28/2015	09/18/2025	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 500 MG	100	EA	CT	PO	EA	1	GM	0.5	07/28/2015	09/18/2025						
64679-0964-05		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3,FILM COATED) 500 MG	9	EA	DP	PO	EA	1	GM	0.5	08/10/2015	99/99/9999	02/11/2008	05/31/2014	0.5			
64679-0964-08		Q0144		07/28/2015	09/18/2025	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 500 MG	1700	EA	BG	PO	EA	1	GM	0.5	07/28/2015	09/18/2025						
64679-0964-09		Q0144		07/28/2015	09/18/2025	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 500 MG	1	EA		PO	EA	1	GM	0.5	07/28/2015	09/18/2025						
64679-0983-02		J0696		05/26/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1	EA	VL	U	EA	250	MG	4	05/26/2006	99/99/9999						
64764-0140-05		J7171		07/01/2024	99/99/9999	INJECTION, ADAMTS13, RECOMBINANT-KRHN, 10 IU	ADZYNMA (APPROX. 500IU,PF) 1 IU	1	EA		IV	EA	10	IU	0.1	07/01/2024	99/99/9999						
64764-0145-05		J7171		07/01/2024	99/99/9999	INJECTION, ADAMTS13, RECOMBINANT-KRHN, 10 IU	ADZYNMA (APPROX. 1500IU,PF) 1 IU	1	EA		IV	EA	10	IU	0.1	07/01/2024	99/99/9999						
64764-0300-20		J3380		01/01/2016	99/99/9999	INJECTION, VEDOLIZUMAB, 1 MG	ENTYVIO (SDV,PF,LYOPHILIZED) 300 MG	1	EA	VL	IV	EA	1	MG	300	01/01/2016	99/99/9999						
64980-0290-01		Q0175		01/15/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (FILM COATED) 2 MG	100	EA	BO	PO	EA	4	MG	0.5	01/15/2020	99/99/9999						
64980-0291-01		Q0175		01/15/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (FILM COATED) 4 MG	100	EA	BO	PO	EA	4	MG	1	01/15/2020	99/99/9999						
64980-0292-01		Q0175		01/15/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (FILM COATED) 8 MG	100	EA	BO	PO	EA	4	MG	2	01/15/2020	99/99/9999						
64980-0293-01		Q0175		01/15/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (FILM COATED) 16 MG	100	EA	BO	PO	EA	4	MG	4	01/15/2020	99/99/9999						
64980-0333-05		None		05/25/2017	01/31/2019	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	05/25/2017	01/31/2019						
64980-0333-14		None		05/25/2017	01/31/2019	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	05/25/2017	01/31/2019						
64980-0334-05		None		05/25/2017	01/31/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	05/25/2017	01/31/2019						
64980-0334-14		None		05/25/2017	01/31/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	05/25/2017	01/31/2019						
64980-0335-05		None		05/25/2017	01/31/2019	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	05/25/2017	01/31/2019						
64980-0335-14		None		05/25/2017	01/31/2019	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	05/25/2017	01/31/2019						
64980-0336-05		None		05/25/2017	01/31/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	05/25/2017	01/31/2019						
64980-0336-14		None		05/25/2017	01/31/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	05/25/2017	01/31/2019						
64980-0337-05		None		05/25/2017	02/28/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	05/25/2017	02/28/2019						
64980-0337-14		None		05/25/2017	02/28/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	05/25/2017	02/28/2019						
64980-0338-05		None		05/25/2017	02/28/2019	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	05/25/2017	02/28/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
64980-0467-99		J1071		01/14/2019	04/30/2020	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (SDV) 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	01/14/2019	04/30/2020						
64980-0638-03		J7626		05/15/2025	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE 30X2ML,SINGLE-DOSE,MICRONIZED 0.25 MG/2 ML	2	ML	BX	IH	ML	0.5	MG	0.25	05/15/2025	99/99/9999						
64980-0638-03	KO	J7626	KO	05/15/2025	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE 30X2ML,SINGLE-DOSE,MICRONIZED 0.25 MG/2 ML	2	ML	BX	IH	ML	0.5	MG	0.25	05/15/2025	99/99/9999						
64980-0639-03		J7626		05/15/2025	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE 30X2ML,SINGLE-DOSE,MICRONIZED 0.5 MG/2 ML	2	ML	BX	IH	ML	0.5	MG	0.5	05/15/2025	99/99/9999						
64980-0639-03	KO	J7626	KO	05/15/2025	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE 30X2ML,SINGLE-DOSE,MICRONIZED 0.5 MG/2 ML	2	ML	BX	IH	ML	0.5	MG	0.5	05/15/2025	99/99/9999						
64980-0640-02		J7644		05/15/2025	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE 25X2.5ML 0.02%	2.5	ML	BX	IH	ML	1	MG	0.2	05/15/2025	99/99/9999						
64980-0640-02	KO	J7644	KO	05/15/2025	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE 25X2.5ML 0.02%	2.5	ML	BX	IH	ML	1	MG	0.2	05/15/2025	99/99/9999						
64980-0640-03		J7644		05/15/2025	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE 30X2.5ML 0.02%	2.5	ML	BX	IH	ML	1	MG	0.2	05/15/2025	99/99/9999						
64980-0640-03	KO	J7644	KO	05/15/2025	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE 30X2.5ML 0.02%	2.5	ML	BX	IH	ML	1	MG	0.2	05/15/2025	99/99/9999						
64980-0640-06		J7644		05/15/2025	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE 60X2.5ML 0.02%	2.5	ML	BX	IH	ML	1	MG	0.2	05/15/2025	99/99/9999						
64980-0640-06	KO	J7644	KO	05/15/2025	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE 60X2.5ML 0.02%	2.5	ML	BX	IH	ML	1	MG	0.2	05/15/2025	99/99/9999						
64980-0642-03		J7611		06/04/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	30	EA	BX	IH	EA	1	MG	5	06/04/2025	99/99/9999						
64980-0645-03		J7620		05/15/2025	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE 30X3ML 3 MG/3 ML-0.5 MG/3 ML	3	ML	BX	IH	ML	3	MG	0.333333	05/15/2025	99/99/9999						
64980-0645-06		J7620		05/15/2025	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE 30X3ML 3 MG/3 ML-0.5 MG/3 ML	3	ML	BX	IH	ML	3	MG	0.333333	05/15/2025	99/99/9999						
65145-0145-25		J1885		10/04/2024	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE SDV 30 MG/1 ML	1	ML		U	ML	15	MG	2	10/04/2024	99/99/9999						
65145-0147-25		J1885		10/04/2024	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE SDV 30 MG/1 ML	2	ML		IM	ML	15	MG	2	10/04/2024	99/99/9999						
65162-0678-90		Q0169		12/08/2021	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL (USP,BANANA FRUIT) 6.25 MG/5 ML	473	ML	BO	PO	ML	12.5	MG	0.1	12/08/2021	99/99/9999						
65162-0801-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5MG	14	EA	BO	PO	EA	5	MG	1	05/26/2015	99/99/9999						
65162-0801-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5MG	5	EA	BO	PO	EA	5	MG	1	05/26/2015	99/99/9999						
65162-0802-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20MG	14	EA	BO	PO	EA	20	MG	1	05/26/2015	99/99/9999						
65162-0802-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20MG	5	EA	BO	PO	EA	20	MG	1	05/26/2015	99/99/9999						
65162-0803-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100MG	14	EA	BO	PO	EA	100	MG	1	05/26/2015	99/99/9999						
65162-0803-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100MG	5	EA	BO	PO	EA	100	MG	1	05/26/2015	99/99/9999						
65162-0804-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140MG	14	EA	BO	PO	EA	20	MG	7	05/26/2015	99/99/9999						
65162-0804-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140MG	5	EA	BO	PO	EA	20	MG	7	05/26/2015	99/99/9999						
65162-0805-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180MG	14	EA	BO	PO	EA	20	MG	9	05/26/2015	99/99/9999						
65162-0805-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180MG	5	EA	BO	PO	EA	20	MG	9	05/26/2015	99/99/9999						
65162-0806-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250MG	5	EA	BO	PO	EA	250	MG	1	05/26/2015	99/99/9999						
65162-0843-06		None		03/10/2017	06/21/2022	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	03/10/2017	06/21/2022						
65162-0844-16		None		03/10/2017	06/15/2022	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	03/10/2017	06/15/2022						
65162-0914-46		J7682		07/16/2015	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	07/16/2015	99/99/9999						
65162-0914-46	KO	J7682	KO	07/16/2015	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	07/16/2015	99/99/9999						
65219-0004-01		J3480		03/25/2022	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FREEFLEX,PF,LATEX-FREE) 10 MEQ/50 ML	50	ML	FC	IV	ML	2	MEQ	0.1	03/25/2022	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
65219-0006-01		J3480		03/25/2022	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FREEFLEX,PF,LATEX-FREE) 20 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.1	03/25/2022	99/99/9999						
65219-0008-51		J3480		03/25/2022	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FREEFLEX,PF,LATEX-FREE) 20 MEQ/50 ML	50	ML	FC	IV	ML	2	MEQ	0.2	03/25/2022	99/99/9999						
65219-0010-01		J3480		03/25/2022	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FREEFLEX,PF,LATEX-FREE) 40 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.2	03/25/2022	99/99/9999						
65219-0012-01		J3480		03/25/2022	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FREEFLEX,PF,LATEX-FREE) 10 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.05	03/25/2022	99/99/9999						
65219-0014-10		J0290		08/05/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (LATEX-FREE) 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	08/05/2019	99/99/9999						
65219-0016-10		J0290		09/21/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (USP,LATEX-FREE) 500 MG	10	EA	VL	IJ	EA	500	MG	1	09/21/2020	99/99/9999						
65219-0018-10		J0290		12/12/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (VIAL,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	12/12/2019	99/99/9999						
65219-0020-23		J0290		10/03/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	10/03/2019	99/99/9999						
65219-0021-01		J2590		09/04/2025	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN +RFID 25X1ML;SDV;USP 10 U/1 ML	1	ML	VL	IJ	ML	10	U	1	09/04/2025	99/99/9999						
65219-0028-05		J3490		06/23/2023	99/99/9999	UNCLASSIFIED DRUGS	GANIRELIX ACETATE (SD,PF,LATEX-FREE) 250 MCG/0.5 ML	0.5	ML	SR	SC	ML	1	EA	1	06/23/2023	99/99/9999						
65219-0029-20		J9342		07/01/2025	99/99/9999	INJECTION, THIOTEPA, NOT OTHERWISE SPECIFIED, 1 MG	THIOTEPA SDV,LYOPHILIZED 100 MG	1	EA		IJ	EA	1	MG	100	07/01/2025	99/99/9999						
65219-0029-20		J9340		07/18/2022	06/30/2025	INJECTION, THIOTEPA, 15 MG	THIOTEPA (SDV,LYOPHILIZED) 100 MG	1	EA	VL	IJ	EA	15	MG	6.666667	07/18/2022	06/30/2025						
65219-0039-01		J2598		08/10/2023	99/99/9999	INJECTION, VASOPRESSIN, 1 UNIT	VASOPRESSIN (SDV;RFID,PF,LATEX-FREE) 20 U/1 ML	1	ML	VL	IV	ML	1	U	20	08/10/2023	99/99/9999						
65219-0128-01		J3230		04/14/2025	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL SDV 25 MG/1 ML	1	ML	VL	IJ	ML	50	MG	0.5	04/14/2025	99/99/9999						
65219-0130-02		J3230		04/14/2025	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL SDV 25 MG/1 ML	2	ML	VL	IJ	ML	50	MG	0.5	04/14/2025	99/99/9999						
65219-0131-20		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,PF,LATEX-FREE) 1 GM	1	EA		IJ	EA	5	MG	200	04/01/2024	99/99/9999						
65219-0133-20		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,PF,LATEX-FREE) 2 GM	1	EA		IJ	EA	5	MG	400	04/01/2024	99/99/9999						
65219-0135-20		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,PF,LATEX-FREE) 500 MG	1	EA		IJ	EA	5	MG	100	04/01/2024	99/99/9999						
65219-0160-10		J0594		11/27/2019	08/01/2022	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SDV) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	11/27/2019	08/01/2022						
65219-0187-10		A4217		11/16/2022	99/99/9999	STERILE WATER/SALINE, 500 ML	STERILE WATER FOR INJECTION (25X100ML,SDV,PF)	100	ML	VL	IJ	ML	500	ML	0.002	11/16/2022	99/99/9999						
65219-0190-30		J3465		01/22/2021	99/99/9999	INJECTION, VORICONAZOLE, 10 MG	VORICONAZOLE (SDV,PF,LATEX-FREE) 200 MG	1	EA	VL	IV	EA	10	MG	20	01/22/2021	99/99/9999						
65219-0200-05		J9330		04/15/2021	99/99/9999	INJECTION, TEMSIROLIMUS, 1 MG	TEMSIROLIMUS (W/DILUENT;SDV) 25 MG/1 ML	1	EA	VL	IV	EA	1	MG	25	04/15/2021	99/99/9999						
65219-0218-50		J7040		07/22/2022	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FREEFLEX+,PF,LATEX-FREE) 0.9%	50	ML	FC	IV	ML	500	ML	0.002	07/22/2022	99/99/9999						
65219-0220-10		J7040		07/22/2022	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FREEFLEX+,PF,LATEX-FREE) 0.9%	100	ML	FC	IV	ML	500	ML	0.002	07/22/2022	99/99/9999						
65219-0222-25		J7040		06/30/2022	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FREEFLEX+,PF,LATEX-FREE) 0.9%	250	ML	FC	IV	ML	500	ML	0.002	06/30/2022	99/99/9999						
65219-0224-50		J7040		06/30/2022	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FREEFLEX+,PF,LATEX-FREE) 0.9%	500	ML	FC	IV	ML	500	ML	0.002	06/30/2022	99/99/9999						
65219-0226-50		A4216		07/22/2022	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (FREEFLEX+ BAG) 0.45%	50	ML	FC	IV	ML	10	ML	0.1	07/22/2022	99/99/9999						
65219-0228-10		A4216		07/22/2022	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (FREEFLEX+ BAG) 0.45%	100	ML	FC	IV	ML	10	ML	0.1	07/22/2022	99/99/9999						
65219-0230-25		J7799		06/30/2022	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (FREEFLEX+ BAG) 0.45%	250	ML	FC	IV	ML	1	EA	1	06/30/2022	99/99/9999						
65219-0232-50		J7799		06/30/2022	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (FREEFLEX+ BAG) 0.45%	500	ML	FC	IV	ML	1	EA	1	06/30/2022	99/99/9999						
65219-0234-10		J7060		07/22/2022	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (FREEFLEX+ BAG) 5%	50	ML	FC	IV	ML	500	ML	0.002	07/22/2022	99/99/9999						
65219-0236-10		J7060		07/22/2022	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (FREEFLEX+ BAG) 5%	100	ML	FC	IV	ML	500	ML	0.002	07/22/2022	99/99/9999						
65219-0238-25		J7060		06/30/2022	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (FREEFLEX+ BAG) 5%	250	ML	FC	IV	ML	500	ML	0.002	06/30/2022	99/99/9999						
65219-0240-50		J7060		06/30/2022	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (FREEFLEX+ BAG) 5%	500	ML	FC	IV	ML	500	ML	0.002	06/30/2022	99/99/9999						
65219-0256-00		J2543		04/29/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PHARMACY BULK;USP,PF) 36 GM-4.5 GM	1	EA	VL	IV	EA	1.125	GM	36	04/29/2021	99/99/9999						
65219-0256-24		J2543		04/29/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN SODIUM-TAZOBACTAM SODIUM NOVAPLUS (PHARMACY BULK,PF) 36 GM-4.5 GM	1	EA	VL	IV	EA	1.125	GM	36	04/29/2021	99/99/9999						
65219-0256-28		J2543		09/29/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PREMIERPRO RX PIPERACILLIN AND TAZOBACTAM (PHARMACY BULK,PF) 36 GM-4.5 GM	1	EA	GC	IV	EA	1.125	GM	36	09/29/2021	99/99/9999						
65219-0259-45		J2543		08/09/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV,PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	08/09/2021	99/99/9999						
65219-0259-55		J2543		08/09/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PREMIERPRO RX PIPERACILLIN AND TAZOBACTAM (SDV,PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	08/09/2021	99/99/9999						
65219-0274-05		J0330		06/30/2025	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SIMPLIST SUCCINYLCHOLINE CHLORIDE +RFID SD 20 MG/1 ML	5	ML		IJ	ML	20	MG	1	06/30/2025	99/99/9999						
65219-0276-10		J0330		06/30/2025	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SIMPLIST SUCCINYLCHOLINE CHLORIDE +RFID SD 20 MG/1 ML	10	ML		IJ	ML	20	MG	1	06/30/2025	99/99/9999						
65219-0293-01		J2597		10/23/2023	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (PF) 4 MCG/1 ML	1	ML	VL	IJ	ML	1	MCG	4	10/23/2023	99/99/9999						
65219-0295-10		J2597		10/23/2023	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE .4 MCG/1 ML	10	ML	VL	IJ	ML	1	MCG	4	10/23/2023	99/99/9999						
65219-0323-02		J2405		03/10/2025	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON +RFID SDV 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	03/10/2025	99/99/9999						
65219-0359-50		J9060		09/25/2023	02/22/2024	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	KEMOPLAT (LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	09/25/2023	02/22/2024						
65219-0368-02		J2060		11/26/2024	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM USP 2 MG/1 ML	1	ML	VL	IJ	ML	2	MG	1	11/26/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
65219-0380-30		J0206		07/01/2023	99/99/9999	INJECTION, ALLOPURINOL SODIUM, 1 MG	ALLOPURINOL (SDV,PF,LATEX-FREE) 500 MG	1	EA		IV	EA	1	MG	500	07/01/2023	99/99/9999						
65219-0385-10		J2470		05/30/2025	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM SDV,LYOPHILIZED 40 MG	10	EA	VL	IV	EA	40	MG	1	05/30/2025	99/99/9999						
65219-0427-10		J2704		06/04/2020	05/10/2022	INJECTION, PROPOFOL, 10 MG	FRESENIUS PROPOVEN (10X100ML;SDV,LATEX-FREE) 20 MG/1 ML	100	ML	VL	IV	ML	10	MG	2	06/04/2020	05/10/2022						
65219-0429-50		J0883		07/19/2021	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (SDV,PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	1	MG	1	07/19/2021	99/99/9999						
65219-0433-15		J2470		07/01/2024	05/29/2025	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	10	EA		IV	EA	40	MG	1	07/01/2024	05/29/2025						
65219-0433-15		J3490		08/19/2021	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	10	EA	VL	IV	EA	1	EA	1	08/19/2021	06/30/2024						
65219-0434-20		J2543		11/17/2023	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE USE,PF) 2 GM-0.25 GM	10	EA	BO	IV	EA	1.125	GM	2	11/17/2023	99/99/9999						
65219-0436-20		J2543		11/17/2023	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV,PF) 3 GM-0.375 GM	10	EA		IV	EA	1.125	GM	3	11/17/2023	99/99/9999						
65219-0456-60		J7060		08/13/2024	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (FREEFLEX BAG,LATEX-FREE) 5%	50	ML	FC	IV	ML	500	ML	0.002	08/13/2024	99/99/9999						
65219-0458-30		J7060		10/09/2024	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE FREEFLEX BAG 5%	250	ML	FC	IV	ML	500	ML	0.002	10/09/2024	99/99/9999						
65219-0460-20		J7060		10/09/2024	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE FREEFLEX BAG 5%	500	ML	FC	IV	ML	500	ML	0.002	10/09/2024	99/99/9999						
65219-0462-10		J7060		02/04/2025	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE FREEFLEX BAG 5%	1000	ML	BX	IV	ML	500	ML	0.002	02/04/2025	99/99/9999						
65219-0464-50		J7060		10/09/2024	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE FREEFLEX BAG 5%	100	ML	FC	IV	ML	500	ML	0.002	10/09/2024	99/99/9999						
65219-0466-60		A4216		11/18/2024	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FREEFLEX 0.9%	50	ML	FC	IV	ML	10	ML	0.1	11/18/2024	99/99/9999						
65219-0468-50		A4216		11/18/2024	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 100ML FREEFLEX BAG 0.9%	100	ML	FC	IV	ML	10	ML	0.1	11/18/2024	99/99/9999						
65219-0470-30		J7040		08/08/2023	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FREEFLEX BAG,PF) 0.9%	250	ML	FC	IV	ML	500	ML	0.002	08/08/2023	99/99/9999						
65219-0472-20		J7050		05/01/2023	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (SDB,FREEFLEX BAG) 0.9%	500	ML	FC	IV	ML	250	ML	0.004	05/01/2023	99/99/9999						
65219-0474-10		J7030		05/01/2023	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (SDB,FREEFLEX BAG) 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	05/01/2023	99/99/9999						
65219-0475-30		J7120		11/01/2024	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S FREEFLEX BAG	250	ML	FC	IV	ML	1000	ML	0.001	11/01/2024	99/99/9999						
65219-0477-20		J7120		11/01/2024	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S FREEFLEX BAG	500	ML	FC	IV	ML	1000	ML	0.001	11/01/2024	99/99/9999						
65219-0479-10		J7120		11/13/2023	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (FREEFLEX BAG)	1000	ML		IV	ML	1000	ML	0.001	11/13/2023	99/99/9999						
65219-0499-30		A4217		02/26/2025	99/99/9999	STERILE WATER/SALINE, 500 ML	STERILE WATER FOR IRRIGATION SD	3000	ML	FC	IR	ML	500	ML	0.002	02/26/2025	99/99/9999						
65219-0506-30		A4217		02/26/2025	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE IRRIGATION SD 0.9%	3000	ML	FC	IR	ML	500	ML	0.002	02/26/2025	99/99/9999						
65219-0554-08		Q5131		07/01/2023	12/31/2024	INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MG	IDACIO PEN (1 TRAY W/2 PEN PER KIT) 40 MG/0.8 ML	1	EA		SC	EA	20	MG	2	07/01/2023	12/31/2024						
65219-0554-08		Q5144		01/01/2025	04/01/2025	INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG	IDACIO PEN 1 TRAY W/2 PEN PER KIT 40 MG/0.8 ML	1	EA		SC	EA	1	MG	40	01/01/2025	04/01/2025						
65219-0554-28		Q5131		07/01/2023	12/31/2024	INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MG	IDACIO STARTER PACK-PLAQUE PSORIASIS (2 TRAYS W/4 PEN PER KIT) 40 MG/0.8 ML	2	EA		SC	EA	20	MG	2	07/01/2023	12/31/2024						
65219-0554-28		Q5144		01/01/2025	04/01/2025	INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG	IDACIO STARTER PACK-PLAQUE PSORIASIS 2 TRAYS W/4 PEN PER KIT 40 MG/0.8 ML	2	EA		SC	EA	1	MG	40	01/01/2025	04/01/2025						
65219-0554-38		Q5131		07/01/2023	12/31/2024	INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MG	IDACIO STARTER PACK-CROHN'S & ULCERATIVE COLITIS (3 TRAYS W/6 PEN PER KIT) 40 MG/0.8 ML	3	EA		SC	EA	20	MG	2	07/01/2023	12/31/2024						
65219-0554-38		Q5144		01/01/2025	04/01/2025	INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG	IDACIO STARTER PACK-CROHN'S & ULCERATIVE COLITIS 3 TRAYS W/6 PEN PER KIT 40 MG/0.8 ML	3	EA		SC	EA	1	MG	40	01/01/2025	04/01/2025						
65219-0556-18		Q5131		07/01/2023	12/31/2024	INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MG	IDACIO PFS (1 TRAY W/2 SYNG PER KIT) 40 MG/0.8 ML	1	EA		SC	EA	20	MG	2	07/01/2023	12/31/2024						
65219-0556-18		Q5144		01/01/2025	04/01/2025	INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG	IDACIO PFS 1 TRAY W/2 SYNG PER KIT 40 MG/0.8 ML	1	EA		SC	EA	1	MG	40	01/01/2025	04/01/2025						
65219-0564-20		J9280		02/15/2023	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (PF,LATEX-FREE) 5 MG	1	EA		IV	EA	5	MG	1	02/15/2023	99/99/9999						
65219-0566-20		J9280		02/15/2023	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (SDV,PF,LATEX-FREE) 20 MG	1	EA		IV	EA	5	MG	4	02/15/2023	99/99/9999						
65219-0568-00		J9280		02/15/2023	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (PF,LATEX-FREE) 40 MG	1	EA		IV	EA	5	MG	8	02/15/2023	99/99/9999						
65219-0570-04		J1939		01/01/2024	99/99/9999	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE (10X4ML;SDV,LATEX-FREE) 0.25 MG/1 ML	4	ML		IJ	ML	0.5	MG	0.5	01/01/2024	99/99/9999						
65219-0570-04		J3490		01/20/2023	12/31/2023	UNCLASSIFIED DRUGS	BUMETANIDE (10X4ML;SDV,LATEX-FREE) 0.25 MG/1 ML	4	ML	VL	IJ	ML	1	EA	1	01/20/2023	12/31/2023						
65219-0572-10		J1939		01/01/2024	99/99/9999	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE (10X10ML;MDV,LATEX-FREE) 0.25 MG/1 ML	10	ML		IJ	ML	0.5	MG	0.5	01/01/2024	99/99/9999						
65219-0572-10		J3490		01/20/2023	12/31/2023	UNCLASSIFIED DRUGS	BUMETANIDE (10X10ML;MDV,LATEX-FREE) 0.25 MG/1 ML	10	ML	VL	IJ	ML	1	EA	1	01/20/2023	12/31/2023						
65219-0579-01		J0675		10/01/2025	99/99/9999	INJECTION, CARBOPROST TROMETHAMINE, 0.1 MG	CARBOPROST TROMETHAMINE SDV 250 MCG/1 ML	1	ML		IM	ML	0.1	MG	2.5	10/01/2025	99/99/9999						
65219-0584-01		Q5135		10/01/2024	99/99/9999	INJECTION, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	TYENNE AUTOINJECTOR (SD,PF,LATEX-FREE) 162 MG/0.9 ML	0.9	ML		SC	ML	1	MG	180	10/01/2024	99/99/9999						
65219-0586-04		Q5135		10/01/2024	99/99/9999	INJECTION, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	TYENNE PFS (SD,PF,LATEX-FREE) 162 MG/0.9 ML	0.9	ML		SC	ML	1	MG	180	10/01/2024	99/99/9999						
65219-0590-04		Q5135		10/01/2024	99/99/9999	INJECTION, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	TYENNE (SDV,PF,LATEX-FREE) 20 MG/1 ML	4	ML		IV	ML	1	MG	20	10/01/2024	99/99/9999						
65219-0592-10		Q5135		10/01/2024	99/99/9999	INJECTION, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	TYENNE (SDV,PF,LATEX-FREE) 20 MG/1 ML	10	ML		IV	ML	1	MG	20	10/01/2024	99/99/9999						
65219-0594-20		Q5135		10/01/2024	99/99/9999	INJECTION, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	TYENNE (SDV,PF,LATEX-FREE) 20 MG/1 ML	20	ML		IV	ML	1	MG	20	10/01/2024	99/99/9999						
65219-0596-01		Q5135		10/01/2025	99/99/9999	INJECTION, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	TYENNE AUTOINJECTOR SINGLE DOSE 162 MG/0.9 ML	0.9	ML		SC	ML	1	MG	180	10/01/2025	99/99/9999						
65219-0598-10		Q5135		09/29/2025	99/99/9999	INJECTION, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	TYENNE PFS SD 162 MG/0.9 ML	0.9	ML		SC	ML	1	MG	180	09/29/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
65219-0612-99		Q5131		01/11/2024	12/31/2024	INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MG	ADALIMUMAB-AACF (1 TRAY W/2 PEN PER KIT) 40 MG/0.8 ML	1	EA	BX	SC	EA	20	MG	2	01/11/2024	12/31/2024						
65219-0612-99		Q5144		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG	ADALIMUMAB-AACF 1 TRAY W/2 PEN PER KIT 40 MG/0.8 ML	1	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
65219-0622-10		J0133		05/22/2025	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM 50 MG/1 ML	10	ML		IV	ML	5	MG	10	05/22/2025	99/99/9999						
65219-0624-20		J0133		06/17/2025	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM SDV 50 MG/1 ML	20	ML	VL	IV	ML	5	MG	10	06/17/2025	99/99/9999						
65219-0630-19		J0612		01/08/2025	99/99/9999	INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG	PREMIERPRO RX CALCIUM GLUCONATE SDV 100 MG/1 ML	10	ML	VL	IV	ML	10	MG	10	01/08/2025	99/99/9999						
65219-0632-10		J2795		02/07/2025	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL 200 MG/100 ML	100	ML	FC	IJ	ML	1	MG	2	02/07/2025	99/99/9999						
65219-0632-20		J2795		02/07/2025	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL 400 MG/200 ML	200	ML	FC	IJ	ML	1	MG	2	02/07/2025	99/99/9999						
65219-0650-10		J2251		03/18/2025	99/99/9999	INJECTION, MIDAZOLAM IN 0.9% SODIUM CHLORIDE, INTRAVENOUS, NOT THERAPEUTICALLY EQUIVALENT TO J2250, 1 MG	MIDAZOLAM-SODIUM CHLORIDE SD 100 MG/100 ML-0.9%	100	ML	FC	IV	ML	1	MG	1	03/18/2025	99/99/9999						
65219-0650-50		J2251		04/10/2025	99/99/9999	INJECTION, MIDAZOLAM IN 0.9% SODIUM CHLORIDE, INTRAVENOUS, NOT THERAPEUTICALLY EQUIVALENT TO J2250, 1 MG	MIDAZOLAM-SODIUM CHLORIDE 10X50ML 50 MG/50 ML-0.9%	50	ML	TB	IV	ML	1	MG	1	04/10/2025	99/99/9999						
65219-0800-10		J2704		09/03/2020	99/99/9999	INJECTION, PROPOFOL, 10 MG	DIPRIVAN (10X20ML;USP;RFID) 10 MG/1 ML	20	ML	VL	IV	ML	10	MG	1	09/03/2020	99/99/9999						
65219-0801-01		J1596		06/06/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE +RFID (SDV) 0.2 MG/1 ML	1	ML	VL	IJ	ML	0.1	MG	2	06/06/2024	99/99/9999						
65219-0810-02		J2003		03/05/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	XYLOCAINE-MPF +RFID 25X2ML,SDV 1%	2	ML	VL	IJ	ML	1	MG	10	03/05/2025	99/99/9999						
65219-0811-10		J2710		03/10/2025	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE +RFID MDV 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	03/10/2025	99/99/9999						
65219-0812-02		J2003		03/05/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	XYLOCAINE-MPF +RFID 25X2ML,SDV 2%	2	ML	VL	IJ	ML	1	MG	20	03/05/2025	99/99/9999						
65219-0814-05		J2003		03/05/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	XYLOCAINE-MPF +RFID 25X5ML,SDV 2%	5	ML	VL	IJ	ML	1	MG	20	03/05/2025	99/99/9999						
65219-0818-10		J2404		10/09/2024	99/99/9999	INJECTION, NICARDIPINE, 0.1 MG	NICARDIPINE HCL SDV 2.5 MG/1 ML	10	ML	VL	IV	ML	0.1	MG	25	10/09/2024	99/99/9999						
65250-0003-01		J3304		10/10/2022	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	ZILRETTA (W/DILUENT) 32 MG	1	EA	VL	IJ	EA	1	MG	32	10/10/2022	99/99/9999						
65250-0133-04		J0666		01/01/2025	99/99/9999	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	EXPAREL 1.3%	10	ML		IJ	ML	1	MG	13	01/01/2025	99/99/9999						
65250-0133-09		J0666		01/01/2025	99/99/9999	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	EXPAREL 1.3%	10	ML		IJ	ML	1	MG	13	01/01/2025	99/99/9999						
65250-0266-04		J0666		01/01/2025	99/99/9999	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	EXPAREL 1.3%	20	ML		IJ	ML	1	MG	13	01/01/2025	99/99/9999						
65250-0266-09		J0666		01/01/2025	99/99/9999	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	EXPAREL 10X20ML 1.3%	20	ML		IJ	ML	1	MG	13	01/01/2025	99/99/9999						
65293-0001-01		J0583		01/01/2004	02/28/2021	INJECTION, BIVALIRUDIN, 1 MG	ANGIOMAX (VIAL,GLASS) 250 MG	1	EA	VL	IV	EA	1	MG	250	01/01/2004	02/28/2021						
65597-0801-01		J9011		10/01/2025	99/99/9999	INJECTION, DATOPOTAMAB DERUXTECAN-DLNK, 1 MG	DATROWAY LYOPHILIZED 100 MG	1	EA		IV	EA	1	MG	100	10/01/2025	99/99/9999						
65649-0231-41		J7500		10/31/2003	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZASAN 75 MG	100	EA	BO	PO	EA	50	MG	1.5	10/31/2003	99/99/9999						
65649-0241-41		J7500		10/31/2003	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZASAN 100 MG	100	EA	BO	PO	EA	50	MG	2	10/31/2003	99/99/9999						
65757-0401-03		J1944		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	ARISTADA 441 MG/1.6 ML	1.6	ML	SR	IM	ML	1	MG	275.625	10/01/2019	99/99/9999						
65757-0402-03		J1944		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	ARISTADA 662 MG/2.4 ML	2.4	ML	SR	IM	ML	1	MG	275.83333	10/01/2019	99/99/9999						
65757-0403-03		J1944		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	ARISTADA 882 MG/3.2 ML	3.2	ML	SR	IM	ML	1	MG	275.625	10/01/2019	99/99/9999						
65757-0404-03		J1942		06/05/2017	09/30/2019	INJECTION, ARIPIPRAZOLE LAUROXIL, 1 MG	ARISTADA 1064 MG/3.9 ML	3.9	ML	SR	IM	ML	1	MG	272.82051	06/05/2017	09/30/2019						
65757-0404-03		J1944		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	ARISTADA 1064 MG/3.9 ML	3.9	ML	SR	IM	ML	1	MG	272.82051	10/01/2019	99/99/9999						
65757-0500-03		J1942		07/02/2018	09/30/2019	INJECTION, ARIPIPRAZOLE LAUROXIL, 1 MG	ARISTADA INITIO (LATEX-FREE) 675 MG/2.4 ML	2.4	ML	SR	IM	ML	1	MG	281.25	07/02/2018	09/30/2019						
65757-0500-03		J1943		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA INITIO), 1 MG	ARISTADA INITIO (LATEX-FREE) 675 MG/2.4 ML	2.4	ML	SR	IM	ML	1	MG	281.25	10/01/2019	99/99/9999						
65847-0205-25		J2325		01/01/2006	06/05/2019	INJECTION, NESIRITIDE, 0.1 MG	NATRECOR (S.D.V.) 1.5 MG	1	EA	VL	IV	EA	0.1	MG	15	01/01/2006	06/05/2019						
65862-0187-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999						
65862-0188-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999						
65862-0354-30		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 200 MG-300 MG	30	EA		PO	EA	200	MG	1	01/02/2024	99/99/9999						
65862-0390-10		Q0162		03/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,3X10) 4 MG	30	EA	BX	PO	EA	1	MG	4	03/01/2012	99/99/9999						
65862-0391-10		Q0162		03/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,3X10) 8 MG	30	EA	BX	PO	EA	1	MG	8	03/01/2012	99/99/9999						
65862-0641-30		Q0144		08/09/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	30	EA		PO	EA	1	GM	0.25	08/09/2018	99/99/9999						
65862-0641-63		Q0144		08/09/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6, USP,FILM-COATED) 250 MG	18	EA		PO	EA	1	GM	0.25	08/09/2018	99/99/9999						
65862-0641-69		Q0144		08/09/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X6, USP,FILM-COATED) 250 MG	6	EA		PO	EA	1	GM	0.25	08/09/2018	99/99/9999						
65862-0642-30		Q0144		08/10/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA		PO	EA	1	GM	0.5	08/10/2018	99/99/9999						
65862-0642-64		Q0144		08/10/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3	EA		PO	EA	1	GM	0.5	08/10/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
65862-0642-90		Q0144		01/03/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3,FILM-COATED) 500 MG	9	EA	BX	PO	EA	1	GM	0.5	01/03/2019	99/99/9999						
65862-0858-25		J7613		01/22/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML		IH	ML	1	MG	0.83	01/22/2025	99/99/9999						
65862-0858-25	KO	J7613	KO	01/22/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML		IH	ML	1	MG	0.83	01/22/2025	99/99/9999						
65862-0858-30		J7613		01/22/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML		IH	ML	1	MG	0.83	01/22/2025	99/99/9999						
65862-0858-30	KO	J7613	KO	01/22/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML		IH	ML	1	MG	0.83	01/22/2025	99/99/9999						
65862-0858-60		J7613		01/22/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML		IH	ML	1	MG	0.83	01/22/2025	99/99/9999						
65862-0858-60	KO	J7613	KO	01/22/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML		IH	ML	1	MG	0.83	01/22/2025	99/99/9999						
65862-0942-03		J7612		12/07/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	LEVALBUTEROL (CONCENTRATE,PF) 1.25 MG/0.5 ML	30	EA	VL	IH	EA	0.5	MG	2.5	12/07/2017	99/99/9999						
65862-0943-24	KO	J7614	KO	12/07/2017	12/24/2024	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	12/07/2017	12/24/2024						
65862-0943-24		J7614		12/07/2017	12/24/2024	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	12/07/2017	12/24/2024						
65862-0944-24		J7614		12/07/2017	12/24/2024	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12 POUCHES,PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	12/07/2017	12/24/2024						
65862-0944-24	KO	J7614	KO	12/07/2017	12/24/2024	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12 POUCHES,PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	12/07/2017	12/24/2024						
65862-0945-24		J7614		12/07/2017	12/24/2024	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12 POUCHES,PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	12/07/2017	12/24/2024						
65862-0945-24	KO	J7614	KO	12/07/2017	12/24/2024	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12 POUCHES,PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	12/07/2017	12/24/2024						
66105-0507-01		Q0144		08/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10	EA	BO	PO	EA	1	GM	0.25	08/22/2006	99/99/9999						
66105-0507-03		Q0144		01/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	01/01/2006	99/99/9999						
66105-0507-06		Q0144		08/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	60	EA	BO	PO	EA	1	GM	0.25	08/22/2006	99/99/9999						
66105-0507-09		Q0144		08/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	90	EA	BO	PO	EA	1	GM	0.25	08/22/2006	99/99/9999						
66105-0507-10		Q0144		08/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	100	EA	BO	PO	EA	1	GM	0.25	08/22/2006	99/99/9999						
66105-0549-10		J7507		01/01/2006	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 1 MG	100	EA	NA	PO	EA	1	MG	1	01/01/2006	99/99/9999						
66105-0670-01		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	10	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999						
66105-0670-03		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	30	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999						
66105-0670-05		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	50	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999						
66105-0670-06		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	60	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999						
66105-0670-18		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	18	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999						
66105-0832-01		J8999		09/13/2006	05/28/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	10	EA	BO	PO	EA	1	EA	1	09/13/2006	05/28/2024						
66105-0832-03		J8999		09/13/2006	05/28/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	30	EA	BO	PO	EA	1	EA	1	09/13/2006	05/28/2024						
66105-0832-06		J8999		09/13/2006	05/28/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	60	EA	BO	PO	EA	1	EA	1	09/13/2006	05/28/2024						
66105-0832-09		J8999		09/13/2006	05/28/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	90	EA	BO	PO	EA	1	EA	1	09/13/2006	05/28/2024						
66105-0832-10		J8999		09/13/2006	05/28/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	100	EA	BO	PO	EA	1	EA	1	09/13/2006	05/28/2024						
66215-0402-01		J1325		10/01/2012	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	VELETRI (SINGLE DOSE,LYOPHILIZED) 1.5 MG	1	EA	VL	IV	EA	0.5	MG	3	10/01/2012	99/99/9999						
66215-0403-01		J1325		10/01/2012	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	VELETRI (SINGLE DOSE,LYOPHILIZED) 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	10/01/2012	99/99/9999						
66220-0110-01		J1190		07/25/2017	08/30/2020	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	TOTECT (LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	250	MG	2	07/25/2017	08/30/2020						
66220-0315-22		J3095		11/10/2020	99/99/9999	INJECTION, TELEVANCIN, 10 MG	VIBATIV (SDV,PF,LYOPHILIZED) 750 MG	12	EA	VL	IV	EA	10	MG	75	11/10/2020	99/99/9999						
66220-0315-44		J3095		12/23/2024	99/99/9999	INJECTION, TELAVANCIN, 10 MG	VIBATIV SDV,LYOPHILIZED 750 MG	4	EA		IV	EA	10	MG	75	12/23/2024	99/99/9999						
66267-0006-25		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999						
66267-0006-40		J8499		08/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1	EA	1	08/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66267-0006-50		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999						
66267-0007-15		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999						
66267-0007-21		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999						
66267-0007-25		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999						
66267-0007-30		J8499		04/08/2002	12/31/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	04/08/2002	12/31/2020						
66267-0066-12		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	01/01/2006	99/99/9999						
66267-0080-15		Q0163		01/01/2002	12/31/2024	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2024						
66267-0080-20		Q0163		04/05/2002	12/31/2024	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	04/05/2002	12/31/2024						
66267-0080-30		Q0163		01/01/2002	12/31/2024	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2024						
66267-0080-60		Q0163		01/01/2002	12/31/2024	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2024						
66267-0081-15		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999						
66267-0081-30		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999						
66267-0081-60		Q0163		09/04/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	60	EA	BO	PO	EA	50	MG	1	09/04/2002	99/99/9999						
66267-0171-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
66267-0171-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
66267-0171-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
66267-0171-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
66267-0171-40		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
66267-0171-42		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	42	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
66267-0172-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
66267-0172-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
66267-0172-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
66267-0172-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
66267-0173-20		J7512		01/01/2016	12/31/2023	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	20	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2023						
66267-0173-30		J7512		01/01/2016	12/31/2023	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2023						
66267-0173-40		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	40	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
66267-0173-42		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	42	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
66267-0173-60		J7512		01/01/2016	12/31/2022	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	60	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2022						
66267-0399-30		J8499		03/15/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	03/15/2005	99/99/9999						
66267-0928-06		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6	EA	BO	PO	EA	1	GM	0.25	01/01/2002	99/99/9999						
66267-0948-21		J7512		01/01/2016	12/31/2019	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (DOSEPACK) 5 MG	21	EA	DP	PO	EA	1	MG	5	01/01/2016	12/31/2019						
66267-0961-21		J7509		01/01/2002	09/30/2021	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	BO	PO	EA	4	MG	1	01/01/2002	09/30/2021						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66267-0977-04		Q0163		01/01/2002	11/30/2024	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	11/30/2024						
66288-1100-01		J0690		10/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 100 GM	1	EA	FC	IJ	GM	500	MG	2	10/01/2002	99/99/9999						
66288-1300-01		J0690		10/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 300 GM	1	EA	FC	IJ	GM	500	MG	2	10/01/2002	99/99/9999						
66302-0101-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 1 MG/ML	20	ML	VL	IJ	ML	1	MG	1	01/01/2006	99/99/9999						
66302-0102-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 2.5 MG/ML	20	ML	VL	IJ	ML	1	MG	2.5	01/01/2006	99/99/9999						
66302-0105-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 5 MG/ML	20	ML	VL	IJ	ML	1	MG	5	01/01/2006	99/99/9999						
66302-0110-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 10 MG/ML	20	ML	VL	IJ	ML	1	MG	10	01/01/2006	99/99/9999						
66302-0206-03	KO	J7686	KO	01/01/2011	99/99/9999	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG	TYVASO (4X2.9ML) 0.6 MG/1 ML	2.9	ML	PC	IH	ML	1.74	MG	0.34482	01/01/2011	99/99/9999						
66302-0206-03		J7686		01/01/2011	99/99/9999	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG	TYVASO (4X2.9ML) 0.6 MG/1 ML	2.9	ML	PC	IH	ML	1.74	MG	0.34482	01/01/2011	99/99/9999						
66490-0041-01		J1110		12/31/2002	06/10/2022	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	D.H.E. 45 (AMP) 1 MG/ML	1	ML	AM	IJ	ML	1	MG	1	12/31/2002	06/10/2022						
66621-0790-02		J0841		01/01/2019	99/99/9999	INJECTION, CROTALIDAE IMMUNE F(AB')2 (EQUINE), 120 MG	ANAVIP (LYOPHILIZED) (10ML VL) 24 MG/1 ML	1	EA	VL	IV	EA	120	MG	2	01/01/2019	99/99/9999						
66621-0790-02		J3490		10/30/2018	12/31/2018	UNCLASSIFIED DRUGS	ANAVIP (LYOPHILIZED) (10ML VL) 24 MG/1 ML	1	EA	VL	IV	EA	1	MG	1	10/30/2018	12/31/2018						
66658-0501-01		J9210		01/01/2020	99/99/9999	INJECTION, EMAPALUMAB-LZSG, 1 MG	GAMIFANT (PF) 5 MG/1 ML	2	ML	VL	IV	ML	1	MG	5	01/01/2020	99/99/9999						
66658-0505-01		J9210		01/01/2020	99/99/9999	INJECTION, EMAPALUMAB-LZSG, 1 MG	GAMIFANT (PF) 5 MG/1 ML	10	ML	VL	IV	ML	1	MG	5	01/01/2020	99/99/9999						
66658-0510-01		J9210		01/11/2021	99/99/9999	INJECTION, EMAPALUMAB-LZSG, 1 MG	GAMIFANT (PF) 5 MG/1 ML	20	ML	VL	IV	ML	1	MG	5	01/11/2021	99/99/9999						
66689-0307-08		J7517		02/15/2019	12/15/2023	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (BANANA) 200 MG/1 ML	175	ML	BO	PO	ML	250	MG	0.8	02/15/2019	12/15/2023						
66689-0342-16		J8499		09/24/2021	11/10/2023	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (1X473ML;USP,BANANA) 200 MG/5 ML	473	ML	BO	PO	ML	1	EA	1	09/24/2021	11/10/2023						
66689-0347-02		J7520		02/01/2019	12/22/2023	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 1 MG/1 ML	60	ML	BO	PO	ML	1	MG	1	02/01/2019	12/22/2023						
66689-0681-55		J1230		02/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1	EA	BO	NA	GM	10	MG	100	02/01/2002	99/99/9999						
66733-0773-01		J1817		03/04/2019	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN LISPRO 100 U/1 ML	10	ML	VL	IJ	ML	50	U	2	03/04/2019	99/99/9999						
66733-0822-59		J1817		03/04/2019	07/31/2022	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN LISPRO KWIKPEN (5X3ML, PREFILLED) 100 U/1 ML	3	ML	PE	SC	ML	50	U	2	03/04/2019	07/31/2022						
66733-0948-23		J9055		01/01/2005	99/99/9999	INJECTION, CETUXIMAB, 10 MG	ERBITUX (PF) 2 MG/ML	50	ML	VL	IV	ML	10	MG	0.2	01/01/2005	99/99/9999						
66733-0958-23		J9055		05/03/2007	99/99/9999	INJECTION, CETUXIMAB, 10 MG	ERBITUX (PF) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	05/03/2007	99/99/9999						
66758-0035-01		J1626		06/30/2008	05/19/2020	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X1ML,SINGLE-USE) 1 MG/ML	1	ML	VL	IV	ML	100	MCG	10	06/30/2008	05/19/2020						
66758-0036-01		J1626		06/30/2008	05/19/2020	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML,MULTI-USE) 1 MG/ML	4	ML	VL	IV	ML	100	MCG	10	06/30/2008	05/19/2020						
66758-0101-11		None		04/25/2025	99/99/9999	TOPOTECAN, ORAL, 0.25MG	HYCAMTIN 0.25 MG	10	EA		PO	EA	0.25	MG	1	04/25/2025	99/99/9999						
66758-0102-11		None		11/22/2024	99/99/9999	TOPOTECAN, ORAL, 0.25MG	HYCAMTIN 1 MG	10	EA	BO	PO	EA	0.25	MG	4	11/22/2024	99/99/9999						
66758-0155-46		J3489		12/18/2024	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	RECLAST 5 MG/100 ML	100	ML	BO	IV	ML	1	MG	0.05	12/18/2024	99/99/9999						
66794-0151-01		J0476		11/01/2017	99/99/9999	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	GABLOFEN (1X1ML,SINGLE USE) 0.05 MG/1 ML	1	ML	SR	IN	ML	50	MCG	1	11/01/2017	99/99/9999						
66794-0155-01		J0475		01/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	GABLOFEN (1X20ML,SINGLE USE) 0.5 MG/1 ML	20	ML	SR	IN	ML	10	MG	0.05	01/01/2018	99/99/9999						
66794-0155-02		J0475		04/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	GABLOFEN (1X20ML,SINGLE USE) 0.5 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.05	04/01/2018	99/99/9999						
66794-0156-01		J0475		02/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	GABLOFEN (1X20ML,SINGLE USE) 1 MG/1 ML	20	ML	SR	IN	ML	10	MG	0.1	02/01/2018	99/99/9999						
66794-0156-02		J0475		04/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	GABLOFEN (1X20ML,SINGLE USE) 1 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.1	04/01/2018	99/99/9999						
66794-0157-01		J0475		01/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	GABLOFEN (1X20ML,SINGLE USE) 2 MG/1 ML	20	ML	SR	IN	ML	10	MG	0.2	01/01/2018	99/99/9999						
66794-0157-02		J0475		04/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	GABLOFEN (1X20ML,SINGLE USE) 2 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.2	04/01/2018	99/99/9999						
66794-0160-02		J2274		07/23/2018	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG	MITIGO (SINGLE USE,PF) 10 MG/1 ML	20	ML	VL	IJ	ML	10	MG	1	07/23/2018	99/99/9999						
66794-0162-02		J2274		07/27/2018	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG	MITIGO (SINGLE USE,PF) 25 MG/1 ML	20	ML	VL	IJ	ML	10	MG	2.5	07/27/2018	99/99/9999						
66794-0202-42		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
66794-0202-42		J7643		04/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	12/31/2023						
66794-0202-42	KO	J7643	KO	04/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	12/31/2023						
66794-0203-42		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
66794-0203-42		J7643		04/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	12/31/2023						
66794-0203-42	KO	J7643	KO	04/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	12/31/2023						
66794-0204-42		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	5	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
66794-0204-42		J7643		04/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	12/31/2023						
66794-0204-42	KO	J7643	KO	04/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	12/31/2023						
66794-0205-41		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	20	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66794-0205-41		J7643		04/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	12/31/2023						
66794-0205-41	KO	J7643	KO	04/15/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	12/31/2023						
66794-0206-41		J0295		04/15/2019	05/15/2023	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (USP, SDV,PF,LATEX-FREE) 1 GM-0.5 GM	10	EA	VL	IJ	EA	1.5	GM	1	04/15/2019	05/15/2023						
66794-0207-41		J0295		04/15/2019	05/15/2023	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (USP, SDV,PF,LATEX-FREE) 2 GM-1 GM	10	EA	VL	IJ	EA	1.5	GM	2	04/15/2019	05/15/2023						
66794-0208-15		J0295		04/15/2019	05/15/2023	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (PHARMACY BULK,USP,PF) 10 GM-5 GM	1	EA	BO	IV	EA	1.5	GM	10	04/15/2019	05/15/2023						
66794-0209-41		J0692		04/15/2019	05/15/2023	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (SDV,PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	04/15/2019	05/15/2023						
66794-0210-41		J0692		04/15/2019	05/15/2023	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (SDV,PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	04/15/2019	05/15/2023						
66794-0211-42		J0696		08/15/2019	05/15/2023	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PF,LATEX-FREE) 250 MG	25	EA	VL	IJ	EA	250	MG	1	08/15/2019	05/15/2023						
66794-0212-42		J0696		08/15/2019	05/15/2023	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PF,LATEX-FREE) 500 MG	25	EA	VL	IJ	EA	250	MG	2	08/15/2019	05/15/2023						
66794-0213-42		J0696		08/15/2019	05/15/2023	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PF,LATEX-FREE) 1 GM	25	EA	VL	IJ	EA	250	MG	4	08/15/2019	05/15/2023						
66794-0214-42		J0696		08/15/2019	05/15/2023	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PF,LATEX-FREE) 2 GM	25	EA	VL	IJ	EA	250	MG	8	08/15/2019	05/15/2023						
66794-0215-15		J0696		08/15/2019	05/15/2023	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PF,LATEX-FREE) 10 GM	1	EA	VL	IV	EA	250	MG	40	08/15/2019	05/15/2023						
66794-0216-41		J2543		04/08/2020	05/15/2023	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV;USP,PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	04/08/2020	05/15/2023						
66794-0217-41		J2543		04/08/2020	05/15/2023	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV;USP,PF,LATEX-FREE) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	04/08/2020	05/15/2023						
66794-0218-41		J2543		04/08/2020	05/15/2023	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV;USP,PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	04/08/2020	05/15/2023						
66794-0219-43		J2020		01/01/2020	99/99/9999	INJECTION, LINEZOLID, 200MG	LINEZOLID (LATEX-FREE) 600 MG/300 ML	300	ML	FC	IV	ML	200	MG	0.01	01/01/2020	99/99/9999						
66794-0220-41		J0290		03/05/2020	05/15/2023	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	03/05/2020	05/15/2023						
66794-0221-41		J0290		03/05/2020	05/15/2023	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IJ	EA	500	MG	1	03/05/2020	05/15/2023						
66794-0222-41		J0290		03/05/2020	05/15/2023	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	03/05/2020	05/15/2023						
66794-0223-41		J0290		03/05/2020	05/15/2023	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	03/05/2020	05/15/2023						
66794-0224-15		J0290		03/05/2020	05/15/2023	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PHARMACY BULK,PF) 10 GM	1	EA	VL	IV	EA	500	MG	20	03/05/2020	05/15/2023						
66794-0226-41		J2700		03/26/2020	08/01/2022	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (10X2GM;USP) 2 GM	10	EA	VL	IJ	EA	250	MG	8	03/26/2020	08/01/2022						
66794-0227-41		J2700		04/07/2020	09/01/2023	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (USP) 10 GM	10	GM	VL	IV	EA	250	MG	40	04/07/2020	09/01/2023						
66794-0232-42		J0330		02/11/2021	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV;USP,LATEX-FREE) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	02/11/2021	99/99/9999						
66794-0236-43		J2020		05/01/2022	99/99/9999	INJECTION, LINEZOLID, 200 MG	LINEZOLID NOVAPLUS (LATEX-FREE) 600 MG/300 ML	300	ML	FC	IV	ML	200	MG	0.01	05/01/2022	99/99/9999						
66794-0237-41		J1271		04/01/2025	99/99/9999	INJECTION, DOXYCYCLINE HYCLATE, 1 MG	DOXYCYCLINE LYOPHILIZED 100 MG	10	EA		IV	EA	1	MG	100	04/01/2025	99/99/9999						
66794-0237-41		J3490		06/16/2023	03/31/2025	UNCLASSIFIED DRUGS	DOXYCYCLINE (PF,LYOPHILIZED) 100 MG	10	EA		IV	EA	1	EA	1	06/16/2023	03/31/2025						
66794-0242-41		J0295		01/01/2023	05/15/2023	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM NOVALUS (PF,LATEX-FREE) 2 GM-1 GM	10	EA		IJ	EA	1.5	GM	2	01/01/2023	05/15/2023						
66794-0243-15		J0295		02/01/2023	05/15/2023	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM NOVALUS (PHARMACY BULK,USP,PF) 10 GM-5 GM	1	EA		IV	EA	1.5	GM	10	02/01/2023	05/15/2023						
66794-0249-42		J3230		01/15/2025	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL SDV 25 MG/1 ML	1	ML	VL	IJ	ML	50	MG	0.5	01/15/2025	99/99/9999						
66794-0250-42		J3230		01/15/2025	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL SDV 25 MG/1 ML	2	ML	VL	IJ	ML	50	MG	0.5	01/15/2025	99/99/9999						
66794-0258-41		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	10	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
66794-0258-41		J3490		10/01/2023	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	10	EA		IV	EA	1	EA	1	10/01/2023	06/30/2024						
66795-0225-41		J2700		02/01/2020	08/01/2022	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (BUFFERED) 1 GM	10	EA	VL	IJ	EA	250	MG	4	02/01/2020	08/01/2022						
66887-0004-20		J3490		10/31/2014	99/99/9999	UNCLASSIFIED DRUGS	TESTOPEL PELLETS	100	EA	BX	SC	EA	1	EA	1	10/31/2014	99/99/9999						
66993-0021-27		J7614		08/23/2012	05/31/2022	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 0.31 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.20667	08/23/2012	05/31/2022						
66993-0021-27	KO	J7614	KO	08/23/2012	05/31/2022	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 0.31 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.20667	08/23/2012	05/31/2022						
66993-0022-27		J7614		08/23/2012	10/31/2022	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 0.63 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.42	08/23/2012	10/31/2022						
66993-0022-27	KO	J7614	KO	08/23/2012	10/31/2022	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 0.63 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.42	08/23/2012	10/31/2022						
66993-0023-27		J7614		08/23/2012	10/31/2022	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 1.25 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.83333	08/23/2012	10/31/2022						
66993-0023-27	KO	J7614	KO	08/23/2012	10/31/2022	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 1.25 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.83333	08/23/2012	10/31/2022						
66993-0038-83		J1729		07/02/2018	12/31/2022	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (PF) 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	07/02/2018	12/31/2022						
66993-0039-01		J1729		08/09/2018	04/30/2020	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (MDV) 250 MG/1 ML	5	ML	VL	IM	ML	10	MG	25	08/09/2018	04/30/2020						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66993-0083-79		J3030		07/01/2020	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE (2X0.5ML) 4 MG/0.5 ML	0.5	ML		SC	ML	6	MG	1.333333	07/01/2020	99/99/9999						
66993-0083-98		J3030		07/01/2020	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE (W/AUTO-INJ PEN&CASE) 4 MG/0.5 ML	0.5	ML		SC	ML	6	MG	1.333333	07/01/2020	99/99/9999						
66993-0084-79		J3030		07/01/2020	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE (2X0.5ML) 6 MG/0.5 ML	0.5	ML		SC	ML	6	MG	2	07/01/2020	99/99/9999						
66993-0084-98		J3030		07/01/2020	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE (W/AUTO-INJ PEN&CASE) 6 MG/0.5 ML	0.5	ML	CR	SC	ML	6	MG	2	07/01/2020	99/99/9999						
66993-0195-94		J7682		09/15/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (SINGLE-USE,PF) 300 MG/4 ML	4	ML	PC	IH	ML	300	MG	0.25	09/15/2020	99/99/9999						
66993-0195-94	KO	J7682	KO	09/15/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (SINGLE-USE,PF) 300 MG/4 ML	4	ML	PC	IH	ML	300	MG	0.25	09/15/2020	99/99/9999						
66993-0370-25		J1050		07/01/2021	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (SDV,LATEX-FREE) 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	07/01/2021	99/99/9999						
66993-0371-79		J1050		10/08/2021	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (PF,LATEX-FREE) 150 MG/1 ML	1	ML	SR	IM	ML	1	MG	150	10/08/2021	99/99/9999						
66993-0489-83		J9120		12/07/2017	11/30/2024	INJECTION, DACTINOMYCIN, 0.5 MG	DACTINOMYCIN (SDV,PF,LYOPHILIZED) 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	12/07/2017	11/30/2024						
66993-0730-02		J8540		04/22/2022	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (USP) 4 MG	100	EA	BO	PO	EA	0.25	MG	16	04/22/2022	99/99/9999						
66993-0730-80		J8540		04/18/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 4 MG	100	EA	BX	PO	EA	0.25	MG	16	04/18/2023	99/99/9999						
67253-0320-10		None		12/30/2005	05/18/2020	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE (USP) 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	10/29/2007	05/18/2020	12/30/2005	01/01/2007	1			
67253-0320-36		None		06/25/2009	05/18/2020	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/25/2009	05/18/2020						
67386-0130-51		J3032		10/01/2020	99/99/9999	INJECTION, EPTINEZUMAB-JJMR, 1 MG	VYEPTI 100 MG/1 ML	1	ML	VL	IV	ML	1	MG	100	10/01/2020	99/99/9999						
67457-0124-10		J1200		05/01/2007	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HYDROCHLORIDE (MDV,USP) 50 MG/ML	10	ML	VL	IJ	ML	50	MG	1	05/01/2007	99/99/9999						
67457-0153-03		J0282		07/01/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	3	ML	VL	IV	ML	30	MG	1.66666	07/01/2005	99/99/9999						
67457-0153-09		J0282		11/29/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE (9X10ML) 50 MG/ML	9	ML	VL	IV	ML	30	MG	1.66666	11/29/2005	99/99/9999						
67457-0153-18		J0282		11/29/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE 50 MG/ML	18	ML	VL	IV	ML	30	MG	1.66666	11/29/2005	99/99/9999						
67457-0177-50		J1212		06/22/2007	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	RIMSO-50 (ODORLESS) 50%	50	ML	VL	IL	ML	50	%	0.02	06/22/2007	99/99/9999						
67457-0182-10		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	ESMOLOL HCL (10X10ML) 10 MG/1 ML	10	ML		IV	ML	10	MG	1	07/01/2023	99/99/9999						
67457-0187-50		J0206		07/01/2023	99/99/9999	INJECTION, ALLOPURINOL SODIUM, 1 MG	ALOPRIM (SINGLE USE VIAL) 500 MG	1	EA		IV	EA	1	MG	500	07/01/2023	99/99/9999						
67457-0211-02		J1451		09/30/2009	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	FOMEPIZOLE (1X1.5ML,PF) 1 GM/ML	1.5	ML	VL	IV	ML	15	MG	66.66666	09/30/2009	99/99/9999						
67457-0212-02		J0883		11/14/2017	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (SDV,PF) 100 MG/1 ML	2.5	ML	VL	IV	ML	1	MG	100	11/14/2017	99/99/9999						
67457-0256-10		J0583		06/04/2018	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	06/04/2018	99/99/9999						
67457-0263-30		J1205		08/04/2014	11/30/2021	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	CHLOROTHIAZIDE SODIUM (USP, SDV,LYOPHILIZED) 0.5 GM	1	EA	VL	IV	EA	500	MG	1	08/04/2014	11/30/2021						
67457-0273-10		J2800		12/05/2014	11/30/2022	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (25X10ML, SDV) 100 MG/ML	10	ML	VL	IJ	ML	10	ML	0.1	12/05/2014	11/30/2022						
67457-0291-01		J0360		04/28/2016	09/03/2022	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (PF) 20 MG/1 ML	1	ML	VL	IJ	ML	20	MG	1	04/28/2016	09/03/2022						
67457-0299-10		J2310		09/14/2016	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL 0.4 MG/1 ML	10	ML	VL	IJ	ML	1	MG	0.4	09/14/2016	06/30/2025						
67457-0299-10		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL 0.4 MG/1 ML	10	ML		IJ	ML	0.01	MG	40	07/01/2025	99/99/9999						
67457-0316-25		J0894		10/10/2018	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	10/10/2018	99/99/9999						
67457-0317-25		J2469		09/20/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (SDV) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	09/20/2018	99/99/9999						
67457-0323-25		J2280		10/03/2017	99/99/9999	INJECTION, MOXIFLOXACIN, 100 MG	MOXIFLOXACIN HCL (FLEXIBAG,LATEX-FREE) 400 MG/250 ML	250	ML	BG	IV	ML	100	MG	0.016	10/03/2017	99/99/9999						
67457-0348-10		J0295		12/01/2017	10/31/2023	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM 1 GM-0.5 GM	10	EA	VL	IJ	EA	1.5	GM	1	12/01/2017	10/31/2023						
67457-0349-03		J0295		09/04/2015	02/29/2024	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM 2 GM-1 GM	1	EA	VL	IJ	EA	1.5	GM	2	09/04/2015	02/29/2024						
67457-0349-10		J0295		10/31/2016	02/29/2024	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM 2 GM-1 GM	10	EA	VL	IJ	EA	1.5	GM	2	10/31/2016	02/29/2024						
67457-0350-10		J0290		09/12/2016	04/30/2022	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,CRYSTALLINE) 500 MG	10	EA	VL	IJ	EA	500	MG	1	09/12/2016	04/30/2022						
67457-0351-10		J0290		09/12/2016	05/31/2024	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,CRYSTALLINE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	09/12/2016	05/31/2024						
67457-0352-10		J0290		10/06/2016	01/31/2024	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,CRYSTALLINE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	10/06/2016	01/31/2024						
67457-0353-10		J0290		10/06/2016	04/30/2022	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,CRYSTALLINE) 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	10/06/2016	04/30/2022						
67457-0359-59		J2680		09/28/2018	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE 25 MG/1 ML	5	ML	VL	IJ	ML	25	MG	1	09/28/2018	99/99/9999						
67457-0372-99		J1644		05/25/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML) 1000 U/1 ML	1	ML	VL	IJ	ML	1000	U	1	05/25/2018	99/99/9999						
67457-0373-99		J1644		06/14/2018	07/31/2025	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 20000 U/1 ML	1	ML	VL	IJ	ML	1000	U	20	06/14/2018	07/31/2025						
67457-0374-99		J1644		03/16/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML) 5000 U/1 ML	1	ML	VL	IJ	ML	1000	U	5	03/16/2018	99/99/9999						
67457-0379-25		J2501		12/21/2018	03/31/2022	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL 0.002 MG/1 ML	1	ML	VL	IV	ML	1	MCG	2	12/21/2018	03/31/2022						
67457-0380-25		J2501		12/21/2018	01/31/2023	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL 0.005 MG/1 ML	1	ML	VL	IV	ML	1	MCG	5	12/21/2018	01/31/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
67457-0383-99		J1644		06/14/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML) 5000 U/1 ML	10	ML	VL	U	ML	1000	U	5	06/14/2018	99/99/9999						
67457-0384-99		J1644		03/16/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X30ML) 1000 U/1 ML	30	ML	VL	U	ML	1000	U	1	03/16/2018	99/99/9999						
67457-0385-99		J1644		03/16/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X10ML) 1000 U/1 ML	10	ML	VL	U	ML	1000	U	1	03/16/2018	99/99/9999						
67457-0389-25		J2501		12/21/2018	03/31/2022	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL 0.005 MG/1 ML	2	ML	VL	IV	ML	1	MCG	5	12/21/2018	03/31/2022						
67457-0395-25		J9000		12/16/2014	08/25/2025	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,STERILE,SDV) 2 MG/ML	25	ML	VL	IV	ML	10	MG	0.2	12/16/2014	08/25/2025						
67457-0396-10		J9000		11/07/2014	08/25/2025	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,STERILE,MDV) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	11/07/2014	08/25/2025						
67457-0397-99		J2780		08/17/2018	04/20/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (10X2ML,SDV,USP) 25 MG/1 ML	2	ML	VL	IJ	ML	25	MG	1	08/17/2018	04/20/2020						
67457-0398-62		J2780		08/17/2018	04/20/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (SDV,USP) 25 MG/1 ML	6	ML	VL	IJ	ML	25	MG	1	08/17/2018	04/20/2020						
67457-0399-25		J3420		07/06/2017	06/30/2025	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	10	ML	VL	IJ	ML	1000	MCG	1	07/06/2017	06/30/2025						
67457-0400-05		J3420		07/06/2017	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	30	ML	VL	IJ	ML	1000	MCG	1	07/06/2017	99/99/9999						
67457-0404-10		J0290		09/12/2016	09/30/2023	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,CRYSTALLINE) 10 GM	1	EA	VL	IV	EA	500	MG	20	09/12/2016	09/30/2023						
67457-0418-05		J1100		04/15/2020	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE NOVAPLUS (25X5ML;USP;MDV) 4 MG/1 ML	5	ML	VL	IJ	ML	1	MG	4	04/15/2020	99/99/9999						
67457-0419-01		J1100		04/15/2020	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE NOVAPLUS (25X1ML;USP;SDV) 4 MG/1 ML	1	ML	VL	IJ	ML	1	MG	4	04/15/2020	99/99/9999						
67457-0434-51		J9267		01/01/2015	03/31/2021	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/ML	50	ML	VL	IV	ML	1	MG	6	01/01/2015	03/31/2021						
67457-0440-22		J2405		12/22/2014	08/31/2021	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HCL (25X2ML; SDV;USP,PF) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	12/22/2014	08/31/2021						
67457-0441-20		J2405		12/22/2014	08/31/2021	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HCL (1X20ML;MDV;USP,PF) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	12/22/2014	08/31/2021						
67457-0449-17		J9267		01/01/2015	10/31/2020	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/ML	16.7	ML	VL	IV	ML	1	MG	6	01/01/2015	10/31/2020						
67457-0450-10		J9065		06/12/2014	12/31/2022	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE (1X10ML,SDV,PF) 1 MG/ML	10	ML	VL	IV	ML	1	MG	1	06/12/2014	12/31/2022						
67457-0452-20		J9100		02/26/2014	12/31/2022	INJECTION, CYTARABINE, 100 MG	CYTARABINE (SDV,PF,LATEX-FREE) 100 MG/ML	20	ML	VL	IJ	ML	100	MG	1	02/26/2014	12/31/2022						
67457-0455-52		J9100		07/22/2016	10/31/2022	INJECTION, CYTARABINE, 100 MG	CYTARABINE (SDV,PF,LATEX-FREE) 20 MG/1 ML	5	ML	VL	IJ	ML	100	MG	0.2	07/22/2016	10/31/2022						
67457-0471-52		J9267		01/01/2015	02/28/2021	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/ML	5	ML	VL	IV	ML	1	MG	6	01/01/2015	02/28/2021						
67457-0483-10		J1100		04/15/2020	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE NOVAPLUS (10X10ML;USP) 10 MG/1 ML	10	ML	VL	IJ	ML	1	MG	10	04/15/2020	99/99/9999						
67457-0484-30		J1100		04/15/2020	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE NOVAPLUS (25X30ML;USP;MDV) 4 MG/1 ML	30	ML	VL	IJ	ML	1	MG	4	04/15/2020	99/99/9999						
67457-0513-05		J9120		01/01/2018	07/31/2022	INJECTION, DACTINOMYCIN, 0.5 MG	DACTINOMYCIN (PF,LYOPHILIZED) 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	01/01/2018	07/31/2022						
67457-0518-05		J9280		02/28/2018	08/31/2022	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (PF,LYOPHILIZED) 5 MG	1	EA	VL	IV	EA	5	MG	1	02/28/2018	08/31/2022						
67457-0519-20		J9280		02/28/2018	09/30/2022	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (SDV,PF,LYOPHILIZED) 20 MG	1	EA	VL	IV	EA	5	MG	4	02/28/2018	09/30/2022						
67457-0520-40		J9280		03/19/2018	10/31/2022	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (SDV,PF) 40 MG	1	EA	VL	IV	EA	5	MG	8	03/19/2018	10/31/2022						
67457-0521-22		J2543		06/23/2016	04/30/2021	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	06/23/2016	04/30/2021						
67457-0523-45		J2543		06/02/2016	07/31/2021	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE USE,PF) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	06/02/2016	07/31/2021						
67457-0524-33		J1740		09/02/2014	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG	IBANDRONATE SODIUM 1 MG/ML	5	ML	SR	IV	ML	1	MG	1	09/02/2014	99/99/9999						
67457-0528-10		J0640		07/23/2019	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	50	MG	2	07/23/2019	99/99/9999						
67457-0529-20		J0640		07/23/2019	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 200 MG	1	EA	VL	IJ	EA	50	MG	4	07/23/2019	99/99/9999						
67457-0530-35		J0640		01/02/2019	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LYOPHILIZED) 350 MG	1	EA	VL	IJ	EA	50	MG	7	01/02/2019	99/99/9999						
67457-0531-02		J9171		09/28/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP;SINGLE-USE VIAL) 10 MG/1 ML	2	ML		IV	ML	1	MG	10	09/28/2018	99/99/9999						
67457-0532-08		J9171		09/28/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP;MULTI-USE VIAL) 10 MG/1 ML	8	ML		IV	ML	1	MG	10	09/28/2018	99/99/9999						
67457-0533-16		J9171		09/05/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP;MULTI-USE VIAL) 10 MG/1 ML	16	ML	VL	IV	ML	1	MG	10	09/05/2018	99/99/9999						
67457-0546-20		J9027		11/06/2017	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOFARABINE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	11/06/2017	99/99/9999						
67457-0553-00		J3475		10/02/2020	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (24X50ML;SINGLE DOSE) 40 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.08	10/02/2020	99/99/9999						
67457-0554-00		J3475		10/02/2020	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (24X100ML;SINGLE DOSE) 40 MG/1 ML	100	ML	FC	IV	ML	500	MG	0.08	10/02/2020	99/99/9999						
67457-0562-20		J0475		12/21/2018	02/28/2025	INJECTION, BACLOFEN, 10 MG	BACLOFEN (SDV) 0.5 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.05	12/21/2018	02/28/2025						
67457-0563-20		J0475		12/21/2018	02/28/2025	INJECTION, BACLOFEN, 10 MG	BACLOFEN (SDV) 1 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.1	12/21/2018	02/28/2025						
67457-0564-20		J0475		12/21/2018	08/31/2025	INJECTION, BACLOFEN, 10 MG	BACLOFEN (SDV) 1 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.1	12/21/2018	08/31/2025						
67457-0567-00		J3475		10/13/2020	04/30/2025	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE-DEXTROSE (24X100ML;USP,LATEX-FREE) 5%-1 GM/100 ML	100	ML	FC	IV	ML	500	MG	0.02	10/13/2020	04/30/2025						
67457-0582-10		J1652		01/01/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	01/01/2015	99/99/9999						
67457-0583-04		J1652		01/01/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PFS,PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG	25	01/01/2015	99/99/9999						
67457-0584-06		J1652		01/01/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	01/01/2015	99/99/9999						
67457-0585-08		J1652		01/01/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	01/01/2015	99/99/9999						
67457-0587-10		J1325		09/25/2024	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL SDV,LYOPHILIZED 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	09/25/2024	99/99/9999						
67457-0588-10		J1325		09/25/2024	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL SDV,LYOPHILIZED 1.5 MG	1	EA	VL	IV	EA	0.5	MG	3	09/25/2024	99/99/9999						
67457-0592-10		J1652		05/06/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (SRN, PREFL,27GX1/2",PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	05/06/2015	99/99/9999						
67457-0593-04		J1652		08/07/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (27GX1/2",PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG	25	08/07/2015	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
67457-0594-06		J1652		02/11/2016	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	02/11/2016	99/99/9999						
67457-0595-08		J1652		11/13/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	11/13/2015	99/99/9999						
67457-0602-99		J1644		05/25/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML) 10000 U/1 ML	1	ML	VL	U	ML	1000	U	10	05/25/2018	99/99/9999						
67457-0603-99		J1644		06/14/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML) 10000 U/1 ML	4	ML	VL	U	ML	1000	U	10	06/14/2018	99/99/9999						
67457-0616-10		J9201		01/03/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (1X5.26ML) 38 MG/1 ML	5.26	ML	VL	IV	ML	200	MG	0.19	01/03/2018	99/99/9999						
67457-0617-30		J9201		12/18/2017	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (1X26.3ML) 38 MG/1 ML	26.3	ML	VL	IV	ML	200	MG	0.19	12/18/2017	99/99/9999						
67457-0618-10		J9201		12/18/2017	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 38 MG/1 ML	52.6	ML	VL	IV	ML	200	MG	0.19	12/18/2017	99/99/9999						
67457-0619-10		J3489		05/19/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID 5 MG/100 ML	100	ML	VL	IV	ML	1	MG	0.05	05/19/2017	99/99/9999						
67457-0621-99		J3301		08/19/2024	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (25X1ML,SDV) 40 MG/1 ML	1	ML	VL	U	ML	10	MG	4	08/19/2024	99/99/9999						
67457-0622-99		J3301		08/19/2024	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (25X5ML,MDV) 40 MG/1 ML	5	ML	VL	U	ML	10	MG	4	08/19/2024	99/99/9999						
67457-0623-99		J3301		08/19/2024	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (25X10ML,MDV) 40 MG/1 ML	10	ML	VL	U	ML	10	MG	4	08/19/2024	99/99/9999						
67457-0629-10		J1327		10/01/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	10/01/2018	99/99/9999						
67457-0630-10		J1327		10/01/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 2 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.4	10/01/2018	99/99/9999						
67457-0631-10		J1327		12/13/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	12/13/2018	99/99/9999						
67457-0638-10		J1756		08/08/2025	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	IRON SUCROSE SDV 20 MG/1 ML	5	ML	VL	IV	ML	1	MG	20	08/08/2025	99/99/9999						
67457-0638-25		J1756		08/08/2025	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	IRON SUCROSE SDV 20 MG/1 ML	5	ML	VL	IV	ML	1	MG	20	08/08/2025	99/99/9999						
67457-0639-10		J1756		08/08/2025	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	IRON SUCROSE SDV 20 MG/1 ML	10	ML	VL	IV	ML	1	MG	20	08/08/2025	99/99/9999						
67457-0640-02		J0780		04/03/2019	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	U	ML	10	MG	0.5	04/03/2019	99/99/9999						
67457-0640-99		J0780		04/03/2019	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	U	ML	10	MG	0.5	04/03/2019	99/99/9999						
67457-0645-02		J2310		01/20/2020	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL NOVAPLUS (10X1ML,SDV) 0.4 MG/1 ML	1	ML	VL	U	ML	1	MG	0.4	01/20/2020	06/30/2025						
67457-0645-02		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL NOVAPLUS 10X1ML,SDV 0.4 MG/1 ML	1	ML		U	ML	0.01	MG	40	07/01/2025	99/99/9999						
67457-0649-10		J0295		09/04/2015	12/31/2023	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM 10 GM-5 GM	1	EA	VL	IV	EA	1.5	GM	10	09/04/2015	12/31/2023						
67457-0657-25		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	ESMOLOL HCL (PF) 2500 MG/250 ML	250	ML		IV	ML	10	MG	1	07/01/2023	99/99/9999						
67457-0658-10		J1805		07/01/2023	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	ESMOLOL HCL (PF) 2000 MG/100 ML	100	ML		IV	ML	10	MG	2	07/01/2023	99/99/9999						
67457-0662-05		J9351		04/09/2018	02/28/2022	INJECTION, TOPOTECAN, 0.1 MG	TOPOTECAN (SDV) 1 MG/1 ML	4	ML	VL	IV	ML	0.1	MG	10	04/09/2018	02/28/2022						
67457-0675-02		J0630		09/16/2016	99/99/9999	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	MICALCIN 200 IU/1 ML	2	ML	VL	U	ML	400	IU	0.5	09/16/2016	99/99/9999						
67457-0705-75		J3371		01/01/2023	06/30/2025	INJECTION, VANCOMYCIN HCL (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3370, 500 MG	VANCOMYCIN HCL (LYOPHILIZED) 750 MG	10	EA	VL	IV	EA	500	MG	1.5	01/01/2023	06/30/2025						
67457-0705-75		J3374		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	VANCOMYCIN HCL LYOPHILIZED 750 MG	10	EA		IV	EA	10	MG	75	07/01/2025	99/99/9999						
67457-0781-08		J9171		06/18/2019	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (MDV,PF,LATEX-FREE) 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	06/18/2019	99/99/9999						
67457-0790-05		J1953		07/24/2017	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (SDV) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	07/24/2017	99/99/9999						
67457-0794-10		J3489		06/05/2018	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SINGLE USE,PF) 5 MG/100 ML	100	ML	BG	IV	ML	1	MG	0.05	06/05/2018	99/99/9999						
67457-0798-99		J2795		03/18/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (PF,LATEX-FREE) 200 MG/100 ML	100	ML		U	ML	1	MG	2	03/18/2024	99/99/9999						
67457-0799-99		J2795		03/18/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (PF,LATEX-FREE) 400 MG/200 ML	200	ML		U	ML	1	MG	2	03/18/2024	99/99/9999						
67457-0813-50		J0878		09/04/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	09/04/2018	99/99/9999						
67457-0831-50		J0637		09/29/2017	11/30/2021	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (SDV,PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	5	MG	10	09/29/2017	11/30/2021						
67457-0832-70		J0637		11/15/2017	10/31/2021	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LYOPHILIZED) 70 MG	1	EA	VL	IV	EA	5	MG	14	11/15/2017	10/31/2021						
67457-0833-06		Q5108		07/09/2018	99/99/9999	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	FULPHILA (PF) 6 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	20	07/09/2018	99/99/9999						
67457-0843-30		J2020		07/31/2018	06/30/2024	INJECTION, LINEZOLID, 200 MG	LINEZOLID (10X300ML BAGS,PF) 600 MG/300 ML	300	ML	BG	IV	ML	200	MG	0.01	07/31/2018	06/30/2024						
67457-0845-50		Q5114		11/29/2019	99/99/9999	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	OGIVRI (KIT COMPONENT,PF) 420 MG	1	EA		IV	EA	10	MG	42	11/29/2019	99/99/9999						
67457-0847-44		Q5114		11/29/2019	99/99/9999	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	OGIVRI (PF,LYOPHILIZED) 420 MG	1	EA	VL	IV	EA	10	MG	42	11/29/2019	99/99/9999						
67457-0853-50		J1120		09/13/2018	99/99/9999	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	ACETAZOLAMIDE (USP,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	09/13/2018	99/99/9999						
67457-0854-04		J0153		05/08/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (10X4ML,SDV,PF) 3 MG/1 ML	4	ML	VL	IV	ML	1	MG	3	05/08/2018	99/99/9999						
67457-0855-02		J0153		05/08/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (10X2ML,SDV,PF) 3 MG/1 ML	2	ML	VL	IV	ML	1	MG	3	05/08/2018	99/99/9999						
67457-0856-20		J0153		08/31/2017	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (1X20ML,USP,SDV,PF) 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	08/31/2017	99/99/9999						
67457-0857-30		J0153		08/31/2017	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (1X30ML,USP,SDV,PF) 3 MG/1 ML	30	ML	VL	IV	ML	1	MG	3	08/31/2017	99/99/9999						
67457-0858-20		J0153		04/15/2020	06/30/2025	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE NOVAPLUS (USP,SDV,PF,LATEX-FREE) 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	04/15/2020	06/30/2025						
67457-0859-30		J0153		09/01/2019	06/30/2025	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE NOVAPLUS (USP,SDV,PF,LATEX-FREE) 3 MG/1 ML	30	ML	VL	IV	ML	1	MG	3	09/01/2019	06/30/2025						
67457-0860-50		J0456		07/01/2019	11/30/2021	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500	MG	1	07/01/2019	11/30/2021						
67457-0863-01		J1626		03/21/2018	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X1ML,SDV,PF,LATEX-FREE) 1 MG/1 ML	1	ML	VL	IV	ML	100	MCG	10	03/21/2018	99/99/9999						
67457-0864-04		J1626		03/21/2018	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML,MDV,LATEX-FREE) 1 MG/1 ML	4	ML	VL	IV	ML	100	MCG	10	03/21/2018	99/99/9999						
67457-0876-30		J2795		05/23/2019	03/31/2021	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	U	ML	1	MG	5	05/23/2019	03/31/2021						
67457-0877-20		J2795		05/23/2019	01/31/2021	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 10 MG/1 ML	20	ML	VL	U	ML	1	MG	10	05/23/2019	01/31/2021						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
67457-0879-05		J3030		11/06/2018	05/31/2021	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE (PREFILLED,PF,LATEX-FREE) 6 MG/0.5 ML	0.5	ML	SR	SC	ML	6	MG	2	11/06/2018	05/31/2021						
67457-0880-05		J3030		11/06/2018	01/31/2021	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE (5X0.5ML,SDV,PF) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6	MG	2	11/06/2018	01/31/2021						
67457-0886-05		J1729		09/22/2017	06/30/2024	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE 250 MG/1 ML	5	ML	VL	IM	ML	10	MG	25	09/22/2017	06/30/2024						
67457-0887-01		J1050		10/12/2018	03/31/2025	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	10/12/2018	03/31/2025						
67457-0887-99		J1050		10/12/2018	03/31/2025	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML		IM	ML	1	MG	150	10/12/2018	03/31/2025						
67457-0889-10		J1453		09/05/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (PF,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/05/2019	99/99/9999						
67457-0893-08		J0594		11/21/2017	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SINGLE-USE) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	11/21/2017	99/99/9999						
67457-0920-05		J3489		10/12/2020	05/31/2021	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID NOVAPLUS (SINGLE USE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	10/12/2020	05/31/2021						
67457-0921-05		J3490		10/12/2020	03/31/2025	UNCLASSIFIED DRUGS	SULFAMETHOXAZOLE/TRIMETHOPRIM NOVAPLUS 80 MG/1 ML-16 MG/1 ML	5	ML	VL	IV	ML	1	EA	1	10/12/2020	03/31/2025						
67457-0922-30		J3490		10/12/2020	03/31/2025	UNCLASSIFIED DRUGS	SULFAMETHOXAZOLE/TRIMETHOPRIM NOVAPLUS 80 MG/1 ML-16 MG/1 ML	30	ML	VL	IV	ML	1	EA	1	10/12/2020	03/31/2025						
67457-0926-50		J0289		08/06/2025	99/99/9999	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	AMPHOTERICIN B LIPOSOME SDV,LYOPHILIZED 50 MG	1	EA	VL	IV	EA	10	MG	5	08/06/2025	99/99/9999						
67457-0928-02		J9120		06/20/2019	08/31/2022	INJECTION, DACTINOMYCIN, 0.5 MG	DACTINOMYCIN NOVAPLUS (SDV,LYOPHILIZED) 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	06/20/2019	08/31/2022						
67457-0937-50		J9264		10/09/2025	99/99/9999	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	PACLITAXEL PROTEIN-BOUND PARTICLES ALBUMIN-BOUND,LYOPHILIZED 100 MG	1	EA	VL	IV	EA	1	MG	100	10/09/2025	99/99/9999						
67457-0941-15		J0878		11/27/2023	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	1	EA		IV	EA	1	MG	500	11/27/2023	99/99/9999						
67457-0948-01		J1644		02/21/2019	09/30/2021	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (25X1ML) 1000 U/1 ML	1	ML	VL	IJ	ML	1000	IU	1	02/21/2019	09/30/2021						
67457-0949-01		J1644		02/21/2019	09/30/2021	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM 5000 U/1 ML	1	ML	VL	IJ	ML	1000	IU	5	02/21/2019	09/30/2021						
67457-0950-01		J1644		04/17/2019	08/31/2021	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (SDV) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	UNITS	10	04/17/2019	08/31/2021						
67457-0951-01		J1644		06/05/2019	12/31/2020	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (LATEX-FREE) 20000 U/1 ML	1	ML	VL	IJ	ML	1000	U	20	06/05/2019	12/31/2020						
67457-0953-10		J1644		04/30/2019	09/30/2021	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (25X10ML) 1000 U/1 ML	10	ML	VL	IJ	ML	1000	UNITS	1	04/30/2019	09/30/2021						
67457-0954-01		J1644		06/05/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM 5000 U/1 ML	10	ML	VL	IJ	ML	1000	U	5	06/05/2019	99/99/9999						
67457-0956-30		J1644		03/20/2019	07/31/2021	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (MDV;NOT FOR LOCK FLUSH) 1000 U/1 ML	30	ML	VL	IJ	ML	1000	U	1	03/20/2019	07/31/2021						
67457-0957-99		J1756		08/08/2025	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	IRON SUCROSE SDV 20 MG/1 ML	2.5	ML	VL	IV	ML	1	MG	20	08/08/2025	99/99/9999						
67457-0967-01		J1729		08/23/2019	12/31/2023	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (SDV,PF) 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	08/23/2019	12/31/2023						
67457-0978-50		J0206		07/01/2023	99/99/9999	INJECTION, ALLOPURINOL SODIUM, 1 MG	ALOPRIM NOVAPLUS (SDV,LYOPHILIZED) 500 MG	1	EA		IV	EA	1	MG	500	07/01/2023	99/99/9999						
67457-0987-10		J2310		11/15/2019	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL NOVAPLUS (MDV) 0.4 MG/1 ML	10	ML	VL	IJ	ML	1	MG	0.4	11/15/2019	06/30/2025						
67457-0987-10		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL NOVAPLUS MDV 0.4 MG/1 ML	10	ML		IJ	ML	0.01	MG	40	07/01/2025	99/99/9999						
67457-0991-15		Q5114		11/29/2019	99/99/9999	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	OGIVRI (SDV,PF,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	10	MG	15	11/29/2019	99/99/9999						
67457-0992-02		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL 1 MG/1 ML	2	ML		IJ	ML	0.01	MG	100	07/01/2025	99/99/9999						
67457-0996-20		J9280		08/24/2020	03/31/2022	INJECTION, MITOMYCIN, 5 MG	PREMIERPRO RX MITOMYCIN (USP;SDV,PF,LYOPHILIZED) 20 MG	1	EA	VL	IV	EA	5	MG	4	08/24/2020	03/31/2022						
67457-0997-40		J9280		08/24/2020	07/31/2022	INJECTION, MITOMYCIN, 5 MG	PREMIERPRO RX MITOMYCIN (USP;SDV,PF,LYOPHILIZED) 40 MG	1	EA	VL	IV	EA	5	MG	8	08/24/2020	07/31/2022						
67850-0021-10		J0290		08/28/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	08/28/2019	99/99/9999						
67850-0022-10		J0290		08/28/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	08/28/2019	99/99/9999						
67850-0024-10		J0290		08/28/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IJ	EA	500	MG	1	08/28/2019	99/99/9999						
67850-0031-10		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN 1 GM	10	EA		IJ	EA	20	MG	50	01/01/2025	99/99/9999						
67850-0031-10		J3490		08/28/2019	12/31/2024	UNCLASSIFIED DRUGS	NAFCILLIN 1 GM	10	EA	VL	IJ	EA	1	EA	1	08/28/2019	12/31/2024						
67850-0032-10		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN 2 GM	10	EA		IJ	EA	20	MG	100	01/01/2025	99/99/9999						
67850-0032-10		J3490		08/28/2019	12/31/2024	UNCLASSIFIED DRUGS	NAFCILLIN 2 GM	10	EA	VL	IJ	EA	1	EA	1	08/28/2019	12/31/2024						
67850-0150-25		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (LYOPHILIZED) 40 MG	25	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
67850-0150-25		J3490		05/16/2022	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (LYOPHILIZED) 40 MG	25	EA	VL	IV	EA	1	EA	1	05/16/2022	06/30/2024						
67857-0809-38		J3030		03/17/2016	04/01/2023	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ZEMBRACE SYMTOUCH (AUTOINJECTOR) 3 MG/0.5 ML	0.5	ML	SR	SC	ML	6	MG	1	03/17/2016	04/01/2023						
67871-4790-06		J1430		01/01/2006	99/99/9999	INJECTION, ETHANOLAMINE OLEATE, 100 MG	ETHAMOLIN (10X2ML AMP) 50 MG/ML	2	ML	AM	IV	ML	100	MG	0.5	01/01/2006	99/99/9999						
67877-0225-01		J7517		03/20/2012	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	03/20/2012	99/99/9999						
67877-0225-05		J7517		03/20/2012	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 mg	500	EA	BO	PO	EA	250	MG	2	03/20/2012	99/99/9999						
67877-0230-22		J7517		11/17/2014	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FRUIT) 200 MG/ML	225	ML	BO	PO	ML	250	MG	0.8	11/17/2014	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
67877-0266-01		J7517		08/01/2013	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	08/01/2013	99/99/9999						
67877-0266-05		J7517		08/01/2013	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	BO	PO	EA	250	MG	1	08/01/2013	99/99/9999						
67877-0278-01		J7507		11/12/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	11/12/2020	99/99/9999						
67877-0279-01		J7507		11/12/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP) 1 MG	100	EA	BO	PO	EA	1	MG	1	11/12/2020	99/99/9999						
67877-0280-01		J7507		11/12/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP) 5 MG	100	EA	BO	PO	EA	1	MG	5	11/12/2020	99/99/9999						
67877-0426-12		J7518		10/22/2021	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (DELAYED RELEASE) 180 MG	120	EA	BO	PO	EA	180	MG	1	10/22/2021	99/99/9999						
67877-0427-12		J7518		10/22/2021	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (DELAYED RELEASE) 360 MG	120	EA	BO	PO	EA	180	MG	2	10/22/2021	99/99/9999						
67877-0458-60		None		05/01/2019	09/30/2024	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	05/01/2019	09/30/2024						
67877-0458-60		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 150 MG	60	EA		PO	EA	50	MG	3	01/01/2025	99/99/9999						
67877-0459-12		None		05/01/2019	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	05/01/2019	09/30/2024						
67877-0459-12		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 500 MG	120	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
67877-0493-01		J7500		05/01/2020	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	100	EA	BO	PO	EA	50	MG	1	05/01/2020	99/99/9999						
67877-0493-05		J7500		05/01/2020	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	500	EA	BO	PO	EA	50	MG	1	05/01/2020	99/99/9999						
67877-0537-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	04/26/2017	99/99/9999						
67877-0537-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	04/26/2017	99/99/9999						
67877-0538-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	04/26/2017	99/99/9999						
67877-0538-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	04/26/2017	99/99/9999						
67877-0539-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	04/26/2017	99/99/9999						
67877-0539-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	04/26/2017	99/99/9999						
67877-0540-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	04/26/2017	99/99/9999						
67877-0540-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	04/26/2017	99/99/9999						
67877-0541-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	04/26/2017	99/99/9999						
67877-0541-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	04/26/2017	99/99/9999						
67877-0542-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	04/26/2017	99/99/9999						
67877-0568-60		Q0167		09/22/2017	09/30/2021	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	09/22/2017	09/30/2021						
67877-0569-60		Q0167		09/22/2017	04/30/2021	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 5 MG	60	EA	BO	PO	EA	2.5	MG	2	09/22/2017	04/30/2021						
67877-0570-60		Q0167		09/22/2017	09/30/2021	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 10 MG	60	EA	BO	PO	EA	2.5	MG	4	09/22/2017	09/30/2021						
67877-0634-30		J8999		01/18/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BO	PO	EA	1	EA	1	01/18/2019	99/99/9999						
67877-0678-70		J7682		02/07/2022	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (7X8, USP,PF) 300 MG/5 ML	5	ML	AM	IH	ML	300	MG	0.2	02/07/2022	99/99/9999						
67877-0678-70	KO	J7682	KO	02/07/2022	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (7X8, USP,PF) 300 MG/5 ML	5	ML	AM	IH	ML	300	MG	0.2	02/07/2022	99/99/9999						
67877-0718-31		J7527		11/30/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (6X10) 0.25 MG	60	EA	BX	PO	EA	0.25	MG	1	11/30/2021	99/99/9999						
67877-0719-31		J7527		11/30/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (6X10) 0.5 MG	60	EA	BX	PO	EA	0.25	MG	2	11/30/2021	99/99/9999						
67877-0720-31		J7527		11/30/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (6X10) 0.75 MG	60	EA	BX	PO	EA	0.25	MG	3	11/30/2021	99/99/9999						
67877-0721-31		J7527		11/30/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (6X10) 1 MG	60	EA	BX	PO	EA	0.25	MG	4	11/30/2021	99/99/9999						
67877-0746-01		J7520		03/23/2021	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (FILM-COATED) 0.5 MG	100	EA		PO	EA	1	MG	0.5	03/23/2021	99/99/9999						
67877-0747-01		J7520		03/23/2021	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (FILM-COATED) 1 MG	100	EA		PO	EA	1	MG	1	03/23/2021	99/99/9999						
67877-0748-01		J7520		03/23/2021	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (FILM-COATED) 2 MG	100	EA		PO	EA	1	MG	2	03/23/2021	99/99/9999						
67877-0753-60		Q0167		06/21/2021	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (6X10;USP,SOFT GELATIN) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	06/21/2021	99/99/9999						
67877-0754-60		Q0167		02/08/2021	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 5 MG	60	EA	BO	PO	EA	2.5	MG	2	02/08/2021	99/99/9999						
67877-0755-60		Q0167		04/01/2021	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 10 MG	60	EA	BO	PO	EA	2.5	MG	4	04/01/2021	99/99/9999						
67919-0011-01		J0878		01/01/2005	06/30/2022	INJECTION, DAPTOMYCIN, 1 MG	CUBICIN (PF) 500 MG	1	EA	VL	IV	EA	1	MG	500	01/01/2005	06/30/2022						
67919-0030-01		J0695		12/22/2014	99/99/9999	INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	ZERBAXA (PF) 1 GM-0.5 GM	10	EA	VL	IV	EA	75	MG	20	12/22/2014	99/99/9999						
67979-0001-01		J9357		10/31/2007	99/99/9999	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	VALSTAR (4X5ML,PF) 40 MG/ML	5	ML	VL	IL	ML	200	MG	0.2	06/03/2009	99/99/9999	10/31/2007	03/03/2009	0.2			
67979-0002-01		J9226		01/01/2008	99/99/9999	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	SUPPRELIN LA 50 MG	1	EA	BX	SC	EA	50	MG	1	01/01/2008	99/99/9999						
67979-0500-01		J9226		01/01/2008	03/31/2022	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	VANTAS 50 MG	1	EA	BX	SC	EA	50	MG	1	01/01/2008	03/31/2022						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68001-0162-03		Q0169		07/11/2023	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	500	EA	BO	PO	EA	12.5	MG	2	07/11/2023	99/99/9999						
68001-0246-04		Q0162		04/24/2018	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,3X10,STRAWBERRY) 4 MG	30	EA	ST	PO	EA	1	MG	4	04/24/2018	99/99/9999						
68001-0247-04		Q0162		04/24/2018	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP, 3X10,STRAWBERRY) 8 MG	30	EA	ST	PO	EA	1	MG	8	04/24/2018	99/99/9999						
68001-0247-16		Q0162		03/13/2014	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 8 MG	10	EA	BP	PO	EA	1	MG	8	03/13/2014	99/99/9999						
68001-0265-25		J9181		02/05/2015	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (USP, MDV) 20 MG/ML	5	ML	VL	IV	ML	10	MG	2	02/05/2015	99/99/9999						
68001-0265-26		J9181		02/05/2015	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (USP, MDV) 20 MG/ML	25	ML	VL	IV	ML	10	MG	2	02/05/2015	99/99/9999						
68001-0265-27		J9181		02/05/2015	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (USP, MDV) 20 MG/ML	50	ML	VL	IV	ML	10	MG	2	02/05/2015	99/99/9999						
68001-0282-26		J9201		06/07/2016	11/12/2024	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (SINGLE-USE,USP) 1 GM	1	EA	VL	IV	EA	200	MG	5	06/07/2016	11/12/2024						
68001-0283-27		J9060		09/12/2016	10/08/2024	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG	CISPLATIN (MDV,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	09/12/2016	10/08/2024						
68001-0283-32		J9060		09/12/2016	10/08/2024	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG	CISPLATIN (MDV,LATEX-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.1	09/12/2016	10/08/2024						
68001-0284-25		J9206		06/17/2016	07/01/2020	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML,SINGLE DOSE,PF) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	06/17/2016	07/01/2020						
68001-0284-34		J9206		06/17/2016	07/01/2020	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (PF,LATEX-FREE) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	06/17/2016	07/01/2020						
68001-0285-36		J0640		11/23/2016	11/12/2024	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	50	MG	2	11/23/2016	11/12/2024						
68001-0285-37		J0640		11/23/2016	11/12/2024	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 200 MG	1	EA	VL	IJ	EA	50	MG	4	11/23/2016	11/12/2024						
68001-0285-40		J0640		11/23/2016	11/12/2024	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 50 MG	10	EA	VL	IJ	EA	50	MG	1	11/23/2016	11/12/2024						
68001-0286-38		J0640		11/23/2016	11/12/2024	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IJ	EA	50	MG	7	11/23/2016	11/12/2024						
68001-0313-56		J9025		08/16/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	1	MG	100	08/16/2017	99/99/9999						
68001-0323-31		J2185		07/14/2017	11/05/2019	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 500 MG	10	EA	VL	IV	EA	100	MG	5	07/14/2017	11/05/2019						
68001-0324-57		J2185		07/14/2017	04/24/2020	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 1 GM	10	EA	VL	IV	EA	100	MG	10	07/14/2017	04/24/2020						
68001-0338-62		J3370		02/15/2018	06/07/2021	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500	MG	1	02/15/2018	06/07/2021						
68001-0339-64		J3370		02/15/2018	07/26/2021	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	02/15/2018	07/26/2021						
68001-0341-36		J9263		02/15/2018	07/01/2020	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	02/15/2018	07/01/2020						
68001-0341-37		J9263		02/15/2018	07/01/2020	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	02/15/2018	07/01/2020						
68001-0342-34		J9196		04/01/2023	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG	GEMCITABINE 100 MG/1 ML	2	ML		IV	ML	200	MG	0.5	04/01/2023	99/99/9999						
68001-0342-34		J9201		05/01/2018	03/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	2	ML	VL	IV	ML	200	MG	0.5	05/01/2018	03/31/2023						
68001-0345-26		Q2050		04/02/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	04/02/2018	99/99/9999						
68001-0345-36		Q2050		04/02/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	04/02/2018	99/99/9999						
68001-0347-36		J0894		05/01/2018	01/06/2020	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	05/01/2018	01/06/2020						
68001-0348-36		J9196		04/01/2023	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG	GEMCITABINE 100 MG/1 ML	10	ML		IV	ML	200	MG	0.5	04/01/2023	99/99/9999						
68001-0348-36		J9201		05/01/2018	03/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	05/01/2018	03/31/2023						
68001-0351-60		J7643		06/15/2018	08/23/2021	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML		IJ	ML	1	MG	0.2	06/15/2018	08/23/2021						
68001-0351-60	KO	J7643	KO	06/15/2018	08/23/2021	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML		IJ	ML	1	MG	0.2	06/15/2018	08/23/2021						
68001-0352-71		J7643		06/15/2018	08/23/2021	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		IJ	ML	1	MG	0.2	06/15/2018	08/23/2021						
68001-0352-71	KO	J7643	KO	06/15/2018	08/23/2021	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		IJ	ML	1	MG	0.2	06/15/2018	08/23/2021						
68001-0353-72		J7643		06/15/2018	08/23/2021	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	5	ML		IJ	ML	1	MG	0.2	06/15/2018	08/23/2021						
68001-0353-72	KO	J7643	KO	06/15/2018	08/23/2021	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	5	ML		IJ	ML	1	MG	0.2	06/15/2018	08/23/2021						
68001-0355-25		J2469		06/15/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	06/15/2018	99/99/9999						
68001-0359-37		J9196		04/01/2023	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG	GEMCITABINE 100 MG/1 ML	20	ML		IV	ML	200	MG	0.5	04/01/2023	99/99/9999						
68001-0359-37		J9201		05/01/2018	03/31/2023	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE 100 MG/1 ML	20	ML		IV	ML	200	MG	0.5	05/01/2018	03/31/2023						
68001-0366-25		J3489		09/17/2018	03/06/2020	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	09/17/2018	03/06/2020						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68001-0370-27		J9070		11/05/2018	07/07/2020	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 500 MG	1	EA	VL	IV	EA	100	MG	5	11/05/2018	07/07/2020						
68001-0371-32		J9070		11/05/2018	07/07/2020	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 1 GM	1	EA	VL	IV	EA	100	MG	10	11/05/2018	07/07/2020						
68001-0372-32		J9070		11/05/2018	07/07/2020	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 2 GM	1	EA	VL	IV	EA	100	MG	20	11/05/2018	07/07/2020						
68001-0376-68		J0878		05/13/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	05/13/2019	99/99/9999						
68001-0389-36		J9280		05/01/2019	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (USP) 5 MG	1	EA	VL	IV	EA	5	MG	1	05/01/2019	99/99/9999						
68001-0390-77		J9280		05/01/2019	10/08/2024	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (USP) 20 MG	1	EA	VL	IV	EA	5	MG	4	05/01/2019	10/08/2024						
68001-0391-79		J9280		05/01/2019	10/08/2024	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (USP) 40 MG	1	EA	VL	IV	EA	5	MG	8	05/01/2019	10/08/2024						
68001-0406-73		J3370		10/07/2019	11/19/2020	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PKG,PF) 5 GM	1	EA	BO	IV	EA	500	MG	10	10/07/2019	11/19/2020						
68001-0407-75		J3370		10/07/2019	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PACKAGE) 10 GM	1	EA	BO	IV	EA	500	MG	20	10/07/2019	06/30/2025						
68001-0407-75		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK PACKAGE,LYOPHILIZED 10 GM	1	EA		IV	EA	10	MG	1000	07/01/2025	99/99/9999						
68001-0408-31		J1335		09/09/2019	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (SDV,LYOPHILIZED) 1 GM	10	EA	VL	IJ	EA	500	MG	2	09/09/2019	99/99/9999						
68001-0416-36		J0640		11/11/2019	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LYOPHILIZED) 100 MG	1	EA	VL	IJ	EA	50	MG	2	11/11/2019	99/99/9999						
68001-0417-37		J0640		11/11/2019	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LYOPHILIZED) 200 MG	1	EA	VL	IJ	EA	50	MG	4	11/11/2019	99/99/9999						
68001-0418-38		J0640		11/11/2019	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LYOPHILIZED) 350 MG	1	EA	VL	IJ	EA	50	MG	7	11/11/2019	99/99/9999						
68001-0421-22		J1453		12/31/2019	07/11/2022	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	12/31/2019	07/11/2022						
68001-0422-37		J0894		11/11/2019	04/12/2023	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	11/11/2019	04/12/2023						
68001-0437-25		J3489		09/01/2020	10/08/2024	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (LATEX-FREE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	09/01/2020	10/08/2024						
68001-0442-26		J9070		11/30/2020	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV;USP) 500 MG	1	EA	VL	IV	EA	100	MG	5	11/30/2020	03/31/2024						
68001-0442-26		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV;USP) 500 MG	1	EA		IV	EA	5	MG	100	04/01/2024	99/99/9999						
68001-0443-27		J9070		11/30/2020	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV;USP) 1 GM	1	EA	VL	IV	EA	100	MG	10	11/30/2020	03/31/2024						
68001-0443-27		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV;USP) 1 GM	1	EA		IV	EA	5	MG	200	04/01/2024	99/99/9999						
68001-0444-32		J9070		11/30/2020	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV;USP) 2 GM	1	EA	VL	IV	EA	100	MG	20	11/30/2020	03/31/2024						
68001-0444-32		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV;USP) 2 GM	1	EA		IV	EA	5	MG	400	04/01/2024	99/99/9999						
68001-0446-31		J2185		10/01/2020	01/18/2023	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 500 MG	10	EA	VL	IV	EA	100	MG	5	10/01/2020	01/18/2023						
68001-0447-57		J2185		10/01/2020	04/19/2022	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 1 GM	10	EA	VL	IV	EA	100	MG	10	10/01/2020	04/19/2022						
68001-0448-60		J0330		09/21/2020	10/28/2021	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV;USP) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	09/21/2020	10/28/2021						
68001-0457-42		J1650		11/23/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE DOSE,PF) 30 MG/0.3 ML	0.3	ML	SR	SC	ML	10	MG	10	11/23/2020	99/99/9999						
68001-0458-42		J1650		11/23/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.4ML;SINGLE DOSE,PF) 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	11/23/2020	99/99/9999						
68001-0459-42		J1650		11/23/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.6ML;SINGLE DOSE,PF) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	11/23/2020	99/99/9999						
68001-0460-42		J1650		11/23/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE DOSE,PF) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	11/23/2020	99/99/9999						
68001-0461-42		J1650		11/23/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE DOSE,PF) 100 MG/1 ML	1	ML	SR	SC	ML	10	MG	10	11/23/2020	99/99/9999						
68001-0462-42		J1650		11/23/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE DOSE,PF) 120 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	15	11/23/2020	99/99/9999						
68001-0463-42		J1650		11/23/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE DOSE,PF) 150 MG/1 ML	1	ML	SR	SC	ML	10	MG	15	11/23/2020	99/99/9999						
68001-0464-41		J1650		11/23/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (MDV,USP,LATEX-FREE) 100 MG/1 ML	3	ML	VL	IJ	ML	10	MG	10	11/23/2020	99/99/9999						
68001-0465-62		J3370		03/01/2021	08/18/2022	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500	MG	1	03/01/2021	08/18/2022						
68001-0466-63		J3370		04/05/2021	08/18/2022	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 1 GM	1	EA	CT	IV	EA	500	MG	2	04/05/2021	08/18/2022						
68001-0466-64		J3370		04/05/2021	08/18/2022	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	04/05/2021	08/18/2022						
68001-0467-41		J0878		02/08/2021	10/18/2022	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IV	EA	1	MG	350	02/08/2021	10/18/2022						
68001-0468-36		J9263		02/08/2021	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	02/08/2021	99/99/9999						
68001-0468-37		J9263		02/08/2021	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	02/08/2021	99/99/9999						
68001-0480-22		J9206		03/01/2021	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV;USP,PF,GLUTEN-FREE) 20 MG/1 ML	5	ML		IV	ML	20	MG	1	03/01/2021	99/99/9999						
68001-0480-35		J9206		03/01/2021	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV;USP,PF,GLUTEN-FREE) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	03/01/2021	99/99/9999						
68001-0482-25		J2469		03/29/2021	04/19/2022	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (SDV) 0.05 MG/1 ML	5	ML	CT	IV	ML	25	MCG	2	03/29/2021	04/19/2022						
68001-0487-06		None		04/05/2021	09/30/2024	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA		PO	EA	150	MG	1	04/05/2021	09/30/2024						
68001-0487-06		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 150 MG	60	EA		PO	EA	50	MG	3	01/01/2025	99/99/9999						
68001-0488-07		None		04/05/2021	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA		PO	EA	500	MG	1	04/05/2021	09/30/2024						
68001-0488-07		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 500 MG	120	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
68001-0491-04		J8999		04/05/2021	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA		PO	EA	1	EA	1	04/05/2021	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68001-0492-36		Q2050		07/12/2021	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME (1X10ML;SD,LATEX-FREE) 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	07/12/2021	99/99/9999						
68001-0493-26		Q2050		07/12/2021	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME (1X25ML;SD,LATEX-FREE) 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	07/12/2021	99/99/9999						
68001-0504-54		J9025		08/02/2021	09/21/2022	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	1	MG	100	08/02/2021	09/21/2022						
68001-0506-30		J2543		09/06/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	09/06/2021	99/99/9999						
68001-0507-82		J2543		09/06/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	09/06/2021	99/99/9999						
68001-0508-31		J2543		09/06/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	09/06/2021	99/99/9999						
68001-0509-60		J3420		09/20/2021	05/06/2022	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (LATEX-FREE) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	09/20/2021	05/06/2022						
68001-0516-27		J9267		02/28/2022	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,LATEX-FREE) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	02/28/2022	99/99/9999						
68001-0517-36		J1453		09/20/2021	04/12/2023	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/20/2021	04/12/2023						
68001-0523-36		J1453		02/07/2022	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	02/07/2022	99/99/9999						
68001-0524-30		J9190		07/05/2022	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (SDV,LATEX-FREE) 50 MG/1 ML	10	ML	VL	IV	ML	500	MG	0.1	07/05/2022	99/99/9999						
68001-0524-31		J9190		07/05/2022	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (SDV,LATEX-FREE) 50 MG/1 ML	20	ML	VL	IV	ML	500	MG	0.1	07/05/2022	99/99/9999						
68001-0525-27		J9190		07/05/2022	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (SDV,LATEX-FREE) 50 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.1	07/05/2022	99/99/9999						
68001-0525-32		J9190		07/05/2022	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (SDV,LATEX-FREE) 50 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.1	07/05/2022	99/99/9999						
68001-0527-54		J9025		06/27/2021	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	1	MG	100	06/27/2021	99/99/9999						
68001-0534-36		J9041		11/14/2022	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB (SDV,PF,LATEX-FREE) 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	11/14/2022	99/99/9999						
68001-0535-41		J9305		08/08/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,LATEX-FREE) 100 MG	1	EA	VL	IV	EA	10	MG	10	08/08/2022	99/99/9999						
68001-0536-41		J9305		08/08/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	10	MG	50	08/08/2022	99/99/9999						
68001-0538-41		J9305		08/08/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,LATEX-FREE) 100 MG	1	EA	VL	IV	EA	10	MG	10	08/08/2022	99/99/9999						
68001-0539-41		J9305		08/08/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	10	MG	50	08/08/2022	99/99/9999						
68001-0540-36		J9041		01/01/2023	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB (SDV,LYOPHILIZED) 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	01/01/2023	99/99/9999						
68001-0540-36		J9044		07/05/2022	12/31/2022	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	BORTEZOMIB (SDV,LYOPHILIZED) 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	07/05/2022	12/31/2022						
68001-0541-36		J9041		01/01/2023	10/08/2024	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB (SDV,PF,LATEX-FREE) 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	01/01/2023	10/08/2024						
68001-0541-36		J9044		08/22/2022	12/31/2022	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	BORTEZOMIB (SDV,PF,LATEX-FREE) 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	08/22/2022	12/31/2022						
68001-0542-60		J3420		08/29/2022	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (25X1ML,MDV,LATEX-FREE) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	08/29/2022	99/99/9999						
68001-0543-41		J9305		10/03/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,LATEX-FREE) 100 MG	1	EA	VL	IV	EA	10	MG	10	10/03/2022	99/99/9999						
68001-0544-41		J9305		10/03/2022	10/08/2024	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	10	MG	50	10/03/2022	10/08/2024						
68001-0557-00		J7509		11/14/2022	06/18/2025	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	11/14/2022	06/18/2025						
68001-0558-55		J7509		11/14/2022	06/18/2025	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 8 MG	25	EA	BO	PO	EA	4	MG	2	11/14/2022	06/18/2025						
68001-0559-69		J7509		11/14/2022	06/18/2025	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 16 MG	50	EA	BO	PO	EA	4	MG	4	11/14/2022	06/18/2025						
68001-0560-55		J7509		11/14/2022	06/18/2025	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 32 MG	25	EA	BO	PO	EA	4	MG	8	11/14/2022	06/18/2025						
68001-0564-22		J9070		11/21/2022	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (MDV,PF,LATEX-FREE) 200 MG/1 ML	5	ML	VL	IV	ML	100	MG	2	11/21/2022	03/31/2024						
68001-0564-22		J9073		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	CYCLOPHOSPHAMIDE (MDV,PF,LATEX-FREE) 200 MG/1 ML	5	ML		IV	ML	5	MG	40	04/01/2024	99/99/9999						
68001-0565-28		J9070		11/21/2022	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (MDV,PF,LATEX-FREE) 200 MG/1 ML	10	ML	VL	IV	ML	100	MG	2	11/21/2022	03/31/2024						
68001-0565-28		J9073		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	CYCLOPHOSPHAMIDE (MDV,PF,LATEX-FREE) 200 MG/1 ML	10	ML		IV	ML	5	MG	40	04/01/2024	99/99/9999						
68001-0572-41		J9033		04/01/2023	99/99/9999	INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG	BENDAMUSTINE HYDROCHLORIDE (SDV,DAIRY-FREE,DYE-FREE) 100 MG	1	EA		IV	EA	1	MG	100	04/01/2023	99/99/9999						
68001-0573-41		J0894		03/01/2023	10/08/2024	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA		IV	EA	1	MG	50	03/01/2023	10/08/2024						
68001-0578-48		J1631		06/05/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (3X1ML AMPULE,LATEX-FREE) 50 MG/1 ML	1	ML		IM	ML	50	MG	1	06/05/2023	99/99/9999						
68001-0579-48		J1631		06/05/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (5X1ML AMPULE,LATEX-FREE) 100 MG/1 ML	1	ML		IM	ML	50	MG	2	06/05/2023	99/99/9999						
68001-0580-41		J1631		06/05/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 50 MG/1 ML	1	ML		IM	ML	50	MG	1	06/05/2023	99/99/9999						
68001-0581-41		J1631		06/05/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1	ML		IM	ML	50	MG	2	06/05/2023	99/99/9999						
68001-0581-48		J1631		06/05/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (5X1ML SDV,LATEX-FREE) 100 MG/1 ML	1	ML		IM	ML	50	MG	2	06/05/2023	99/99/9999						
68001-0581-82		J1631		06/05/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (10X1ML SDV,LATEX-FREE) 100 MG/1 ML	1	ML		IM	ML	50	MG	2	06/05/2023	99/99/9999						
68001-0582-41		J1631		06/05/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV,LATEX-FREE) 100 MG/1 ML	5	ML		IM	ML	50	MG	2	06/05/2023	99/99/9999						
68001-0608-24		J9060		01/01/2024	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (PF,GLUTEN-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	01/01/2024	99/99/9999						
68001-0609-33		J9060		01/01/2024	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (PF,GLUTEN-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.1	01/01/2024	99/99/9999						
68001-0610-25		J3489		01/16/2024	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	01/16/2024	99/99/9999						
68001-0611-33		J3489		05/01/2024	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (PF,LATEX-FREE) 5 MG/100 ML	100	ML	FC	IV	ML	1	MG	0.05	05/01/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68001-0615-36		J9280		04/11/2024	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (SDV,GLUTEN-FREE) 5 MG	1	EA	VL	IV	EA	5	MG	1	04/11/2024	99/99/9999						
68001-0616-77		J9280		04/11/2024	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (SDV,GLUTEN-FREE) 20 MG	1	EA	VL	IV	EA	5	MG	4	04/11/2024	99/99/9999						
68001-0617-79		J9280		04/11/2024	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (SDV,GLUTEN-FREE) 40 MG	1	EA	VL	IV	EA	5	MG	8	04/11/2024	99/99/9999						
68001-0618-37		J0894		04/15/2024	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	04/15/2024	99/99/9999						
68001-0620-54		J9025		10/03/2024	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE SDV,LYOPHILIZED 100 MG	1	EA	VL	U	EA	1	MG	100	10/03/2024	99/99/9999						
68001-0623-04		J8999		11/05/2024	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE FILM COATED 400 MG	30	EA	BO	PO	EA	1	EA	1	11/05/2024	99/99/9999						
68001-0624-01		J7509		04/04/2025	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	04/04/2025	99/99/9999						
68001-0627-27		J9190		12/16/2024	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL PHARMACY BULK PACKAGE 50 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.1	12/16/2024	99/99/9999						
68001-0628-32		J9190		12/16/2024	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL PHARMACY BULK PACKAGE 50 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.1	12/16/2024	99/99/9999						
68001-0629-26		Q2050		12/16/2024	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 1X25ML;SDV 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	12/16/2024	99/99/9999						
68001-0629-36		Q2050		12/16/2024	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 1X10ML;SDV 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	12/16/2024	99/99/9999						
68001-0633-42		J1650		01/13/2025	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM SINGLE DOSE 30 MG/0.3 ML	0.3	ML		SC	ML	10	MG	10	01/13/2025	99/99/9999						
68001-0634-42		J1650		01/13/2025	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM SINGLE DOSE 40 MG/0.4 ML	0.4	ML		SC	ML	10	MG	10	01/13/2025	99/99/9999						
68001-0635-42		J1650		01/13/2025	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM SINGLE DOSE 60 MG/0.6 ML	0.6	ML		SC	ML	10	MG	10	01/13/2025	99/99/9999						
68001-0636-42		J1650		01/13/2025	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM SINGLE DOSE 80 MG/0.8 ML	0.8	ML		SC	ML	10	MG	10	01/13/2025	99/99/9999						
68001-0637-42		J1650		01/13/2025	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM SINGLE DOSE 100 MG/1 ML	1	ML		SC	ML	10	MG	10	01/13/2025	99/99/9999						
68001-0638-42		J1650		01/13/2025	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM SINGLE DOSE 120 MG/0.8 ML	0.8	ML		SC	ML	10	MG	15	01/13/2025	99/99/9999						
68001-0639-42		J1650		01/13/2025	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM SINGLE DOSE 150 MG/1 ML	1	ML		SC	ML	10	MG	15	01/13/2025	99/99/9999						
68001-0640-59		J3420		02/03/2025	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	1	ML	VL	U	ML	1000	MCG	1	02/03/2025	99/99/9999						
68001-0640-60		J3420		02/03/2025	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN MDV 1000 MCG/1 ML	1	ML	VL	U	ML	1000	MCG	1	02/03/2025	99/99/9999						
68001-0641-41		J1650		02/06/2025	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM MDV 300 MG/3 ML	3	ML	VL	U	ML	10	MG	10	02/06/2025	99/99/9999						
68001-0642-41		J0894		03/03/2025	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE LYOPHILIZED 50 MG	1	EA	VL	IV	EA	1	MG	50	03/03/2025	99/99/9999						
68001-0643-06		None		02/05/2024	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 150 MG	60	EA	BO	PO	EA	50	MG	3	02/05/2024	99/99/9999						
68001-0644-07		None		02/05/2024	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 500 MG	120	EA	BO	PO	EA	50	MG	10	02/05/2024	99/99/9999						
68001-0648-36		J0640		06/25/2025	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM SDV,LYOPHILIZED 100 MG	1	EA	VL	U	EA	50	MG	2	06/25/2025	99/99/9999						
68001-0649-37		J0640		06/25/2025	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM SDV,LYOPHILIZED 200 MG	1	EA	VL	U	EA	50	MG	4	06/25/2025	99/99/9999						
68001-0650-38		J0640		06/25/2025	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM SDV,LYOPHILIZED 350 MG	1	EA	VL	U	EA	50	MG	7	06/25/2025	99/99/9999						
68001-0651-37		J9264		06/10/2025	99/99/9999	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	PACLITAXEL PROTEIN-BOUND PARTICLES ALBUMIN-BOUND,LYOPHILIZED 100 MG	1	EA	VL	IV	EA	1	MG	100	06/10/2025	99/99/9999						
68001-0657-51		J1631		08/08/2025	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE SDV 50 MG/1 ML	1	ML	VL	IM	ML	50	MG	1	08/08/2025	99/99/9999						
68001-0657-56		J1631		08/08/2025	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE SDV 50 MG/1 ML	1	ML	VL	IM	ML	50	MG	1	08/08/2025	99/99/9999						
68001-0658-41		J1631		08/08/2025	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE SDV 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	08/08/2025	99/99/9999						
68001-0658-52		J1631		08/08/2025	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE SDV 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	08/08/2025	99/99/9999						
68001-0659-41		J1631		08/08/2025	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE MDV 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	08/08/2025	99/99/9999						
68001-0666-01		J8501		09/05/2025	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT HARD GELATIN 40 MG	1	EA	BX	PO	EA	5	MG	8	09/05/2025	99/99/9999						
68001-0666-17		J8501		09/05/2025	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT HARD GELATIN 40 MG	5	EA	BX	PO	EA	5	MG	8	09/05/2025	99/99/9999						
68001-0667-01		J8501		09/05/2025	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT 2-DAY PACK,HARD GELATIN 80 MG	2	EA	DP	PO	EA	5	MG	16	09/05/2025	99/99/9999						
68001-0667-19		J8501		09/05/2025	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT 1X6,HARD GELATIN 80 MG	6	EA	BX	PO	EA	5	MG	16	09/05/2025	99/99/9999						
68001-0668-19		J8501		09/05/2025	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT 1X6,HARD GELATIN 125 MG	6	EA	BX	PO	EA	5	MG	25	09/05/2025	99/99/9999						
68001-0669-15		J8501		09/05/2025	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT 3-DAY PACK HARD GELATIN 80 MG; 125 MG	3	EA	DP	PO	EA	5	MG	41	09/05/2025	99/99/9999						
68001-0675-25		J1453		10/17/2025	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE SDV,LYOPHILIZED 150 MG	1	EA	VL	IV	EA	1	MG	150	10/17/2025	99/99/9999						
68047-0702-21		J8540		08/08/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (6-DAY DOSE PACK) 1.5 MG	21	EA		PO	EA	0.25	MG	6	08/08/2018	99/99/9999						
68047-0702-35		J8540		09/14/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10-DAY DOSE PACK) 1.5 MG	35	EA	DP	PO	EA	0.25	MG	6	09/14/2018	99/99/9999						
68047-0702-51		J8540		09/14/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (13-DAY DOSE PACK) 1.5 MG	51	EA	DP	PO	EA	0.25	MG	6	09/14/2018	99/99/9999						
68084-0229-01		J7500		03/14/2008	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100	EA	BX	PO	EA	50	MG	1	08/26/2014	99/99/9999	03/14/2008	05/06/2014	1			
68084-0450-01		J7507		07/30/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (10X10,HARD GELATIN) 1 MG	100	EA	BX	PO	EA	1	MG	1	07/30/2010	99/99/9999						
68094-0063-61		J8999		08/09/2022	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/1 ML	10	ML	CP	PO	ML	1	EA	1	08/09/2022	99/99/9999						
68094-0063-62		J8999		08/09/2022	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/1 ML	10	ML	CP	PO	ML	1	EA	1	08/09/2022	99/99/9999						
68094-0081-25		J2003		01/20/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL SDV,METHYLPARABEN FREE 2%	5	ML		U	ML	1	MG	20	01/20/2025	99/99/9999						
68094-0101-10		J2760		12/19/2017	04/16/2024	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	10	EA	VL	U	EA	5	MG	1	12/19/2017	04/16/2024						
68094-0101-20		J2760		12/19/2017	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	1	EA	VL	U	EA	5	MG	1	12/19/2017	99/99/9999						
68094-0174-62		J8999		08/09/2022	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/1 ML	20	ML	CP	PO	ML	1	EA	1	08/09/2022	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68094-0313-10		J1953		01/23/2024	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (SINGLE-USE) 100 MG/1 ML	5	ML		IV	ML	10	MG	10	01/23/2024	99/99/9999						
68094-0313-25		J1953		01/23/2024	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (SINGLE-USE) 100 MG/1 ML	5	ML		IV	ML	10	MG	10	01/23/2024	99/99/9999						
68094-0690-30		Q0144		04/09/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	04/09/2024	99/99/9999						
68094-0799-03		Q0144		04/08/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	3	EA	BX	PO	EA	1	GM	0.5	04/08/2024	99/99/9999						
68094-0799-09		Q0144		07/17/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP;3X3EA,FILM-COATED) 500 MG	9	EA	BX	PO	EA	1	GM	0.5	07/17/2024	99/99/9999						
68094-0799-30		Q0144		04/09/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	04/09/2024	99/99/9999						
68094-0799-50		Q0144		03/14/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	100	EA	BO	PO	EA	1	GM	0.5	03/14/2024	99/99/9999						
68094-0900-06		Q0144		04/15/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	6	EA	DP	PO	EA	1	GM	0.25	04/15/2024	99/99/9999						
68094-0900-18		Q0144		05/28/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6,FILM-COATED) 250 MG	18	EA	BX	PO	EA	1	GM	0.25	05/28/2024	99/99/9999						
68094-0900-30		Q0144		04/08/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	04/08/2024	99/99/9999						
68094-0900-50		Q0144		04/08/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	100	EA	BO	PO	EA	1	GM	0.25	04/08/2024	99/99/9999						
68135-0020-01		J1458		01/01/2007	99/99/9999	INJECTION, GALSULFASE, 1 MG	NAGLAZYME (PF) 1 MG/ML	5	ML	VL	IV	ML	1	MG	1	01/01/2007	99/99/9999						
68135-0927-48		J1412		01/01/2024	99/99/9999	INJECTION, VALOCTOCOGENE ROXAPARVOVEC-RVOX, PER ML, CONTAINING NOMINAL 2 X 10?13 VECTOR GENOMES	ROCTAVIAN (PF,FROZEN)	1	EA		IV	EA	1	ML	1	01/01/2024	99/99/9999						
68152-0112-01		J0642		10/01/2019	05/11/2021	INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	KHAPZORY (PF,LYOPHILIZED) 175 MG	1	EA	VL	IV	EA	0.5	MG	350	10/01/2019	05/11/2021						
68152-0114-01		J0642		10/01/2019	04/11/2021	INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	KHAPZORY (PF,LYOPHILIZED) 300 MG	1	EA	VL	IV	EA	0.5	MG	600	10/01/2019	04/11/2021						
68180-0391-06		J8999		06/24/2019	01/19/2021	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BO	PO	EA	1	EA	1	06/24/2019	01/19/2021						
68180-0611-01		J0696		07/20/2005	06/30/2020	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	U	EA	250	MG	1	07/20/2005	06/30/2020						
68180-0611-10		J0696		07/20/2005	09/30/2020	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	U	EA	250	MG	1	07/20/2005	09/30/2020						
68180-0622-01		J0696		07/20/2005	06/30/2020	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	NA	U	EA	250	MG	2	07/20/2005	06/30/2020						
68180-0622-10		J0696		07/20/2005	09/30/2020	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	NA	U	EA	250	MG	2	07/20/2005	09/30/2020						
68180-0633-01		J0696		07/20/2005	07/17/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	U	EA	250	MG	4	07/20/2005	07/17/2019						
68180-0633-10		J0696		07/20/2005	11/30/2020	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	10	EA	VL	U	EA	250	MG	4	07/20/2005	11/30/2020						
68180-0644-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1	EA	NA	U	EA	250	MG	8	07/20/2005	99/99/9999						
68180-0644-10		J0696		07/20/2005	03/31/2020	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1	EA	NA	U	EA	250	MG	8	07/20/2005	03/31/2020						
68180-0690-01		J1453		09/07/2020	01/31/2024	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/07/2020	01/31/2024						
68180-0718-52		J1270		11/25/2019	06/22/2023	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (MDV) 2 MCG/1 ML	2	ML	VL	IV	ML	1	MCG	2	11/25/2019	06/22/2023						
68180-0861-06		Q0144		01/04/2023	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	01/04/2023	99/99/9999						
68180-0861-11		Q0144		01/04/2023	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6	EA	DP	PO	EA	1	GM	0.25	01/04/2023	99/99/9999						
68180-0862-06		Q0144		01/04/2023	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	01/04/2023	99/99/9999						
68180-0862-11		Q0144		01/04/2023	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3	EA	DP	PO	EA	1	GM	0.5	01/04/2023	99/99/9999						
68180-0863-06		Q0144		01/04/2023	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	01/04/2023	99/99/9999						
68180-0962-56		J7682		06/12/2018	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	AM	IH	ML	300	MG	0.2	06/12/2018	99/99/9999						
68180-0962-56	KO	J7682	KO	06/12/2018	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	AM	IH	ML	300	MG	0.2	06/12/2018	99/99/9999						
68180-0984-30		J7626		04/25/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	04/25/2019	99/99/9999						
68180-0984-30	KO	J7626	KO	04/25/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	04/25/2019	99/99/9999						
68330-0001-01		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1	EA	VL	U	EA	250	MG	1	09/15/2007	09/25/2019						
68330-0001-10		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1	EA	VL	U	EA	250	MG	1	09/15/2007	09/25/2019						
68330-0002-01		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1	EA	VL	U	EA	250	MG	2	09/15/2007	09/25/2019						
68330-0002-10		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1	EA	VL	U	EA	250	MG	2	09/15/2007	09/25/2019						
68330-0003-01		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1	EA	VL	U	EA	250	MG	4	09/15/2007	09/25/2019						
68330-0003-10		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1	EA	VL	U	EA	250	MG	4	09/15/2007	09/25/2019						
68330-0004-01		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1	EA	VL	U	EA	250	MG	8	09/15/2007	09/25/2019						
68330-0004-10		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1	EA	VL	U	EA	250	MG	8	09/15/2007	09/25/2019						
68330-0005-01		J0696		11/05/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,PIGGYBACK) 1 GM	1	EA	GC	U	EA	250	MG	4	11/05/2007	09/25/2019						
68330-0006-01		J0696		11/05/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,PIGGYBACK) 2 GM	1	EA	GC	U	EA	250	MG	8	11/05/2007	09/25/2019						
68382-0003-01		J7500		05/01/2007	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	100	EA	BO	PO	EA	50	MG	1	05/01/2007	99/99/9999						
68382-0003-05		J7500		05/01/2007	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	500	EA	BO	PO	EA	50	MG	1	05/01/2007	99/99/9999						
68382-0040-01		Q0169		12/01/2005	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 12.5 MG	100	EA	BO	PO	EA	12.5	MG	1	12/01/2005	99/99/9999						
68382-0041-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	100	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68382-0041-05		Q0169		10/05/2022	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	500	EA	BO	PO	EA	12.5	MG	2	10/05/2022	99/99/9999						
68382-0041-10		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	1000	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999						
68382-0048-10		J0133		12/21/2020	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (10X10ML;SDV,LATEX-FREE) 50 MG/1 ML	10	ML	VL	IV	ML	5	MG	10	12/21/2020	99/99/9999						
68382-0049-10		J0133		12/21/2020	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (10X20ML;SDV,LATEX-FREE) 50 MG/1 ML	20	ML	VL	IV	ML	5	MG	10	12/21/2020	99/99/9999						
68382-0119-01		J7500		10/14/2021	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 75 MG	100	EA	PN	PO	EA	50	MG	1.5	10/14/2021	99/99/9999						
68382-0120-01		J7500		10/14/2021	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 100 MG	100	EA	BO	PO	EA	50	MG	2	10/14/2021	99/99/9999						
68382-0351-01		J7520		03/23/2023	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (FILM-COATED) 1 MG	100	EA		PO	EA	1	MG	1	03/23/2023	99/99/9999						
68382-0352-01		J7520		03/23/2023	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (COATED) 2 MG	100	EA		PO	EA	1	MG	2	03/23/2023	99/99/9999						
68382-0383-06		J8999		11/08/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	EXEMESTANE (FILM COATED) 25 MG	30	EA	BO	PO	EA	1	MG	1	11/08/2018	99/99/9999						
68382-0520-01		J7520		01/09/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (COATED) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	01/09/2014	99/99/9999						
68382-0591-01		Q0175		01/13/2021	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 2 MG	100	EA	BO	PO	EA	4	MG	0.5	01/13/2021	99/99/9999						
68382-0592-01		Q0175		01/13/2021	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 4 MG	100	EA	BO	PO	EA	4	MG	1	01/13/2021	99/99/9999						
68382-0593-01		Q0175		01/13/2021	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 8 MG	100	EA	BO	PO	EA	4	MG	2	01/13/2021	99/99/9999						
68382-0594-01		Q0175		01/13/2021	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 16 MG	100	EA	BO	PO	EA	4	MG	4	01/13/2021	99/99/9999						
68382-0751-67		None		06/01/2018	03/25/2025	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 5 MG	14	EA	BO	PO	EA	5	MG	1	06/01/2018	03/25/2025						
68382-0751-96		None		06/01/2018	03/25/2025	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 5 MG	5	EA	BO	PO	EA	5	MG	1	06/01/2018	03/25/2025						
68382-0752-67		None		06/01/2018	03/25/2025	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 20 MG	14	EA	BO	PO	EA	20	MG	1	06/01/2018	03/25/2025						
68382-0752-96		None		06/01/2018	03/25/2025	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 20 MG	5	EA	BO	PO	EA	20	MG	1	06/01/2018	03/25/2025						
68382-0753-67		None		06/01/2018	03/25/2025	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	06/01/2018	03/25/2025						
68382-0753-96		None		06/01/2018	03/25/2025	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	06/01/2018	03/25/2025						
68382-0754-67		None		06/01/2018	03/25/2025	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 140 MG	14	EA	BO	PO	EA	20	MG	7	06/01/2018	03/25/2025						
68382-0754-96		None		06/01/2018	03/25/2025	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 140 MG	5	EA	BO	PO	EA	20	MG	7	06/01/2018	03/25/2025						
68382-0755-67		None		06/01/2018	03/25/2025	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 180 MG	14	EA	BO	PO	EA	20	MG	9	06/01/2018	03/25/2025						
68382-0755-96		None		06/01/2018	03/25/2025	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 180 MG	5	EA	BO	PO	EA	20	MG	9	06/01/2018	03/25/2025						
68382-0756-96		None		06/01/2018	03/25/2025	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 250 MG	5	EA	BO	PO	EA	250	MG	1	06/01/2018	03/25/2025						
68382-0775-01		None		02/27/2017	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE (USP) 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	02/27/2017	99/99/9999						
68382-0826-14		J8999		03/23/2018	03/25/2025	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM-COATED) 10 MG	60	EA		PO	EA	1	EA	1	03/23/2018	03/25/2025						
68382-0827-01		J8999		03/23/2018	03/25/2025	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM-COATED) 20 MG	100	EA		PO	EA	1	EA	1	03/23/2018	03/25/2025						
68382-0827-06		J8999		03/23/2018	03/25/2025	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM-COATED) 20 MG	30	EA		PO	EA	1	EA	1	03/23/2018	03/25/2025						
68382-0860-02		J0515		06/01/2015	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	05/18/2018	99/99/9999	06/01/2015	03/31/2017	1			
68382-0860-10		J0515		06/01/2015	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	05/18/2018	99/99/9999	06/01/2015	03/31/2017	1			
68382-0910-10		J1271		04/01/2025	99/99/9999	INJECTION, DOXYCYCLINE HYCLATE, 1 MG	DOXYCYCLINE LYOPHILIZED 100 MG	10	EA		IV	EA	1	MG	100	04/01/2025	99/99/9999						
68382-0910-10		J3490		06/01/2018	03/31/2025	UNCLASSIFIED DRUGS	DOXYCYCLINE (PF,LYOPHILIZED) 100 MG	10	EA	VL	IV	EA	1	EA	1	06/01/2018	03/31/2025						
68382-0916-01		J7509		07/16/2018	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BP	PO	EA	4	MG	1	07/16/2018	99/99/9999						
68382-0916-34		J7509		07/16/2018	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	BP	PO	EA	4	MG	1	07/16/2018	99/99/9999						
68382-0917-11		J7509		07/19/2018	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 8 MG	25	EA	BP	PO	EA	4	MG	2	07/19/2018	99/99/9999						
68382-0918-18		J7509		07/19/2018	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 16 MG	50	EA	BO	PO	EA	4	MG	4	07/19/2018	99/99/9999						
68382-0919-11		J7509		07/19/2018	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 32 MG	25	EA	BO	PO	EA	4	MG	8	07/19/2018	99/99/9999						
68382-0997-10		J9017		12/11/2018	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	12/11/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68462-0105-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999						
68462-0106-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999						
68462-0157-13		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 4 MG	30	EA	BX	PO	EA	1	MG	4	01/01/2012	99/99/9999						
68462-0158-11		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 8 MG	30	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999						
68462-0158-13		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 8 MG	10	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999						
68462-0469-54		J1939		01/01/2024	99/99/9999	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE (SDV,LATEX-FREE) 0.25 MG/1 ML	4	ML		IJ	ML	0.5	MG	0.5	01/01/2024	99/99/9999						
68462-0469-54		J3490		01/09/2023	12/31/2023	UNCLASSIFIED DRUGS	BUMETANIDE (SDV,LATEX-FREE) 0.25 MG/1 ML	4	ML	VL	IJ	ML	1	EA	1	01/09/2023	12/31/2023						
68462-0470-54		J1939		01/01/2024	99/99/9999	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE (MDV,LATEX-FREE) 0.25 MG/1 ML	10	ML		IJ	ML	0.5	MG	0.5	01/01/2024	99/99/9999						
68462-0470-54		J3490		01/09/2023	12/31/2023	UNCLASSIFIED DRUGS	BUMETANIDE (MDV,LATEX-FREE) 0.25 MG/1 ML	10	ML	VL	IJ	ML	1	EA	1	01/09/2023	12/31/2023						
68462-0477-74		J3370		03/25/2025	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL LYOPHILIZED 750 MG	10	EA	VL	IV	EA	500	MG	1.5	03/25/2025	06/30/2025						
68462-0477-74		J3374		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	VANCOMYCIN HCL LYOPHILIZED 750 MG	10	EA		IV	EA	10	MG	75	07/01/2025	99/99/9999						
68462-0478-84		J3374		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	VANCOMYCIN HCL LYOPHILIZED 1.25 GM	10	EA		IV	EA	10	MG	125	07/01/2025	99/99/9999						
68462-0479-84		J3374		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	VANCOMYCIN HCL LYOPHILIZED 1.5 GM	10	EA		IV	EA	10	MG	150	07/01/2025	99/99/9999						
68462-0502-01		J7500		10/13/2025	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100	EA	BO	PO	EA	50	MG	1	10/13/2025	99/99/9999	11/20/2008	02/08/2021	1			
68462-0583-85		J8501		10/13/2017	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT (1X5,HARD GELATIN) 40 MG	5	EA	ST	PO	EA	5	MG	8	10/13/2017	99/99/9999						
68462-0584-58		J8501		10/13/2017	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT (2-DAY PACK,HARD GELATIN) 80 MG	2	EA	ST	PO	EA	5	MG	16	10/13/2017	99/99/9999						
68462-0584-76		J8501		10/13/2017	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT (1X6,HARD GELATIN) 80 MG	6	EA	ST	PO	EA	5	MG	16	10/13/2017	99/99/9999						
68462-0585-76		J8501		10/13/2017	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT (1X6,HARD GELATIN) 125 MG	6	EA	ST	PO	EA	5	MG	25	10/13/2017	99/99/9999						
68462-0682-01		J7520		10/19/2020	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (FILM-COATED) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	10/19/2020	99/99/9999						
68462-0683-01		J7520		10/19/2020	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (FILM-COATED) 1 MG	100	EA	BO	PO	EA	1	MG	1	10/19/2020	99/99/9999						
68462-0684-01		J7520		10/19/2020	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (FILM-COATED) 2 MG	100	EA	BO	PO	EA	1	MG	2	10/19/2020	99/99/9999						
68462-0685-01		J7507		12/11/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP,HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	12/11/2020	99/99/9999						
68462-0686-01		J7507		12/11/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP,HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	12/11/2020	99/99/9999						
68462-0687-01		J7507		04/30/2021	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP,HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1	MG	5	04/30/2021	99/99/9999						
68462-0755-25		J1885		12/22/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,PF,LATEX-FREE) 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	12/22/2023	99/99/9999						
68462-0756-25		J1885		12/22/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,PF,LATEX-FREE) 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	12/22/2023	99/99/9999						
68462-0757-25		J1885		06/28/2024	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,LATEX-FREE) 30 MG/1 ML	2	ML	VL	IJ	ML	15	MG	2	06/28/2024	99/99/9999						
68462-0760-10		J0166		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE (BPI), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG	EPINEPHRINE MDV 1 MG/1 ML	10	ML		IJ	ML	0.1	MG	10	07/01/2025	99/99/9999						
68462-0760-10		J0171		02/26/2025	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE MDV 1 MG/1 ML	10	ML	VL	IJ	ML	0.1	MG	10	02/26/2025	06/30/2025						
68462-0771-01		J2248		09/02/2025	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM SDV,LYOPHILIZED 50 MG	1	EA		IV	EA	1	MG	50	09/02/2025	99/99/9999						
68462-0771-10		J2248		09/02/2025	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM SDV,LYOPHILIZED 50 MG	10	EA		IV	EA	1	MG	50	09/02/2025	99/99/9999						
68462-0772-01		J2248		09/02/2025	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM SDV,LYOPHILIZED 100 MG	1	EA		IV	EA	1	MG	100	09/02/2025	99/99/9999						
68462-0772-10		J2248		09/02/2025	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM SDV,LYOPHILIZED 100 MG	10	EA		IV	EA	1	MG	100	09/02/2025	99/99/9999						
68462-0833-35		J7605		06/23/2021	06/01/2022	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML,PF,LATEX-FREE) 15 MCG/2 ML	2	ML	VL	IH	ML	15	MCG	0.5	06/23/2021	06/01/2022						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68462-0833-35	KO	J7605	KO	06/23/2021	06/01/2022	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML,PF,LATEX-FREE) 15 MCG/2 ML	2	ML	VL	IH	ML	15	MCG	0.5	06/23/2021	06/01/2022						
68462-0833-65		J7605		06/23/2021	06/01/2022	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (60X2ML,PF,LATEX-FREE) 15 MCG/2 ML	2	ML	VL	IH	ML	15	MCG	0.5	06/23/2021	06/01/2022						
68462-0833-65	KO	J7605	KO	06/23/2021	06/01/2022	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (60X2ML,PF,LATEX-FREE) 15 MCG/2 ML	2	ML	VL	IH	ML	15	MCG	0.5	06/23/2021	06/01/2022						
68462-0862-01		Q0161		03/24/2021	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (USP,FILM COATED) 25 MG	100	EA	BO	PO	EA	5	MG	5	03/24/2021	99/99/9999						
68462-0889-01		Q0164		11/03/2023	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (FILM-COATED) 5 MG	100	EA	BO	PO	EA	5	MG	1	11/03/2023	99/99/9999						
68462-0890-01		Q0164		11/03/2023	05/28/2025	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	100	EA	BO	PO	EA	5	MG	2	11/03/2023	05/28/2025						
68462-0896-10		J2354		12/04/2023	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,PF,LATEX-FREE) 100 MCG/1 ML	1	ML	VL	IJ	ML	25	MCG	4	12/04/2023	99/99/9999						
68462-0897-10		J2354		12/04/2023	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,PF,LATEX-FREE) 500 MCG/1 ML	1	ML		IJ	ML	25	MCG	20	12/04/2023	99/99/9999						
68462-0933-10		J0166		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE (BPI), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG	EPINEPHRINE SD 1 MG/1 ML	1	ML	AP	IJ	ML	0.1	MG	10	07/01/2025	99/99/9999						
68462-0946-12		J0132		03/03/2025	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG	ACETYLCYSTEINE SDV 200 MG/1 ML	30	ML	VL	IV	ML	100	MG	2	03/03/2025	99/99/9999						
68462-0947-01		Q0164		05/28/2025	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE FILM-COATED 10 MG	100	EA		PO	EA	5	MG	2	05/28/2025	99/99/9999						
68546-0317-30		J1595		04/28/2008	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG	COPAXONE 20 MG/ML	1	ML	DP	MR	EA	20	MG	30	04/28/2008	99/99/9999						
68547-0578-10		J0681		10/01/2025	99/99/9999	INJECTION, CEFTOBIPROLE MEDOCARIL SODIUM, 3 MG	ZEVTERA 667 MG	10	EA		IV	EA	3	MG	222.33333	10/01/2025	99/99/9999						
68682-0231-01		J7500		06/05/2023	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 75 MG	100	EA	BO	PO	EA	50	MG	1.5	06/05/2023	99/99/9999						
68682-0241-01		J7500		06/05/2023	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 100 MG	100	EA	BO	PO	EA	50	MG	2	06/05/2023	99/99/9999						
68727-0950-02		J9276		07/01/2025	99/99/9999	INJECTION, ZANIDATAMAB-HRII, 2 MG	ZIHERA LYOPHILIZED 300 MG	2	EA		IV	EA	2	MG	150	07/01/2025	99/99/9999						
68817-0134-50		J9264		01/01/2006	99/99/9999	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	ABRAXANE 100 MG	1	EA	VL	IV	EA	1	MG	100	01/01/2006	99/99/9999						
68982-0261-01		J7165		04/01/2024	99/99/9999	INJECTION, PROTHROMBIN COMPLEX CONCENTRATE, HUMAN-LANS, PER I.U. OF FACTOR IX ACTIVITY	BALFAXAR (500IU;W/DILUENT,PF) 1 IU	1	EA		IV	EA	1	IU	1	04/01/2024	99/99/9999						
68982-0261-02		J7165		04/01/2024	99/99/9999	INJECTION, PROTHROMBIN COMPLEX CONCENTRATE, HUMAN-LANS, PER I.U. OF FACTOR IX ACTIVITY	BALFAXAR (1000IU;W/DILUENT,PF) 1 IU	1	EA		IV	EA	1	IU	1	04/01/2024	99/99/9999						
68982-0810-01		J1551		07/01/2022	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	CUTAQUIG (PF,LATEX-FREE) 165 MG/1 ML	6	ML		SC	ML	100	MG	1.65	07/01/2022	99/99/9999						
68982-0810-02		J1551		07/01/2022	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	CUTAQUIG (PF,LATEX-FREE) 165 MG/1 ML	10	ML		SC	ML	100	MG	1.65	07/01/2022	99/99/9999						
68982-0810-03		J1551		07/01/2022	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	CUTAQUIG (PF,LATEX-FREE) 165 MG/1 ML	12	ML		SC	ML	100	MG	1.65	07/01/2022	99/99/9999						
68982-0810-04		J1551		07/01/2022	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	CUTAQUIG (PF,LATEX-FREE) 165 MG/1 ML	20	ML		SC	ML	100	MG	1.65	07/01/2022	99/99/9999						
68982-0810-05		J1551		07/01/2022	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	CUTAQUIG (PF,LATEX-FREE) 165 MG/1 ML	24	ML		SC	ML	100	MG	1.65	07/01/2022	99/99/9999						
68982-0810-06		J1551		07/01/2022	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	CUTAQUIG (PF,LATEX-FREE) 165 MG/1 ML	48	ML		SC	ML	100	MG	1.65	07/01/2022	99/99/9999						
68982-0820-01		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	10	ML		IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
68982-0820-01		J1599		11/12/2018	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	10	ML	BO	IV	ML	500	MG	0.2	11/12/2018	06/30/2023						
68982-0820-02		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	25	ML		IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
68982-0820-02		J1599		11/12/2018	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	25	ML	BO	IV	ML	500	MG	0.2	11/12/2018	06/30/2023						
68982-0820-03		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	50	ML		IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
68982-0820-03		J1599		11/12/2018	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	50	ML	BO	IV	ML	500	MG	0.2	11/12/2018	06/30/2023						
68982-0820-04		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	100	ML		IV	ML	500	MG	0.2	07/01/2023	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68982-0820-04		J1599		11/12/2018	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	100	ML	BO	IV	ML	500	MG	0.2	11/12/2018	06/30/2023						
68982-0820-05		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	200	ML		IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
68982-0820-05		J1599		11/12/2018	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	200	ML	BO	IV	ML	500	MG	0.2	11/12/2018	06/30/2023						
68982-0820-06		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	300	ML		IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
68982-0820-06		J1599		11/12/2018	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	300	ML	BO	IV	ML	500	MG	0.2	11/12/2018	06/30/2023						
68982-0822-01		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (CARTON,PF,LATEX-FREE) 100 MG/1 ML	10	ML		IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
68982-0822-01		J1599		07/01/2021	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (CARTON,PF,LATEX-FREE) 100 MG/1 ML	10	ML	VL	IV	ML	500	MG	0.2	07/01/2021	06/30/2023						
68982-0822-02		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (CARTON,PF,LATEX-FREE) 100 MG/1 ML	25	ML	VL	IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
68982-0822-02		J1599		07/01/2021	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (CARTON,PF,LATEX-FREE) 100 MG/1 ML	25	ML	VL	IV	ML	500	MG	0.2	07/01/2021	06/30/2023						
68982-0822-03		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (CARTON,PF,LATEX-FREE) 100 MG/1 ML	50	ML		IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
68982-0822-03		J1599		07/01/2021	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (CARTON,PF,LATEX-FREE) 100 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.2	07/01/2021	06/30/2023						
68982-0822-04		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (CARTON,PF,LATEX-FREE) 100 MG/1 ML	100	ML		IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
68982-0822-04		J1599		07/01/2021	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (CARTON,PF,LATEX-FREE) 100 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.2	07/01/2021	06/30/2023						
68982-0822-05		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (CARTON,PF,LATEX-FREE) 100 MG/1 ML	200	ML		IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
68982-0822-05		J1599		07/01/2021	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (CARTON,PF,LATEX-FREE) 100 MG/1 ML	200	ML	VL	IV	ML	500	MG	0.2	07/01/2021	06/30/2023						
68982-0822-06		J1576		07/01/2023	99/99/9999	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PANZYGA (CARTON,PF,LATEX-FREE) 100 MG/1 ML	300	ML		IV	ML	500	MG	0.2	07/01/2023	99/99/9999						
68982-0822-06		J1599		07/01/2021	06/30/2023	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (CARTON,PF,LATEX-FREE) 100 MG/1 ML	300	ML	VL	IV	ML	500	MG	0.2	07/01/2021	06/30/2023						
68982-0840-01		J1568		09/15/2015	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (1GM/VIAL,S/D TREATED) 50 MG/1 ML	20	ML	VL	IV	ML	500	MG	0.1	09/15/2015	99/99/9999						
68982-0840-02		J1568		09/15/2015	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (2.5GM/VIAL,S/D TREATED) 50 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.1	09/15/2015	99/99/9999						
68982-0840-03		J1568		09/15/2015	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (5GM/VIAL,S/D TREATED) 50 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.1	09/15/2015	99/99/9999						
68982-0840-04		J1568		09/15/2015	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (10GM/VIAL,S/D TREATED) 50 MG/1 ML	200	ML	VL	IV	ML	500	MG	0.1	09/15/2015	99/99/9999						
68982-0840-05		J1568		09/15/2015	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (LATEX-FREE) 50 MG/1 ML	500	ML	VL	IV	ML	500	MG	0.1	09/15/2015	99/99/9999						
68982-0850-01		J1568		09/05/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM 10% (PF,LATEX-FREE) 100 MG/ML	20	ML	VL	IV	ML	500	MG	0.2	09/05/2014	99/99/9999						
68982-0850-02		J1568		09/05/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM 10% (PF,LATEX-FREE) 100 MG/ML	50	ML	VL	IV	ML	500	MG	0.2	09/05/2014	99/99/9999						
68982-0850-03		J1568		09/05/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM 10% (PF,LATEX-FREE) 100 MG/ML	100	ML	VL	IV	ML	500	MG	0.2	09/05/2014	99/99/9999						
68982-0850-04		J1568		09/05/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM 10% (PF,LATEX-FREE) 100 MG/ML	200	ML	VL	IV	ML	500	MG	0.2	09/05/2014	99/99/9999						
68982-0850-05		J1568		02/01/2020	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM 10% (PF,LATEX-FREE) 100 MG/1 ML	300	ML	BO	IV	ML	500	MG	0.2	02/01/2020	99/99/9999						
68992-3010-01		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG	ENVARSUS XR 1 MG	100	EA	BO	PO	EA	0.25	MG	4	01/01/2016	99/99/9999						
68992-3010-03		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG	ENVARSUS XR 1 MG	30	EA	BO	PO	EA	0.25	MG	4	01/01/2016	99/99/9999						
68992-3040-01		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG	ENVARSUS XR 4 MG	100	EA	BO	PO	EA	0.25	MG	16	01/01/2016	99/99/9999						
68992-3040-03		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG	ENVARSUS XR 4 MG	30	EA	BO	PO	EA	0.25	MG	16	01/01/2016	99/99/9999						
68992-3075-01		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG	ENVARSUS XR 0.75 MG	100	EA	BO	PO	EA	0.25	MG	3	01/01/2016	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68992-3075-03		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG	ENVARSUS XR 0.75 MG	30	EA	BO	PO	EA	0.25	MG	3	01/01/2016	99/99/9999						
69097-0004-67		J1720		09/26/2024	99/99/9999	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	HYDROCORTISONE SODIUM SUCCINATE SDV,LYOPHILIZED 100 MG	1	EA	VL	U	EA	100	MG	1	09/26/2024	99/99/9999						
69097-0027-50		J1610		10/16/2025	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT W/ DILUENT SYRINGE,LYOPHILIZED 1 MG	1	EA	BX	U	EA	1	MG	1	10/16/2025	99/99/9999						
69097-0168-53		J7605		10/14/2022	05/22/2024	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (INDV30X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	10/14/2022	05/22/2024						
69097-0168-53	KO	J7605	KO	10/14/2022	05/22/2024	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (INDV30X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	10/14/2022	05/22/2024						
69097-0168-64		J7605		06/22/2021	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (60X2ML) 15 MCG/2 ML	2	ML	FC	IH	ML	15	MCG	0.5	06/22/2021	99/99/9999						
69097-0168-64	KO	J7605	KO	06/22/2021	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (60X2ML) 15 MCG/2 ML	2	ML	FC	IH	ML	15	MCG	0.5	06/22/2021	99/99/9999						
69097-0168-87		J7605		06/22/2021	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	06/22/2021	99/99/9999						
69097-0168-87	KO	J7605	KO	06/22/2021	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	06/22/2021	99/99/9999						
69097-0173-53		J7620		07/01/2015	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30X3ML 5 VIALS/POUCH) 3MG/3ML-0.5MG/3ML	3	ML	PC	IH	ML	3	MG	0.33333	07/01/2015	99/99/9999						
69097-0173-64		J7620		07/01/2015	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (60X3ML 5 VIALS/POUCH) 3 MG/3 ML-0.5 MG/3 ML	3	ML	VL	IH	ML	3	MG	0.33333	07/01/2015	99/99/9999						
69097-0277-03		J8499		12/12/2018	09/01/2023	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	60	EA	BO	PO	EA	1	MG	1	12/12/2018	09/01/2023						
69097-0285-37		J0894		11/17/2017	02/15/2023	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	11/17/2017	02/15/2023						
69097-0316-02		J8999		06/01/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	EXEMESTANE (FILM COATED) 25 MG	30	EA		PO	EA	1	EA	1	06/01/2018	99/99/9999						
69097-0318-53		J7626		10/06/2020	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	10/06/2020	99/99/9999						
69097-0318-53	KO	J7626	KO	10/06/2020	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	10/06/2020	99/99/9999						
69097-0318-87		J7626		11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.25	11/14/2017	99/99/9999						
69097-0318-87	KO	J7626	KO	11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.25	11/14/2017	99/99/9999						
69097-0319-53		J7626		03/21/2020	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	03/21/2020	99/99/9999						
69097-0319-53	KO	J7626	KO	03/21/2020	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	03/21/2020	99/99/9999						
69097-0319-87		J7626		11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.5	11/14/2017	99/99/9999						
69097-0319-87	KO	J7626	KO	11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.5	11/14/2017	99/99/9999						
69097-0321-53		J7626		07/28/2020	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	07/28/2020	99/99/9999						
69097-0321-53	KO	J7626	KO	07/28/2020	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	07/28/2020	99/99/9999						
69097-0321-87		J7626		11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 1 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	1	11/14/2017	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
69097-0321-87	KO	J7626	KO	11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 1 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	1	11/14/2017	99/99/9999						
69097-0398-78		J9264		06/18/2025	99/99/9999	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	PACLITAXEL PROTEIN-BOUND PARTICLES ALBUMIN-BOUND;SDV,LYOPHILIZED 100 MG	1	EA	VL	IV	EA	1	MG	100	06/18/2025	99/99/9999						
69097-0439-35		J2469		03/25/2019	02/15/2023	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/25/2019	02/15/2023						
69097-0516-07		None		01/28/2019	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE (HARD GELATIN) 25 MG	100	EA	PC	PO	EA	25	MG	1	01/28/2019	99/99/9999						
69097-0517-07		None		01/28/2019	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE (HARD GELATIN) 50 MG	100	EA	PC	PO	EA	50	MG	1	01/28/2019	99/99/9999						
69097-0534-97		J2370		05/01/2018	12/31/2019	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	05/01/2018	12/31/2019						
69097-0535-96		J2370		05/01/2018	12/31/2019	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	05/01/2018	12/31/2019						
69097-0536-37		J1071		06/19/2018	10/30/2020	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP,MDV) 100 MG/1 ML	10	ML	VL	IM	ML	1	MG	100	06/19/2018	10/30/2020						
69097-0537-31		J1071		11/01/2023	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP,SDV) 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	11/01/2023	99/99/9999	06/19/2018	10/30/2020	200			
69097-0537-37		J1071		06/19/2018	10/30/2020	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/1 ML	10	ML	VL	IM	ML	1	MG	200	06/19/2018	10/30/2020						
69097-0614-37		J2370		05/01/2018	12/31/2019	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	05/01/2018	12/31/2019						
69097-0770-32		J0630		12/06/2024	99/99/9999	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	CALCITONIN-SALMON MDV 200 IU/1 ML	2	ML	VL	U	ML	400	IU	0.5	12/06/2024	99/99/9999						
69097-0802-32		J1071		03/21/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	03/21/2019	99/99/9999						
69097-0802-37		J1071		03/21/2019	08/04/2023	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE 200 MG/1 ML	10	ML	VL	IM	ML	1	MG	200	03/21/2019	08/04/2023						
69097-0805-40		J9025		04/10/2019	02/15/2023	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV) 100 MG	1	EA	VL	U	EA	1	MG	100	04/10/2019	02/15/2023						
69097-0807-37		J0878		09/24/2019	02/15/2023	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	09/24/2019	02/15/2023						
69097-0820-96		J0291		05/01/2020	99/99/9999	INJECTION, PLAZOMICIN, 5 MG	ZEMDRI (SDV,PF) 50 MG/1 ML	10	ML	VL	IV	ML	5	MG	10	05/01/2020	99/99/9999						
69097-0830-37		J1453		01/06/2020	02/15/2023	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LYOPHILIZED) 150 MG	1	EA	BO	IV	EA	1	MG	150	01/06/2020	02/15/2023						
69097-0840-53		J7620		05/28/2020	05/22/2024	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.333333	05/28/2020	05/22/2024						
69097-0840-64		J7620		02/01/2021	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (60X3ML;SDV) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	2.5	MG	0.333333	02/01/2021	99/99/9999						
69097-0840-87		J7620		02/01/2021	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30X3ML;SDV) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	2.5	MG	0.333333	02/01/2021	99/99/9999						
69097-0850-67		J0878		03/18/2021	02/15/2023	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	1	EA	CT	IV	EA	1	MG	350	03/18/2021	02/15/2023						
69097-0870-67		J1930		01/25/2022	09/30/2022	INJECTION, LANREOTIDE, 1 MG	LANREOTIDE (SINGLE USE) 120 MG/0.5 ML	0.5	ML	SR	SC	ML	1	MG	240	01/25/2022	09/30/2022						
69097-0870-67		J1932		10/01/2022	99/99/9999	INJECTION, LANREOTIDE, (CIPLA), 1 MG	LANREOTIDE (SINGLE USE) 120 MG/0.5 ML	0.5	ML	SR	SC	ML	1	MG	240	10/01/2022	99/99/9999						
69097-0905-67		J0894		09/10/2021	09/01/2023	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	09/10/2021	09/01/2023						
69097-0906-67		J1930		05/21/2024	99/99/9999	INJECTION, LANREOTIDE, 1 MG	LANREOTIDE (SINGLE USE PFS) 120 MG/0.5 ML	0.5	ML		SC	ML	1	MG	240	05/21/2024	99/99/9999						
69097-0909-50		J1954		01/01/2023	05/13/2025	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (CIPLA), 7.5 MG	LEUPROLIDE ACETATE LYOPHILIZED 22.5 MG	1	EA		IM	EA	7.5	MG	3	01/01/2023	05/13/2025						
69097-0909-50		J9217		11/11/2022	12/31/2022	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LEUPROLIDE ACETATE (LYOPHILIZED) 22.5 MG	1	EA	BX	IM	EA	7.5	MG	3	11/11/2022	12/31/2022						
69097-0927-35		J2469		03/23/2018	02/15/2023	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (S.D.V.) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/23/2018	02/15/2023						
69097-0948-08		None		08/01/2023	05/22/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	08/01/2023	05/22/2024	08/01/2018	02/15/2023				
69097-0949-03		None		08/01/2023	05/22/2024	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	08/01/2023	05/22/2024	08/01/2018	02/15/2023				
69101-0410-01		J7510		06/14/2018	09/15/2021	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE,GRAPE) 20 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.8	06/14/2018	09/15/2021						
69117-0003-01		J8999		02/28/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ANASTROZOLE 1 MG	30	EA		PO	EA	1	EA	1	02/28/2019	99/99/9999						
69117-0018-01		J8499		08/02/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA		PO	EA	1	EA	1	08/02/2018	99/99/9999						
69117-0018-02		J8499		08/02/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	500	EA		PO	EA	1	EA	1	08/02/2018	99/99/9999						
69117-0019-01		J8499		08/02/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA		PO	EA	1	EA	1	08/02/2018	99/99/9999						
69117-0019-02		J8499		08/02/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500	EA		PO	EA	1	EA	1	08/02/2018	99/99/9999						
69238-1056-01		Q0161		09/12/2018	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (FILM-COATED) 25 MG	100	EA		PO	EA	5	MG	5	09/12/2018	99/99/9999						
69238-1423-01		None		08/12/2020	07/03/2024	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	08/12/2020	07/03/2024	02/20/2019	08/14/2019				
69238-1423-06		None		02/20/2019	08/14/2019	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	02/20/2019	08/14/2019						
69238-1594-03		J7520		10/28/2019	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (PATIENT KIT) 1 MG/1 ML	60	ML	BO	PO	ML	1	MG	1	10/28/2019	99/99/9999						
69238-1595-02		J7517		12/07/2021	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (USP,MIXED FRUIT) 200 MG/1 ML	160	ML	BO	PO	ML	250	MG	0.8	12/07/2021	99/99/9999						
69238-1797-01		J1729		03/08/2019	01/16/2023	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (PF) 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	03/08/2019	01/16/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
69238-2092-03		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 100 MG-150 MG	30	EA		PO	EA	200	MG	0.5	01/02/2024	99/99/9999						
69238-2093-03		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 133 MG-200 MG	30	EA		PO	EA	200	MG	0.666	01/02/2024	99/99/9999						
69238-2094-03		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 167 MG-250 MG	30	EA		PO	EA	200	MG	0.834	01/02/2024	99/99/9999						
69238-2095-03		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 200 MG-300 MG	30	EA		PO	EA	200	MG	1	01/02/2024	99/99/9999						
69238-2122-09		J7510		12/07/2022	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,PF,SF,DYE-FREE) 15 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.6	12/07/2022	99/99/9999						
69238-2693-01		J8515		12/20/2024	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8	EA		PO	EA	0.25	MG	2	12/20/2024	99/99/9999						
69315-0164-01		J8999		02/01/2022	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1	EA	1	02/01/2022	99/99/9999						
69315-0265-01		Q0164		07/09/2025	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE USP,FILM-COATED 5 MG	100	EA		PO	EA	5	MG	1	07/09/2025	99/99/9999						
69315-0266-01		Q0164		07/09/2025	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE USP,FILM-COATED 10 MG	100	EA		PO	EA	5	MG	2	07/09/2025	99/99/9999						
69315-0701-50		J1807		10/01/2025	99/99/9999	INJECTION, ETHACRYNATE SODIUM, 1 MG	ETHACRYNATE SODIUM SDV;USP,FREEZE-DRIED 50 MG	1	EA		IV	EA	1	MG	50	10/01/2025	99/99/9999						
69339-0136-32		J3360		03/22/2019	09/30/2022	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X2ML) 5 MG/1 ML	2	ML	SR	IJ	ML	5	MG	1	03/22/2019	09/30/2022						
69339-0136-34		J3360		04/09/2021	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (SINGLE DOSE, USP) 5 MG/1 ML	2	ML	SR	IJ	ML	5	MG	1	04/09/2021	99/99/9999						
69339-0136-97		J3360		05/19/2025	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM NOVAPLUS SD 5 MG/1 ML	2	ML	SY	IJ	ML	5	MG	1	05/19/2025	99/99/9999						
69339-0137-05		J3360		11/02/2020	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (MDV) 5 MG/1 ML	10	ML	VL	IJ	ML	5	MG	1	11/02/2020	99/99/9999						
69339-0137-95		J3360		10/20/2022	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM NOVAPLUS (MDV) 5 MG/1 ML	10	ML	VL	IJ	ML	5	MG	1	10/20/2022	99/99/9999						
69339-0160-16		J8999		07/31/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/1 ML	10	ML		PO	ML	1	EA	1	07/31/2023	99/99/9999						
69339-0160-17		J8999		07/31/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/1 ML	10	ML		PO	ML	1	EA	1	07/31/2023	99/99/9999						
69339-0160-18		J8999		07/31/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/1 ML	10	ML	CP	PO	ML	1	EA	1	07/31/2023	99/99/9999						
69339-0160-19		J8999		07/31/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/1 ML	10	ML		PO	ML	1	EA	1	07/31/2023	99/99/9999						
69339-0168-03		J8565		06/05/2023	99/99/9999	GEFITINIB, ORAL, 250 MG	GEFITINIB (FILM-COATED) 250 MG	30	EA		PO	EA	250	MG	1	06/05/2023	99/99/9999						
69339-0171-03		Q0162		10/24/2022	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HCL (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	10/24/2022	99/99/9999						
69339-0171-05		Q0162		07/24/2023	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HCL (FILM-COATED) 4 MG	500	EA		PO	EA	1	MG	4	07/24/2023	99/99/9999						
69339-0172-03		Q0162		10/24/2022	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	10/24/2022	99/99/9999						
69367-0137-01		J8499		06/28/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	06/28/2023	99/99/9999						
69367-0137-05		J8499		06/28/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	500	EA	BO	PO	EA	1	EA	1	06/28/2023	99/99/9999						
69367-0138-01		J8499		06/28/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	06/28/2023	99/99/9999						
69367-0138-05		J8499		06/28/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500	EA	BO	PO	EA	1	EA	1	06/28/2023	99/99/9999						
69367-0190-50		J3489		04/04/2023	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	04/04/2023	99/99/9999						
69374-0300-10		J0330		06/21/2020	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (PF) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	06/21/2020	99/99/9999						
69374-0903-03		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (PF,LATEX-FREE) 0.2 MG/1 ML	3	ML		IV	ML	0.1	MG	2	01/01/2024	99/99/9999						
69374-0903-05		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (PF,LATEX-FREE) 0.2 MG/1 ML	5	ML		IV	ML	0.1	MG	2	01/01/2024	99/99/9999						
69374-0932-33		J2710		03/20/2019	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (PF,LATEX-FREE) 1 MG/1 ML	3	ML	VL	IV	ML	0.5	MG	2	03/20/2019	99/99/9999						
69374-0946-04		J1920		07/01/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (PF,LATEX-FREE) 5 MG/1 ML	4	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
69374-0946-34		J1920		07/01/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (PF) 5 MG/1 ML	4	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						
69374-0949-05		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (LATEX-FREE) 2%	5	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
69374-0965-02		J3360		01/01/2018	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/1 ML	2	ML		IJ	ML	5	MG	1	01/01/2018	99/99/9999						
69374-0967-50		J7040		01/01/2018	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (PF) 0.9%	50	ML		IV	ML	500	ML	0.002	01/01/2018	99/99/9999						
69374-0968-10		J7040		01/01/2018	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (PF) 0.9%	100	ML		IV	ML	500	ML	0.002	01/01/2018	99/99/9999						
69374-0968-25		J7050		01/01/2018	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (PF) 0.9%	250	ML		IV	ML	250	ML	0.004	01/01/2018	99/99/9999						
69374-0987-50		J2795		10/11/2019	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (USP,PF) 1 GM/500 ML	500	ML	FC	IJ	ML	1	MG	2	10/11/2019	99/99/9999						
69448-0001-05		J9280		09/25/2017	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MUTAMYCIN 5 MG	1	EA	VL	IV	EA	5	MG	1	09/25/2017	99/99/9999						
69448-0002-11		J9280		09/25/2017	02/28/2025	INJECTION, MITOMYCIN, 5 MG	MUTAMYCIN 20 MG	1	EA	VL	IV	EA	5	MG	4	09/25/2017	02/28/2025						
69448-0003-38		J9280		09/25/2017	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MUTAMYCIN 40 MG	1	EA	VL	IV	EA	5	MG	8	09/25/2017	99/99/9999						
69448-0005-12		J9045		02/11/2020	08/31/2023	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (PF) 10 MG/1 ML	60	ML	VL	IV	ML	50	MG	0.2	02/11/2020	08/31/2023						
69448-0005-31		J9045		02/11/2020	11/30/2022	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (PF) 10 MG/1 ML	5	ML	VL	IV	ML	50	MG	0.2	02/11/2020	11/30/2022						
69448-0005-33		J9045		02/11/2020	11/30/2022	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (PF) 10 MG/1 ML	15	ML	VL	IV	ML	50	MG	0.2	02/11/2020	11/30/2022						
69448-0005-34		J9045		02/11/2020	07/31/2023	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (PF) 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	02/11/2020	07/31/2023						
69448-0005-38		J9045		08/12/2020	07/31/2024	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (PF) 10 MG/1 ML	100	ML	VL	IV	ML	50	MG	0.2	08/12/2020	07/31/2024						
69448-0015-05		Q5146		01/01/2025	99/99/9999	INJECTION, TRASTUZUMAB-STRF (HERCESSI), BIOSIMILAR, 10 MG	HERCESSI SDV,LYOPHILIZED 150 MG	1	EA		IV	EA	10	MG	15	01/01/2025	99/99/9999						
69448-0016-11		Q5146		01/01/2025	99/99/9999	INJECTION, TRASTUZUMAB-STRF (HERCESSI), BIOSIMILAR, 10 MG	HERCESSI MDV,LYOPHILIZED 420 MG	1	EA		IV	EA	10	MG	42	01/01/2025	99/99/9999						
69452-0153-20		J7507		06/10/2016	05/14/2021	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	06/10/2016	05/14/2021						
69452-0154-20		J7507		06/10/2016	12/31/2022	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	06/10/2016	12/31/2022						
69452-0155-20		J7507		06/10/2016	06/18/2021	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1	MG	5	06/10/2016	06/18/2021						
69452-0171-04		Q0144		09/17/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X6, USP,FILM-COATED) 250 MG	6	EA	BX	PO	EA	1	GM	0.25	09/17/2019	99/99/9999						
69452-0171-13		Q0144		05/06/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	05/06/2019	99/99/9999						
69452-0171-73		Q0144		09/17/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6, USP,FILM-COATED) 250 MG	18	EA	BX	PO	EA	1	GM	0.25	09/17/2019	99/99/9999						
69452-0172-13		Q0144		05/06/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	05/06/2019	99/99/9999						
69452-0172-72		Q0144		09/17/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3, USP,FILM-COATED) 500 MG	9	EA	BX	PO	EA	1	GM	0.5	09/17/2019	99/99/9999						
69452-0172-74		Q0144		09/17/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X3, USP,FILM-COATED) 500 MG	3	EA	BX	PO	EA	1	GM	0.5	09/17/2019	99/99/9999						
69452-0173-13		Q0144		05/06/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	05/06/2019	99/99/9999						
69452-0208-20		J8499		06/21/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CALCITRIOL 0.5 MCG	100	EA		PO	EA	1	EA	1	06/21/2018	99/99/9999						
69452-0276-20		J8540		09/06/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	100	EA	BO	PO	EA	0.25	MG	8	09/06/2023	99/99/9999						
69452-0277-20		J8540		09/06/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100	EA	BO	PO	EA	0.25	MG	16	09/06/2023	99/99/9999						
69452-0278-20		J8540		09/06/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 6 MG	100	EA	BO	PO	EA	0.25	MG	24	09/06/2023	99/99/9999						
69452-0290-20		J8499		10/12/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	100	EA	BO	PO	EA	1	EA	1	10/12/2020	99/99/9999						
69452-0290-30		J8499		10/12/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	500	EA	BO	PO	EA	1	EA	1	10/12/2020	99/99/9999						
69452-0291-20		J8499		10/12/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 800 MG	100	EA	BO	PO	EA	1	EA	1	10/12/2020	99/99/9999						
69452-0291-30		J8499		10/12/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 800 MG	500	EA	BO	PO	EA	1	EA	1	10/12/2020	99/99/9999						
69452-0309-20		Q0164		01/17/2024	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (FILM-COATED) 5 MG	100	EA	BO	PO	EA	5	MG	1	01/17/2024	99/99/9999						
69452-0310-20		Q0164		01/17/2024	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	100	EA	BO	PO	EA	5	MG	2	01/17/2024	99/99/9999						
69452-0350-01		Q0166		04/07/2022	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	2	EA	BX	PO	EA	1	MG	1	04/07/2022	99/99/9999						
69452-0350-11		Q0166		04/14/2023	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	20	EA	BO	PO	EA	1	MG	1	04/14/2023	99/99/9999						
69452-0350-92		Q0166		06/12/2023	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	20	EA	BX	PO	EA	1	MG	1	06/12/2023	99/99/9999						
69452-0471-20		Q0164		03/25/2025	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5	MG	1	03/25/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
69452-0472-20		Q0164		03/25/2025	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	5	MG	2	03/25/2025	99/99/9999						
69543-0371-10		J2469		09/20/2018	10/10/2024	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	09/20/2018	10/10/2024						
69543-0386-25		J1885		11/16/2017	06/26/2019	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	11/16/2017	06/26/2019						
69543-0456-60		J7631		12/05/2023	07/08/2025	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (5X12,PF) 10 MG/1 ML	2	ML	PC	IH	ML	10	MG	1	12/05/2023	07/08/2025						
69543-0456-60	KO	J7631	KO	12/05/2023	07/08/2025	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (5X12,PF) 10 MG/1 ML	2	ML	PC	IH	ML	10	MG	1	12/05/2023	07/08/2025						
69639-0101-01		J8655		04/01/2017	99/99/9999	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG, ORAL	AKYNZEO (HARD GELATIN) 300 MG-0.5 MG	1	EA	ST	PO	EA	300.5	MG	1	04/01/2017	99/99/9999						
69639-0102-01		J1454		01/01/2019	99/99/9999	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	AKYNZEO (SDV,PF,LYOPHILIZED) 235 MG-0.25 MG	1	EA	VL	IV	EA	235.25	MG	1	01/01/2019	99/99/9999						
69639-0102-01		J3490		05/08/2018	12/31/2018	UNCLASSIFIED DRUGS	AKYNZEO (SDV,PF,LYOPHILIZED) 235 MG-0.25 MG	1	EA	VL	IV	EA	1	MG	1	05/08/2018	12/31/2018						
69639-0103-01		J2469		03/12/2019	06/03/2020	INJECTION, PALONOSETRON HCL, 25 MCG	ALOXI (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/12/2019	06/03/2020						
69639-0105-01		J1454		06/08/2020	99/99/9999	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	AKYNZEO (SDV) 235MG-0.25MG/20ML	20	ML	VL	IV	ML	235.25	MG	0.05	06/08/2020	99/99/9999						
69639-0106-01		J1454		09/08/2023	99/99/9999	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	AKYNZEO 235MG-0.25MG/20ML	20	ML	VL	IV	ML	235.25	MG	0.05	09/08/2023	99/99/9999						
69656-0101-02		J8670		01/01/2017	10/31/2019	ROLAPITANT, ORAL, 1 MG	VARUBI (FILM COATED) 90 MG	2	EA	DP	PO	EA	1	MG	90	01/01/2017	10/31/2019						
69656-0102-10		J3490		11/15/2017	12/31/2018	UNCLASSIFIED DRUGS	VARUBI (SDV) 1.8 MG/1 ML	92.5	ML	VL	IV	ML	1	MG	1	11/15/2017	12/31/2018						
69680-0112-10		J3420		06/13/2019	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	06/13/2019	99/99/9999						
69680-0112-25		J3420		01/02/2019	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (MDV) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	01/02/2019	99/99/9999						
69680-0113-99		J3420		01/02/2019	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (MDV) 1000 MCG/1 ML	10	ML	VL	IJ	ML	1000	MCG	1	01/02/2019	99/99/9999						
69680-0121-05		J3420		03/05/2020	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	30	ML	VL	IJ	ML	1000	MCG	1	03/05/2020	99/99/9999						
69680-0121-10		J3420		09/27/2021	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	30	ML	VL	IJ	ML	1000	MCG	1	09/27/2021	99/99/9999						
69680-0121-30		J3420		09/27/2021	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	30	ML	VL	IJ	ML	1000	MCG	1	09/27/2021	99/99/9999						
69784-0002-06		J1450		03/11/2021	03/31/2025	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IN SODIUM CHLORIDE (6X100;USP,PF) 200 MG/100 ML	100	ML	CT	IV	ML	200	MG	0.01	03/11/2021	03/31/2025						
69784-0003-06		J1450		12/21/2020	03/31/2025	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IN SODIUM CHLORIDE (6X200ML;USP,PF) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	12/21/2020	03/31/2025						
69784-0205-60		J7631		10/18/2017	03/31/2025	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM 10 MG/1 ML	2	ML	VL	IH	ML	10	MG	1	10/18/2017	03/31/2025						
69784-0205-60	KO	J7631	KO	10/18/2017	03/31/2025	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM 10 MG/1 ML	2	ML	VL	IH	ML	10	MG	1	10/18/2017	03/31/2025						
69784-0620-25		None		07/15/2022	05/31/2023	BUSULFAN, 2 MG, ORAL	MYLERAN (FILM-COATED) 2 MG	25	EA	BO	PO	EA	2	MG	1	07/15/2022	05/31/2023						
69794-0001-01		J3397		01/01/2019	99/99/9999	INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG	MEPSEVII (PF) 2 MG/1 ML	5	ML	VL	IV	ML	1	MG	2	01/01/2019	99/99/9999						
69794-0001-01		J3490		11/15/2017	12/31/2018	UNCLASSIFIED DRUGS	MEPSEVII (PF) 2 MG/1 ML	5	ML	VL	IV	ML	1	MG	1	11/15/2017	12/31/2018						
69794-0102-01		J0584		01/01/2019	05/31/2024	INJECTION, BUROSUMAB-TWZA 1 MG	CRYSVITA (PF) 10 MG/1 ML	1	ML	VL	SC	ML	1	MG	10	01/01/2019	05/31/2024						
69794-0102-01		J3490		04/17/2018	12/31/2018	UNCLASSIFIED DRUGS	CRYSVITA (PF) 10 MG/1 ML	1	ML	VL	SC	ML	1	MG	1	04/17/2018	12/31/2018						
69794-0203-01		J0584		01/01/2019	07/31/2024	INJECTION, BUROSUMAB-TWZA 1 MG	CRYSVITA (PF) 20 MG/1 ML	1	ML	VL	SC	ML	1	MG	20	01/01/2019	07/31/2024						
69794-0203-01		J3490		04/17/2018	12/31/2018	UNCLASSIFIED DRUGS	CRYSVITA (PF) 20 MG/1 ML	1	ML	VL	SC	ML	1	MG	1	04/17/2018	12/31/2018						
69794-0304-01		J0584		01/01/2019	08/31/2024	INJECTION, BUROSUMAB-TWZA 1 MG	CRYSVITA (PF) 30 MG/1 ML	1	ML	VL	SC	ML	1	MG	30	01/01/2019	08/31/2024						
69794-0304-01		J3490		04/17/2018	12/31/2018	UNCLASSIFIED DRUGS	CRYSVITA (PF) 30 MG/1 ML	1	ML	VL	SC	ML	1	MG	1	04/17/2018	12/31/2018						
69800-0250-01		J1554		10/17/2019	99/99/9999	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	ASCENIV (PF,LATEX-FREE) 100 MG/1 ML	50	ML		IV	ML	500	MG	0.2	04/01/2021	99/99/9999						
69800-6502-01		J1556		02/12/2020	99/99/9999	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	BIVIGAM (LATEX-FREE) 100 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.2	02/12/2020	99/99/9999						
69800-6503-01		J1556		08/25/2021	99/99/9999	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	BIVIGAM (1X100ML,LATEX-FREE) 100 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.2	08/25/2021	99/99/9999						
69918-0700-10		J0330		08/10/2020	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	08/10/2020	99/99/9999						
69918-0700-11		J0330		04/10/2023	12/15/2024	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (10X10ML,MDV,LATEX-FREE) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	04/10/2023	12/15/2024						
69918-0700-12		J0330		05/28/2024	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV,LATEX-FREE) 20 MG/1 ML	10	ML		IJ	ML	20	MG	1	05/28/2024	99/99/9999						
69918-0700-25		J0330		04/10/2019	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	04/10/2019	99/99/9999						
69918-0700-26		J0330		10/16/2019	12/31/2024	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	PREMIERPRO RX SUCCINYLCHOLINE CHLORIDE (MDV) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	10/16/2019	12/31/2024						
69918-0700-27		J0330		09/01/2022	12/15/2024	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	PREMIERPRO RX SUCCINYLCHOLINE CHLORIDE (MDV) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	09/01/2022	12/15/2024						
69918-0720-02		J9017		10/17/2019	12/15/2024	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (SDV,PF) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	10/17/2019	12/15/2024						
69918-0720-10		J9017		11/13/2018	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (10X10 SDV,PF) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	11/13/2018	99/99/9999						
69918-0899-11		J2597		01/10/2022	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE NOVAPLUS (PF) 4 MCG/1 ML	1	ML		IJ	ML	1	MCG	4	01/10/2022	99/99/9999						
69918-0901-11		J2597		01/10/2022	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE NOVAPLUS 4 MCG/1 ML	10	ML		IJ	ML	1	MCG	4	01/10/2022	99/99/9999						
69918-0901-12		J2597		05/09/2022	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	PREMIERPRO RX DESMOPRESSIN ACETATE 4 MCG/1 ML	10	ML	VL	IJ	ML	1	MCG	4	05/09/2022	99/99/9999						
70004-0720-12		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (12ML SYRINGE,PF) 1%	10	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
70020-1910-01		J9207		01/01/2016	99/99/9999	INJECTION, IXABEPILONE, 1 MG	IXEMPRA (W/DILUENT) 15 MG	1	EA	VL	IV	EA	1	MG	15	01/01/2016	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70020-1911-01		J9207		01/01/2016	99/99/9999	INJECTION, IXABEPILONE, 1 MG	IXEMPRA (W/DILUENT) 45 MG	1	EA	VL	IV	EA	1	MG	45	01/01/2016	99/99/9999						
70069-0005-10		J3420		07/28/2016	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.,25X1ML) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	07/28/2016	99/99/9999						
70069-0018-25		J7608		04/25/2025	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	4	ML		IH	ML	1	GM	0.1	04/25/2025	99/99/9999						
70069-0018-25	KO	J7608	KO	04/25/2025	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	4	ML		IH	ML	1	GM	0.1	04/25/2025	99/99/9999						
70069-0019-25		J7608		04/25/2025	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	4	ML		IH	ML	1	GM	0.2	04/25/2025	99/99/9999						
70069-0019-25	KO	J7608	KO	04/25/2025	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	4	ML		IH	ML	1	GM	0.2	04/25/2025	99/99/9999						
70069-0020-03		J7608		04/25/2025	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	30	ML		IH	ML	1	GM	0.2	04/25/2025	99/99/9999						
70069-0020-03	KO	J7608	KO	04/25/2025	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	30	ML		IH	ML	1	GM	0.2	04/25/2025	99/99/9999						
70069-0021-25		J1100		04/30/2018	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (PF,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IJ	ML	1	MG	10	04/30/2018	99/99/9999						
70069-0025-10		J1100		08/19/2019	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (10X10ML,MDV,USP) 10 MG/1 ML	10	ML	VL	IJ	ML	1	MG	10	08/19/2019	99/99/9999						
70069-0027-05		J0592		06/20/2025	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE 5X1ML;SDV 0.3 MG/1 ML	1	ML		IJ	ML	0.1	MG	3	06/20/2025	99/99/9999						
70069-0030-03		J1631		10/04/2018	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (3X1ML) 50 MG/1 ML	1	ML	AM	IM	ML	50	MG	1	10/04/2018	99/99/9999						
70069-0031-05		J1631		10/04/2018	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (5X1ML) 100 MG/1 ML	1	ML	AM	IM	ML	50	MG	2	10/04/2018	99/99/9999						
70069-0061-10		J2795		06/21/2022	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 2 MG/1 ML	10	ML	VL	IJ	ML	1	MG	2	06/21/2022	99/99/9999						
70069-0061-25		J2795		06/21/2022	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 2 MG/1 ML	10	ML	VL	IJ	ML	1	MG	2	06/21/2022	99/99/9999						
70069-0062-10		J2795		12/16/2022	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (10X20ML,SDV,PF) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	12/16/2022	99/99/9999						
70069-0062-25		J2795		12/16/2022	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (25X20ML,SDV,PF) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	12/16/2022	99/99/9999						
70069-0063-25		J2795		04/01/2023	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	5	04/01/2023	99/99/9999						
70069-0064-01		J2795		07/02/2018	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	IJ	ML	1	MG	5	07/02/2018	99/99/9999						
70069-0064-10		J2795		01/28/2022	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	IJ	ML	1	MG	5	01/28/2022	99/99/9999						
70069-0064-25		J2795		01/28/2022	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	IJ	ML	1	MG	5	01/28/2022	99/99/9999						
70069-0067-10		J2795		04/01/2023	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 10 MG/1 ML	20	ML	VL	IJ	ML	1	MG	10	04/01/2023	99/99/9999						
70069-0067-25		J2795		04/01/2023	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 10 MG/1 ML	20	ML	VL	IJ	ML	1	MG	10	04/01/2023	99/99/9999						
70069-0071-10		J2310		08/09/2017	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (SINGLE-DOSE) 0.4 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.4	08/09/2017	06/30/2025						
70069-0071-10		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL SINGLE-DOSE 0.4 MG/1 ML	1	ML		IJ	ML	0.01	MG	40	07/01/2025	99/99/9999						
70069-0072-10		J2310		08/09/2017	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (MDV) 0.4 MG/1 ML	10	ML	VL	IJ	ML	1	MG	0.4	08/09/2017	06/30/2025						
70069-0072-10		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL MDV 0.4 MG/1 ML	10	ML		IJ	ML	0.01	MG	40	07/01/2025	99/99/9999						
70069-0101-05		J2800		09/12/2017	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	09/12/2017	99/99/9999						
70069-0101-25		J2800		09/12/2017	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	09/12/2017	99/99/9999						
70069-0171-10		J3420		02/15/2019	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (MDV) 1000 MCG/1 ML	30	ML	VL	IJ	ML	1000	MCG	1	02/15/2019	99/99/9999						
70069-0172-10		J3420		07/31/2017	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (MDV,LATEX-FREE) 1000 MCG/1 ML	10	ML	VL	IJ	ML	1000	MCG	1	07/31/2017	99/99/9999						
70069-0301-10		J0330		04/06/2020	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (10X10ML;MDV) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	04/06/2020	99/99/9999						
70069-0301-25		J0330		02/10/2020	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	02/10/2020	99/99/9999						
70069-0361-10		J2865		04/01/2025	99/99/9999	INJECTION, SULFAMETHOXAZOLE 5 MG AND TRIMETHOPRIM 1 MG	SULFAMETHOXAZOLE/TRIMETHOPRIM 80 MG/1 ML-16 MG/1 ML	5	ML		IV	ML	5	MG	16	04/01/2025	99/99/9999						
70069-0361-10		J3490		10/14/2019	03/31/2025	UNCLASSIFIED DRUGS	SULFAMETHOXAZOLE/TRIMETHOPRIM 80 MG/1 ML-16 MG/1 ML	5	ML	VL	IV	ML	1	EA	1	10/14/2019	03/31/2025						
70069-0362-10		J2865		04/01/2025	99/99/9999	INJECTION, SULFAMETHOXAZOLE 5 MG AND TRIMETHOPRIM 1 MG	SULFAMETHOXAZOLE/TRIMETHOPRIM 80 MG/1 ML-16 MG/1 ML	10	ML		IV	ML	5	MG	16	04/01/2025	99/99/9999						
70069-0362-10		J3490		10/14/2019	03/31/2025	UNCLASSIFIED DRUGS	SULFAMETHOXAZOLE/TRIMETHOPRIM 80 MG/1 ML-16 MG/1 ML	10	ML	VL	IV	ML	1	EA	1	10/14/2019	03/31/2025						
70069-0363-01		J2865		04/01/2025	99/99/9999	INJECTION, SULFAMETHOXAZOLE 5 MG AND TRIMETHOPRIM 1 MG	SULFAMETHOXAZOLE/TRIMETHOPRIM 80 MG/1 ML-16 MG/1 ML	30	ML		IV	ML	5	MG	16	04/01/2025	99/99/9999						
70069-0363-01		J3490		10/14/2019	03/31/2025	UNCLASSIFIED DRUGS	SULFAMETHOXAZOLE/TRIMETHOPRIM 80 MG/1 ML-16 MG/1 ML	30	ML	VL	IV	ML	1	EA	1	10/14/2019	03/31/2025						
70069-0371-25		J0780		10/23/2024	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE MDV 5 MG/1 ML	2	ML		IJ	ML	10	MG	0.5	10/23/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70069-0381-10		J1631		07/17/2019	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV) 50 MG/1 ML	1	ML	CT	IM	ML	50	MG	1	07/17/2019	99/99/9999						
70069-0383-05		J1631		10/31/2019	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV) 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	10/31/2019	99/99/9999						
70069-0383-10		J1631		07/17/2019	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV) 100 MG/1 ML	1	ML	CT	IM	ML	50	MG	2	07/17/2019	99/99/9999						
70069-0384-01		J1631		03/05/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (1X5ML;MDV) 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	03/05/2020	99/99/9999						
70069-0384-05		J1631		03/05/2020	02/01/2024	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (5X5ML;MDV) 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	03/05/2020	02/01/2024						
70069-0431-05		J0500		11/01/2024	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HCL USP, SDV 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	11/01/2024	99/99/9999						
70069-0441-05		J0500		11/01/2024	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HCL USP, SD 10 MG/1 ML	2	ML	AM	IM	ML	20	MG	0.5	11/01/2024	99/99/9999						
70069-0481-10		J0461		03/06/2025	99/99/9999	INJECTION, ATROPINE SULFATE, 0.01 MG	ATROPINE SULFATE MDV 0.4 MG/1 ML	20	ML	VL	IJ	ML	0.01	MG	40	03/06/2025	99/99/9999						
70069-0591-10		J2372		09/18/2025	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE (BIORPHEN), 20 MICROGRAMS	PHENYLEPHRINE HCL SINGLE DOSE 100 MCG/1 ML	5	ML	AP	IV	ML	20	MCG	5	09/18/2025	99/99/9999						
70069-0616-10		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (10X20ML MDV) 0.2 MG/1 ML	20	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
70069-0616-10		J7643		04/19/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (10X20ML MDV) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	04/19/2022	12/31/2023						
70069-0616-10	KO	J7643	KO	04/19/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (10X20ML MDV) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	04/19/2022	12/31/2023						
70069-0617-25		J1596		07/16/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	0.1	MG	2	07/16/2024	99/99/9999						
70069-0618-25		J1596		07/16/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	0.1	MG	2	07/16/2024	99/99/9999						
70069-0619-25		J1596		09/26/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE MDV 0.2 MG/1 ML	5	ML	VL	IJ	ML	0.1	MG	2	09/26/2024	99/99/9999						
70069-0631-25		J0462		10/01/2025	99/99/9999	INJECTION, ATROPINE SULFATE, NOT THERAPEUTICALLY EQUIVALENT TO J0461, 0.01 MG	ATROPINE SULFATE SDV 0.4 MG/1 ML	1	ML		IV	ML	0.01	MG	40	10/01/2025	99/99/9999						
70069-0641-25		J0462		10/01/2025	99/99/9999	INJECTION, ATROPINE SULFATE, NOT THERAPEUTICALLY EQUIVALENT TO J0461, 0.01 MG	ATROPINE SULFATE SDV 1 MG/1 ML	1	ML		IV	ML	0.01	MG	100	10/01/2025	99/99/9999						
70069-0661-10		J2300		09/23/2024	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL MDV 10 MG/1 ML	10	ML		IJ	ML	10	MG	1	09/23/2024	99/99/9999						
70069-0662-10		J2300		09/23/2024	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL MDV 20 MG/1 ML	10	ML		IJ	ML	10	MG	2	09/23/2024	99/99/9999						
70069-0671-10		J2300		09/23/2024	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL SINGLE DOSE 10 MG/1 ML	1	ML		IJ	ML	10	MG	1	09/23/2024	99/99/9999						
70069-0672-10		J2300		09/23/2024	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL SINGLE DOSE 20 MG/1 ML	1	ML		IJ	ML	10	MG	2	09/23/2024	99/99/9999						
70069-0727-10		J0612		03/19/2024	99/99/9999	INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG	CALCIUM GLUCONATE (SDV,PF,LATEX-FREE) 100 MG/1 ML	50	ML	VL	IV	ML	10	MG	10	03/19/2024	99/99/9999						
70069-0727-25		J0612		10/20/2023	99/99/9999	INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 MG	CALCIUM GLUCONATE (SDV,PF,LATEX-FREE) 100 MG/1 ML	50	ML	VL	IV	ML	10	MG	10	10/20/2023	99/99/9999						
70069-0728-10		J0612		03/19/2024	99/99/9999	INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG	CALCIUM GLUCONATE (SDV,PF,LATEX-FREE) 100 MG/1 ML	100	ML	VL	IV	ML	10	MG	10	03/19/2024	99/99/9999						
70069-0728-20		J0612		10/20/2023	99/99/9999	INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 MG	CALCIUM GLUCONATE (SDV,PF,LATEX-FREE) 100 MG/1 ML	100	ML	VL	IV	ML	10	MG	10	10/20/2023	99/99/9999						
70069-0752-01		J0665		11/28/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (LATEX-FREE) 0.25%	50	ML	VL	IJ	ML	0.5	MG	5	11/28/2023	99/99/9999						
70069-0752-10		J0665		03/29/2024	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (LATEX-FREE) 0.25%	50	ML	VL	IJ	ML	0.5	MG	5	03/29/2024	99/99/9999						
70069-0752-25		J0665		11/28/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (MDV,LATEX-FREE) 0.25%	50	ML		IJ	ML	0.5	MG	5	11/28/2023	99/99/9999						
70069-0753-01		J0665		11/28/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (LATEX-FREE) 0.5%	50	ML	VL	IJ	ML	0.5	MG	10	11/28/2023	99/99/9999						
70069-0753-10		J0665		03/29/2024	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (LATEX-FREE) 0.5%	50	ML	VL	IJ	ML	0.5	MG	10	03/29/2024	99/99/9999						
70069-0753-25		J0665		11/28/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (MDV,LATEX-FREE) 0.5%	50	ML		IJ	ML	0.5	MG	10	11/28/2023	99/99/9999						
70069-0773-10		J0618		07/01/2025	99/99/9999	INJECTION, CALCIUM CHLORIDE, 2 MG	CALCIUM CHLORIDE 10% SDV 100 MG/1 ML	10	ML		IV	ML	2	MG	50	07/01/2025	99/99/9999						
70069-0783-10		J0330		06/09/2023	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV,LATEX-FREE) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	06/09/2023	99/99/9999						
70069-0783-25		J0330		06/09/2023	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV,LATEX-FREE) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	06/09/2023	99/99/9999						
70069-0788-04		J0132		06/20/2024	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG	ACETYLCYSTEINE (SDV,PF,LATEX-FREE) 200 MG/1 ML	30	ML	VL	IV	ML	100	MG	2	06/20/2024	99/99/9999						
70069-0801-25		J2370		10/05/2021	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (SDV,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	10/05/2021	06/30/2023						
70069-0801-25		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (SDV,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
70069-0802-10		J2370		10/05/2021	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (SDV,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	10/05/2021	06/30/2023						
70069-0802-10		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (SDV,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
70069-0803-01		J2370		10/05/2021	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (SDV,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	10/05/2021	06/30/2023						
70069-0803-01		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (SDV,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
70069-0804-01		J3030		11/19/2021	02/01/2024	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE (1X0.5ML;SD;USP) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6	MG	2	11/19/2021	02/01/2024						
70069-0804-05		J3030		11/19/2021	02/01/2024	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE (5X0.5ML,SD;USP) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6	MG	2	11/19/2021	02/01/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70069-0805-10		J2710		01/03/2022	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (10X10ML;MD;USP) 0.5 MG/1 ML	10	ML		IV	ML	0.5	MG	1	01/03/2022	99/99/9999						
70069-0806-10		J2710		01/03/2022	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (10X10ML;MD;USP) 1 MG/1 ML	10	ML		IV	ML	0.5	MG	2	01/03/2022	99/99/9999						
70069-0807-10		J2260		10/10/2022	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE 1 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.2	10/10/2022	99/99/9999						
70069-0808-10		J2260		10/10/2022	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE 1 MG/1 ML	20	ML	VL	IV	ML	5	MG	0.2	10/10/2022	99/99/9999						
70069-0809-01		J2260		10/10/2022	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE 1 MG/1 ML	50	ML	VL	IV	ML	5	MG	0.2	10/10/2022	99/99/9999						
70069-0811-25		J2371		09/13/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	09/13/2023	99/99/9999						
70069-0812-10		J2371		09/13/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (MDV,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	20	MCG	500	09/13/2023	99/99/9999						
70069-0813-01		J2371		09/13/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (BULK PACKAGE,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	09/13/2023	99/99/9999						
70069-0816-10		J2250		03/15/2024	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV,PF,LATEX-FREE) 1 MG/1 ML	2	ML	VL	IJ	ML	1	MG	1	03/15/2024	99/99/9999						
70069-0817-10		J2250		03/15/2024	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV,PF,LATEX-FREE) 1 MG/1 ML	5	ML	VL	IJ	ML	1	MG	1	03/15/2024	99/99/9999						
70069-0820-01		J8999		05/29/2024	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100	EA		PO	EA	1	EA	1	05/29/2024	99/99/9999						
70069-0824-08		J8515		11/12/2024	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE USP 0.5 MG	8	EA	BO	PO	EA	0.25	MG	2	11/12/2024	99/99/9999						
70069-0834-01		J9305		05/14/2025	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED SDV,LYOPHILIZED 100 MG	1	EA	VL	IV	EA	10	MG	10	05/14/2025	99/99/9999						
70069-0835-01		J9305		05/14/2025	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED SDV,LYOPHILIZED 500 MG	1	EA	VL	IV	EA	10	MG	50	05/14/2025	99/99/9999						
70069-0836-01		J9041		05/14/2025	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB SDV,LYOPHILIZED 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	05/14/2025	99/99/9999						
70069-0866-10		J1631		10/21/2025	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE SDV 50 MG/1 ML	1	ML	VL	IM	ML	50	MG	1	10/21/2025	99/99/9999						
70069-0868-01		J1631		10/21/2025	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE MDV 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	10/21/2025	99/99/9999						
70092-0008-46		J1805		04/01/2021	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	ESMOLOL HCL (PF,SULFITE-FREE) 10 MG/1 ML	10	ML		IV	ML	10	MG	1	04/01/2021	99/99/9999						
70092-0009-44		J1920		04/01/2021	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (5ML SYRINGE) 5 MG/1 ML	4	ML		IV	ML	5	MG	1	04/01/2021	99/99/9999						
70092-0083-44		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SULFITE-FREE) 0.2 MG/1 ML	5	ML		IV	ML	0.1	MG	2	01/01/2024	99/99/9999						
70092-0084-44		J2710		04/01/2021	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (SULFITE-FREE) 1 MG/1 ML	5	ML		IV	ML	0.5	MG	2	04/01/2021	99/99/9999						
70092-0086-44		J0330		04/01/2021	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (SULFITE-FREE) 20 MG/1 ML	5	ML		IV	ML	20	MG	1	04/01/2021	99/99/9999						
70092-0087-46		J0330		03/19/2020	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (5X10ML,SULFITE-FREE) 20 MG/1 ML	10	ML		IV	ML	20	MG	1	03/19/2020	99/99/9999						
70092-0097-43		J3010		04/06/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL (PF,SULFITE-FREE) 50 MCG/1 ML	2	ML		IV	ML	0.1	MG	0.5	04/06/2021	99/99/9999						
70092-0098-44		J3010		04/06/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL (PF,SULFITE-FREE) 50 MCG/1 ML	5	ML		IV	ML	0.1	MG	0.5	04/06/2021	99/99/9999						
70092-0099-49		J3010		04/06/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL (MONOJECT SYRINGE,PF) 50 MCG/1 ML	30	ML		IV	ML	0.1	MG	0.5	04/06/2021	99/99/9999						
70092-0100-50		J3010		04/06/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL (PF,SULFITE-FREE) 50 MCG/1 ML	55	ML		IV	ML	0.1	MG	0.5	04/06/2021	99/99/9999						
70092-0111-48		J1170		04/06/2021	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.2 MG/1 ML-0.9%	30	ML		IV	ML	4	MG	0.05	04/06/2021	09/30/2024						
70092-0111-48		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.2 MG/1 ML-0.9%	30	ML		IV	ML	0.1	MG	2	10/01/2024	99/99/9999						
70092-0112-49		J1170		04/06/2021	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (MONOJECT SYRINGE,PF) 0.2 MG/1 ML-0.9%	30	ML		IV	ML	4	MG	0.05	04/06/2021	09/30/2024						
70092-0112-49		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (MONOJECT SYRINGE,PF) 0.2 MG/1 ML-0.9%	30	ML		IV	ML	0.1	MG	2	10/01/2024	99/99/9999						
70092-0113-79		J1170		05/20/2020	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.2 MG/1 ML-0.9%	30	ML		IV	ML	4	MG	0.05	05/20/2020	09/30/2024						
70092-0113-79		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.2 MG/1 ML-0.9%	30	ML		IV	ML	0.1	MG	2	10/01/2024	99/99/9999						
70092-0114-50		J1170		04/06/2021	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.2 MG/1 ML-0.9%	50	ML		IV	ML	4	MG	0.05	04/06/2021	09/30/2024						
70092-0114-50		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.2 MG/1 ML-0.9%	50	ML		IV	ML	0.1	MG	2	10/01/2024	99/99/9999						
70092-0117-79		J1170		04/06/2021	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PCA,PF,SULFITE-FREE) 1 MG/1 ML-0.9%	30	ML		IV	ML	4	MG	0.25	04/06/2021	09/30/2024						
70092-0117-79		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PCA,PF,SULFITE-FREE) 1 MG/1 ML-0.9%	30	ML		IV	ML	0.1	MG	10	10/01/2024	99/99/9999						
70092-0118-50		J1170		04/06/2021	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 1 MG/1 ML-0.9%	50	ML		IV	ML	4	MG	0.25	04/06/2021	09/30/2024						
70092-0118-50		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 1 MG/1 ML-0.9%	50	ML		IV	ML	0.1	MG	10	10/01/2024	99/99/9999						
70092-0153-46		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (PF,SULFITE-FREE) 2%	10	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
70092-0153-46		J2001		04/06/2021	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (PF,SULFITE-FREE) 2%	10	ML		IJ	ML	10	MG	2	04/06/2021	09/30/2024						
70092-0166-48		J1170		04/06/2021	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.2 MG/1 ML-0.9%	25	ML		IV	ML	4	MG	0.05	04/06/2021	09/30/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70092-0166-48		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.2 MG/1 ML-0.9%	25	ML		IV	ML	0.1	MG	2	10/01/2024	99/99/9999						
70092-0169-46		J2001		04/12/2021	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (PF,SULFITE-FREE) 1%	10	ML		IJ	ML	10	MG	1	04/12/2021	09/30/2024						
70092-0169-46		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (PF,SULFITE-FREE) 1%	10	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
70092-0179-44		J2001		04/12/2021	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (PF,SULFITE-FREE) 2%	5	ML		IJ	ML	10	MG	2	04/12/2021	09/30/2024						
70092-0179-44		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (PF,SULFITE-FREE) 2%	5	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
70092-0180-79		J3010		04/12/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL (PCA,PF,SULFITE-FREE) 50 MCG/1 ML	30	ML		IV	ML	0.1	MG	0.5	04/12/2021	99/99/9999						
70092-0189-44		J2710		04/12/2021	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (SULFITE-FREE) 1 MG/1 ML	5	ML		IV	ML	0.5	MG	2	04/12/2021	99/99/9999						
70092-0247-46		J3010		04/12/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (PF,SULFITE-FREE) 10 MCG/1 ML-0.9%	10	ML		IV	ML	0.1	MG	0.1	04/12/2021	99/99/9999						
70092-0274-50		J3010		04/12/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (PF,SULFITE-FREE) 10 MCG/1 ML-0.9%	55	ML		IV	ML	0.1	MG	0.1	04/12/2021	99/99/9999						
70092-0279-43		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SULFITE-FREE) 0.2 MG/1 ML	3	ML		IV	ML	0.1	MG	2	01/01/2024	99/99/9999						
70092-0290-49		J1170		04/16/2021	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.5 MG/1 ML-0.9%	30	ML		IV	ML	4	MG	0.125	04/16/2021	09/30/2024						
70092-0290-49		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.5 MG/1 ML-0.9%	30	ML		IV	ML	0.1	MG	5	10/01/2024	99/99/9999						
70092-0293-49		J1170		04/16/2021	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (MONOJECT BARREL,PF) 1 MG/1 ML-0.9%	30	ML		IV	ML	4	MG	0.25	04/16/2021	09/30/2024						
70092-0293-49		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (MONOJECT BARREL,PF) 1 MG/1 ML-0.9%	30	ML		IV	ML	0.1	MG	10	10/01/2024	99/99/9999						
70092-0317-44		J2710		04/16/2021	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (SULFITE-FREE) 1 MG/1 ML	3	ML		IV	ML	0.5	MG	2	04/16/2021	99/99/9999						
70092-0318-44		J2710		04/16/2021	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (SULFITE-FREE) 1 MG/1 ML	4	ML		IV	ML	0.5	MG	2	04/16/2021	99/99/9999						
70092-0319-44		J2710		04/16/2021	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (SULFITE-FREE) 1 MG/1 ML	3	ML		IV	ML	0.5	MG	2	04/16/2021	99/99/9999						
70092-0336-46		J0330		04/16/2021	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (SULFITE-FREE) 20 MG/1 ML	7	ML		IV	ML	20	MG	1	04/16/2021	99/99/9999						
70092-0400-43		J3010		04/16/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (PF,SULFITE-FREE) 10 MCG/1 ML-0.9%	1	ML		IV	ML	0.1	MG	0.1	04/16/2021	99/99/9999						
70092-0405-50		J1170		04/16/2021	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.5 MG/1 ML-0.9%	50	ML		IV	ML	4	MG	0.125	04/16/2021	09/30/2024						
70092-0405-50		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.5 MG/1 ML-0.9%	50	ML		IV	ML	0.1	MG	5	10/01/2024	99/99/9999						
70092-0415-47		J3010		04/16/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL (PF,SULFITE-FREE) 50 MCG/1 ML	20	ML		IV	ML	0.1	MG	0.5	04/16/2021	99/99/9999						
70092-0435-46		J0131		04/16/2021	99/99/9999	INJECTION, ACETAMINOPHEN, NOT OTHERWISE SPECIFIED,10 MG	ACETAMINOPHEN (PF,SULFITE-FREE) 10 MG/1 ML	10	ML		IV	ML	10	MG	1	04/16/2021	99/99/9999						
70092-0454-44		J3010		04/22/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL (PF,SULFITE-FREE) 50 MCG/1 ML	5	ML		IV	ML	0.1	MG	0.5	04/22/2021	99/99/9999						
70092-0456-43		J3010		04/22/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL (PF,SULFITE-FREE) 50 MCG/1 ML	2	ML		IV	ML	0.1	MG	0.5	04/22/2021	99/99/9999						
70092-0475-50		A4216		05/06/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE (PF,SULFITE-FREE) 50%	50	ML		IV	ML	10	ML	0.1	05/06/2021	99/99/9999						
70092-0494-49		J3010		04/22/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL (MONOJECT BARREL,PF) 50 MCG/1 ML	30	ML		IV	ML	0.1	MG	0.5	04/22/2021	99/99/9999						
70092-0495-50		J3010		04/22/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL (PF,SULFITE-FREE) 50 MCG/1 ML	55	ML		IV	ML	0.1	MG	0.5	04/22/2021	99/99/9999						
70092-0497-47		J3010		04/22/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL (PF,SULFITE-FREE) 50 MCG/1 ML	20	ML		IV	ML	0.1	MG	0.5	04/22/2021	99/99/9999						
70092-0505-79		J3010		05/20/2020	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL (PF,SULFITE-FREE) 50 MCG/1 ML	30	ML		IV	ML	0.1	MG	0.5	05/20/2020	99/99/9999						
70092-0532-43		J1170		04/30/2021	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 1 MG/1 ML-0.9%	1	ML		IV	ML	4	MG	0.25	04/30/2021	09/30/2024						
70092-0532-43		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 1 MG/1 ML-0.9%	1	ML		IV	ML	0.1	MG	10	10/01/2024	99/99/9999						
70092-0564-46		J2001		08/10/2022	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (PF,SULFITE-FREE) 2%	10	ML		IJ	ML	10	MG	2	08/10/2022	09/30/2024						
70092-0564-46		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (PF,SULFITE-FREE) 2%	10	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
70092-0566-46		J2001		08/10/2022	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (PF,SULFITE-FREE) 1%	10	ML		IJ	ML	10	MG	1	08/10/2022	09/30/2024						
70092-0566-46		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (PF,SULFITE-FREE) 1%	10	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
70092-0567-44		J2001		08/10/2022	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (PF,SULFITE-FREE) 2%	5	ML		IJ	ML	10	MG	2	08/10/2022	09/30/2024						
70092-0567-44		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (PF,SULFITE-FREE) 2%	5	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
70092-0586-43		J2004		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HCL WITH EPINEPHRINE, 1 MG	BUFFERED LIDOCAINE HCL-EPINEPHRINE 10 MCG/1 ML-0.5%	3	ML		IJ	ML	1	MG	0.01	10/01/2024	99/99/9999						
70092-0619-50		J3010		04/30/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (PF,SULFITE-FREE) 20 MCG/1 ML-0.9%	50	ML		IV	ML	0.1	MG	0.2	04/30/2021	99/99/9999						
70092-0662-43		J2004		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HCL WITH EPINEPHRINE, 1 MG	BUFFERED LIDOCAINE HCL-EPINEPHRINE 10 MCG/1 ML-0.5%	3	ML		IJ	ML	1	MG	0.01	10/01/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70092-0663-43		J2004		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HCL WITH EPINEPHRINE, 1 MG	BUFFERED LIDOCAINE HCL-EPINEPHRINE 10 MCG/1 ML-1%	3	ML		U	ML	1	MG	0.01	10/01/2024	99/99/9999						
70092-0684-48		J3010		10/10/2024	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE 50 MCG/1 ML	30	ML		IV	ML	0.1	MG	0.5	10/10/2024	99/99/9999						
70092-0685-50		J3010		10/10/2024	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE 50 MCG/1 ML	50	ML		IV	ML	0.1	MG	0.5	10/10/2024	99/99/9999						
70092-0686-48		J1171		10/10/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE 0.5 MG/1 ML-0.9%	30	ML		IV	ML	0.1	MG	5	10/10/2024	99/99/9999						
70092-0687-48		J1171		10/10/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE 1 MG/1 ML-0.9%	30	ML		IV	ML	0.1	MG	10	10/10/2024	99/99/9999						
70095-0024-01		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	1	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
70095-0024-02		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	10	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
70095-0024-03		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	25	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
70095-0024-03		J3490		05/15/2023	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	25	EA		IV	EA	1	EA	1	05/15/2023	06/30/2024						
70095-0025-01		J0456		04/25/2023	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (SDV,PF,LATEX-FREE) 500 MG	1	EA		IV	EA	500	MG	1	04/25/2023	99/99/9999						
70095-0025-02		J0456		04/25/2023	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (SDV,PF,LATEX-FREE) 500 MG	10	EA		IV	EA	500	MG	1	04/25/2023	99/99/9999						
70095-0026-02		J2597		07/16/2023	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (PF) 4 MCG/1 ML	1	ML		U	ML	1	MCG	4	07/16/2023	99/99/9999						
70095-0031-01		J2597		08/01/2023	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE 4 MCG/1 ML	10	ML		U	ML	1	MCG	4	08/01/2023	99/99/9999						
70114-0340-01		J3263		07/01/2024	99/99/9999	INJECTION, TORIPALIMAB-TPZI, 1 MG	LOQTORZI (SDV,PF) 40 MG/1 ML	6	ML		IV	ML	1	MG	40	07/01/2024	99/99/9999						
70121-1000-05		J2919		04/01/2024	04/14/2025	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV,LYOPHILIZED) 40 MG	25	EA		U	EA	5	MG	8	04/01/2024	04/14/2025						
70121-1000-05		J2920		02/28/2017	03/31/2024	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV,LYOPHILIZED) 40 MG	25	EA	VL	U	EA	40	MG	1	02/28/2017	03/31/2024						
70121-1001-05		J2919		04/01/2024	04/14/2025	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV,LYOPHILIZED) 125 MG	25	EA		U	EA	5	MG	25	04/01/2024	04/14/2025						
70121-1001-05		J2930		02/28/2017	03/31/2024	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV,LYOPHILIZED) 125 MG	25	EA	VL	U	EA	125	MG	1	02/28/2017	03/31/2024						
70121-1002-01		J1327		12/14/2016	07/11/2024	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	12/14/2016	07/11/2024						
70121-1003-01		J1327		12/14/2016	07/11/2024	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	12/14/2016	07/11/2024						
70121-1049-02		J3301		01/11/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE 40 MG/1 ML	1	ML	VL	U	ML	10	MG	4	01/11/2019	99/99/9999						
70121-1049-05		J3301		12/12/2017	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE 40 MG/1 ML	1	ML	VL	U	ML	10	MG	4	12/12/2017	99/99/9999						
70121-1076-05		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	10	ML		U	ML	1	MG	10	04/01/2025	99/99/9999						
70121-1076-05		J1940		04/19/2017	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/1 ML	10	ML	VL	U	ML	20	MG	0.5	04/19/2017	03/31/2025						
70121-1099-01		J0641		02/16/2017	04/14/2025	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (SDV,PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	02/16/2017	04/14/2025						
70121-1163-05		J1940		04/19/2017	05/09/2019	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/1 ML	2	ML	VL	U	ML	20	MG	0.5	04/19/2017	05/09/2019						
70121-1164-05		J1940		04/19/2017	05/09/2019	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/1 ML	4	ML	VL	U	ML	20	MG	0.5	04/19/2017	05/09/2019						
70121-1168-01		J3301		12/12/2017	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE 40 MG/1 ML	5	ML	VL	U	ML	10	MG	4	12/12/2017	99/99/9999						
70121-1169-01		J3301		12/12/2017	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE 40 MG/1 ML	10	ML	VL	U	ML	10	MG	4	12/12/2017	99/99/9999						
70121-1221-01		J9171		05/08/2024	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP,SDV) 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	05/08/2024	99/99/9999						
70121-1222-01		J9171		05/08/2024	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP,SDV) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	05/08/2024	99/99/9999						
70121-1223-01		J9171		05/08/2024	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP,SDV) 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	05/08/2024	99/99/9999						
70121-1236-01		J9027		11/06/2017	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOFARABINE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	11/06/2017	99/99/9999						
70121-1237-01		J9025		01/18/2023	07/11/2024	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	U	EA	1	MG	100	01/18/2023	07/11/2024						
70121-1238-01		J9070		06/12/2018	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 500 MG	1	EA	VL	IV	EA	100	MG	5	06/12/2018	03/31/2024						
70121-1238-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 500 MG	1	EA		IV	EA	5	MG	100	04/01/2024	99/99/9999						
70121-1239-01		J9070		06/12/2018	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 1 GM	1	EA	VL	IV	EA	100	MG	10	06/12/2018	03/31/2024						
70121-1239-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 1 GM	1	EA		IV	EA	5	MG	200	04/01/2024	99/99/9999						
70121-1240-01		J9070		06/12/2018	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 2 GM	1	EA	VL	IV	EA	100	MG	20	06/12/2018	03/31/2024						
70121-1240-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 2 GM	1	EA		IV	EA	5	MG	400	04/01/2024	99/99/9999						
70121-1244-07		J0594		12/28/2017	09/14/2020	INJECTION, BUSULFAN, 1 MG	BUSULFAN 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	12/28/2017	09/14/2020						
70121-1399-05		J1100		02/25/2022	04/14/2025	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	DEXAMETHASONE SODIUM PHOSPHATE (SDV,PF,LATEX-FREE) 10 MG/1 ML	1	ML	VL	U	ML	1	MG	10	02/25/2022	04/14/2025						
70121-1408-05		J1270		07/10/2017	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (MDV) 2 MCG/1 ML	2	ML	VL	IV	ML	1	MCG	2	07/10/2017	99/99/9999						
70121-1453-07		J2185		10/03/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (USP) 1 GM	10	EA	VL	IV	EA	100	MG	10	10/03/2016	99/99/9999						
70121-1454-07		J2185		10/03/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (USP) 500 MG	10	EA	VL	IV	EA	100	MG	5	10/03/2016	99/99/9999						
70121-1467-02		J1050		08/25/2023	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (SDV,PF,LATEX-FREE) 150 MG/1 ML	1	ML		IM	ML	1	MG	150	08/25/2023	99/99/9999						
70121-1467-05		J1050		08/25/2023	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (SDV,PF,LATEX-FREE) 150 MG/1 ML	1	ML		IM	ML	1	MG	150	08/25/2023	99/99/9999						
70121-1478-07		J2710		12/20/2018	04/14/2025	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	12/20/2018	04/14/2025						
70121-1479-07		J2710		12/20/2018	04/14/2025	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	12/20/2018	04/14/2025						
70121-1480-01		J1050		09/05/2023	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (SD,PF,LATEX-FREE) 150 MG/1 ML	1	ML	SY	IM	ML	1	MG	150	09/05/2023	99/99/9999						
70121-1482-02		J9050		11/15/2018	99/99/9999	INJECTION, CARMUSTINE, 100 MG	CARMUSTINE (SDV,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	100	MG	1	11/15/2018	99/99/9999						
70121-1483-07		J9017		09/10/2021	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	09/10/2021	99/99/9999						
70121-1552-01		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE NOVAPLUS (SDV) 80 MG/1 ML	1	ML		U	ML	1	MG	80	04/01/2024	99/99/9999						
70121-1552-01		J1040		02/09/2022	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE NOVAPLUS (SDV) 80 MG/1 ML	1	ML	VL	U	ML	80	MG	1	02/09/2022	03/31/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70121-1552-05		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE NOVAPLUS (25X1ML SDV) 80 MG/1 ML	1	ML		U	ML	1	MG	80	04/01/2024	99/99/9999						
70121-1552-05		J1040		02/09/2022	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE NOVAPLUS (25X1ML SDV) 80 MG/1 ML	1	ML	VL	U	ML	80	MG	1	02/09/2022	03/31/2024						
70121-1572-01		J0641		04/19/2019	04/14/2025	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (PF) 10 MG/1 ML	17.5	ML	VL	IV	ML	0.5	MG	20	04/19/2019	04/14/2025						
70121-1573-01		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (USP;SDV) 40 MG/1 ML	1	ML		U	ML	1	MG	40	04/01/2024	99/99/9999						
70121-1573-01		J1030		07/07/2020	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP;SDV) 40 MG/1 ML	1	ML	VL	U	ML	40	MG	1	07/07/2020	03/31/2024						
70121-1573-05		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (USP;SDV) 40 MG/1 ML	1	ML		U	ML	1	MG	40	04/01/2024	99/99/9999						
70121-1573-05		J1030		07/07/2020	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP;SDV) 40 MG/1 ML	1	ML	VL	U	ML	40	MG	1	07/07/2020	03/31/2024						
70121-1574-01		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (SDV;USP) 80 MG/1 ML	1	ML		U	ML	1	MG	80	04/01/2024	99/99/9999						
70121-1574-01		J1040		07/07/2020	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (SDV;USP) 80 MG/1 ML	1	ML	VL	U	ML	80	MG	1	07/07/2020	03/31/2024						
70121-1574-05		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (SDV;USP) 80 MG/1 ML	1	ML		U	ML	1	MG	80	04/01/2024	99/99/9999						
70121-1574-05		J1040		07/07/2020	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (SDV;USP) 80 MG/1 ML	1	ML	VL	U	ML	80	MG	1	07/07/2020	03/31/2024						
70121-1577-05		J2370		10/04/2018	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	10/04/2018	06/30/2023						
70121-1577-05		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
70121-1578-07		J2370		01/09/2019	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	01/09/2019	06/30/2023						
70121-1578-07		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
70121-1579-01		J2370		01/09/2019	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	01/09/2019	06/30/2023						
70121-1579-01		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
70121-1580-05		J0780		03/17/2023	04/14/2025	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (MDV,LATEX-FREE) 5 MG/1 ML	2	ML		U	ML	10	MG	0.5	03/17/2023	04/14/2025						
70121-1580-07		J0780		03/17/2023	04/14/2025	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (MDV,LATEX-FREE) 5 MG/1 ML	2	ML		U	ML	10	MG	0.5	03/17/2023	04/14/2025						
70121-1581-05		J0330		04/02/2019	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE 20 MG/1 ML	10	ML	VL	U	ML	20	MG	1	04/02/2019	99/99/9999						
70121-1609-01		J1010		05/20/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (MDV) 40 MG/1 ML	10	ML		U	ML	1	MG	40	05/20/2024	99/99/9999						
70121-1609-05		J1010		05/20/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (MDV) 40 MG/1 ML	10	ML		U	ML	1	MG	40	05/20/2024	99/99/9999						
70121-1610-01		J1010		05/20/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (MDV) 80 MG/1 ML	5	ML		U	ML	1	MG	80	05/20/2024	99/99/9999						
70121-1610-05		J1010		05/20/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	METHYLPREDNISOLONE ACETATE (MDV) 80 MG/1 ML	5	ML		U	ML	1	MG	80	05/20/2024	99/99/9999						
70121-1630-01		J9340		09/11/2017	06/30/2025	INJECTION, THIOTEPA, 15 MG	TEPADINA 15 MG	1	EA	VL	U	EA	15	MG	1	09/11/2017	06/30/2025						
70121-1630-01		J9342		07/01/2025	99/99/9999	INJECTION, THIOTEPA, NOT OTHERWISE SPECIFIED, 1 MG	TEPADINA 15 MG	1	EA		U	EA	1	MG	15	07/01/2025	99/99/9999						
70121-1631-01		J9340		09/11/2017	06/30/2025	INJECTION, THIOTEPA, 15 MG	TEPADINA 100 MG	1	EA	VL	U	EA	15	MG	6.66666	09/11/2017	06/30/2025						
70121-1631-01		J9342		07/01/2025	99/99/9999	INJECTION, THIOTEPA, NOT OTHERWISE SPECIFIED, 1 MG	TEPADINA 100 MG	1	EA		U	EA	1	MG	100	07/01/2025	99/99/9999						
70121-1642-07		J2598		07/01/2023	99/99/9999	INJECTION, VASOPRESSIN, 1 UNIT	VASOPRESSIN (PF) 20 U/1 ML	1	ML		IV	ML	1	U	20	07/01/2023	99/99/9999						
70121-1644-01		J0894		01/28/2020	07/11/2024	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	01/28/2020	07/11/2024						
70121-1647-07		J3243		08/09/2019	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (SDV,PF,LYOPHILIZED) 50 MG	10	EA	VL	IV	EA	1	MG	50	08/09/2019	99/99/9999						
70121-1651-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE NOVAPLUS 40 MG/1 ML	1	ML	VL	U	ML	10	MG	4	12/28/2018	99/99/9999						
70121-1651-05		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE NOVAPLUS 40 MG/1 ML	1	ML	VL	U	ML	10	MG	4	12/28/2018	99/99/9999						
70121-1652-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE NOVAPLUS 40 MG/1 ML	5	ML	VL	U	ML	10	MG	4	12/28/2018	99/99/9999						
70121-1653-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE NOVAPLUS 40 MG/1 ML	10	ML	VL	U	ML	10	MG	4	12/28/2018	99/99/9999						
70121-1654-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	PREMIERPRO RX TRIAMCINOLONE ACETONIDE 40 MG/1 ML	5	ML	VL	U	ML	10	MG	4	12/28/2018	99/99/9999						
70121-1655-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	PREMIERPRO RX TRIAMCINOLONE ACETONIDE 40 MG/1 ML	10	ML	VL	U	ML	10	MG	4	12/28/2018	99/99/9999						
70121-1657-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	PREMIERPRO RX TRIAMCINOLONE ACETONIDE 40 MG/1 ML	1	ML	VL	U	ML	10	MG	4	12/28/2018	99/99/9999						
70121-1658-01		J9017		09/10/2021	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (SDV,PF,LATEX-FREE) 2 MG/1 ML	6	ML	VL	IV	ML	1	MG	2	09/10/2021	99/99/9999						
70121-1680-07		J0675		10/01/2025	99/99/9999	INJECTION, CARBOPROST TROMETHAMINE, 0.1 MG	CARBOPROST TROMETHAMINE 250 MCG/1 ML	1	ML		IM	ML	0.1	MG	2.5	10/01/2025	99/99/9999						
70121-1698-07		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SD,PF,LATEX-FREE) 0.2 MG/1 ML	1	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
70121-1698-07		J7643		06/16/2023	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SD,PF,LATEX-FREE) 0.2 MG/1 ML	1	ML	SR	U	ML	1	MG	0.2	06/16/2023	12/31/2023						
70121-1698-07	KO	J7643	KO	06/16/2023	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SD,PF,LATEX-FREE) 0.2 MG/1 ML	1	ML	SR	U	ML	1	MG	0.2	06/16/2023	12/31/2023						
70121-1699-07		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SD,PF,LATEX-FREE) 0.2 MG/1 ML	2	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
70121-1699-07		J7643		06/16/2023	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SD,PF,LATEX-FREE) 0.2 MG/1 ML	2	ML	SR	U	ML	1	MG	0.2	06/16/2023	12/31/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70121-1699-07	KO	J7643	KO	06/16/2023	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SD,PF,LATEX-FREE) 0.2 MG/1 ML	2	ML	SR	U	ML	1	MG	0.2	06/16/2023	12/31/2023						
70121-1716-07		J1805		01/09/2024	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	ESMOLOL HCL (SINGLE DOSE,PF) 2500 MG/250 ML	250	ML	FC	IV	ML	10	MG	1	01/09/2024	99/99/9999						
70121-1717-07		J1805		01/09/2024	99/99/9999	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	ESMOLOL HCL (DOUBLE STRENGTH,PF) 2000 MG/100 ML	100	ML	FC	IV	ML	10	MG	2	01/09/2024	99/99/9999						
70121-1719-02		J3475		04/19/2024	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SD,PF,LATEX-FREE) 40 MG/1 ML	50	ML		IV	ML	500	MG	0.08	04/19/2024	99/99/9999						
70121-1719-09		J3475		08/14/2023	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SD,PF,LATEX-FREE) 40 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.08	08/14/2023	99/99/9999						
70121-1720-03		J3475		04/19/2024	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SD,PF,LATEX-FREE) 40 MG/1 ML	100	ML		IV	ML	500	MG	0.08	04/19/2024	99/99/9999						
70121-1720-09		J3475		08/14/2023	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SD,PF,LATEX-FREE) 40 MG/1 ML	100	ML	FC	IV	ML	500	MG	0.08	08/14/2023	99/99/9999						
70121-1732-09		J2795		01/10/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (PF,LATEX-FREE) 200 MG/100 ML	100	ML	FC	U	ML	1	MG	2	01/10/2024	99/99/9999						
70121-1733-09		J2795		01/10/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (PF,LATEX-FREE) 400 MG/200 ML	200	ML	FC	U	ML	1	MG	2	01/10/2024	99/99/9999						
70121-1743-04		J9261		04/26/2023	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE (6X50ML;SDV,PF) 5 MG/1 ML	50	ML		IV	ML	50	MG	0.1	04/26/2023	99/99/9999						
70121-2308-04		J0618		07/01/2025	99/99/9999	INJECTION, CALCIUM CHLORIDE, 2 MG	CALCIUM CHLORIDE 10% SINGLE DOSE 100 MG/1 ML	10	ML		IV	ML	2	MG	50	07/01/2025	99/99/9999						
70121-2309-07		J0618		07/01/2025	99/99/9999	INJECTION, CALCIUM CHLORIDE, 2 MG	CALCIUM CHLORIDE 10% SDV 100 MG/1 ML	10	ML		IV	ML	2	MG	50	07/01/2025	99/99/9999						
70121-2484-01		J9054		04/01/2025	99/99/9999	INJECTION, BORTEZOMIB (BORUZU), 0.1 MG	BORUZU 2.5 MG/1 ML	1.4	ML		U	ML	0.1	MG	25	04/01/2025	99/99/9999						
70121-2496-05		J0476		03/14/2023	99/99/9999	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	LIORESAL (PF,LATEX-FREE) 0.05 MG/1 ML	1	ML	AM	IN	ML	50	MCG	1	03/14/2023	99/99/9999						
70121-2501-01		J0475		03/14/2023	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORESAL REFILL KIT (8561,PF,LATEX-FREE) 0.5 MG/1 ML	20	ML	AM	IN	ML	10	MG	0.05	03/14/2023	99/99/9999						
70121-2502-02		J0475		03/14/2023	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORESAL REFILL KIT (8562,PF,LATEX-FREE) 2 MG/1 ML	5	ML	AM	IN	ML	10	MG	0.2	03/14/2023	99/99/9999						
70121-2503-01		J0475		03/14/2023	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORESAL REFILL KIT (8564,PF,LATEX-FREE) 2 MG/1 ML	20	ML	AM	IN	ML	10	MG	0.2	03/14/2023	99/99/9999						
70121-2504-02		J0475		03/14/2023	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORESAL REFILL KIT (8565,PF,LATEX-FREE) 0.5 MG/1 ML	20	ML	AM	IN	ML	10	MG	0.05	03/14/2023	99/99/9999						
70121-2505-02		J0475		03/14/2023	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORESAL REFILL KIT (8566,PF,LATEX-FREE) 2 MG/1 ML	20	ML	AM	IN	ML	10	MG	0.2	03/14/2023	99/99/9999						
70257-0300-51		J2792		05/01/2020	10/01/2023	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (SDV,PF) 15000 IU/13 ML	13	ML	VL	U	ML	100	IU	11.538462	05/01/2020	10/01/2023						
70257-0310-51		J2792		12/01/2020	08/31/2025	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (1X4.4ML,SDV,PF) 5000 IU/4.4 ML	4.4	ML	VL	U	ML	100	IU	11.363636	12/01/2020	08/31/2025						
70257-0330-51		J2792		03/19/2019	10/31/2023	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (PF) 1500 IU/1.3 ML	1.3	ML	VL	U	ML	100	IU	11.538462	03/19/2019	10/31/2023						
70257-0350-51		J2792		05/01/2020	02/07/2024	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (1X2.2ML,SDV,PF) 2500 IU/2.2 ML	2.2	ML	VL	U	ML	100	IU	11.363636	05/01/2020	02/07/2024						
70257-0560-01		J0475		01/25/2018	11/30/2024	INJECTION, BACLOFEN, 10 MG	LIORESAL INTRATHECAL REFILL KIT 0.5 MG/1 ML	20	ML	AM	IN	ML	10	MG	0.05	01/25/2018	11/30/2024						
70257-0560-02		J0475		01/25/2018	11/30/2024	INJECTION, BACLOFEN, 10 MG	LIORESAL INTRATHECAL REFILL KIT 0.5 MG/1 ML	20	ML	AM	IN	ML	10	MG	0.05	01/25/2018	11/30/2024						
70257-0561-02		J0475		01/25/2018	11/30/2024	INJECTION, BACLOFEN, 10 MG	LIORESAL INTRATHECAL REFILL KIT 2 MG/1 ML	5	ML	AM	IN	ML	10	MG	0.2	01/25/2018	11/30/2024						
70257-0562-55		J0476		07/10/2017	11/30/2024	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	LIORESAL INTRATHECAL (SCREENING #8563,PF) 0.05 MG/1 ML	1	ML	AM	IN	ML	50	MCG	1	07/10/2017	11/30/2024						
70257-0563-01		J0475		07/24/2017	11/30/2024	INJECTION, BACLOFEN, 10 MG	LIORESAL INTRATHECAL REFILL KIT (PF) 2 MG/1 ML	20	ML	AM	IN	ML	10	MG	0.2	07/24/2017	11/30/2024						
70257-0563-02		J0475		07/24/2017	11/30/2024	INJECTION, BACLOFEN, 10 MG	LIORESAL INTRATHECAL REFILL KIT (PF) 2 MG/1 ML	20	ML	AM	IN	ML	10	MG	0.2	07/24/2017	11/30/2024						
70332-0103-01		Q0163		04/01/2016	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	RAPIDPAQ DICOPANOL (1X150ML) 5 MG/1 ML	150	ML	BO	PO	ML	50	MG	0.1	04/01/2016	99/99/9999						
70362-0702-39		J8540		03/15/2019	10/15/2020	DEXAMETHASONE, ORAL, 0.25 MG	DXEVO (11-DAY DOSE PACK) 1.5 MG	39	EA	DP	PO	EA	0.25	MG	6	03/15/2019	10/15/2020						
70377-0010-11		J7527		04/17/2024	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS 2.5 MG	30	EA	BO	PO	EA	0.25	MG	10	04/17/2024	99/99/9999						
70377-0010-22		J7527		10/01/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (4X7) 2.5 MG	28	EA	BX	PO	EA	0.25	MG	10	10/01/2021	99/99/9999						
70377-0010-23		J7527		06/06/2024	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 2.5 MG	28	EA	BX	PO	EA	0.25	MG	10	06/06/2024	99/99/9999						
70377-0011-11		J7527		11/09/2023	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS 5 MG	30	EA	BO	PO	EA	0.25	MG	20	11/09/2023	99/99/9999						
70377-0011-22		J7527		10/01/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (4X7) 5 MG	28	EA	BX	PO	EA	0.25	MG	20	10/01/2021	99/99/9999						
70377-0011-23		J7527		06/06/2024	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 5 MG	28	EA	BX	PO	EA	0.25	MG	20	06/06/2024	99/99/9999						
70377-0012-11		J7527		09/20/2023	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 7.5 MG	30	EA		PO	EA	0.25	MG	30	09/20/2023	99/99/9999						
70377-0012-22		J7527		10/01/2021	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS (4X7) 7.5 MG	28	EA	BX	PO	EA	0.25	MG	30	10/01/2021	99/99/9999						
70377-0012-23		J7527		06/06/2024	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 7.5 MG	28	EA	BX	PO	EA	0.25	MG	30	06/06/2024	99/99/9999						
70377-0014-11		J7507		12/15/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP,GLUTEN-FREE) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	12/15/2020	99/99/9999						
70377-0015-11		J7507		12/15/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP,GLUTEN-FREE) 1 MG	100	EA	BO	PO	EA	1	MG	1	12/15/2020	99/99/9999						
70377-0016-11		J7507		12/15/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP,GLUTEN-FREE) 5 MG	100	EA	BO	PO	EA	1	MG	5	12/15/2020	99/99/9999						
70377-0039-11		J7518		05/31/2022	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (GLUTEN-FREE,FILM-COATED) 180 MG	120	EA	BO	PO	EA	180	MG	1	05/31/2022	99/99/9999						
70377-0040-11		J7518		05/31/2022	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (GLUTEN-FREE,FILM-COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	05/31/2022	99/99/9999						
70377-0069-11		J7527		06/16/2025	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS 6X10 0.25 MG	60	EA	BO	PO	EA	0.25	MG	1	06/16/2025	99/99/9999						
70377-0070-11		J7527		06/16/2025	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS 6X10 0.5 MG	60	EA	BO	PO	EA	0.25	MG	2	06/16/2025	99/99/9999						
70377-0071-11		J7527		06/16/2025	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS 6X10 0.75 MG	60	EA	BO	PO	EA	0.25	MG	3	06/16/2025	99/99/9999						
70377-0075-91		J2248		04/24/2025	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM SDV,LYOPHILIZED 50 MG	1	EA		IV	EA	1	MG	50	04/24/2025	99/99/9999						
70377-0076-91		J2248		04/24/2025	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM SDV,LYOPHILIZED 100 MG	1	EA		IV	EA	1	MG	100	04/24/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70377-0093-91		J0878		11/18/2024	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN SDV,LYOPHILIZED 500 MG	1	EA	VL	IV	EA	1	MG	500	11/18/2024	99/99/9999						
70377-0112-11		J7527		06/16/2025	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS 6X10 1 MG	60	EA	BO	PO	EA	0.25	MG	4	06/16/2025	99/99/9999						
70377-0126-11		J7518		12/05/2024	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID FILM-COATED 180 MG	120	EA	BO	PO	EA	180	MG	1	12/05/2024	99/99/9999						
70377-0127-11		J7518		12/05/2024	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID FILM-COATED 360 MG	120	EA	BO	PO	EA	180	MG	2	12/05/2024	99/99/9999						
70436-0019-82		J0456		12/17/2018	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (LYOPHILIZED) 500 MG	10	EA	VL	IV	EA	500	MG	1	12/17/2018	99/99/9999						
70436-0020-82		J3370		09/01/2020	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (LYOPHILIZED) 500 MG	10	EA	VL	IV	EA	500	MG	1	09/01/2020	06/30/2025						
70436-0020-82		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL LYOPHILIZED 500 MG	10	EA		IV	EA	10	MG	50	07/01/2025	99/99/9999						
70436-0021-82		J3370		10/15/2020	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP;STERILE,LYOPHILIZED) 1 GM	10	EA	VL	IV	EA	500	MG	2	10/15/2020	06/30/2025						
70436-0021-82		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL USP;STERILE,LYOPHILIZED 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
70436-0022-82		J3370		02/22/2022	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PKG,PF) 5 GM	1	EA	VL	IV	EA	500	MG	10	02/22/2022	06/30/2025						
70436-0022-82		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK PKG,LYOPHILIZED 5 GM	1	EA		IV	EA	10	MG	500	07/01/2025	99/99/9999						
70436-0023-82		J3370		02/22/2022	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PKG,PF) 10 GM	1	EA	VL	IV	EA	500	MG	20	02/22/2022	06/30/2025						
70436-0023-82		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK PKG,LYOPHILIZED 10 GM	1	EA		IV	EA	10	MG	1000	07/01/2025	99/99/9999						
70436-0025-82		J0583		12/09/2021	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SDV,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	12/09/2021	99/99/9999						
70436-0026-80		J1327		08/26/2019	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	08/26/2019	99/99/9999						
70436-0027-80		J1327		08/26/2019	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	08/26/2019	99/99/9999						
70436-0029-80		J3465		01/10/2019	99/99/9999	INJECTION, VORICONAZOLE, 10 MG	VORICONAZOLE (PF,LATEX-FREE) 200 MG	1	EA	VL	IV	EA	10	MG	20	01/10/2019	99/99/9999						
70436-0030-82		J0133		07/08/2024	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (SDV,LATEX-FREE) 50 MG/1 ML	10	ML	VL	IV	ML	5	MG	10	07/08/2024	99/99/9999						
70436-0032-82		J1271		04/01/2025	99/99/9999	INJECTION, DOXYCYCLINE HYCLATE, 1 MG	DOXYCYCLINE SDV,LYOPHILIZED 100 MG	10	EA		IV	EA	1	MG	100	04/01/2025	99/99/9999						
70436-0032-82		J3490		11/04/2024	03/31/2025	UNCLASSIFIED DRUGS	DOXYCYCLINE SDV,LYOPHILIZED 100 MG	10	EA	VL	IV	EA	1	EA	1	11/04/2024	03/31/2025						
70436-0089-55		J1570		01/10/2019	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	GANCICLOVIR (USP,LYOPHILIZED) 500 MG	25	EA	VL	IV	EA	500	MG	1	01/10/2019	99/99/9999						
70436-0110-56		J3260		03/04/2024	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN (PF,LYOPHILIZED) 1.2 GM	6	EA	VL	IV	EA	80	MG	15	03/04/2024	99/99/9999						
70436-0110-80		J3260		03/04/2024	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN (PF,LYOPHILIZED) 1.2 GM	1	EA	VL	IV	EA	80	MG	15	03/04/2024	99/99/9999						
70436-0116-82		J0640		12/18/2023	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 50 MG	10	EA	VL	IJ	EA	50	MG	1	12/18/2023	99/99/9999						
70436-0117-80		J0640		12/18/2023	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	50	MG	2	12/18/2023	99/99/9999						
70436-0118-80		J0640		12/18/2023	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 200 MG	1	EA	VL	IJ	EA	50	MG	4	12/18/2023	99/99/9999						
70436-0119-80		J0640		01/20/2025	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM SDV,LYOPHILIZED 350 MG	1	EA		IJ	EA	50	MG	7	01/20/2025	99/99/9999						
70436-0120-80		J0640		12/18/2023	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IJ	EA	50	MG	10	12/18/2023	99/99/9999						
70436-0147-81		J0500		11/01/2021	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HCL (5X2ML;SDV) 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	11/01/2021	99/99/9999						
70436-0151-57	KO	J7605	KO	06/22/2021	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML,PF,LATEX-FREE) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	06/22/2021	99/99/9999						
70436-0151-57		J7605		06/22/2021	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML,PF,LATEX-FREE) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	06/22/2021	99/99/9999						
70436-0151-58		J7605		06/22/2021	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (60X2ML,PF,LATEX-FREE) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	06/22/2021	99/99/9999						
70436-0151-58	KO	J7605	KO	06/22/2021	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (60X2ML,PF,LATEX-FREE) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	06/22/2021	99/99/9999						
70436-0162-80		J1327		01/11/2021	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	PREMIERPRO RX EPTIFIBATIDE (SDV) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	01/11/2021	99/99/9999						
70436-0163-80		J1327		01/11/2021	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	PREMIERPRO RX EPTIFIBATIDE (SDV) 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	01/11/2021	99/99/9999						
70436-0172-23		J7518		06/21/2021	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 180 MG	120	EA	BO	PO	EA	180	MG	1	06/21/2021	99/99/9999						
70436-0173-23		J7518		06/21/2021	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	06/21/2021	99/99/9999						
70436-0190-82		J1370		10/01/2025	99/99/9999	INJECTION, ESOMEPRAZOLE SODIUM, 1 MG	ESOMEPRAZOLE SODIUM LYOPHILIZED 40 MG	10	EA		IV	EA	1	MG	40	10/01/2025	99/99/9999						
70436-0203-80		J1250		06/05/2023	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL 12.5 MG/1 ML	20	ML	VL	IV	ML	250	MG	0.05	06/05/2023	99/99/9999						
70436-0203-82		J1250		06/05/2023	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (SDV) 12.5 MG/1 ML	20	ML	VL	IV	ML	250	MG	0.05	06/05/2023	99/99/9999						
70436-0209-80		J0641		03/04/2024	99/99/9999	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5 MG	LEVOLEUCOVORIN CALCIUM (SDV,PF) 10 MG/1 ML	17.5	ML	VL	IV	ML	0.5	MG	20	03/04/2024	99/99/9999						
70436-0220-34		Q0144		05/20/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	05/20/2024	99/99/9999						
70436-0221-34		Q0144		05/20/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	05/20/2024	99/99/9999						
70436-0222-36		Q0144		05/20/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	05/20/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70436-0228-49		Q0144		05/20/2024	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	05/20/2024	99/99/9999						
70436-0231-55		J1570		10/01/2024	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	GANCICLOVIR NOVAPLUS USP,LYOPHILIZED 500 MG	25	EA	VL	IV	EA	500	MG	1	10/01/2024	99/99/9999						
70436-0232-50		J0282		01/27/2025	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL SDV 50 MG/1 ML	18	ML		IV	ML	30	MG	1.666667	01/27/2025	99/99/9999						
70436-0232-52		J0282		01/27/2025	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 10X3ML;SDV 50 MG/1 ML	3	ML		IV	ML	30	MG	1.666667	01/27/2025	99/99/9999						
70436-0232-62		J0282		01/27/2025	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 10X9ML;SDV 50 MG/1 ML	9	ML		IV	ML	30	MG	1.666667	01/27/2025	99/99/9999						
70504-3000-02		J2792		01/01/2017	04/30/2020	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (SDV) 15000 IU	13	ML	VL	IV	ML	100	IU	11.53846	01/01/2017	04/30/2020						
70504-3100-02		J2792		01/01/2017	11/30/2020	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (1X4.4ML,SDV) 5000 IU	4.4	ML	VL	IV	ML	100	IU	11.36363	01/01/2017	11/30/2020						
70504-3300-02		J2792		01/01/2017	03/18/2019	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (1X1.3ML,SDV) 1500 IU	1.3	ML	VL	IV	ML	100	IU	11.54	01/01/2017	03/18/2019						
70504-3500-02		J2792		01/01/2017	04/30/2020	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (1X2.2ML,SDV) 2500 IU	2.2	ML	VL	IV	ML	100	IU	11.36363	01/01/2017	04/30/2020						
70512-0797-24		J2795		03/21/2025	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL 200 MG/100 ML	100	ML	FC	IJ	ML	1	MG	2	03/21/2025	99/99/9999						
70512-0798-24		J2795		03/21/2025	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL 400 MG/200 ML	200	ML	FC	IJ	ML	1	MG	2	03/21/2025	99/99/9999						
70512-0840-01		J3420		11/20/2023	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (MDV) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	11/20/2023	99/99/9999						
70512-0840-25		J3420		11/20/2023	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (MDV) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	11/20/2023	99/99/9999						
70512-0841-05		J7040		02/05/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	50	ML		IV	ML	500	ML	0.002	02/05/2024	99/99/9999						
70512-0841-06		J7040		02/05/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	50	ML		IV	ML	500	ML	0.002	02/05/2024	99/99/9999						
70512-0841-10		J7040		02/05/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	100	ML		IV	ML	500	ML	0.002	02/05/2024	99/99/9999						
70512-0841-11		J7040		02/05/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	100	ML		IV	ML	500	ML	0.002	02/05/2024	99/99/9999						
70512-0841-25		J7040		02/05/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	250	ML		IV	ML	500	ML	0.002	02/05/2024	99/99/9999						
70512-0841-26		J7040		02/05/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	250	ML		IV	ML	500	ML	0.002	02/05/2024	99/99/9999						
70512-0841-50		J7040		02/05/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	500	ML		IV	ML	500	ML	0.002	02/05/2024	99/99/9999						
70512-0841-51		J7040		02/05/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	500	ML		IV	ML	500	ML	0.002	02/05/2024	99/99/9999						
70512-0841-60		J7040		02/05/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	1000	ML		IV	ML	500	ML	0.002	02/05/2024	99/99/9999						
70512-0841-61		J7040		02/05/2024	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	1000	ML		IV	ML	500	ML	0.002	02/05/2024	99/99/9999						
70512-0842-01		J1885		11/22/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 15 MG/1 ML	1	ML		IJ	ML	15	MG	1	11/22/2023	99/99/9999						
70512-0842-25		J1885		11/22/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 15 MG/1 ML	1	ML		IJ	ML	15	MG	1	11/22/2023	99/99/9999						
70512-0843-01		J1885		09/18/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	09/18/2023	99/99/9999						
70512-0843-25		J1885		09/18/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	09/18/2023	99/99/9999						
70512-0844-25		J1885		11/10/2024	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE SDV 30 MG/1 ML	2	ML	VL	IJ	ML	15	MG	2	11/10/2024	99/99/9999						
70512-0859-01		J0675		10/01/2025	99/99/9999	INJECTION, CARBOPROST TROMETHAMINE, 0.1 MG	CARBOPROST TROMETHAMINE SDV 250 MCG/1 ML	1	ML		IM	ML	0.1	MG	2.5	10/01/2025	99/99/9999						
70512-0859-05		J0675		10/01/2025	99/99/9999	INJECTION, CARBOPROST TROMETHAMINE, 0.1 MG	CARBOPROST TROMETHAMINE SDV 250 MCG/1 ML	1	ML		IM	ML	0.1	MG	2.5	10/01/2025	99/99/9999						
70512-0860-08		J8515		06/09/2023	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8	EA	BO	PO	EA	0.25	MG	2	06/09/2023	99/99/9999						
70515-0260-10		J1160		01/17/2018	06/30/2025	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN 0.25 MG/1 ML	2	ML	AM	IJ	ML	0.5	MG	0.5	01/17/2018	06/30/2025						
70515-0261-10		J1160		01/01/2020	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN 0.25 MG/1 ML	2	ML	VL	IJ	ML	0.5	MG	0.5	01/01/2020	99/99/9999						
70515-0262-10		J1160		01/17/2018	06/30/2025	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN PEDIATRIC 0.1 MG/1 ML	1	ML	AM	IJ	ML	0.5	MG	0.2	01/17/2018	06/30/2025						
70515-0263-10		J1160		01/01/2020	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN PEDIATRIC 0.1 MG/1 ML	1	ML	VL	IJ	ML	0.5	MG	0.2	01/01/2020	99/99/9999						
70569-0151-11		J8540		04/22/2019	07/23/2023	DEXAMETHASONE, ORAL, 0.25 MG	DXEVO (11-DAY DOSE PACK) 1.5 MG	39	EA	DP	PO	EA	0.25	MG	6	04/22/2019	07/23/2023						
70594-0023-01		J0770		01/16/2019	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE 150 MG	1	EA	VL	IJ	EA	150	MG	1	01/16/2019	99/99/9999						
70594-0023-04		J0770		01/16/2019	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE 150 MG	12	EA	VL	IJ	EA	150	MG	1	01/16/2019	99/99/9999						
70594-0023-09		J0770		02/15/2022	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE NOVAPLUS (PF,LYOPHILIZED) 150 MG	1	EA	VL	IJ	EA	150	MG	1	02/15/2022	99/99/9999						
70594-0026-02		J3490		01/07/2019	03/31/2023	UNCLASSIFIED DRUGS	BACITRACIN (LYOPHILIZED) 50000 U	10	EA	VL	IM	EA	1	EA	1	01/07/2019	03/31/2023						
70594-0026-04		J3490		11/15/2019	11/30/2021	UNCLASSIFIED DRUGS	BACITRACIN NOVAPLUS 50000 U	10	EA	VL	IM	EA	1	EA	1	11/15/2019	11/30/2021						
70594-0034-01		J0878		01/15/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	01/15/2019	99/99/9999						
70594-0034-02		J0878		06/18/2021	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	PREMIERPRO RX DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	06/18/2021	99/99/9999						
70594-0035-02		J3243		08/04/2020	07/29/2022	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (PF,LYOPHILIZED) 50 MG	10	EA	VL	IV	EA	1	MG	50	08/04/2020	07/29/2022						
70594-0036-01		J2248		06/03/2021	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (SDV,PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	06/03/2021	99/99/9999						
70594-0037-01		J2248		06/03/2021	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (SDV,PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	1	MG	100	06/03/2021	99/99/9999						
70594-0045-02		J3370		12/30/2021	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 500 MG	10	EA		IV	EA	500	MG	1	12/30/2021	06/30/2025						
70594-0045-02		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL USP,LYOPHILIZED 500 MG	10	EA		IV	EA	10	MG	50	07/01/2025	99/99/9999						
70594-0046-02		J3370		11/06/2018	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	11/06/2018	06/30/2025						
70594-0046-02		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL USP,LYOPHILIZED 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
70594-0047-01		J3370		12/30/2021	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PKG,PF) 5 GM	1	EA		IV	EA	500	MG	10	12/30/2021	06/30/2025						
70594-0047-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK PKG,LYOPHILIZED 5 GM	1	EA		IV	EA	10	MG	500	07/01/2025	99/99/9999						
70594-0048-01		J3370		12/14/2018	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	500	MG	20	12/14/2018	06/30/2025						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70594-0048-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK PACKAGE,LYOPHILIZED 10 GM	1	EA		IV	EA	10	MG	1000	07/01/2025	99/99/9999						
70594-0053-01		J0873		01/01/2024	99/99/9999	INJECTION, DAPTOMYCIN (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 350 MG	1	EA		IV	EA	1	MG	350	01/01/2024	99/99/9999						
70594-0053-01		J0878		06/01/2019	12/31/2023	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 350 MG	1	EA	VL	IV	EA	1	MG	350	06/01/2019	12/31/2023						
70594-0056-03		J3372		01/01/2023	06/30/2025	INJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J3370, 500 MG	VANCOMYCIN HCL (FLEXIBLE BAG) 750 MG/150 ML	150	ML	FC	IV	ML	500	MG	0.01	01/01/2023	06/30/2025						
70594-0056-03		J3375		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (XELLIA), NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	VANCOMYCIN HCL (PREMIX) FLEXIBLE BAG 750 MG/150 ML	150	ML		IV	ML	10	MG	0.5	07/01/2025	99/99/9999						
70594-0057-02		J3372		01/01/2023	06/30/2025	INJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J3370, 500 MG	VANCOMYCIN HCL (FLEXIBLE BAG) 1.25 GM/250 ML	250	ML	FC	IV	ML	500	MG	0.01	01/01/2023	06/30/2025						
70594-0057-02		J3375		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (XELLIA), NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	VANCOMYCIN HCL (PREMIX) FLEXIBLE BAG 1.25 GM/250 ML	250	ML		IV	ML	10	MG	0.5	07/01/2025	99/99/9999						
70594-0058-02		J3372		01/01/2023	06/30/2025	INJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J3370, 500 MG	VANCOMYCIN HCL (FLEXIBLE BAG) 1.75 GM/350 ML	350	ML	FC	IV	ML	500	MG	0.01	01/01/2023	06/30/2025						
70594-0058-02		J3375		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (XELLIA), NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	VANCOMYCIN HCL (PREMIX) FLEXIBLE BAG 1.75 GM/350 ML	350	ML		IV	ML	10	MG	0.5	07/01/2025	99/99/9999						
70594-0060-01		J0872		07/01/2024	99/99/9999	INJECTION, DAPTOMYCIN (XELLIA), UNREFRIGERATED, NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0873, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA		IV	EA	1	MG	500	07/01/2024	99/99/9999						
70594-0060-01		J3490		12/04/2023	06/30/2024	UNCLASSIFIED DRUGS	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA		IV	EA	1	EA	1	12/04/2023	06/30/2024						
70594-0063-02		J2370		03/21/2022	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (USP,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	03/21/2022	06/30/2023						
70594-0063-02		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (USP,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
70594-0064-02		J2370		03/21/2022	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (PHARMACY BULK PKG;USP) 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	03/21/2022	06/30/2023						
70594-0064-02		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (PHARMACY BULK PKG;USP) 10 MG/1 ML	5	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
70594-0065-01		J2370		03/21/2022	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (USP,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	03/21/2022	06/30/2023						
70594-0065-01		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (USP,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
70594-0065-02		J2370		03/21/2022	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (PHARMACY BULK PKG;USP) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	03/21/2022	06/30/2023						
70594-0065-02		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (PHARMACY BULK PKG;USP) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
70594-0066-01		J0872		07/01/2024	99/99/9999	INJECTION, DAPTOMYCIN (XELLIA), UNREFRIGERATED, NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0873, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 350 MG	1	EA		IV	EA	1	MG	350	07/01/2024	99/99/9999						
70594-0066-01		J3490		12/04/2023	06/30/2024	UNCLASSIFIED DRUGS	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 350 MG	1	EA		IV	EA	1	EA	1	12/04/2023	06/30/2024						
70594-0067-01		J3465		09/25/2023	99/99/9999	INJECTION, VORICONAZOLE, 10 MG	VORICONAZOLE (SDV,PF,LATEX-FREE) 200 MG	1	EA		IV	EA	10	MG	20	09/25/2023	99/99/9999						
70594-0068-02		J3030		02/15/2022	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN (PF) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6	MG	2	02/15/2022	99/99/9999						
70594-0069-02		J2710		02/18/2022	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE 0.5 MG/1 ML	10	ML	VL	IJ	ML	0.5	MG	1	02/18/2022	99/99/9999						
70594-0072-02		J2710		02/18/2022	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE 1 MG/1 ML	10	ML	VL	IJ	ML	0.5	MG	2	02/18/2022	99/99/9999						
70594-0075-02		J2185		08/16/2021	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV;USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	100	MG	5	08/16/2021	99/99/9999						
70594-0076-02		J2185		08/16/2021	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV;USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	100	MG	10	08/16/2021	99/99/9999						
70594-0078-02		J2543		11/08/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV;USP,PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	11/08/2021	99/99/9999						
70594-0079-02		J2543		11/08/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV;USP,PF,LATEX-FREE) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	11/08/2021	99/99/9999						
70594-0080-02		J2543		11/08/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV;USP,PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	11/08/2021	99/99/9999						
70594-0081-02		J0295		11/08/2021	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM 1 GM-0.5 GM	10	EA	VL	IJ	EA	1.5	GM	1	11/08/2021	99/99/9999						
70594-0082-02		J0295		11/08/2021	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM 2 GM-1 GM	10	EA	VL	IJ	EA	1.5	GM	2	11/08/2021	99/99/9999						
70594-0083-01		J0295		11/29/2021	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (PHARMACY BULK, USP,PF) 10 GM-5 GM	1	EA	VL	IV	EA	1.5	GM	10	11/29/2021	99/99/9999						
70594-0084-02		J0290		11/29/2021	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	11/29/2021	99/99/9999						
70594-0085-02		J0290		11/29/2021	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IJ	EA	500	MG	1	11/29/2021	99/99/9999						
70594-0086-02		J0290		11/29/2021	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	11/29/2021	99/99/9999						
70594-0087-02		J0290		11/29/2021	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	11/29/2021	99/99/9999						
70594-0088-01		J0290		11/29/2021	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PHARMACY BULK;USP,PF) 10 GM	1	EA	VL	IV	EA	500	MG	20	11/29/2021	99/99/9999						
70594-0089-02		J0692		11/29/2021	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (SDV,PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	11/29/2021	99/99/9999						
70594-0090-02		J0692		11/29/2021	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (SDV,PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	11/29/2021	99/99/9999						
70594-0111-02		J0132		10/01/2025	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG	ACETYLCYSTEINE SDV 200 MG/1 ML	30	ML	VL	IV	ML	100	MG	2	10/01/2025	99/99/9999						
70594-0112-02		J0675		10/01/2025	99/99/9999	INJECTION, CARBOPROST TROMETHAMINE, 0.1 MG	CARBOPROST TROMETHAMINE SDV 250 MCG/1 ML	1	ML		IM	ML	0.1	MG	2.5	10/01/2025	99/99/9999						
70594-0123-02		J3370		02/01/2024	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL SDV,LYOPHILIZED 1 GM	10	EA		IV	EA	500	MG	2	02/01/2024	06/30/2025						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70594-0123-02		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL SDV,LYOPHILIZED 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
70644-0215-30		J7606		09/10/2024	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE W/PARI LC PLUS NEBULIZER 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	09/10/2024	99/99/9999						
70644-0215-30	KO	J7606	KO	09/10/2024	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE W/PARI LC PLUS NEBULIZER 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	09/10/2024	99/99/9999						
70644-0215-60		J7606		09/10/2024	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE W/PARI LC PLUS NEBULIZER 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	09/10/2024	99/99/9999						
70644-0215-60	KO	J7606	KO	09/10/2024	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE W/PARI LC PLUS NEBULIZER 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	09/10/2024	99/99/9999						
70644-0899-99		J7682		10/01/2016	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN INHALATION SOLUTION PAK (PF) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	10/01/2016	99/99/9999						
70644-0899-99	KO	J7682	KO	10/01/2016	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN INHALATION SOLUTION PAK (PF) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	10/01/2016	99/99/9999						
70655-0002-06		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (PF,LATEX-FREE) 200 MG/100 ML	100	ML	BX	IV	ML	200	MG	0.01	08/31/2018	99/99/9999						
70655-0002-10		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (PF,LATEX-FREE) 200 MG/100 ML	100	ML	BX	IV	ML	200	MG	0.01	08/31/2018	99/99/9999						
70655-0071-25		J2800		04/01/2017	02/28/2019	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	04/01/2017	02/28/2019						
70655-0088-06		J1450		08/31/2018	01/31/2020	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (PF,LATEX-FREE) 400 MG/200 ML	200	ML	BG	IV	ML	200	MG	0.01	08/31/2018	01/31/2020						
70655-0088-10		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (PF,LATEX-FREE) 400 MG/200 ML	200	ML	BG	IV	ML	200	MG	0.01	08/31/2018	99/99/9999						
70655-0099-95		J2700		06/19/2018	06/12/2020	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 1 GM	10	EA	VL	IJ	EA	250	MG	4	06/19/2018	06/12/2020						
70655-0103-95		J2700		01/02/2019	09/01/2023	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 10 GM	10	EA	VL	IV	EA	250	MG	40	01/02/2019	09/01/2023						
70655-0109-95		J2700		06/19/2018	08/01/2022	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 2 GM	10	EA	VL	IJ	EA	250	MG	8	06/19/2018	08/01/2022						
70655-0143-06		J1450		08/31/2018	11/15/2018	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE NOVAPLUS (PF,LATEX-FREE) 200 MG/100 ML	100	ML		IV	ML	200	MG	0.01	08/31/2018	11/15/2018						
70655-0144-06		J1450		08/31/2018	11/15/2018	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE NOVAPLUS (PF,LATEX-FREE) 400 MG/200 ML	200	ML		IV	ML	200	MG	0.01	08/31/2018	11/15/2018						
70700-0167-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (MDV,GLUTEN-FREE) 0.2 MG/1 ML	5	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
70700-0167-25		J7643		08/07/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV,GLUTEN-FREE) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	08/07/2020	12/31/2023						
70700-0167-25	KO	J7643	KO	08/07/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV,GLUTEN-FREE) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	08/07/2020	12/31/2023						
70700-0169-22		J9206		05/15/2020	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV;USP,PF,GLUTEN-FREE) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	05/15/2020	99/99/9999						
70700-0170-22		J9206		06/09/2020	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV;USP,PF,GLUTEN-FREE) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	06/09/2020	99/99/9999						
70700-0171-23		J2710		08/07/2020	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	08/07/2020	99/99/9999						
70700-0172-23		J2710		09/09/2020	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (MDV,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	09/09/2020	99/99/9999						
70700-0173-22		J3260		06/25/2021	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN (PF,LATEX-FREE) 1.2 GM	1	EA	VL	IV	EA	80	MG	15	06/25/2021	99/99/9999						
70700-0173-86		J3260		11/07/2022	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN (PF,LATEX-FREE) 1.2 GM	6	EA	VL	IV	EA	80	MG	15	11/07/2022	99/99/9999						
70700-0174-22		J9171		08/13/2021	07/29/2023	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SD;USP,PF,LATEX-FREE) 10 MG/1 ML	2	ML	CT	IV	ML	1	MG	10	08/13/2021	07/29/2023						
70700-0175-22		J9171		08/13/2021	07/29/2023	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (MDV;USP,PF,LATEX-FREE) 10 MG/1 ML	8	ML	CT	IV	ML	1	MG	10	08/13/2021	07/29/2023						
70700-0176-22		J9171		08/13/2021	07/29/2023	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (MDV;USP,PF,LATEX-FREE) 10 MG/1 ML	16	ML	CT	IV	ML	1	MG	10	08/13/2021	07/29/2023						
70700-0186-23		J9190		08/06/2021	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (10X10ML;SD;USP,PF) 50 MG/1 ML	10	ML	VL	IV	ML	500	MG	0.1	08/06/2021	99/99/9999						
70700-0187-23		J9190		08/06/2021	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (10X20ML;SD;USP,PF) 50 MG/1 ML	20	ML	VL	IV	ML	500	MG	0.1	08/06/2021	99/99/9999						
70700-0188-22		J9190		08/06/2021	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X50ML;USP,PF) 50 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.1	08/06/2021	99/99/9999						
70700-0189-22		J9190		08/06/2021	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X100ML;USP,PF) 50 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.1	08/06/2021	99/99/9999						
70700-0273-22		J1380		05/02/2023	99/99/9999	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	ESTRADIOL VALERATE (MDV,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IM	ML	10	MG	1	05/02/2023	99/99/9999						
70700-0286-22		J2675		05/02/2022	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MDV,LATEX-FREE) 50 MG/1 ML	10	ML	VL	IM	ML	50	MG	1	05/02/2022	99/99/9999						
70700-0288-22		J1071		04/17/2023	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP,MDV,LATEX-FREE) 100 MG/1 ML	10	ML	VL	IM	ML	1	MG	100	04/17/2023	99/99/9999						
70700-0289-22		J1071		04/17/2023	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP, SDV,LATEX-FREE) 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	04/17/2023	99/99/9999						
70700-0290-22		J1071		04/22/2024	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (MDV,LATEX-FREE) 200 MG/1 ML	10	ML	VL	IM	ML	1	MG	200	04/22/2024	99/99/9999						
70700-0315-25		J1050		03/31/2025	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE SDV;USP 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	03/31/2025	99/99/9999						
70700-0315-27		J1050		03/31/2025	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE USP 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	03/31/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70700-0327-98		J3490		03/21/2024	99/99/9999	UNCLASSIFIED DRUGS	GANIRELIX ACETATE (SD PFS,PF,LATEX-FREE) 250 MCG/0.5 ML	0.5	ML		SC	ML	1	EA	1	03/21/2024	99/99/9999						
70700-0902-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE NOVAPLUS (25X5ML;MDV;USP) 0.2 MG/1 ML	5	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
70700-0902-25		J7643		11/05/2021	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE NOVAPLUS (25X5ML;MDV;USP) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	11/05/2021	12/31/2023						
70700-0902-25	KO	J7643	KO	11/05/2021	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE NOVAPLUS (25X5ML;MDV;USP) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	11/05/2021	12/31/2023						
70700-0903-23		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE NOVAPLUS (10X20ML;MDV;USP) 0.2 MG/1 ML	20	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
70700-0903-23		J7643		11/05/2021	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE NOVAPLUS (10X20ML;MDV;USP) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	11/05/2021	12/31/2023						
70700-0903-23	KO	J7643	KO	11/05/2021	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE NOVAPLUS (10X20ML;MDV;USP) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	11/05/2021	12/31/2023						
70710-1130-01		Q0161		02/11/2020	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (FILM-COATED) 25 MG	100	EA	BO	PO	EA	5	MG	5	02/11/2020	99/99/9999						
70710-1364-03		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 100 MG-150 MG	30	EA		PO	EA	200	MG	0.5	01/02/2024	99/99/9999						
70710-1365-03		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 133 MG-200 MG	30	EA		PO	EA	200	MG	0.666	01/02/2024	99/99/9999						
70710-1366-03		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 167 MG-250 MG	30	EA		PO	EA	200	MG	0.834	01/02/2024	99/99/9999						
70710-1367-03		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 200 MG-300 MG	30	EA	BO	PO	EA	200	MG	1	01/02/2024	99/99/9999						
70710-1377-01		J0330		07/18/2018	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV, INNER PACK,STERILE) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	07/18/2018	99/99/9999						
70710-1377-02		J0330		07/18/2018	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV,STERILE) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	07/18/2018	99/99/9999						
70710-1411-01		J9041		01/01/2023	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB (SDV,LATEX-FREE) 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	01/01/2023	99/99/9999						
70710-1411-01		J9044		05/02/2022	12/31/2022	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	BORTEZOMIB (SDV,LATEX-FREE) 3.5 MG	1	EA	VL	IJ	EA	0.1	MG	35	05/02/2022	12/31/2022						
70710-1457-01		Q0144		08/28/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 100 MG/5 ML	15	ML		PO	ML	1	GM	0.02	08/28/2018	99/99/9999						
70710-1458-02		Q0144		08/28/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	15	ML		PO	ML	1	GM	0.04	08/28/2018	99/99/9999						
70710-1459-02		Q0144		08/28/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	22.5	ML		PO	ML	1	GM	0.04	08/28/2018	99/99/9999						
70710-1460-02		Q0144		08/28/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	30	ML		PO	ML	1	GM	0.04	08/28/2018	99/99/9999						
70710-1461-06		J1631		01/13/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (S.D.V.,LATEX-FREE) 50 MG/1 ML	1	ML	VL	IM	ML	50	MG	1	01/13/2020	99/99/9999						
70710-1461-09		J1631		01/13/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (S.D.V.,LATEX-FREE) 50 MG/1 ML	1	ML	VL	IM	ML	50	MG	1	01/13/2020	99/99/9999						
70710-1462-01		J1631		01/13/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV,LATEX-FREE) 50 MG/1 ML	5	ML	VL	IM	ML	50	MG	1	01/13/2020	99/99/9999						
70710-1463-01		J1631		01/13/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	01/13/2020	99/99/9999						
70710-1463-05		J1631		01/13/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	01/13/2020	99/99/9999						
70710-1464-01		J1631		01/13/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV,LATEX-FREE) 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	01/13/2020	99/99/9999						
70710-1464-05		J1631		01/13/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV,LATEX-FREE) 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	01/13/2020	99/99/9999						
70710-1478-01		J1451		12/07/2018	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	FOMEPIZOLE (1X1.5ML;PF) 1 GM/1 ML	1.5	ML	VL	IV	ML	15	MG	66.66666	12/07/2018	99/99/9999						
70710-1514-06		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	01/13/2020	99/99/9999						
70710-1514-09		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	01/13/2020	99/99/9999						
70710-1515-06		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG	25	01/13/2020	99/99/9999						
70710-1515-09		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG	25	01/13/2020	99/99/9999						
70710-1516-06		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	01/13/2020	99/99/9999						
70710-1516-09		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	01/13/2020	99/99/9999						
70710-1517-06		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	01/13/2020	99/99/9999						
70710-1517-09		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	01/13/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70710-1525-09		J9050		09/14/2018	99/99/9999	INJECTION, CARMUSTINE, 100 MG	CARMUSTINE (LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	100	MG	1	09/14/2018	99/99/9999						
70710-1530-01		Q2050		09/29/2020	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	09/29/2020	99/99/9999						
70710-1531-01		Q2050		09/29/2020	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	09/29/2020	99/99/9999						
70710-1550-01		J2780		07/10/2019	04/02/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (PHARMACY BULK PACKAGE) 25 MG/1 ML	40	ML	VL	IJ	ML	25	MG	1	07/10/2019	04/02/2020						
70710-1610-06		J9017		09/16/2019	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (PF,LATEX-FREE) 2 MG/1 ML	6	ML	VL	IV	ML	1	MG	2	09/16/2019	99/99/9999						
70710-1654-01		J9305		05/26/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	10	MG	10	05/26/2022	99/99/9999						
70710-1655-01		J9305		05/26/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	10	MG	50	05/26/2022	99/99/9999						
70710-1663-07		J3420		08/30/2022	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	08/30/2022	99/99/9999						
70710-1664-06		J3420		08/30/2022	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	10	ML	VL	IJ	ML	1000	MCG	1	08/30/2022	99/99/9999						
70710-1664-07		J3420		08/30/2022	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	10	ML	VL	IJ	ML	1000	MCG	1	08/30/2022	99/99/9999						
70710-1665-01		J3420		08/30/2022	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	30	ML	VL	IJ	ML	1000	MCG	1	08/30/2022	99/99/9999						
70710-1665-05		J3420		08/30/2022	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	30	ML	VL	IJ	ML	1000	MCG	1	08/30/2022	99/99/9999						
70710-1667-01		Q0164		08/16/2022	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP,FILM-COATED) 5 MG	100	EA	BO	PO	EA	5	MG	1	08/16/2022	99/99/9999						
70710-1668-01		Q0164		08/16/2022	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP,FILM-COATED) 10 MG	100	EA	BO	PO	EA	5	MG	2	08/16/2022	99/99/9999						
70710-1724-06		J2248		11/28/2023	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (SDV,PF,LYOPHILIZED) 50 MG	10	EA		IV	EA	1	MG	50	11/28/2023	99/99/9999						
70710-1725-01		J2248		11/28/2023	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM SDV,LYOPHILIZED 100 MG	1	EA	VL	IV	EA	1	MG	100	11/28/2023	99/99/9999						
70710-1725-06		J2248		11/28/2023	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (SDV,PF,LYOPHILIZED) 100 MG	10	EA		IV	EA	1	MG	100	11/28/2023	99/99/9999						
70710-1726-01		J9261		11/19/2021	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE (1X50ML;SD,LATEX-FREE) 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	11/19/2021	99/99/9999						
70710-1726-08		J9261		11/19/2021	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE (6X50ML;SD,LATEX-FREE) 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	11/19/2021	99/99/9999						
70710-1757-06		J1650		07/23/2021	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.3ML,SINGLE-DOSE,PF) 30 MG/0.3 ML	0.3	ML	SR	SC	ML	10	MG	10	07/23/2021	99/99/9999						
70710-1758-06		J1650		07/23/2021	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.4ML;SINGLE DOSE,PF) 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	07/23/2021	99/99/9999						
70710-1759-06		J1650		07/23/2021	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.6ML,SINGLE-DOSE,PF) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	07/23/2021	99/99/9999						
70710-1760-06		J1650		07/23/2021	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.8ML,SINGLE-DOSE,PF) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	07/23/2021	99/99/9999						
70710-1761-06		J1650		07/23/2021	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE-DOSE,PF) 100 MG/1 ML	1	ML	SR	SC	ML	10	MG	10	07/23/2021	99/99/9999						
70710-1762-06		J1650		07/23/2021	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.8ML;SINGLE-DOSE,PF) 120 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	15	07/23/2021	99/99/9999						
70710-1763-06		J1650		07/23/2021	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE-DOSE,PF) 150 MG/1 ML	1	ML	SR	SC	ML	10	MG	15	07/23/2021	99/99/9999						
70710-1833-01		J0650		02/06/2025	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	LEVOTHYROXINE SODIUM LYOPHILIZED 100 MCG	1	EA	VL	IV	EA	10	MCG	10	02/06/2025	99/99/9999						
70710-1834-01		J0650		02/06/2025	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	LEVOTHYROXINE SODIUM LYOPHILIZED 200 MCG	1	EA	VL	IV	EA	10	MCG	20	02/06/2025	99/99/9999						
70710-1835-01		J0650		02/06/2025	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	LEVOTHYROXINE SODIUM LYOPHILIZED 500 MCG	1	EA	VL	IV	EA	10	MCG	50	02/06/2025	99/99/9999						
70710-1839-01		J9261		07/15/2022	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE NOVAPLUS (1X50ML;SD,PF,LATEX-FREE) 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	07/15/2022	99/99/9999						
70710-1839-08		J9261		07/15/2022	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE NOVAPLUS (6X50ML;SD,PF,LATEX-FREE) 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	07/15/2022	99/99/9999						
70710-1849-07		J3230		04/08/2024	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (SDV) 25 MG/1 ML	1	ML	VL	IJ	ML	50	MG	0.5	04/08/2024	99/99/9999						
70710-1850-07		J3230		04/08/2024	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (SDV) 25 MG/1 ML	2	ML	VL	IJ	ML	50	MG	0.5	04/08/2024	99/99/9999						
70710-1895-06		J9017		04/24/2023	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE NOVAPLUS (PF,LATEX-FREE) 1 MG/1 ML	10	ML		IV	ML	1	MG	1	04/24/2023	99/99/9999						
70710-1896-06		J9017		04/24/2023	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE NOVAPLUS (PF,LATEX-FREE) 2 MG/1 ML	6	ML		IV	ML	1	MG	2	04/24/2023	99/99/9999						
70710-1988-07		J0360		09/11/2025	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL 20 MG/1 ML	1	ML	VL	IJ	ML	20	MG	1	09/11/2025	99/99/9999						
70710-2091-03		J9174		10/13/2025	99/99/9999	INJECTION, DOCETAXEL (BEIZRAY), 1 MG	BEIZRAY 80MG KIT 25%; 20 MG/1 ML	54	ML		IV	ML	1	MG	20	10/13/2025	99/99/9999						
70710-2093-04		J9174		10/13/2025	99/99/9999	INJECTION, DOCETAXEL (BEIZRAY), 1 MG	BEIZRAY 160MG KIT 25%; 20 MG/1 ML	58	ML		IV	ML	1	MG	20	10/13/2025	99/99/9999						
70720-0101-02		J8670		11/01/2019	99/99/9999	ROLAPITANT, ORAL, 1 MG	VARUBI (CONTAINS 2 TABLETS) 90 MG	2	EA	DP	PO	EA	1	MG	90	11/01/2019	99/99/9999						
70720-0720-10		J2278		12/02/2019	99/99/9999	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X1ML,SINGLE-USE VIAL) 100 MCG/1 ML	1	ML	VL	IN	ML	1	MCG	100	12/02/2019	99/99/9999						
70720-0722-10		J2278		12/02/2019	99/99/9999	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X5ML,SINGLE-USE VIAL) 100 MCG/1 ML	5	ML	VL	IN	ML	1	MCG	100	12/02/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70720-0723-10		J2278		10/09/2019	99/99/9999	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X20ML,SINGLE-USE VIAL) 25 MCG/1 ML	20	ML	VL	IN	ML	1	MCG	25	10/09/2019	99/99/9999						
70720-0950-36		J9202		04/06/2018	99/99/9999	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	ZOLADEX (SAFESYSTEM SRN) 3.6 MG	1	EA	SR	SC	EA	3.6	MG	1	04/06/2018	99/99/9999						
70720-0951-30		J9202		02/02/2018	99/99/9999	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	ZOLADEX (SAFESYSTEM SRN) 10.8 MG	1	EA	SR	SC	EA	3.6	MG	3	02/02/2018	99/99/9999						
70748-0175-30		J7605		05/18/2022	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	05/18/2022	99/99/9999						
70748-0175-30	KO	J7605	KO	05/18/2022	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	05/18/2022	99/99/9999						
70748-0175-60		J7605		05/18/2022	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (60X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	05/18/2022	99/99/9999						
70748-0175-60	KO	J7605	KO	05/18/2022	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (60X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	05/18/2022	99/99/9999						
70748-0186-01		J7517		09/16/2019	07/31/2024	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	09/16/2019	07/31/2024						
70748-0186-02		J7517		09/16/2019	12/30/2023	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	BO	PO	EA	250	MG	1	09/16/2019	12/30/2023						
70748-0217-16		J7518		04/01/2020	06/22/2023	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 180 MG	120	EA	BO	PO	EA	180	MG	1	04/01/2020	06/22/2023						
70748-0218-16		J7518		04/01/2020	06/22/2023	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	04/01/2020	06/22/2023						
70748-0219-01		J7507		11/16/2020	08/04/2022	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	11/16/2020	08/04/2022						
70748-0220-01		J7507		11/16/2020	08/04/2022	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP) 1 MG	100	EA	BO	PO	EA	1	MG	1	11/16/2020	08/04/2022						
70748-0221-01		J7507		11/16/2020	08/04/2022	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP) 5 MG	100	EA	BO	PO	EA	1	MG	5	11/16/2020	08/04/2022						
70748-0257-30		J7605		06/01/2021	12/21/2022	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	06/01/2021	12/21/2022						
70748-0257-30	KO	J7605	KO	06/01/2021	12/21/2022	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	06/01/2021	12/21/2022						
70748-0257-60		J7605		06/01/2021	12/21/2022	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (60X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	06/01/2021	12/21/2022						
70748-0257-60	KO	J7605	KO	06/01/2021	12/21/2022	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (60X2ML) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	06/01/2021	12/21/2022						
70748-0261-30		J7606		11/16/2022	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (30X2ML) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	11/16/2022	99/99/9999						
70748-0261-30	KO	J7606	KO	11/16/2022	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (30X2ML) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	11/16/2022	99/99/9999						
70748-0261-60		J7606		11/16/2022	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (60X2ML) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	11/16/2022	99/99/9999						
70748-0261-60	KO	J7606	KO	11/16/2022	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (60X2ML) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	11/16/2022	99/99/9999						
70748-0262-01		J7517		11/30/2020	08/31/2022	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	11/30/2020	08/31/2022						
70748-0262-02		J7517		11/30/2020	10/31/2022	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	500	EA	BO	PO	EA	250	MG	2	11/30/2020	10/31/2022						
70748-0274-01		J3490		01/24/2024	99/99/9999	UNCLASSIFIED DRUGS	GANIRELIX ACETATE (LATEX-FREE) 250 MCG/0.5 ML	0.5	ML		SC	ML	1	EA	1	01/24/2024	99/99/9999						
70748-0311-01		J1610		07/31/2025	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT W/DILUENT SYRINGE,LYOPHILIZED 1 MG	1	EA		IJ	EA	1	MG	1	07/31/2025	99/99/9999						
70748-0323-10		J1939		11/07/2024	99/99/9999	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE SDV 0.25 MG/1 ML	4	ML	VL	IJ	ML	0.5	MG	0.5	11/07/2024	99/99/9999						
70748-0323-11		J1939		11/07/2024	99/99/9999	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE MDV 0.25 MG/1 ML	10	ML	VL	IJ	ML	0.5	MG	0.5	11/07/2024	99/99/9999						
70748-0338-10		J1271		04/01/2025	99/99/9999	INJECTION, DOXYCYCLINE HYCLATE, 1 MG	DOXYCYCLINE SDV,LYOPHILIZED 100 MG	10	EA		IV	EA	1	MG	100	04/01/2025	99/99/9999						
70748-0338-10		J3490		05/22/2024	03/31/2025	UNCLASSIFIED DRUGS	DOXYCYCLINE (SDV,PF,LYOPHILIZED) 100 MG	10	EA		IV	EA	1	EA	1	05/22/2024	03/31/2025						
70748-0339-01		Q2050		08/01/2024	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME (SDV) 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	08/01/2024	99/99/9999						
70748-0340-01		Q2050		08/01/2024	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME (SDV) 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	08/01/2024	99/99/9999						
70748-0347-02		J3411		06/01/2023	12/31/2024	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (MDV) 100 MG/1 ML	2	ML	VL	IJ	ML	100	MG	1	06/01/2023	12/31/2024						
70752-0138-12		Q0169		06/12/2021	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL (FRUIT) 6.25 MG/5 ML	473	ML		PO	ML	12.5	MG	0.1	06/12/2021	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70756-0604-56		J7682		07/14/2023	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (14X4,PF,LATEX-FREE) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	07/14/2023	99/99/9999						
70756-0604-56	KO	J7682	KO	07/14/2023	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (14X4,PF,LATEX-FREE) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	07/14/2023	99/99/9999						
70756-0608-60		J7606		04/03/2023	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (15X4,PF,LATEX-FREE) 20 MCG/2 ML	2	ML		IH	ML	20	MCG	0.5	04/03/2023	99/99/9999						
70756-0608-60	KO	J7606	KO	04/03/2023	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (15X4,PF,LATEX-FREE) 20 MCG/2 ML	2	ML		IH	ML	20	MCG	0.5	04/03/2023	99/99/9999						
70756-0608-70		J7606		04/03/2023	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (PF,LATEX-FREE) 20 MCG/2 ML	2	ML		IH	ML	20	MCG	0.5	04/03/2023	99/99/9999						
70756-0608-70	KO	J7606	KO	04/03/2023	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (PF,LATEX-FREE) 20 MCG/2 ML	2	ML		IH	ML	20	MCG	0.5	04/03/2023	99/99/9999						
70756-0612-60		J7605		01/11/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML		IH	ML	15	MCG	0.5	01/11/2023	99/99/9999						
70756-0612-60	KO	J7605	KO	01/11/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML		IH	ML	15	MCG	0.5	01/11/2023	99/99/9999						
70756-0612-70		J7605		01/11/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML		IH	ML	15	MCG	0.5	01/11/2023	99/99/9999						
70756-0612-70	KO	J7605	KO	01/11/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML		IH	ML	15	MCG	0.5	01/11/2023	99/99/9999						
70756-0615-10		J1631		07/26/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 50 MG/1 ML	1	ML		IM	ML	50	MG	1	07/26/2023	99/99/9999						
70756-0615-81		J1631		07/26/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 50 MG/1 ML	1	ML		IM	ML	50	MG	1	07/26/2023	99/99/9999						
70756-0616-10		J1631		07/26/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1	ML		IM	ML	50	MG	2	07/26/2023	99/99/9999						
70756-0616-81		J1631		07/26/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1	ML		IM	ML	50	MG	2	07/26/2023	99/99/9999						
70756-0617-56		J7682		09/22/2022	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (SINGLE DOSE) 300 MG/4 ML	4	ML		IH	ML	300	MG	0.25	09/22/2022	99/99/9999						
70756-0617-56	KO	J7682	KO	09/22/2022	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (SINGLE DOSE) 300 MG/4 ML	4	ML		IH	ML	300	MG	0.25	09/22/2022	99/99/9999						
70756-0624-85		J1631		07/26/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV,LATEX-FREE) 50 MG/1 ML	5	ML		IM	ML	50	MG	1	07/26/2023	99/99/9999						
70756-0625-05		J1631		05/23/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV,LATEX-FREE) 100 MG/1 ML	5	ML		IM	ML	50	MG	2	05/23/2023	99/99/9999						
70756-0625-10		J1631		05/23/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV,LATEX-FREE) 100 MG/1 ML	5	ML		IM	ML	50	MG	2	05/23/2023	99/99/9999						
70756-0625-85		J1631		07/26/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV,LATEX-FREE) 100 MG/1 ML	5	ML		IM	ML	50	MG	2	07/26/2023	99/99/9999						
70756-0635-25		J3420		07/01/2024	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (MDV) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	07/01/2024	99/99/9999						
70756-0635-81		J3420		07/01/2024	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN MDV 1000 MCG/1 ML	1	ML		IJ	ML	1000	MCG	1	07/01/2024	99/99/9999						
70756-0640-25		J2001		10/26/2023	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SDV,PF) 1%	2	ML		IJ	ML	10	MG	1	10/26/2023	09/30/2024						
70756-0640-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (SDV,PF) 1%	2	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
70756-0641-25		J2001		10/26/2023	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SDV,PF) 1%	5	ML	VL	IJ	ML	10	MG	1	10/26/2023	09/30/2024						
70756-0641-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (SDV,PF) 1%	5	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
70756-0642-25		J2001		10/26/2023	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SDV,PF,LATEX-FREE) 2%	2	ML	VL	IJ	ML	10	MG	2	10/26/2023	09/30/2024						
70756-0642-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (SDV,PF,LATEX-FREE) 2%	2	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
70756-0643-25		J2001		10/26/2023	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SDV,PF,LATEX-FREE) 2%	5	ML	VL	IJ	ML	10	MG	2	10/26/2023	09/30/2024						
70756-0643-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (SDV,PF,LATEX-FREE) 2%	5	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
70756-0644-25		J2001		11/27/2023	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (MDV) 1%	2	ML		IJ	ML	10	MG	1	11/27/2023	09/30/2024						
70756-0644-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (MDV) 1%	2	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
70756-0645-25		J2001		11/27/2023	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (MDV) 1%	10	ML		IJ	ML	10	MG	1	11/27/2023	09/30/2024						
70756-0645-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (MDV) 1%	10	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
70756-0646-25		J2001		11/27/2023	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (MDV) 1%	20	ML		IJ	ML	10	MG	1	11/27/2023	09/30/2024						
70756-0646-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (MDV) 1%	20	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70756-0647-25		J2001		11/27/2023	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL 2%	10	ML		U	ML	10	MG	2	11/27/2023	09/30/2024						
70756-0647-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 2%	10	ML		U	ML	1	MG	20	10/01/2024	99/99/9999						
70756-0648-25		J2001		11/27/2023	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL 2%	20	ML		U	ML	10	MG	2	11/27/2023	09/30/2024						
70756-0648-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL 2%	20	ML		U	ML	1	MG	20	10/01/2024	99/99/9999						
70756-0658-10		J2310		04/08/2024	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (SDV,PF,PARABEN-FREE) 0.4 MG/1 ML	1	ML	VL	U	ML	1	MG	0.4	04/08/2024	06/30/2025						
70756-0658-10		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL SDV 0.4 MG/1 ML	1	ML		U	ML	0.01	MG	40	07/01/2025	99/99/9999						
70756-0658-25		J2310		04/08/2024	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (SDV,PF,PARABEN-FREE) 0.4 MG/1 ML	1	ML	VL	U	ML	1	MG	0.4	04/08/2024	06/30/2025						
70756-0658-25		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL SDV 0.4 MG/1 ML	1	ML		U	ML	0.01	MG	40	07/01/2025	99/99/9999						
70756-0815-60		None		05/15/2023	09/30/2024	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	05/15/2023	09/30/2024	10/13/2020	01/31/2022				
70756-0815-60		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 150 MG	60	EA		PO	EA	50	MG	3	01/01/2025	99/99/9999						
70756-0816-22		None		05/15/2023	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	05/15/2023	09/30/2024	10/13/2020	01/31/2022				
70756-0816-22		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 500 MG	120	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
70801-0003-01		J3304		01/01/2019	03/31/2023	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	ZILRETTA (W/DILUENT) 32 MG	1	EA	VL	U	EA	1	MG	32	01/01/2019	03/31/2023						
70801-0003-01		Q9993		07/01/2018	12/31/2018	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	ZILRETTA (W/DILUENT) 32 MG	1	EA	VL	U	EA	1	MG	32	07/01/2018	12/31/2018						
70842-0140-03		J2407		06/25/2018	99/99/9999	INJECTION, ORITAVANCIN, 10 MG	ORBACTIV (PF,LYOPHILIZED) 400 MG	3	EA	VL	IV	EA	10	MG	40	06/25/2018	99/99/9999						
70842-0160-10		J2265		08/24/2018	99/99/9999	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	MINOCIN (LYOPHILIZED) 100 MG	10	EA	VL	IV	EA	1	MG	100	08/24/2018	99/99/9999						
70842-0240-01		J0349		10/01/2023	99/99/9999	INJECTION, REZAFUNGIN, 1 MG	REZZAYO (LATEX-FREE) 200 MG	1	EA		IV	EA	1	MG	200	07/17/2023	99/99/9999						
70860-0100-10		J0456		02/01/2017	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (SDV,LYOPHILIZED) 500 MG	10	EA	VL	IV	EA	500	MG	1	02/01/2017	99/99/9999						
70860-0104-10		J3370		02/01/2017	08/10/2023	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF) 500 MG	10	EA	VL	IV	EA	500	MG	1	02/01/2017	08/10/2023						
70860-0105-20		J3370		02/01/2017	08/10/2023	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	02/01/2017	08/10/2023						
70860-0106-10		J0637		03/01/2018	04/15/2025	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	5	MG	10	03/01/2018	04/15/2025						
70860-0107-10		J0637		03/01/2018	08/10/2023	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LATEX-FREE) 70 MG	1	EA	VL	IV	EA	5	MG	14	03/01/2018	08/10/2023						
70860-0112-15		J0290		08/01/2018	08/10/2023	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 250 MG	10	EA	VL	U	EA	500	MG	0.5	08/01/2018	08/10/2023						
70860-0113-15		J0290		08/01/2018	08/10/2023	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	U	EA	500	MG	1	08/01/2018	08/10/2023						
70860-0114-15		J0290		08/01/2018	08/10/2023	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 1 GM	10	EA	VL	U	EA	500	MG	2	08/01/2018	08/10/2023						
70860-0115-26		J0290		07/31/2018	08/10/2023	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	U	EA	500	MG	4	07/31/2018	08/10/2023						
70860-0116-26		J3490		07/31/2018	08/10/2023	UNCLASSIFIED DRUGS	NAFCILLIN (PF,LATEX-FREE) 1 GM	10	EA	VL	U	EA	1	EA	1	07/31/2018	08/10/2023						
70860-0117-26		J3490		07/31/2018	08/10/2023	UNCLASSIFIED DRUGS	NAFCILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	U	EA	1	EA	1	07/31/2018	08/10/2023						
70860-0118-99		J0290		06/25/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PHARMACY BULK,USP,PF) 10 GM	1	EA	VL	U	EA	500	MG	20	06/25/2018	99/99/9999						
70860-0119-99		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN 10 GM	1	EA		IV	EA	20	MG	500	01/01/2025	99/99/9999						
70860-0119-99		J3490		10/02/2018	12/31/2024	UNCLASSIFIED DRUGS	NAFCILLIN (PF,LATEX-FREE) 10 GM	1	EA	VL	IV	EA	1	EA	1	10/02/2018	12/31/2024						
70860-0120-20		J2543		05/01/2019	08/10/2023	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (10X2.25GM,PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	CT	IV	EA	1.125	GM	2	05/01/2019	08/10/2023						
70860-0121-30		J2543		05/01/2019	08/10/2023	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (10X3.375GM,PF) 3 GM-0.375 GM	10	EA	CT	IV	EA	1.125	GM	3	05/01/2019	08/10/2023						
70860-0122-50		J2543		05/01/2019	08/10/2023	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (10X4.5GM,PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	CT	IV	EA	1.125	GM	4	05/01/2019	08/10/2023						
70860-0123-99		J2543		05/01/2019	08/10/2023	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PHARMACY BULK PACKAGE) 36 GM-4.5 GM	1	EA	BO	IV	EA	1.125	GM	36	05/01/2019	08/10/2023						
70860-0125-66		J0456		12/05/2019	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN NOVAPLUS (PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500	MG	1	12/05/2019	99/99/9999						
70860-0200-05		J9267		06/29/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	06/29/2017	99/99/9999						
70860-0200-17		J9267		06/29/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	06/29/2017	99/99/9999						
70860-0200-50		J9267		06/29/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	06/29/2017	99/99/9999						
70860-0201-10		J9263		06/29/2017	08/10/2023	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (MDV,PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	06/29/2017	08/10/2023						
70860-0201-20		J9263		06/29/2017	08/10/2023	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (MDV,PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	06/29/2017	08/10/2023						
70860-0205-50		J9201		10/11/2017	04/15/2025	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (SDV, USP,PF,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	200	MG	5	10/11/2017	04/15/2025						
70860-0206-50		J9060		09/15/2017	08/10/2023	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	09/15/2017	08/10/2023						
70860-0206-51		J9060		09/15/2017	08/10/2023	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (PF,LATEX-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.1	09/15/2017	08/10/2023						
70860-0208-05		J9000		12/15/2017	08/10/2023	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,SDV,PF,LATEX-FREE) 2 MG/1 ML	5	ML	VL	IV	ML	10	MG	0.2	12/15/2017	08/10/2023						
70860-0208-25		J9000		12/15/2017	08/10/2023	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,SDV,PF,LATEX-FREE) 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	12/15/2017	08/10/2023						
70860-0208-51		J9000		12/15/2017	08/10/2023	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,SDV,PF,LATEX-FREE) 2 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.2	12/15/2017	08/10/2023						
70860-0209-10		J9209		01/10/2018	08/10/2023	INJECTION, MESNA, 200 MG	MESNA 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	01/10/2018	08/10/2023						
70860-0210-51		J3489		05/10/2019	09/30/2024	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (PF,LATEX-FREE) 4 MG/100 ML	100	ML	VL	IV	ML	1	MG	0.04	05/10/2019	09/30/2024						
70860-0214-61		J9245		08/08/2019	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 50 MG	MELPHALAN HYDROCHLORIDE (W/10ML DILUENT,PF) 50 MG	1	EA	VL	IV	EA	50	MG	1	08/08/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70860-0215-68		J9267		12/06/2019	04/30/2024	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL NOVAPLUS (PF,LATEX-FREE) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	12/06/2019	04/30/2024						
70860-0216-10		J0594		03/19/2019	08/10/2023	INJECTION, BUSULFAN, 1 MG	BUSULFAN (PF,LATEX-FREE) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	03/19/2019	08/10/2023						
70860-0217-10		J9017		01/21/2021	08/10/2023	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	01/21/2021	08/10/2023						
70860-0218-03		J9070		01/01/2021	08/10/2023	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (MDV,PF,LATEX-FREE) 200 MG/1 ML	2.5	ML	VL	IV	ML	100	MG	2	01/01/2021	08/10/2023						
70860-0218-05		J9070		01/01/2021	08/10/2023	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (MDV,PF,LATEX-FREE) 200 MG/1 ML	5	ML	VL	IV	ML	100	MG	2	01/01/2021	08/10/2023						
70860-0219-20		J0894		11/01/2021	04/15/2025	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	1	MG	50	11/01/2021	04/15/2025						
70860-0302-02		J1938		04/01/2025	04/15/2025	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE USP 10 MG/1 ML	2	ML		IJ	ML	1	MG	10	04/01/2025	04/15/2025						
70860-0302-02		J1940		10/01/2021	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,PF,LATEX-FREE) 10 MG/1 ML	2	ML	VL	IJ	ML	20	MG	0.5	10/01/2021	03/31/2025						
70860-0302-04		J1938		04/01/2025	04/15/2025	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE USP 10 MG/1 ML	4	ML		IJ	ML	1	MG	10	04/01/2025	04/15/2025						
70860-0302-04		J1940		10/01/2021	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,PF,LATEX-FREE) 10 MG/1 ML	4	ML	VL	IJ	ML	20	MG	0.5	10/01/2021	03/31/2025						
70860-0302-10		J1938		04/01/2025	04/15/2025	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE USP 10 MG/1 ML	10	ML		IJ	ML	1	MG	10	04/01/2025	04/15/2025						
70860-0302-10		J1940		10/01/2021	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,PF,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IJ	ML	20	MG	0.5	10/01/2021	03/31/2025						
70860-0402-10		J0583		01/01/2020	08/10/2023	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (PF,LATEX-FREE) 250 MG	10	EA	VL	IV	EA	1	MG	250	01/01/2020	08/10/2023						
70860-0405-04		J1939		01/01/2024	04/15/2025	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE (SDV,LATEX-FREE) 0.25 MG/1 ML	4	ML		IJ	ML	0.5	MG	0.5	01/01/2024	04/15/2025						
70860-0405-04		J3490		02/08/2022	12/31/2023	UNCLASSIFIED DRUGS	BUMETANIDE (SDV,LATEX-FREE) 0.25 MG/1 ML	4	ML	VL	IJ	ML	1	EA	1	02/08/2022	12/31/2023						
70860-0406-10		J1939		01/01/2024	04/15/2025	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE (MDV,LATEX-FREE) 0.25 MG/1 ML	10	ML		IJ	ML	0.5	MG	0.5	01/01/2024	04/15/2025						
70860-0406-10		J3490		02/01/2022	12/31/2023	UNCLASSIFIED DRUGS	BUMETANIDE (SDV,LATEX-FREE) 0.25 MG/1 ML	10	ML	VL	IJ	ML	1	EA	1	02/01/2022	12/31/2023						
70860-0451-10		J0650		04/01/2024	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	LEVOTHYROXINE SODIUM (PF,LATEX-FREE) 100 MCG	1	EA		IV	EA	10	MCG	10	04/01/2024	99/99/9999						
70860-0452-10		J0650		04/01/2024	04/30/2024	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	LEVOTHYROXINE SODIUM (PF,LATEX-FREE) 200 MCG	1	EA		IV	EA	10	MCG	20	04/01/2024	04/30/2024						
70860-0453-10		J0650		04/01/2024	08/31/2024	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	LEVOTHYROXINE SODIUM (PF,LATEX-FREE) 500 MCG	1	EA		IV	EA	10	MCG	50	04/01/2024	08/31/2024						
70860-0454-01		J2597		01/04/2021	08/10/2023	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (10X1ML;USP;SDV) 4 MCG/1 ML	1	ML	VL	IJ	ML	1	MCG	4	01/04/2021	08/10/2023						
70860-0454-10		J2597		01/04/2021	08/10/2023	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (1X10ML;MDV,LATEX-FREE) 4 MCG/1 ML	10	ML	VL	IJ	ML	1	MCG	4	01/04/2021	08/10/2023						
70860-0600-02		J2250		02/01/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV) 1 MG/1 ML	2	ML	VL	IJ	ML	1	MG	1	02/01/2017	99/99/9999						
70860-0601-05		J2250		02/01/2017	08/10/2023	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (MDV) 5 MG/1 ML	5	ML	VL	IJ	ML	1	MG	5	02/01/2017	08/10/2023						
70860-0601-10		J2250		02/01/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (MDV) 5 MG/1 ML	10	ML	VL	IJ	ML	1	MG	5	02/01/2017	99/99/9999						
70860-0602-82		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (PF,LATEX-FREE) 500 MG/100 ML-0.82%	100	ML	BG	IV	ML	10	MG	0.5	06/13/2018	99/99/9999						
70860-0603-82		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (PF,LATEX-FREE) 1000 MG/100 ML-0.75%	100	ML	BG	IV	ML	10	MG	1	06/13/2018	99/99/9999						
70860-0604-82		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (PF,LATEX-FREE) 1500 MG/100 ML-0.54%	100	ML	BG	IV	ML	10	MG	1.5	06/13/2018	99/99/9999						
70860-0653-10		J2800		01/02/2019	08/10/2023	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (PF,LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	01/02/2019	08/10/2023						
70860-0700-01		J1885		07/01/2017	08/10/2023	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	07/01/2017	08/10/2023						
70860-0700-02		J1885		03/01/2018	08/10/2023	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	03/01/2018	08/10/2023						
70860-0701-01		J1885		07/01/2017	08/10/2023	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	07/01/2017	08/10/2023						
70860-0701-02		J1885		07/01/2017	08/10/2023	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 30 MG/1 ML	2	ML	VL	IM	ML	15	MG	2	07/01/2017	08/10/2023						
70860-0701-03		J1885		03/01/2018	08/10/2023	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 30 MG/1 ML	1	ML	VL	IM	ML	15	MG	2	03/01/2018	08/10/2023						
70860-0701-04		J1885		03/01/2018	08/10/2023	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 30 MG/1 ML	2	ML	VL	IM	ML	15	MG	2	03/01/2018	08/10/2023						
70860-0751-02		J1308		04/01/2025	99/99/9999	INJECTION, FAMOTIDINE, 0.25 MG	FAMOTIDINE SDV 10 MG/1 ML	2	ML		IV	ML	0.25	MG	40	04/01/2025	99/99/9999						
70860-0751-02		J3490		12/07/2020	03/31/2025	UNCLASSIFIED DRUGS	FAMOTIDINE (SDV,PF,LATEX-FREE) 10 MG/1 ML	2	ML	VL	IV	ML	1	EA	1	12/07/2020	03/31/2025						
70860-0753-20		J3490		12/07/2020	09/30/2022	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.,LATEX-FREE) 10 MG/1 ML	20	ML	VL	IV	ML	1	EA	1	12/07/2020	09/30/2022						
70860-0776-02		J2405		02/01/2017	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HCL (SDV,PF) 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	02/01/2017	99/99/9999						
70860-0777-20		J2405		02/01/2017	02/28/2023	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	02/01/2017	02/28/2023						
70860-0777-21		J2405		08/01/2021	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (10X20ML;MDV,LATEX-FREE) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	08/01/2021	99/99/9999						
70860-0778-02		J0780		11/02/2018	04/15/2025	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (LATEX-FREE) 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	11/02/2018	04/15/2025						
70860-0778-10		J0780		11/01/2018	08/10/2023	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (MDV,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IJ	ML	10	MG	0.5	11/01/2018	08/10/2023						
70860-0780-10		J1453		01/05/2020	08/10/2023	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (LYOPHILIZED,PF) 150 MG	1	EA	VL	IV	EA	1	MG	150	01/05/2020	08/10/2023						
70860-0781-01		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
70860-0781-02		J1596		05/20/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML		IJ	ML	0.1	MG	2	05/20/2024	99/99/9999						
70860-0781-05		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
70860-0781-20		J1596		01/01/2024	03/31/2025	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	0.1	MG	2	01/01/2024	03/31/2025						
70860-0782-10		J1453		11/11/2020	08/10/2023	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,PF,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	11/11/2020	08/10/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70860-0801-01		J3105		06/12/2017	08/28/2020	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	TERBUTALINE SULFATE (PF,LATEX-FREE) 1 MG/1 ML	1	ML	VL	SC	ML	1	MG	1	06/12/2017	08/28/2020						
70860-0802-82		J3489		01/01/2020	08/10/2023	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (PF,LATEX-FREE) 5 MG/100 ML	100	ML	BG	IV	ML	1	MG	0.05	01/01/2020	08/10/2023						
70868-0920-21		J8540		07/26/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1.5 MG	100	EA	BO	PO	EA	0.25	MG	6	07/26/2023	99/99/9999						
70954-0056-10		J7512		07/08/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 1 MG	100	EA	BO	PO	EA	1	MG	1	07/08/2021	99/99/9999						
70954-0056-20		J7512		07/13/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 1 MG	1000	EA	BO	PO	EA	1	MG	1	07/13/2021	99/99/9999						
70954-0057-10		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 2.5 MG	100	EA	BO	PO	EA	1	MG	2.5	11/18/2019	99/99/9999						
70954-0058-10		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	1	MG	5	11/18/2019	99/99/9999						
70954-0058-20		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	1	MG	5	11/18/2019	99/99/9999						
70954-0058-30		J7512		11/25/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	BX	PO	EA	1	MG	5	11/25/2019	99/99/9999						
70954-0058-40		J7512		11/25/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	48	EA	BX	PO	EA	1	MG	5	11/25/2019	99/99/9999						
70954-0059-10		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	100	EA	BO	PO	EA	1	MG	10	11/18/2019	99/99/9999						
70954-0059-20		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	1000	EA	BO	PO	EA	1	MG	10	11/18/2019	99/99/9999						
70954-0059-30		J7512		11/25/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BX	PO	EA	1	MG	10	11/25/2019	99/99/9999						
70954-0059-40		J7512		11/25/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	48	EA	BX	PO	EA	1	MG	10	11/25/2019	99/99/9999						
70954-0060-10		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	100	EA	BO	PO	EA	1	MG	20	11/18/2019	99/99/9999						
70954-0060-20		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	500	EA	BO	PO	EA	1	MG	20	11/18/2019	99/99/9999						
70954-0060-30		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	1000	EA	BO	PO	EA	1	MG	20	11/18/2019	99/99/9999						
70954-0061-10		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	100	EA	BO	PO	EA	1	MG	50	11/18/2019	99/99/9999						
70954-0188-10		J8499		07/15/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (1X473ML;USP,BANANA) 200 MG/5 ML	473	ML	BO	PO	ML	1	EA	1	07/15/2020	99/99/9999						
70954-0398-10		J8540		11/13/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	100	EA	BO	PO	EA	0.25	MG	2	11/13/2023	99/99/9999						
70954-0399-10		J8540		11/13/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100	EA	BO	PO	EA	0.25	MG	3	11/13/2023	99/99/9999						
70954-0401-10		J8540		08/22/2022	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1.5 MG	100	EA	BO	PO	EA	0.25	MG	6	08/22/2022	99/99/9999						
70954-0402-10		J8540		05/15/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	100	EA	BO	PO	EA	0.25	MG	8	05/15/2023	99/99/9999						
70954-0403-10		J8540		08/22/2022	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100	EA	BO	PO	EA	0.25	MG	16	08/22/2022	99/99/9999						
70954-0404-10		J8540		08/22/2022	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 6 MG	100	EA	BO	PO	EA	0.25	MG	24	08/22/2022	99/99/9999						
70954-0688-10		Q0164		08/17/2022	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP,FILM-COATED) 5 MG	100	EA	BO	PO	EA	5	MG	1	08/17/2022	99/99/9999						
70954-0689-10		Q0164		08/17/2022	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP,FILM-COATED) 10 MG	100	EA	BO	PO	EA	5	MG	2	08/17/2022	99/99/9999						
70954-0896-10		J8999		07/02/2024	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP,LEMON-LIME) 40 MG/1 ML	240	ML	BO	PO	ML	1	EA	1	07/02/2024	99/99/9999						
70954-0896-20		J8999		07/02/2024	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP,LEMON-LIME) 40 MG/1 ML	480	ML	BO	PO	ML	1	EA	1	07/02/2024	99/99/9999						
71045-0010-02		J0291		10/01/2019	99/99/9999	INJECTION, PLAZOMICIN, 5 MG	ZEMDRI (SDV,PF) 50 MG/1 ML	10	ML	CR	IV	ML	5	MG	10	10/01/2019	99/99/9999						
71127-1200-01		A4216		10/01/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER (SEVENFACT DILUENT)	1.1	ML		U	ML	10	ML	0.1	10/01/2020	99/99/9999						
71127-5200-01		A4216		10/01/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER (SEVENFACT DILUENT)	5.2	ML		U	ML	10	ML	0.1	10/01/2020	99/99/9999						
71225-0104-01		J1729		01/02/2019	10/04/2023	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (MULTI-DOSE VIAL) 250 MG/1 ML	5	ML	VL	IM	ML	10	MG	25	01/02/2019	10/04/2023						
71225-0105-01		J1729		03/25/2019	10/04/2023	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (PF) 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	03/25/2019	10/04/2023						
71266-1040-02		J1100		09/01/2019	09/16/2022	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (PF) 10 MG/1 ML	2	ML	VL	U	ML	1	MG	10	09/01/2019	09/16/2022						
71266-1041-02		J1100		09/17/2022	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	DEXAMETHASONE SODIUM PHOSPHATE (PF) 10 MG/1 ML	2	ML		U	ML	1	MG	10	09/17/2022	99/99/9999						
71266-1080-02		J3301		02/16/2024	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE SDV 40 MG/1 ML	2	ML		U	ML	10	MG	4	02/16/2024	99/99/9999						
71266-9015-03		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (5ML SYRINGE,LATEX-FREE) 0.2 MG/1 ML	3	ML		IV	ML	0.1	MG	2	01/01/2024	99/99/9999						
71266-9015-05		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (5ML SYRINGE,LATEX-FREE) 0.2 MG/1 ML	5	ML		IV	ML	0.1	MG	2	01/01/2024	99/99/9999						
71274-0350-02		J0596		04/01/2018	99/99/9999	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	RUCONEST (PF) 2100 IU	1	EA	BX	IV	EA	10	U	210	04/01/2018	99/99/9999						
71288-0002-31		J2543		08/31/2020	09/06/2023	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	08/31/2020	09/06/2023						
71288-0003-31		J2543		08/31/2020	09/06/2023	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	08/31/2020	09/06/2023						
71288-0004-51		J2543		08/31/2020	09/06/2023	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	08/31/2020	09/06/2023						
71288-0005-20		J0295		01/07/2019	09/03/2023	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (USP,PF,LATEX-FREE) 1 GM-0.5 GM	10	EA	VL	U	EA	1.5	GM	1	01/07/2019	09/03/2023						
71288-0006-30		J0295		01/07/2019	09/06/2023	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (USP,PF,LATEX-FREE) 2 GM-1 GM	10	EA	VL	U	EA	1.5	GM	2	01/07/2019	09/06/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
71288-0007-75		J0295		01/07/2019	03/10/2024	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (PHARMACY BULK PACKAGE) 10 GM-5 GM	1	EA	BO	IV	EA	1.5	GM	10	01/07/2019	03/10/2024						
71288-0008-15		J0692		01/07/2019	03/21/2022	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (SDV,PF,LATEX-FREE) 1 GM	10	EA	VL	U	EA	500	MG	2	01/07/2019	03/21/2022						
71288-0009-20		J0692		01/07/2019	08/31/2022	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (SDV,PF,LATEX-FREE) 2 GM	10	EA	VL	U	EA	500	MG	4	01/07/2019	08/31/2022						
71288-0014-21		J2185		12/02/2019	04/20/2021	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV, USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	100	MG	5	12/02/2019	04/20/2021						
71288-0015-31		J2185		12/02/2019	04/20/2021	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV, USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	100	MG	10	12/02/2019	04/20/2021						
71288-0016-15		J0878		07/06/2021	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	1	MG	500	07/06/2021	99/99/9999						
71288-0016-91		J0878		10/10/2022	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	HEALTHTRUST DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	1	MG	500	10/10/2022	99/99/9999						
71288-0016-95		J0878		10/10/2022	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN NOVAPLUS (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	1	MG	500	10/10/2022	99/99/9999						
71288-0017-15		J0878		09/27/2021	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IV	EA	1	MG	350	09/27/2021	99/99/9999						
71288-0017-91		J0878		09/19/2022	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	HEALTHTRUST DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IV	EA	1	MG	350	09/19/2022	99/99/9999						
71288-0018-10		J0878		07/19/2021	06/15/2023	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	1	MG	500	07/19/2021	06/15/2023	01/27/2020	07/05/2021				
71288-0019-11		J3243		11/28/2022	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (PF,LATEX-FREE) 50 MG	10	EA	VL	IV	EA	1	MG	50	11/28/2022	99/99/9999						
71288-0022-11		J3370		07/08/2024	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (SDV,PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500	MG	1	07/08/2024	06/30/2025						
71288-0022-11		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL SDV,LYOPHILIZED 500 MG	10	EA		IV	EA	10	MG	50	07/01/2025	99/99/9999						
71288-0023-21		J3370		07/08/2024	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (SDV,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	07/08/2024	06/30/2025						
71288-0023-21		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL SDV,LYOPHILIZED 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
71288-0024-21		J3370		08/14/2023	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 750 MG	10	EA		IV	EA	500	MG	1.5	08/14/2023	06/30/2025						
71288-0024-21		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL LYOPHILIZED 750 MG	10	EA		IV	EA	10	MG	75	07/01/2025	99/99/9999						
71288-0025-75		J3370		10/02/2023	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PKG,PF) 5 GM	1	EA	VL	IV	EA	500	MG	10	10/02/2023	06/30/2025						
71288-0025-75		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK PKG,LYOPHILIZED 5 GM	1	EA		IV	EA	10	MG	500	07/01/2025	99/99/9999						
71288-0026-75		J3370		02/06/2023	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK,PF) 10 GM	1	EA	VL	IV	EA	500	MG	20	02/06/2023	06/30/2025						
71288-0026-75		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK,LYOPHILIZED 10 GM	1	EA		IV	EA	10	MG	1000	07/01/2025	99/99/9999						
71288-0027-30		J3465		11/07/2022	99/99/9999	INJECTION, VORICONAZOLE, 10 MG	VORICONAZOLE (SDV,PF,LATEX-FREE) 200 MG	1	EA	VL	IV	EA	10	MG	20	11/07/2022	99/99/9999						
71288-0028-11		J2248		02/06/2023	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (SDV,PF,LATEX-FREE) 50 MG	10	EA	VL	IV	EA	1	MG	50	02/06/2023	99/99/9999						
71288-0028-12		J2248		10/27/2025	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM SDV,LYOPHILIZED 50 MG	1	EA	VL	IV	EA	1	MG	50	10/27/2025	99/99/9999						
71288-0029-11		J2248		02/06/2023	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (SDV,PF,LATEX-FREE) 100 MG	10	EA	VL	IV	EA	1	MG	100	02/06/2023	99/99/9999						
71288-0029-12		J2248		02/03/2025	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM SDV,LYOPHILIZED 100 MG	1	EA		IV	EA	1	MG	100	02/03/2025	99/99/9999						
71288-0030-21		J1271		04/01/2025	99/99/9999	INJECTION, DOXYCYCLINE HYCLATE, 1 MG	DOXYCYCLINE USP, SDV,LYOPHILIZED 100 MG	10	EA		IV	EA	1	MG	100	04/01/2025	99/99/9999						
71288-0030-21		J3490		11/25/2024	03/31/2025	UNCLASSIFIED DRUGS	DOXYCYCLINE USP, SDV,LYOPHILIZED 100 MG	10	EA	VL	IV	EA	1	EA	1	11/25/2024	03/31/2025						
71288-0031-21		J0295		09/04/2023	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (SDV,PF,LATEX-FREE) 1 GM-0.5 GM	10	EA	VL	U	EA	1.5	GM	1	09/04/2023	99/99/9999						
71288-0031-92		J0295		09/02/2024	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM NOVAPLUS (USP,PF,LATEX-FREE) 1 GM-0.5 GM	10	EA	VL	U	EA	1.5	GM	1	09/02/2024	99/99/9999						
71288-0032-21		J0295		09/04/2023	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (SDV,PF,LATEX-FREE) 2 GM-1 GM	10	EA	VL	U	EA	1.5	GM	2	09/04/2023	99/99/9999						
71288-0032-92		J0295		09/02/2024	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM NOVAPLUS (USP,PF,LATEX-FREE) 2 GM-1 GM	10	EA	VL	U	EA	1.5	GM	2	09/02/2024	99/99/9999						
71288-0033-75		J0295		03/11/2024	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (PHARMACY BULK PACKAGE) 10 GM-5 GM	1	EA		IV	EA	1.5	GM	10	03/11/2024	99/99/9999						
71288-0033-91		J0295		09/02/2024	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM NOVAPLUS (USP;PHARMACY BULK,PF) 10 GM-5 GM	1	EA	GC	IV	EA	1.5	GM	10	09/02/2024	99/99/9999						
71288-0100-05		J9045		09/15/2017	02/01/2021	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	50	MG	0.2	09/15/2017	02/01/2021						
71288-0100-15		J9045		09/15/2017	02/01/2021	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	15	ML	VL	IV	ML	50	MG	0.2	09/15/2017	02/01/2021						
71288-0100-45		J9045		09/15/2017	02/01/2021	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	09/15/2017	02/01/2021						
71288-0100-51		J9045		09/15/2017	02/01/2021	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	60	ML	VL	IV	ML	50	MG	0.2	09/15/2017	02/01/2021						
71288-0103-20		J9033		06/06/2023	99/99/9999	INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG	BENDAMUSTINE HYDROCHLORIDE (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IV	EA	1	MG	100	06/06/2023	99/99/9999						
71288-0104-10		J0641		07/24/2020	05/06/2025	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5 MG	LEVOLEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	07/24/2020	05/06/2025						
71288-0105-18		J0641		10/19/2020	99/99/9999	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5 MG	LEVOLEUCOVORIN CALCIUM (PF,LATEX-FREE) 10 MG/1 ML	17.5	ML	VL	IV	ML	0.5	MG	20	10/19/2020	99/99/9999						
71288-0106-10		J9040		10/01/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN (SDV,PF,LATEX-FREE) 15 U	1	EA	VL	U	EA	15	U	1	10/01/2018	99/99/9999						
71288-0107-20		J9040		10/01/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN (SDV,PF,LATEX-FREE) 30 U	1	EA	VL	U	EA	15	U	2	10/01/2018	99/99/9999						
71288-0109-20		J9100		11/05/2018	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (SDV,PF,LATEX-FREE) 100 MG/1 ML	20	ML	VL	U	ML	100	MG	1	11/05/2018	99/99/9999						
71288-0112-90		J9245		08/19/2019	11/27/2022	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	MELPHALAN HYDROCHLORIDE (W/10ML DILUENT,PF) 50 MG	1	EA	VL	IV	EA	50	MG	1	08/19/2019	11/27/2022						
71288-0113-10		J9201		02/04/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 200 MG	1	EA	VL	IV	EA	200	MG	1	02/04/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
71288-0114-50		J9201		02/04/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	200	MG	5	02/04/2019	99/99/9999						
71288-0115-30		J9025		06/21/2021	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	U	EA	1	MG	100	06/21/2021	99/99/9999						
71288-0116-11		J0594		12/07/2020	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SDV,PF) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	12/07/2020	99/99/9999						
71288-0117-06		J9201		04/19/2021	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	5.26	ML	VL	IV	ML	200	MG	0.19	04/19/2021	99/99/9999						
71288-0117-28		J9201		04/19/2021	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	26.3	ML	CT	IV	ML	200	MG	0.19	04/19/2021	99/99/9999						
71288-0117-54		J9201		04/19/2021	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	52.6	ML	CT	IV	ML	200	MG	0.19	04/19/2021	99/99/9999						
71288-0118-10		J9041		07/26/2022	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB (SDV,PF,LATEX-FREE) 3.5 MG	1	EA	VL	U	EA	0.1	MG	35	07/26/2022	99/99/9999						
71288-0119-20		J0894		07/05/2022	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	1	MG	50	07/05/2022	99/99/9999						
71288-0126-90		J9050		11/15/2021	02/28/2022	INJECTION, CARMUSTINE, 100 MG	CARMUSTINE (W/DILUENT,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	100	MG	1	11/15/2021	02/28/2022						
71288-0128-20		J9027		03/15/2021	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOFARABINE (SDV,PF,LATEX-FREE) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	03/15/2021	99/99/9999						
71288-0129-02		J9120		04/12/2021	99/99/9999	INJECTION, DACTINOMYCIN, 0.5 MG	DACTINOMYCIN (SDV;USP,PF,LATEX-FREE) 0.5 MG	1	EA	CT	IV	EA	0.5	MG	1	04/12/2021	99/99/9999						
71288-0132-90		J9245		11/28/2022	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 50 MG	MELPHALAN HYDROCHLORIDE (W/10ML DILUENT,PF) 50 MG	1	EA	VL	IV	EA	50	MG	1	11/28/2022	99/99/9999						
71288-0137-20		J9280		03/20/2023	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (PF,LATEX-FREE) 5 MG	1	EA		IV	EA	5	MG	1	03/20/2023	99/99/9999						
71288-0138-50		J9280		03/20/2023	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (PF,LATEX-FREE) 20 MG	1	EA		IV	EA	5	MG	4	03/20/2023	99/99/9999						
71288-0139-51		J9280		03/20/2023	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (PF,LATEX-FREE) 40 MG	1	EA		IV	EA	5	MG	8	03/20/2023	99/99/9999						
71288-0144-08		J9171		01/23/2023	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (MDV,PF,LATEX-FREE) 10 MG/1 ML	8	ML	VL	IV	ML	1	MG	10	01/23/2023	99/99/9999						
71288-0144-16		J9171		01/23/2023	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (MDV,PF,LATEX-FREE) 10 MG/1 ML	16	ML	VL	IV	ML	1	MG	10	01/23/2023	99/99/9999						
71288-0149-95		J9263		06/21/2021	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	PREMIERPRO RX OXALIPLATIN (SDV, USP,PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	06/21/2021	99/99/9999						
71288-0149-96		J9263		06/21/2021	02/02/2025	INJECTION, OXALIPLATIN, 0.5 MG	PREMIERPRO RX OXALIPLATIN (SDV, USP,PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	06/21/2021	02/02/2025						
71288-0153-95		J9025		06/21/2021	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE NOVAPLUS (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	U	EA	1	MG	100	06/21/2021	99/99/9999						
71288-0154-76		J9190		03/24/2025	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL PHARMACY BULK PACKAGE 50 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.1	03/24/2025	99/99/9999						
71288-0156-05		J9340		01/08/2024	06/30/2025	INJECTION, THIOTEPA, 15 MG	THIOTEPA (SDV,PF,LATEX-FREE) 15 MG	1	EA		U	EA	15	MG	1	01/08/2024	06/30/2025						
71288-0156-05		J9342		07/01/2025	99/99/9999	INJECTION, THIOTEPA, NOT OTHERWISE SPECIFIED, 1 MG	THIOTEPA SDV,LYOPHILIZED 15 MG	1	EA		U	EA	1	MG	15	07/01/2025	99/99/9999						
71288-0157-10		J9340		01/08/2024	06/30/2025	INJECTION, THIOTEPA, 15 MG	THIOTEPA (SDV,PF,LATEX-FREE) 100 MG	1	EA		U	EA	15	MG	6.666667	01/08/2024	06/30/2025						
71288-0157-10		J9342		07/01/2025	99/99/9999	INJECTION, THIOTEPA, NOT OTHERWISE SPECIFIED, 1 MG	THIOTEPA SDV,LYOPHILIZED 100 MG	1	EA		U	EA	1	MG	100	07/01/2025	99/99/9999						
71288-0160-10		J0640		09/04/2023	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	U	EA	50	MG	1	09/04/2023	99/99/9999						
71288-0161-20		J0640		09/04/2023	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	U	EA	50	MG	2	09/04/2023	99/99/9999						
71288-0162-30		J0640		09/04/2023	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 200 MG	1	EA	VL	U	EA	50	MG	4	09/04/2023	99/99/9999						
71288-0163-30		J0640		09/04/2023	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	U	EA	50	MG	7	09/04/2023	99/99/9999						
71288-0164-50		J0640		09/04/2023	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	U	EA	50	MG	10	09/04/2023	99/99/9999						
71288-0165-53		J9261		01/16/2023	05/06/2025	INJECTION, NELARABINE, 50 MG	NELARABINE (SDV,PF,LATEX-FREE) 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	01/16/2023	05/06/2025						
71288-0165-54		J9261		06/03/2024	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE (SDV,PF,LATEX-FREE) 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	06/03/2024	99/99/9999						
71288-0166-10		J9305		05/25/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IV	EA	10	MG	10	05/25/2022	99/99/9999						
71288-0166-91		J9305		04/17/2023	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED NOVAPLUS (SDV,PF,LATEX-FREE) 100 MG	1	EA		IV	EA	10	MG	10	04/17/2023	99/99/9999						
71288-0166-92		J9305		07/17/2023	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PREMIERPRO RX PEMETREXED (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IV	EA	10	MG	10	07/17/2023	99/99/9999						
71288-0167-50		J9305		05/25/2022	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	10	MG	50	05/25/2022	99/99/9999						
71288-0167-95		J9305		04/17/2023	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED NOVAPLUS (SDV,PF,LATEX-FREE) 500 MG	1	EA		IV	EA	10	MG	50	04/17/2023	99/99/9999						
71288-0167-96		J9305		07/17/2023	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PREMIERPRO RX PEMETREXED (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	10	MG	50	07/17/2023	99/99/9999						
71288-0170-75		J9190		11/22/2024	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL PHARMACY BULK PACKAGE 50 MG/1 ML	50	ML		IV	ML	500	MG	0.1	11/22/2024	99/99/9999						
71288-0171-11		J9263		06/30/2025	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN SDV 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	06/30/2025	99/99/9999						
71288-0171-91		J9263		09/02/2025	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	PREMIERPRO RX OXALIPLATIN SDV, USP 5 MG/1 ML	10	ML		IV	ML	0.5	MG	10	09/02/2025	99/99/9999						
71288-0172-21		J9263		04/07/2025	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN SDV 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	04/07/2025	99/99/9999						
71288-0172-92		J9263		02/03/2025	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	PREMIERPRO RX OXALIPLATIN SDV, USP 5 MG/1 ML	20	ML		IV	ML	0.5	MG	10	02/03/2025	99/99/9999						
71288-0174-21		J9130		05/13/2024	99/99/9999	DACARBAZINE, 100 MG	DACARBAZINE (SINGLE DOSE VIAL,PF) 200 MG	10	EA	VL	IV	EA	100	MG	2	05/13/2024	99/99/9999						
71288-0175-05		J9181		08/18/2025	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE USP, MDV 20 MG/1 ML	5	ML		IV	ML	10	MG	2	08/18/2025	99/99/9999						
71288-0176-25		J9181		08/18/2025	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE USP, MDV 20 MG/1 ML	25	ML		IV	ML	10	MG	2	08/18/2025	99/99/9999						
71288-0178-10		J9293		09/08/2025	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE HCL STERILE 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	09/08/2025	99/99/9999						
71288-0179-13		J9293		09/08/2025	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE HCL STERILE 2 MG/1 ML	12.5	ML	VL	IV	ML	5	MG	0.4	09/08/2025	99/99/9999						
71288-0182-05		J9150		09/22/2025	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL 10X4ML;SDV 5 MG/1 ML	4	ML		IV	ML	10	MG	0.5	09/22/2025	99/99/9999						
71288-0183-50		J9264		05/27/2025	99/99/9999	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	PACLITAXEL PROTEIN-BOUND PARTICLES ALBUMIN-BOUND,LYOPHILIZED 100 MG	1	EA		IV	EA	1	MG	100	05/27/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
71288-0184-05		J9211		09/22/2025	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE SDV 1 MG/1 ML	5	ML		IV	ML	5	MG	0.2	09/22/2025	99/99/9999						
71288-0185-10		J9211		09/22/2025	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE SDV 1 MG/1 ML	10	ML		IV	ML	5	MG	0.2	09/22/2025	99/99/9999						
71288-0186-20		J9211		09/22/2025	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE SDV 1 MG/1 ML	20	ML		IV	ML	5	MG	0.2	09/22/2025	99/99/9999						
71288-0200-11		J2260		08/24/2020	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.2	08/24/2020	99/99/9999						
71288-0200-21		J2260		08/24/2020	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF,LATEX-FREE) 1 MG/1 ML	20	ML	VL	IV	ML	5	MG	0.2	08/24/2020	99/99/9999						
71288-0200-50		J2260		08/24/2020	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	5	MG	0.2	08/24/2020	99/99/9999						
71288-0203-03		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	2	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
71288-0203-03		J1940		08/22/2022	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV,PF,LATEX-FREE) 10 MG/1 ML	2	ML		IJ	ML	20	MG	0.5	08/22/2022	03/31/2025						
71288-0203-05		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	4	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
71288-0203-05		J1940		08/22/2022	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV,PF,LATEX-FREE) 10 MG/1 ML	4	ML		IJ	ML	20	MG	0.5	08/22/2022	03/31/2025						
71288-0203-11		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE 25X10ML,SDV 10 MG/1 ML	10	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
71288-0203-11		J1940		09/29/2022	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (25X10ML,SDV,PF) 10 MG/1 ML	10	ML	VL	IJ	ML	20	MG	0.5	09/29/2022	03/31/2025						
71288-0204-11		J2404		10/06/2025	99/99/9999	INJECTION, NICARDIPINE, 0.1 MG	NICARDIPINE HCL 2.5 MG/1 ML	10	ML	VL	IV	ML	0.1	MG	25	10/06/2025	99/99/9999						
71288-0206-02		J0270		12/23/2024	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL SDV 0.5 MG/1 ML	1	ML	VL	IV	ML	1.25	MCG	400	12/23/2024	99/99/9999						
71288-0207-21		J0153		06/09/2025	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE 10X20ML,SDV 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	06/09/2025	99/99/9999						
71288-0208-30		J0153		06/09/2025	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE SDV 3 MG/1 ML	30	ML	VL	IV	ML	1	MG	3	06/09/2025	99/99/9999						
71288-0301-11		J3420		03/10/2025	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN MDV 1000 MCG/1 ML	10	ML	VL	IJ	ML	1000	MCG	1	03/10/2025	99/99/9999						
71288-0302-30		J3420		03/10/2025	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN MDV 1000 MCG/1 ML	30	ML	VL	IJ	ML	1000	MCG	1	03/10/2025	99/99/9999						
71288-0303-02		J3420		09/26/2022	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (LATEX-FREE) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	09/26/2022	99/99/9999						
71288-0303-92		J3420		09/02/2024	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN NOVAPLUS (MDV,LATEX-FREE) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	09/02/2024	99/99/9999						
71288-0400-03		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X2ML,PF) 1000 U/1 ML	2	ML	VL	IJ	ML	1000	U	1	08/19/2019	99/99/9999						
71288-0401-02		J1644		04/27/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 20000 U/1 ML	1	ML	VL	IJ	ML	1000	U	20	04/27/2020	99/99/9999						
71288-0402-02		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (SDV,LATEX-FREE) 1000 U/1 ML	1	ML	VL	IJ	ML	1000	U	1	08/19/2019	99/99/9999						
71288-0402-11		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (LATEX-FREE) 1000 U/1 ML	10	ML	VL	IJ	ML	1000	U	1	08/19/2019	99/99/9999						
71288-0402-31		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 1000 U/1 ML	30	ML	VL	IJ	ML	1000	U	1	08/19/2019	99/99/9999						
71288-0403-02		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (SDV,LATEX-FREE) 5000 U/1 ML	1	ML	VL	IJ	ML	1000	U	5	08/19/2019	99/99/9999						
71288-0403-11		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 5000 U/1 ML	10	ML	VL	IJ	ML	1000	U	5	08/19/2019	99/99/9999						
71288-0404-02		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (SDV,LATEX-FREE) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	U	10	08/19/2019	99/99/9999						
71288-0404-05		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 10000 U/1 ML	4	ML	VL	IJ	ML	1000	U	10	08/19/2019	99/99/9999						
71288-0405-81		J1644		05/08/2023	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (24X0.5ML,SDS,PF) 5000 U/0.5 ML	0.5	ML	SR	IJ	ML	1000	U	10	05/08/2023	99/99/9999						
71288-0406-82		J1644		05/08/2023	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (24X1ML,SDS,LATEX-FREE) 5000 U/1 ML	1	ML	SR	IJ	ML	1000	U	5	05/08/2023	99/99/9999						
71288-0407-03		J7643		07/15/2019	06/21/2022	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV, USP,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	06/21/2022						
71288-0407-03	KO	J7643	KO	07/15/2019	06/21/2022	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV, USP,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	06/21/2022						
71288-0407-04		J7643		07/15/2019	07/10/2022	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	07/10/2022						
71288-0407-04	KO	J7643	KO	07/15/2019	07/10/2022	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	07/10/2022						
71288-0408-06		J7643		07/15/2019	07/10/2022	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV, USP,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	07/10/2022						
71288-0408-06	KO	J7643	KO	07/15/2019	07/10/2022	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV, USP,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	07/10/2022						
71288-0408-21		J7643		07/15/2019	05/01/2022	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV, UPS,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	05/01/2022						
71288-0408-21	KO	J7643	KO	07/15/2019	05/01/2022	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV, UPS,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	05/01/2022						
71288-0409-05		J2469		09/18/2023	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (SDV,PF,LATEX-FREE) 0.05 MG/1 ML	5	ML		IV	ML	25	MCG	2	09/18/2023	99/99/9999						
71288-0410-81		J1650		04/20/2020	05/24/2023	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (LIGHT BLUE;10X0.3ML,PF) 30 MG/0.3 ML	0.3	ML	SR	SC	ML	10	MG	10	04/20/2020	05/24/2023						
71288-0410-83		J1650		04/20/2020	05/24/2023	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (YELLOW;10X0.3ML,PF) 40 MG/0.4 ML	0.4	ML	CT	SC	ML	10	MG	10	04/20/2020	05/24/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
71288-0410-85		J1650		04/20/2020	10/01/2023	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (ORANGE;10X0.3ML,PF) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	04/20/2020	10/01/2023						
71288-0410-87		J1650		04/20/2020	01/07/2024	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (BROWN;10X0.8ML,PF) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	04/20/2020	01/07/2024						
71288-0410-89		J1650		04/20/2020	01/07/2024	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (GRAY;10X1ML,PF) 100 MG/1 ML	1	ML	SR	SC	ML	10	MG	10	04/20/2020	01/07/2024						
71288-0411-81		J1650		04/20/2020	09/13/2023	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PURPLE;10X0.8ML,PF) 120 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	15	04/20/2020	09/13/2023						
71288-0411-83		J1650		04/20/2020	04/18/2024	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (NAVY BLUE;10X1ML,PF) 150 MG/1 ML	1	ML	SR	SC	ML	10	MG	15	04/20/2020	04/18/2024						
71288-0412-10		J1327		08/05/2024	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV,PF,LATEX-FREE) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	08/05/2024	99/99/9999						
71288-0413-51		J1327		08/05/2024	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV,PF,LATEX-FREE) 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	08/05/2024	99/99/9999						
71288-0414-03		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV, USP,LATEX-FREE) 0.2 MG/1 ML	1	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
71288-0414-03		J7643		06/22/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV, USP,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	U	ML	1	MG	0.2	06/22/2022	12/31/2023						
71288-0414-03	KO	J7643	KO	06/22/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV, USP,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	U	ML	1	MG	0.2	06/22/2022	12/31/2023						
71288-0414-04		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
71288-0414-04		J7643		07/11/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	U	ML	1	MG	0.2	07/11/2022	12/31/2023						
71288-0414-04	KO	J7643	KO	07/11/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	U	ML	1	MG	0.2	07/11/2022	12/31/2023						
71288-0414-92		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	HEALTHTRUST GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
71288-0414-92		J7643		07/24/2023	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	HEALTHTRUST GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	U	ML	1	MG	0.2	07/24/2023	12/31/2023						
71288-0414-92	KO	J7643	KO	07/24/2023	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	HEALTHTRUST GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	U	ML	1	MG	0.2	07/24/2023	12/31/2023						
71288-0414-94		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	HEALTHTRUST GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
71288-0414-94		J7643		07/24/2023	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	HEALTHTRUST GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	U	ML	1	MG	0.2	07/24/2023	12/31/2023						
71288-0414-94	KO	J7643	KO	07/24/2023	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	HEALTHTRUST GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	U	ML	1	MG	0.2	07/24/2023	12/31/2023						
71288-0415-06		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (MDV, USP,LATEX-FREE) 0.2 MG/1 ML	5	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
71288-0415-06		J7643		07/11/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV, USP,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	U	ML	1	MG	0.2	07/11/2022	12/31/2023						
71288-0415-06	KO	J7643	KO	07/11/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV, USP,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	U	ML	1	MG	0.2	07/11/2022	12/31/2023						
71288-0415-21		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (MDV, USP,LATEX-FREE) 0.2 MG/1 ML	20	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
71288-0415-21		J7643		05/02/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV, USP,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	U	ML	1	MG	0.2	05/02/2022	12/31/2023						
71288-0415-21	KO	J7643	KO	05/02/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV, USP,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	U	ML	1	MG	0.2	05/02/2022	12/31/2023						
71288-0415-96	KO	J7643	KO	10/04/2023	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	HEALTHTRUST GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	U	ML	1	MG	0.2	10/04/2023	12/31/2023						
71288-0415-96		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	HEALTHTRUST GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
71288-0415-96		J7643		10/04/2023	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	HEALTHTRUST GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	U	ML	1	MG	0.2	10/04/2023	12/31/2023						
71288-0418-10		J1453		12/16/2019	05/01/2023	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (LATEX-FREE,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	12/16/2019	05/01/2023						
71288-0419-96		J1644		06/01/2020	04/30/2025	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (SDV;25X1ML,LATEX-FREE) 1000 U/1 ML	1	ML	VL	U	ML	1000	U	1	06/01/2020	04/30/2025						
71288-0420-96		J1644		04/15/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (MDV,25X10ML,LATEX-FREE) 1000 U/1 ML	10	ML	VL	U	ML	1000	U	1	04/15/2020	99/99/9999						
71288-0421-96		J1644		04/15/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (MDV,25X30ML,LATEX-FREE) 1000 U/1 ML	30	ML	VL	U	ML	1000	U	1	04/15/2020	99/99/9999						
71288-0422-96		J1644		04/15/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (SDV;25X1ML,LATEX-FREE) 5000 U/1 ML	1	ML	VL	U	ML	1000	U	5	04/15/2020	99/99/9999						
71288-0424-96		J1644		06/01/2020	06/30/2025	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (MDV;25X1ML,LATEX-FREE) 10000 U/1 ML	1	ML	VL	U	ML	1000	U	10	06/01/2020	06/30/2025						
71288-0426-91		J1650		03/25/2024	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (MDV,LATEX-FREE) 300 MG/3 ML	3	ML	VL	U	ML	10	MG	10	03/25/2024	99/99/9999						
71288-0427-11		J0583		12/20/2021	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SD,PF,LATEX-FREE) 250 MG	10	EA	VL	IV	EA	1	MG	250	12/20/2021	99/99/9999						
71288-0427-92		J0583		07/29/2024	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN NOVAPLUS (PF,LATEX-FREE) 250 MG	10	EA	VL	IV	EA	1	MG	250	07/29/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
71288-0432-81		J1650		05/25/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (LIGHT BLUE;10X0.3ML,PF) 30 MG/0.3 ML	0.3	ML		SC	ML	10	MG	10	05/25/2023	99/99/9999						
71288-0432-92		J1650		06/08/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	HEALTHTRUST ENOXAPARIN SODIUM (SD,PF,LATEX-FREE) 30 MG/0.3 ML	0.3	ML	SR	SC	ML	10	MG	10	06/08/2023	99/99/9999						
71288-0433-83		J1650		05/25/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (YELLOW;10X0.4ML,PF) 40 MG/0.4 ML	0.4	ML		SC	ML	10	MG	10	05/25/2023	99/99/9999						
71288-0433-92		J1650		06/08/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	HEALTHTRUST ENOXAPARIN SODIUM (SD,PF,LATEX-FREE) 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	06/08/2023	99/99/9999						
71288-0434-85		J1650		10/02/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (ORANGE;10X0.6ML,PF) 60 MG/0.6 ML	0.6	ML	SY	SC	ML	10	MG	10	10/02/2023	99/99/9999						
71288-0434-92		J1650		06/08/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	HEALTHTRUST ENOXAPARIN SODIUM (10X0.6ML,PF,LATEX-FREE) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	06/08/2023	99/99/9999						
71288-0435-87		J1650		01/08/2024	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (BROWN,PF,LATEX-FREE) 80 MG/0.8 ML	0.8	ML	SY	SC	ML	10	MG	10	01/08/2024	99/99/9999						
71288-0435-92		J1650		06/08/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	HEALTHTRUST ENOXAPARIN SODIUM (SD,PF,LATEX-FREE) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	06/08/2023	99/99/9999						
71288-0436-89		J1650		01/08/2024	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (GRAY,PF,LATEX-FREE) 100 MG/1 ML	1	ML	SY	SC	ML	10	MG	10	01/08/2024	99/99/9999						
71288-0436-92		J1650		06/08/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	HEALTHTRUST ENOXAPARIN SODIUM (SD,PF,LATEX-FREE) 100 MG/1 ML	1	ML	SR	SC	ML	10	MG	10	06/08/2023	99/99/9999						
71288-0437-92		J1650		09/14/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PURPLE;10X0.8ML,PF) 120 MG/0.8 ML	0.8	ML		SC	ML	10	MG	15	09/14/2023	99/99/9999						
71288-0437-94		J1650		06/08/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	HEALTHTRUST ENOXAPARIN SODIUM (SD,PF,LATEX-FREE) 120 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	15	06/08/2023	99/99/9999						
71288-0438-94		J1650		04/19/2024	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (NAVY BLUE;10X1ML,PF) 150 MG/1 ML	1	ML		SC	ML	10	MG	15	04/19/2024	99/99/9999						
71288-0438-96		J1650		06/08/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	HEALTHTRUST ENOXAPARIN SODIUM (SD,PF,LATEX-FREE) 150 MG/1 ML	1	ML	SR	SC	ML	10	MG	15	06/08/2023	99/99/9999						
71288-0449-02		J1644		09/29/2025	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM MDV 1000 U/1 ML	1	ML	VL	U	ML	1000	U	1	09/29/2025	99/99/9999						
71288-0450-02		J1644		09/29/2025	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM MDV 5000 U/1 ML	1	ML	VL	U	ML	1000	U	5	09/29/2025	99/99/9999						
71288-0451-02		J1644		09/29/2025	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM MDV 10000 U/1 ML	1	ML	VL	U	ML	1000	U	10	09/29/2025	99/99/9999						
71288-0500-11		J2710		06/07/2021	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (10X10ML;MDV;USP) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	06/07/2021	99/99/9999						
71288-0501-11		J2710		06/07/2021	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (10X10ML;MDV;USP) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	06/07/2021	99/99/9999						
71288-0502-02		J1631		03/07/2022	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 50 MG/1 ML	1	ML	VL	IM	ML	50	MG	1	03/07/2022	99/99/9999						
71288-0503-02		J1631		03/07/2022	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	03/07/2022	99/99/9999						
71288-0504-05		J1631		03/07/2022	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV,LATEX-FREE) 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	03/07/2022	99/99/9999						
71288-0566-02		J2354		11/17/2025	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE SDV 50 MCG/1 ML	1	ML		IJ	ML	25	MCG	2	11/17/2025	99/99/9999						
71288-0567-02		J2354		11/17/2025	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE SDV 100 MCG/1 ML	1	ML		IJ	ML	25	MCG	4	11/17/2025	99/99/9999						
71288-0568-02		J2354		11/17/2025	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE SDV 500 MCG/1 ML	1	ML		IJ	ML	25	MCG	20	11/17/2025	99/99/9999						
71288-0600-11		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	10	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
71288-0600-11		J3490		04/24/2023	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	10	EA		IV	EA	1	EA	1	04/24/2023	06/30/2024						
71288-0716-10		J2800		01/21/2019	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (PF,LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	01/21/2019	99/99/9999						
71288-0719-11		J0330		03/14/2022	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV;USP,LATEX-FREE) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	03/14/2022	99/99/9999						
71288-0721-11		J0665		03/04/2024	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (SDV,PF,LATEX-FREE) 0.25%	10	ML		IJ	ML	0.5	MG	5	03/04/2024	99/99/9999						
71288-0722-32		J0665		01/29/2024	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (PF,LATEX-FREE) 0.25%	30	ML	VL	IJ	ML	0.5	MG	5	01/29/2024	99/99/9999						
71288-0723-52		J0665		07/06/2023	99/99/9999	INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (1X50ML,MDV,LATEX-FREE) 0.25%	50	ML		IJ	ML	0.5	MG	5	07/06/2023	99/99/9999						
71288-0724-11		J0665		03/04/2024	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (SDV,PF,LATEX-FREE) 0.5%	10	ML		IJ	ML	0.5	MG	10	03/04/2024	99/99/9999						
71288-0725-32		J0665		01/29/2024	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (PF,LATEX-FREE) 0.5%	30	ML	VL	IJ	ML	0.5	MG	10	01/29/2024	99/99/9999						
71288-0726-52		J0665		07/06/2023	99/99/9999	INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (1X50ML,MDV,LATEX-FREE) 0.5%	50	ML		IJ	ML	0.5	MG	10	07/06/2023	99/99/9999						
71288-0727-11		J0665		03/04/2024	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (SDV,PF,LATEX-FREE) 0.75%	10	ML		IJ	ML	0.5	MG	15	03/04/2024	99/99/9999						
71288-0728-32		J0665		01/29/2024	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (PF,LATEX-FREE) 0.75%	30	ML	VL	IJ	ML	0.5	MG	15	01/29/2024	99/99/9999						
71288-0732-11		J2795		09/13/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL SDV 2 MG/1 ML	10	ML	VL	IJ	ML	1	MG	2	09/13/2024	99/99/9999						
71288-0733-21		J2795		09/13/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL SDV 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	09/13/2024	99/99/9999						
71288-0734-21		J2795		09/13/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL SDV 5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	5	09/13/2024	99/99/9999						
71288-0735-31		J2795		11/04/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL SDV 5 MG/1 ML	30	ML	VL	IJ	ML	1	MG	5	11/04/2024	99/99/9999						
71288-0736-21		J2795		11/04/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL SDV 7.5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	7.5	11/04/2024	99/99/9999						
71288-0737-11		J2795		11/04/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL SDV 10 MG/1 ML	10	ML	VL	IJ	ML	1	MG	10	11/04/2024	99/99/9999						
71288-0738-21		J2795		11/04/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL SDV 10 MG/1 ML	20	ML	VL	IJ	ML	1	MG	10	11/04/2024	99/99/9999						
71288-0802-03		J1270		07/01/2020	04/08/2024	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (50X2ML;MDV,LATEX-FREE) 2 MCG/1 ML	2	ML	VL	IV	ML	1	MCG	2	07/01/2020	04/08/2024						
71288-0802-04		J1270		07/25/2022	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (MDV,LATEX-FREE) 2 MCG/1 ML	2	ML		IV	ML	1	MCG	2	07/25/2022	99/99/9999						
71288-0806-51		J3489		08/21/2023	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SINGLE USE,PF) 5 MG/100 ML	100	ML	VL	IV	ML	1	MG	0.05	08/21/2023	99/99/9999						
71288-0807-02		J2370		06/22/2020	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (SDV,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	06/22/2020	06/30/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
71288-0807-02		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (SDV,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
71288-0808-76		J2370		06/22/2020	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	06/22/2020	06/30/2023						
71288-0808-76		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
71288-0808-77		J2370		06/22/2020	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (BULK PACKAGE,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	06/22/2020	06/30/2023						
71288-0808-77		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (BULK PACKAGE,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
71336-1000-01		J0222		10/01/2019	99/99/9999	INJECTION, PATISIRAN, 0.1 MG	ONPATTRO (PF,LATEX-FREE) 2 MG/1 ML	5	ML	VL	IV	ML	0.1	MG	20	10/01/2019	99/99/9999						
71336-1002-01		J0224		07/01/2021	99/99/9999	INJECTION, LUMASIRAN, 0.5 MG	OXLUMO (SDV,PF,LATEX-FREE) 94.5 MG/0.5 ML	0.5	ML	VL	SC	ML	0.5	MG	378	07/01/2021	99/99/9999						
71336-1003-01		J0225		01/01/2023	99/99/9999	INJECTION, VUTRISIRAN, 1 MG	AMVUTTRA (PF,LATEX-FREE) 25 MG/0.5 ML	0.5	ML		SC	ML	1	MG	50	01/01/2023	99/99/9999						
71351-0022-10		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (SPINAL,PF,LATEX-FREE) 0.75%	2	ML	AM	U	ML	0.5	MG	15	07/01/2023	99/99/9999						
71351-0022-10		J3490		02/20/2023	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (SPINAL,PF,LATEX-FREE) 0.75%	2	ML	AM	U	ML	1	EA	1	02/20/2023	06/30/2023						
71351-0023-10		J2001		11/06/2023	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SDV,PF,LATEX-FREE) 2%	5	ML	VL	U	ML	10	MG	2	11/06/2023	09/30/2024						
71351-0023-10		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (SDV,PF,LATEX-FREE) 2%	5	ML		U	ML	1	MG	20	10/01/2024	99/99/9999						
71351-0023-25		J2001		11/06/2023	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SDV,PF,LATEX-FREE) 2%	5	ML	VL	U	ML	10	MG	2	11/06/2023	09/30/2024						
71351-0023-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (SDV,PF,LATEX-FREE) 2%	5	ML		U	ML	1	MG	20	10/01/2024	99/99/9999						
71390-0011-11		J2249		07/01/2023	99/99/9999	INJECTION, REMIMAZOLAM, 1 MG	BYFAVO (LYOPHILIZED) 20 MG	10	EA		IV	EA	1	MG	20	07/01/2023	99/99/9999						
71390-0125-20		J0184		01/01/2024	99/99/9999	INJECTION, AMISULPRIDE, 1 MG	BARHEMSYS 2.5 MG/1 ML	2	ML		IV	ML	1	MG	2.5	01/01/2024	99/99/9999						
71390-0125-50		J0184		01/01/2024	99/99/9999	INJECTION, AMISULPRIDE, 1 MG	BARHEMSYS (10X4ML;SDV) 2.5 MG/1 ML	4	ML		IV	ML	1	MG	2.5	01/01/2024	99/99/9999						
71449-0079-57		J2795		01/01/2023	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (PF,LATEX-FREE) 2 MG/1 ML	745	ML		U	ML	1	MG	2	01/01/2023	99/99/9999						
71449-0124-83		J2795		02/01/2023	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (PF) 2 MG/1 ML	500	ML		U	ML	1	MG	2	02/01/2023	99/99/9999						
71715-0001-01		J0121		10/01/2019	99/99/9999	INJECTION, OMADACYCLINE, 1 MG	NUZYRA (LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	1	MG	100	10/01/2019	99/99/9999						
71715-0001-02		J0121		10/01/2019	99/99/9999	INJECTION, OMADACYCLINE, 1 MG	NUZYRA (LYOPHILIZED) 100 MG	10	EA	CR	IV	EA	1	MG	100	10/01/2019	99/99/9999						
71754-0001-01		J0169		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE (ADRENALIN), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG	EPINEPHRINE CONVENIENCE KIT 1 CONVENIENCE KITS 1 MG/1 ML	1	ML		U	EA	0.1	MG	10	07/01/2025	99/99/9999						
71754-0001-01		J0171		11/26/2018	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE CONVENIENCE KIT (1 CONVENIENCE KITS) 1 MG/1 ML	1	EA	VL	U	EA	0.1	MG	10	11/26/2018	06/30/2025						
71754-0001-05		J0169		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE (ADRENALIN), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG	EPINEPHRINE CONVENIENCE KIT 5 CONVENIENCE KITS 1 MG/1 ML	1	ML		U	EA	0.1	MG	10	07/01/2025	99/99/9999						
71754-0001-05		J0171		11/26/2018	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE CONVENIENCE KIT (5 CONVENIENCE KITS) 1 MG/1 ML	5	EA	VL	U	EA	0.1	MG	10	11/26/2018	06/30/2025						
71773-0050-12		J0122		10/01/2019	99/99/9999	INJECTION, ERAVACYCLINE, 1 MG	XERAVA (PF,LYOPHILIZED) 50 MG	12	EA	CR	IV	EA	1	MG	50	10/01/2019	99/99/9999						
71773-0100-12		J0122		10/26/2020	99/99/9999	INJECTION, ERAVACYCLINE, 1 MG	XERAVA (SDV,PF,LYOPHILIZED) 100 MG	12	EA	VL	IV	EA	1	MG	100	10/26/2020	99/99/9999						
71837-1000-02		J9382		07/01/2025	99/99/9999	INJECTION, ZENOCUTUZUMAB-ZBCO, 1 MG	BIZENGRI 20 MG/1 ML	18.75	ML		IV	ML	1	MG	20	07/01/2025	99/99/9999						
71839-0104-01		J1453		09/30/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/30/2019	99/99/9999						
71839-0105-01		J2710		10/21/2019	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (USP, MDV,LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	10/21/2019	99/99/9999						
71839-0105-24		J2710		10/21/2019	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (USP, MDV,LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	10/21/2019	99/99/9999						
71839-0106-01		J2710		10/14/2019	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (USP,SDV,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	10/14/2019	99/99/9999						
71839-0106-10		J2710		02/06/2023	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (MDV,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	02/06/2023	99/99/9999						
71839-0106-24		J2710		10/21/2019	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (USP,SDV,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	10/21/2019	99/99/9999						
71839-0107-01		J0878		10/01/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	10/01/2019	99/99/9999						
71839-0108-01		J0878		09/15/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IV	EA	1	MG	350	09/15/2020	99/99/9999						
71839-0109-10		J1650		10/09/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SD,PF,LATEX-FREE) 30 MG/0.3 ML	0.3	ML	SR	SC	ML	10	MG	10	10/09/2023	99/99/9999						
71839-0110-10		J1650		10/09/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SD,PF,LATEX-FREE) 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	10/09/2023	99/99/9999						
71839-0111-10		J1650		10/09/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SD,PF,LATEX-FREE) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	10/09/2023	99/99/9999						
71839-0112-10		J1650		10/09/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE DOSE,PF) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	10/09/2023	99/99/9999						
71839-0113-10		J1650		10/09/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE DOSE,PF) 100 MG/1 ML	1	ML	SR	SC	ML	10	MG	10	10/09/2023	99/99/9999						
71839-0115-10		J1650		10/09/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE DOSE,PF) 120 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	15	10/09/2023	99/99/9999						
71839-0116-10		J1650		10/09/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE DOSE,PF) 150 MG/1 ML	1	ML	SR	SC	ML	10	MG	15	10/09/2023	99/99/9999						
71839-0117-25		J1644		12/10/2021	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (SDV,25X2ML,PF) 1000 U/1 ML	2	ML	VL	U	ML	1000	U	1	12/10/2021	99/99/9999						
71839-0118-25		J1644		12/10/2021	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25X0.5ML,SDV,PF) 5000 U/0.5 ML	0.5	ML	VL	U	ML	1000	U	10	12/10/2021	99/99/9999						
71839-0122-10		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (SDV,FREEZE-DRIED) 40 MG	10	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
71839-0122-10		J3490		06/01/2022	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (SDV,FREEZE-DRIED) 40 MG	10	EA	VL	IV	EA	1	EA	1	06/01/2022	06/30/2024						
71839-0122-25		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (SDV,FREEZE-DRIED) 40 MG	25	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
71839-0122-25		J3490		06/01/2022	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (SDV,FREEZE-DRIED) 40 MG	25	EA	VL	IV	EA	1	EA	1	06/01/2022	06/30/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
71839-0123-25	KO	J7643	KO	05/04/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X1ML;USP;SDV) 0.2 MG/1 ML	1	ML	VL	U	ML	1	MG	0.2	05/04/2022	12/31/2023						
71839-0123-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (25X1ML;USP;SDV) 0.2 MG/1 ML	1	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
71839-0123-25		J7643		05/04/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X1ML;USP;SDV) 0.2 MG/1 ML	1	ML	VL	U	ML	1	MG	0.2	05/04/2022	12/31/2023						
71839-0124-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (25X2ML;USP;SDV) 0.2 MG/1 ML	2	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
71839-0124-25		J7643		05/04/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X2ML;USP;SDV) 0.2 MG/1 ML	2	ML	VL	U	ML	1	MG	0.2	05/04/2022	12/31/2023						
71839-0124-25	KO	J7643	KO	05/04/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X2ML;USP;SDV) 0.2 MG/1 ML	2	ML	VL	U	ML	1	MG	0.2	05/04/2022	12/31/2023						
71839-0125-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (USP;MDV) 0.2 MG/1 ML	5	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
71839-0125-25		J7643		05/04/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X5ML;USP;SDV) 0.2 MG/1 ML	5	ML	VL	U	ML	1	MG	0.2	05/04/2022	12/31/2023						
71839-0125-25	KO	J7643	KO	05/04/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X5ML;USP;SDV) 0.2 MG/1 ML	5	ML	VL	U	ML	1	MG	0.2	05/04/2022	12/31/2023						
71839-0137-10		J0675		10/01/2025	99/99/9999	INJECTION, CARBOPROST TROMETHAMINE, 0.1 MG	CARBOPROST TROMETHAMINE SDV 250 MCG/1 ML	1	ML		IM	ML	0.1	MG	2.5	10/01/2025	99/99/9999						
71863-0216-04		J2170		08/06/2025	99/99/9999	INJECTION, MECASERMIN, 1 MG	INCRELEX MDV 10 MG/1 ML	4	ML	VL	SC	ML	1	MG	10	08/06/2025	99/99/9999						
71904-0200-01		J1203		04/01/2024	99/99/9999	INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG	POMBILITI (PF,LYOPHILIZED) 105 MG	1	EA		IV	EA	5	MG	21	04/01/2024	99/99/9999						
71904-0200-02		J1203		04/01/2024	99/99/9999	INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG	POMBILITI (PF,LYOPHILIZED) 105 MG	10	EA		IV	EA	5	MG	21	04/01/2024	99/99/9999						
71904-0200-03		J1203		04/01/2024	99/99/9999	INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG	POMBILITI (PF,LYOPHILIZED) 105 MG	25	EA		IV	EA	5	MG	21	04/01/2024	99/99/9999						
71905-0400-11		J8540		04/01/2020	04/24/2025	DEXAMETHASONE, ORAL, 0.25 MG	DEXABLISS 11-DAY DOSE PACK 1.5 MG	39	EA	DP	PO	EA	0.25	MG	6	04/01/2020	04/24/2025						
71921-0190-33		J8999		04/22/2021	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	EXEMESTANE FILM-COATED 25 MG	30	EA		PO	EA	1	EA	1	04/22/2021	99/99/9999						
71930-0017-30		Q0162		07/18/2018	10/31/2024	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HCL (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	07/18/2018	10/31/2024						
71930-0017-52		Q0162		02/12/2020	10/31/2024	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HCL (FILM-COATED) 4 MG	500	EA	BO	PO	EA	1	MG	4	02/12/2020	10/31/2024						
71930-0018-30		Q0162		07/18/2018	10/31/2024	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	07/18/2018	10/31/2024						
71930-0018-52		Q0162		02/12/2020	10/31/2024	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (FILM-COATED) 8 MG	500	EA	BO	PO	EA	1	MG	8	02/12/2020	10/31/2024						
72065-0140-11		J1612		10/01/2025	99/99/9999	INJECTION, GLUCAGON (GVOKE), 0.01 MG	GVOKE KIT 1 MG/0.2 ML	0.2	ML		SC	ML	0.01	MG	500	10/01/2025	99/99/9999						
72078-0025-10		J1327		04/01/2021	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE NOVAPLUS 2 MG/1 ML	10	ML	CT	IV	ML	5	MG	0.4	04/01/2021	99/99/9999						
72078-0027-10		J1327		04/01/2021	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE NOVAPLUS 2 MG/1 ML	100	ML	CT	IV	ML	5	MG	0.4	04/01/2021	99/99/9999						
72078-0033-02		J0153		04/06/2022	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE NOVAPLUS (SDV,PF,LATEX-FREE) 3 MG/1 ML	2	ML	VL	IV	ML	1	MG	3	04/06/2022	99/99/9999						
72078-0038-02		J0630		06/16/2022	99/99/9999	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	MIACALCIN NOVAPLUS (MDV;USP) 200 IU/1 ML	2	ML	VL	U	ML	400	IU	0.5	06/16/2022	99/99/9999						
72078-0039-02		J0630		07/19/2022	99/99/9999	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	PREMIERPRO RX MIACALCIN (MDV) 200 IU/1 ML	2	ML		U	ML	400	IU	0.5	07/19/2022	99/99/9999						
72078-0046-09		J0282		06/09/2023	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL NOVAPLUS (SDV,LATEX-FREE) 50 MG/1 ML	9	ML	VL	IV	ML	30	MG	1.666667	06/09/2023	99/99/9999						
72078-0046-18		J0282		06/09/2023	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL NOVAPLUS (SDV,LATEX-FREE) 50 MG/1 ML	18	ML	VL	IV	ML	30	MG	1.666667	06/09/2023	99/99/9999						
72078-0065-99		J3374		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	VANCOMYCIN HCL LYOPHILIZED 1.75 GM	10	EA		IV	EA	10	MG	175	07/01/2025	99/99/9999						
72078-0066-99		J3374		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	VANCOMYCIN HCL LYOPHILIZED 2 GM	10	EA		IV	EA	10	MG	200	07/01/2025	99/99/9999						
72078-0081-06		J2183		07/01/2025	99/99/9999	INJECTION, MEROPENEM (WG CRITICAL CARE), NOT THERAPEUTICALLY EQUIVALENT TO J2185, 100 MG	MEROPENEM SDV 2 GM	6	EA		IV	EA	100	MG	20	07/01/2025	99/99/9999						
72171-0501-01		J9210		10/01/2019	11/30/2021	INJECTION, EMAPALUMAB-LZSG, 1 MG	GAMIFANT (PF) 5 MG/1 ML	2	ML	VL	IV	ML	1	MG	5	10/01/2019	11/30/2021						
72171-0505-01		J9210		10/01/2019	11/30/2021	INJECTION, EMAPALUMAB-LZSG, 1 MG	GAMIFANT (PF) 5 MG/1 ML	10	ML	VL	IV	ML	1	MG	5	10/01/2019	11/30/2021						
72187-0401-01		J9269		10/01/2019	99/99/9999	INJECTION, TAGRAXOFUSP-ERZS, 10 MICROGRAMS	ELZONRIS (PF) 1000 MCG/1 ML	1	ML	VL	IV	ML	10	MCG	100	10/01/2019	99/99/9999						
72205-0006-60		None		10/01/2018	09/30/2024	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	10/01/2018	09/30/2024						
72205-0006-60		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE FILM COATED 150 MG	60	EA		PO	EA	50	MG	3	01/01/2025	99/99/9999						
72205-0007-92		None		10/01/2018	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	10/01/2018	09/30/2024						
72205-0007-92		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE FILM COATED 500 MG	120	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
72205-0026-01		J1453		09/05/2019	01/15/2025	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/05/2019	01/15/2025						
72205-0031-01		J0894		09/25/2019	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	09/25/2019	99/99/9999						
72205-0036-01		J0894		03/09/2020	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE NOVAPLUS (SDV,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	03/09/2020	99/99/9999						
72205-0045-01		J9340		04/01/2020	06/30/2025	INJECTION, THIOTEPA, 15 MG	THIOTEPA (SDV,LYOPHILIZED) 15 MG	15	GM	VL	U	EA	15	MG	1	04/01/2020	06/30/2025						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
72205-0045-01		J9342		07/01/2025	99/99/9999	INJECTION, THIOTEPA, NOT OTHERWISE SPECIFIED, 1 MG	THIOTEPA SDV,LYOPHILIZED 15 MG	1	EA		U	EA	1	MG	15	07/01/2025	99/99/9999						
72205-0046-01		J9340		04/01/2020	06/30/2025	INJECTION, THIOTEPA, 15 MG	THIOTEPA (SDV,LYOPHILIZED) 100 MG	100	GM	VL	U	EA	15	MG	6.666667	04/01/2020	06/30/2025						
72205-0046-01		J9342		07/01/2025	99/99/9999	INJECTION, THIOTEPA, NOT OTHERWISE SPECIFIED, 1 MG	THIOTEPA SDV,LYOPHILIZED 100 MG	1	EA		U	EA	1	MG	100	07/01/2025	99/99/9999						
72205-0054-01		J1453		05/25/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	05/25/2020	99/99/9999						
72205-0061-01		J9267		09/01/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	09/01/2020	99/99/9999						
72205-0062-01		J9267		09/01/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	09/01/2020	99/99/9999						
72205-0063-01		J9267		09/01/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	09/01/2020	99/99/9999						
72205-0083-01		J1453		06/22/2021	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	PREMIERPRO RX FOSAPREPITANT DIMEGLUMINE (SDV,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	06/22/2021	99/99/9999						
72205-0099-78		J7520		07/28/2023	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 1 MG/1 ML	60	ML	BO	PO	ML	1	MG	1	07/28/2023	99/99/9999						
72205-0100-01		J2680		03/01/2024	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (MDV,LATEX-FREE) 25 MG/1 ML	5	ML	VL	IJ	ML	25	MG	1	03/01/2024	99/99/9999						
72205-0101-07		J1939		01/01/2024	99/99/9999	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE (SDV,LATEX-FREE) 0.25 MG/1 ML	4	ML		IJ	ML	0.5	MG	0.5	01/01/2024	99/99/9999						
72205-0101-07		J3490		11/07/2022	12/31/2023	UNCLASSIFIED DRUGS	BUMETANIDE (SDV,LATEX-FREE) 0.25 MG/1 ML	4	ML	VL	IJ	ML	1	EA	1	11/07/2022	12/31/2023						
72205-0102-07		J1939		01/01/2024	99/99/9999	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE (MDV,LATEX-FREE) 0.25 MG/1 ML	10	ML		IJ	ML	0.5	MG	0.5	01/01/2024	99/99/9999						
72205-0102-07		J3490		11/07/2022	12/31/2023	UNCLASSIFIED DRUGS	BUMETANIDE (MDV,LATEX-FREE) 0.25 MG/1 ML	10	ML	VL	IJ	ML	1	EA	1	11/07/2022	12/31/2023						
72205-0104-91		Q0161		04/15/2022	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (SUGAR COATED) 25 MG	100	EA	BO	PO	EA	5	MG	5	04/15/2022	99/99/9999						
72205-0120-07		J1953		11/03/2023	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (SDV,PF,LATEX-FREE) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	11/03/2023	99/99/9999						
72205-0120-25		J1953		11/03/2023	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (SDV,PF,LATEX-FREE) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	11/03/2023	99/99/9999						
72205-0154-01		J9261		10/21/2024	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE SDV 5 MG/1 ML	50	ML		IV	ML	50	MG	0.1	10/21/2024	99/99/9999						
72205-0154-04		J9261		10/21/2024	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE SDV 5 MG/1 ML	50	ML		IV	ML	50	MG	0.1	10/21/2024	99/99/9999						
72205-0170-72		J8499		10/19/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP,BANANA) 200 MG/5 ML	473	ML	BO	PO	ML	1	EA	1	10/19/2023	99/99/9999						
72205-0171-07		J9017		06/19/2024	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML		IV	ML	1	MG	1	06/19/2024	99/99/9999						
72205-0183-01		J9041		01/01/2023	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB SDV,LYOPHILIZED 3.5 MG	1	EA		IJ	EA	0.1	MG	35	01/01/2023	99/99/9999						
72205-0198-01		J9050		04/25/2024	99/99/9999	INJECTION, CARMUSTINE, 100 MG	CARMUSTINE (SDV;W/DILUENT,PF) 100 MG	1	EA	VL	IV	EA	100	MG	1	04/25/2024	99/99/9999						
72205-0205-07		J3486		05/24/2023	99/99/9999	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	ZIPRASIDONE MESYLATE (SDV,PF,LATEX-FREE) 20 MG	10	EA		IM	EA	10	MG	2	05/24/2023	99/99/9999						
72205-0247-01		J1190		05/19/2025	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE SDV,LYOPHILIZED 250 MG	1	EA	VL	IV	EA	250	MG	1	05/19/2025	99/99/9999						
72205-0248-01		J1190		05/19/2025	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE SDV,LYOPHILIZED 500 MG	1	EA	VL	IV	EA	250	MG	2	05/19/2025	99/99/9999						
72205-0264-25		J2371		06/12/2024	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (SDV,PF,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	06/12/2024	99/99/9999						
72205-0265-07		J2371		06/12/2024	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (PF,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	20	MCG	500	06/12/2024	99/99/9999						
72205-0266-07		J2371		06/12/2024	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (PF,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	06/12/2024	99/99/9999						
72266-0101-01		J1190		03/18/2019	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE (LATEX-FREE,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	250	MG	2	03/18/2019	99/99/9999						
72266-0102-01		J1920		07/01/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (USP,MDV,LATEX-FREE) 5 MG/1 ML	20	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						
72266-0103-01		J1920		07/01/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (USP,MDV,LATEX-FREE) 5 MG/1 ML	40	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						
72266-0106-01		J0637		04/02/2019	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	5	MG	10	04/02/2019	99/99/9999						
72266-0107-01		J0637		04/02/2019	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (SDV,PF,LATEX-FREE) 70 MG	1	EA	VL	IV	EA	5	MG	14	04/02/2019	99/99/9999						
72266-0108-01		J9027		08/19/2019	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOFARABINE (SDV,PF,LATEX-FREE) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	08/19/2019	99/99/9999						
72266-0118-25		J1885		03/18/2019	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	03/18/2019	99/99/9999						
72266-0119-25		J1885		03/18/2019	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP, SDV,PF,LATEX-FREE) 30 MG/1 ML	2	ML	CA	IM	ML	15	MG	2	03/18/2019	99/99/9999						
72266-0120-01		J0641		06/25/2019	03/31/2021	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5 MG	LEVOLEUCOVORIN CALCIUM (1X17.5ML;SDV,PF) 10 MG/1 ML	17.5	ML	VL	IV	ML	0.5	MG	20	06/25/2019	03/31/2021						
72266-0121-01		J0641		06/25/2019	03/31/2021	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5 MG	LEVOLEUCOVORIN CALCIUM (1X25ML;SDV,PF) 10 MG/1 ML	25	ML		IV	ML	0.5	MG	20	06/25/2019	03/31/2021						
72266-0123-25		J2405		04/02/2019	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HCL (SDV,PF,LATEX-FREE) 2 MG/1 ML	2	ML		IJ	ML	1	MG	2	04/02/2019	99/99/9999						
72266-0124-01		J2405		04/02/2019	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/1 ML	20	ML		IJ	ML	1	MG	2	04/02/2019	99/99/9999						
72266-0125-10		J9263		02/15/2019	10/15/2020	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	02/15/2019	10/15/2020						
72266-0126-10		J9263		02/15/2019	10/15/2020	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	02/15/2019	10/15/2020						
72266-0127-05		J0500		01/01/2020	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HCL (5X2ML;SDV) 10 MG/1 ML	2	ML		IM	ML	20	MG	0.5	01/01/2020	99/99/9999						
72266-0131-01		J3465		01/01/2021	99/99/9999	INJECTION, VORICONAZOLE, 10 MG	VORICONAZOLE (SDV,PF,LATEX-FREE) 200 MG	1	EA		IV	EA	10	MG	20	01/01/2021	99/99/9999						
72266-0152-01		J3489		07/14/2023	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (PF,LATEX-FREE) 5 MG/100 ML	100	ML	FC	IV	ML	1	MG	0.05	07/14/2023	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
72266-0159-05		J1335		01/03/2023	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (SDV,PF,LATEX-FREE) 1 GM	5	EA		U	EA	500	MG	2	01/03/2023	99/99/9999						
72266-0159-10		J1335		11/01/2021	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (SDV,PF,LATEX-FREE) 1 GM	10	EA	VL	U	EA	500	MG	2	11/01/2021	99/99/9999						
72266-0160-10		J3486		06/15/2020	99/99/9999	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	ZIPRASIDONE MESYLATE (SDV,LYOPHILIZED) 20 MG	10	EA	VL	IM	EA	10	MG	2	06/15/2020	99/99/9999						
72266-0161-01		J9263		03/30/2020	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	03/30/2020	99/99/9999						
72266-0162-01		J9263		03/30/2020	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	03/30/2020	99/99/9999						
72266-0163-06		J3260		08/10/2021	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN (PF,LATEX-FREE) 1.2 GM	6	EA	VL	IV	EA	80	MG	15	08/10/2021	99/99/9999						
72266-0204-10		J0780		05/01/2023	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE MDV 5 MG/1 ML	2	ML		U	ML	10	MG	0.5	05/01/2023	99/99/9999						
72266-0234-25		J1885		07/14/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 15 MG/1 ML	1	ML	VL	U	ML	15	MG	1	07/14/2023	99/99/9999						
72266-0235-01		J1190		11/22/2021	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE (SDV,PF,LATEX-FREE) 250 MG	1	EA	VL	IV	EA	250	MG	1	11/22/2021	99/99/9999						
72266-0237-05		J1271		04/01/2025	99/99/9999	INJECTION, DOXYCYCLINE HYCLATE, 1 MG	DOXYCYCLINE SDV,LYOPHILIZED 100 MG	5	EA		IV	EA	1	MG	100	04/01/2025	99/99/9999						
72266-0237-05		J3490		06/09/2023	03/31/2025	UNCLASSIFIED DRUGS	DOXYCYCLINE (SDV,PF,LATEX-FREE) 100 MG	5	EA		IV	EA	1	EA	1	06/09/2023	03/31/2025						
72266-0248-05		J2805		05/31/2023	99/99/9999	INJECTION, SINCALIDE, 5 MICROGRAMS	SINCALIDE (SDV,PF,LATEX-FREE) 5 MCG	5	EA		IV	EA	5	MCG	1	05/31/2023	99/99/9999						
72266-0251-10		J0636		08/31/2023	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL (10 X 1ML,PF) 1 MCG/1 ML	1	ML	VL	IV	ML	0.1	MCG	10	08/31/2023	99/99/9999						
72266-0252-01		J9060		08/31/2023	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV,PF,LATEX-FREE) 1 MG/1 ML	50	ML	SY	IV	ML	10	MG	0.1	08/31/2023	99/99/9999						
72266-0253-01		J9060		08/31/2023	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV,PF,LATEX-FREE) 1 MG/1 ML	100	ML	SY	IV	ML	10	MG	0.1	08/31/2023	99/99/9999						
72266-0259-30		J7605		01/20/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 15 MCG/2 ML	2	ML		IH	ML	15	MCG	0.5	01/20/2025	99/99/9999						
72266-0259-30	KO	J7605	KO	01/20/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 15 MCG/2 ML	2	ML		IH	ML	15	MCG	0.5	01/20/2025	99/99/9999						
72266-0259-60		J7605		01/20/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 15 MCG/2 ML	2	ML		IH	ML	15	MCG	0.5	01/20/2025	99/99/9999						
72266-0259-60	KO	J7605	KO	01/20/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 15 MCG/2 ML	2	ML		IH	ML	15	MCG	0.5	01/20/2025	99/99/9999						
72266-0261-01		J0650		09/04/2025	99/99/9999	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	LEVOTHYROXINE SODIUM LYOPHILIZED 100 MCG	1	EA	VL	IV	EA	10	MCG	10	09/04/2025	99/99/9999						
72374-0101-01		Q5148		04/01/2025	99/99/9999	INJECTION, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM	NYPOZI 300 MCG/0.5 ML	0.5	ML		IJ	ML	1	MCG	600	04/01/2025	99/99/9999						
72374-0101-10		Q5148		04/01/2025	99/99/9999	INJECTION, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM	NYPOZI 300 MCG/0.5 ML	0.5	ML		IJ	ML	1	MCG	600	04/01/2025	99/99/9999						
72374-0102-01		Q5148		04/01/2025	99/99/9999	INJECTION, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM	NYPOZI 480 MCG/0.8 ML	0.8	ML		IJ	ML	1	MCG	600	04/01/2025	99/99/9999						
72374-0102-10		Q5148		04/01/2025	99/99/9999	INJECTION, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM	NYPOZI 480 MCG/0.8 ML	0.8	ML		IJ	ML	1	MCG	600	04/01/2025	99/99/9999						
72439-0500-10		J3480		08/29/2018	08/10/2023	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (AMPULE) 2 MEQ/1 ML	10	ML	AM	IV	ML	2	MEQ	1	08/29/2018	08/10/2023						
72485-0101-05		J1200		05/04/2023	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (SDV,PF,LATEX-FREE) 50 MG/1 ML	1	ML	VL	IJ	ML	50	MG	1	05/04/2023	99/99/9999						
72485-0101-25		J1200		05/28/2019	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (25X1ML,LATEX-FREE) 50 MG/1 ML	1	ML	VL	IJ	ML	50	MG	1	05/28/2019	99/99/9999						
72485-0104-01		J0706		01/14/2020	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (USP,SDV,PF) 20 MG/1 ML	3	ML	VL	IV	ML	5	MG	4	01/14/2020	99/99/9999						
72485-0104-10		J0706		12/01/2020	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (3X10,SDV, USP,PF) 20 MG/1 ML	3	ML	VL	IV	ML	5	MG	4	12/01/2020	99/99/9999						
72485-0106-10		J1953		12/29/2020	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (10X5ML;USP;SDV) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	12/29/2020	99/99/9999						
72485-0106-25		J1953		03/14/2023	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (25X5ML;USP;SDV) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	03/14/2023	99/99/9999						
72485-0107-10		J3290		10/01/2025	99/99/9999	INJECTION, TRANEXAMIC ACID, 5 MG	TRANEXAMIC ACID SDV;USP 100 MG/1 ML	10	ML		IV	ML	5	MG	20	10/01/2025	99/99/9999						
72485-0114-01		J2010		05/04/2023	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (MDV,GLUTEN-FREE) 300 MG/1 ML	2	ML	VL	IJ	ML	300	MG	1	05/04/2023	99/99/9999						
72485-0115-10		J2010		05/04/2023	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (MDV,GLUTEN-FREE) 300 MG/1 ML	10	ML	VL	IJ	ML	300	MG	1	05/04/2023	99/99/9999						
72485-0116-10		J2404		07/08/2024	99/99/9999	INJECTION, NICARDIPINE, 0.1 MG	NICARDIPINE HCL (GLUTEN-FREE,LATEX-FREE) 2.5 MG/1 ML	10	ML	VL	IV	ML	0.1	MG	25	07/08/2024	99/99/9999						
72485-0118-25		J1100		04/23/2025	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	DEXAMETHASONE SODIUM PHOSPHATE SDV 10 MG/1 ML	1	ML		IJ	ML	1	MG	10	04/23/2025	99/99/9999						
72485-0201-01		J9025		10/25/2018	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV) 100 MG	1	EA	VL	IJ	EA	1	MG	100	10/25/2018	99/99/9999						
72485-0203-30		J8999		05/06/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BO	PO	EA	1	EA	1	05/06/2019	99/99/9999						
72485-0204-60		None		05/06/2019	09/30/2024	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	05/06/2019	09/30/2024						
72485-0204-60		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 150 MG	60	EA		PO	EA	50	MG	3	01/01/2025	99/99/9999						
72485-0205-12		None		05/06/2019	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	05/06/2019	09/30/2024						
72485-0205-12		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 500 MG	120	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
72485-0210-08		J0594		07/15/2019	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SDV) 6 MG/1 ML	10	ML	CT	IV	ML	1	MG	6	07/15/2019	99/99/9999						
72485-0211-02		J9206		05/06/2019	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	05/06/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
72485-0212-05		J9206		05/06/2019	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	05/06/2019	99/99/9999						
72485-0213-15		J9206		09/08/2020	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X15ML;SDV) 20 MG/1 ML	15	ML	VL	IV	ML	20	MG	1	09/08/2020	99/99/9999						
72485-0214-01		J9171		01/29/2020	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP,SDV) 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	01/29/2020	99/99/9999						
72485-0215-04		J9171		01/29/2020	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP,SDV) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	01/29/2020	99/99/9999						
72485-0216-08		J9171		01/29/2020	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP,SDV) 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	01/29/2020	99/99/9999						
72485-0221-02		J9201		02/04/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE 38 MG/1 ML	5.26	ML	VL	IV	ML	200	MG	0.19	02/04/2020	99/99/9999						
72485-0222-10		J9201		02/04/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE 38 MG/1 ML	26.3	ML	VL	IV	ML	200	MG	0.19	02/04/2020	99/99/9999						
72485-0223-20		J9201		02/04/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE 38 MG/1 ML	52.6	ML	VL	IV	ML	200	MG	0.19	02/04/2020	99/99/9999						
72485-0403-10		J2543		05/02/2022	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV;USP,PF,LATEX-FREE) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	05/02/2022	99/99/9999						
72485-0404-10		J2543		05/02/2022	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV;USP,PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	05/02/2022	99/99/9999						
72485-0406-10		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN 2 GM	10	EA		IJ	EA	20	MG	100	01/01/2025	99/99/9999						
72485-0406-10		J3490		12/04/2023	12/31/2024	UNCLASSIFIED DRUGS	NAFCILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	1	EA	1	12/04/2023	12/31/2024						
72485-0409-10		J2700		03/08/2023	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (USP,PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	250	MG	8	03/08/2023	99/99/9999						
72485-0411-10		J2185		05/01/2024	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 500 MG	10	EA	VL	IV	EA	100	MG	5	05/01/2024	99/99/9999						
72485-0412-10		J2185		09/15/2023	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,PF,GLUTEN-FREE) 1 GM	10	EA	VL	IV	EA	100	MG	10	09/15/2023	99/99/9999						
72485-0416-10		J0295		12/18/2023	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (PF,GLUTEN-FREE) 1 GM-0.5 GM	10	EA	VL	IJ	EA	1.5	GM	1	12/18/2023	99/99/9999						
72485-0417-10		J0295		04/25/2023	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (USP, SDV,PF,LATEX-FREE) 2 GM-1 GM	10	EA	VL	IJ	EA	1.5	GM	2	04/25/2023	99/99/9999						
72485-0421-10		J0290		01/12/2023	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (SDV,GLUTEN-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	01/12/2023	99/99/9999						
72485-0422-10		J0290		04/25/2023	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,GLUTEN-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	04/25/2023	99/99/9999						
72485-0423-10		J0290		05/22/2025	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN PHARMACY BULK PACKAGE 10 GM	10	EA	GC	IJ	EA	500	MG	20	05/22/2025	99/99/9999						
72485-0501-10		J2260		05/08/2023	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (10X10ML;SDV,PF) 1 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.2	05/08/2023	99/99/9999						
72485-0502-10		J2260		05/08/2023	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (10X20ML;SDV,PF) 1 MG/1 ML	20	ML	VL	IV	ML	5	MG	0.2	05/08/2023	99/99/9999						
72485-0503-01		J2260		05/08/2023	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (1X50ML;SDV,PF) 1 MG/1 ML	50	ML		IV	ML	5	MG	0.2	05/08/2023	99/99/9999						
72485-0504-25		J2371		05/26/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (25X1ML,PF,LATEX-FREE) 10 MG/1 ML	1	ML		IV	ML	20	MCG	500	05/26/2023	99/99/9999						
72485-0505-10		J2371		05/26/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (10X5ML,PHARMACYBLK,PF) 10 MG/1 ML	5	ML		IV	ML	20	MCG	500	05/26/2023	99/99/9999						
72485-0506-01		J2370		03/24/2023	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (PHARMACY BULK,PF) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	03/24/2023	06/30/2023						
72485-0506-01		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (PHARMACY BULK,PF) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
72485-0507-25		J3411		06/15/2023	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (MDV,GLUTEN-FREE) 100 MG/1 ML	2	ML	VL	IJ	ML	100	MG	1	06/15/2023	99/99/9999						
72485-0510-10		J3290		10/01/2025	99/99/9999	INJECTION, TRANEXAMIC ACID, 5 MG	TRANEXAMIC ACID SDV;USP 100 MG/1 ML	10	ML		IV	ML	5	MG	20	10/01/2025	99/99/9999						
72516-0024-10		J2440		02/09/2021	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HCL 30 MG/1 ML	2	ML	VL	IJ	ML	60	MG	0.5	02/09/2021	99/99/9999						
72516-0024-25		J2440		02/09/2021	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HCL 30 MG/1 ML	2	ML	VL	IJ	ML	60	MG	0.5	02/09/2021	99/99/9999						
72526-0102-11		J2801		04/01/2024	99/99/9999	INJECTION, RISPERIDONE (RYKINDO), 0.5 MG	RYKINDO 25 MG	1	EA		IM	EA	0.5	MG	50	04/01/2024	99/99/9999						
72526-0103-11		J2801		04/01/2024	99/99/9999	INJECTION, RISPERIDONE (RYKINDO), 0.5 MG	RYKINDO 37.5 MG	1	EA		IM	EA	0.5	MG	75	04/01/2024	99/99/9999						
72526-0104-11		J2801		04/01/2024	99/99/9999	INJECTION, RISPERIDONE (RYKINDO), 0.5 MG	RYKINDO 50 MG	1	EA		IM	EA	0.5	MG	100	04/01/2024	99/99/9999						
72526-0105-11		J2428		04/01/2025	99/99/9999	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (ERZOFRI), 1 MG	ERZOFRI 39 MG/0.25 ML	0.25	ML		IM	ML	1	MG	156	04/01/2025	99/99/9999						
72526-0106-11		J2428		04/01/2025	99/99/9999	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (ERZOFRI), 1 MG	ERZOFRI 78 MG/0.5 ML	0.5	ML		IM	ML	1	MG	156	04/01/2025	99/99/9999						
72526-0107-11		J2428		04/01/2025	99/99/9999	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (ERZOFRI), 1 MG	ERZOFRI 117 MG/0.75 ML	0.75	ML		IM	ML	1	MG	156	04/01/2025	99/99/9999						
72526-0108-11		J2428		04/01/2025	99/99/9999	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (ERZOFRI), 1 MG	ERZOFRI 156 MG/1 ML	1	ML		IM	ML	1	MG	156	04/01/2025	99/99/9999						
72526-0109-11		J2428		04/01/2025	99/99/9999	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (ERZOFRI), 1 MG	ERZOFRI 234 MG/1.5 ML	1.5	ML		IM	ML	1	MG	156	04/01/2025	99/99/9999						
72526-0110-11		J2428		04/01/2025	99/99/9999	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (ERZOFRI), 1 MG	ERZOFRI 351 MG/2.25 ML	2.25	ML		IM	ML	1	MG	156	04/01/2025	99/99/9999						
72572-0015-25		J0281		04/01/2025	99/99/9999	INJECTION, AMINOCAPROIC ACID, 1 GRAM	AMINOCAPROIC ACID 250 MG/1 ML	20	ML		IV	ML	1	GM	0.25	04/01/2025	99/99/9999						
72572-0015-25		J3490		08/27/2020	03/31/2025	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID 250 MG/1 ML	20	ML	VL	IV	ML	1	EA	1	08/27/2020	03/31/2025						
72572-0016-10		J0290		12/22/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (SDV;USP,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	12/22/2020	99/99/9999						
72572-0017-10		J0290		12/22/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (SDV;USP,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	12/22/2020	99/99/9999						
72572-0020-01		J9025		10/08/2025	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE SDV,LYOPHILIZED 100 MG	1	EA	VL	IJ	EA	1	MG	100	10/08/2025	99/99/9999						
72572-0021-10		J0295		02/01/2022	03/11/2024	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (PF,LATEX-FREE) 1 GM-0.5 GM	10	EA	VL	IJ	EA	1.5	GM	1	02/01/2022	03/11/2024						
72572-0022-10		J0295		02/01/2022	03/11/2024	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (PF,LATEX-FREE) 2 GM-1 GM	10	EA	VL	IJ	EA	1.5	GM	2	02/01/2022	03/11/2024						
72572-0025-10		J3490		01/27/2020	11/02/2021	UNCLASSIFIED DRUGS	BACITRACIN (LATEX-FREE,LYOPHILIZED) 50000 U	10	EA	VL	IM	EA	1	EA	1	01/27/2020	11/02/2021						
72572-0035-10		J0583		08/27/2020	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SINGLE-USE VIAL) 250 MG	10	EA	VL	IV	EA	1	MG	250	08/27/2020	99/99/9999						
72572-0040-10		J1939		01/01/2024	99/99/9999	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE (SDV,LATEX-FREE) 0.25 MG/1 ML	4	ML		IJ	ML	0.5	MG	0.5	01/01/2024	99/99/9999						
72572-0040-10		J3490		06/01/2022	12/31/2023	UNCLASSIFIED DRUGS	BUMETANIDE (SDV,LATEX-FREE) 0.25 MG/1 ML	4	ML	VL	IJ	ML	1	EA	1	06/01/2022	12/31/2023						
72572-0041-10		J1939		01/01/2024	99/99/9999	INJECTION, BUMETANIDE, 0.5 MG	BUMETANIDE (SDV,LATEX-FREE) 0.25 MG/1 ML	10	ML		IJ	ML	0.5	MG	0.5	01/01/2024	99/99/9999						
72572-0041-10		J3490		06/01/2022	12/31/2023	UNCLASSIFIED DRUGS	BUMETANIDE (SDV,LATEX-FREE) 0.25 MG/1 ML	10	ML	VL	IJ	ML	1	EA	1	06/01/2022	12/31/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
72572-0050-01		J0131		12/01/2022	99/99/9999	INJECTION, ACETAMINOPHEN, NOT OTHERWISE SPECIFIED,10 MG	ACETAMINOPHEN (1X100ML,SDV) 10 MG/1 ML	100	ML	VL	IV	ML	10	MG	1	12/01/2022	99/99/9999						
72572-0050-10		J0131		12/01/2022	99/99/9999	INJECTION, ACETAMINOPHEN, NOT OTHERWISE SPECIFIED,10 MG	ACETAMINOPHEN (10X100ML,SDV) 10 MG/1 ML	100	ML	VL	IV	ML	10	MG	1	12/01/2022	99/99/9999						
72572-0052-10		J0618		07/01/2025	99/99/9999	INJECTION, CALCIUM CHLORIDE, 2 MG	CALCIUM CHLORIDE 10X10ML;USP;SDV 100 MG/1 ML	10	ML		IV	ML	2	MG	50	07/01/2025	99/99/9999						
72572-0056-01		J0690		08/01/2022	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	500	MG	20	08/01/2022	99/99/9999						
72572-0056-10		J0690		08/01/2022	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (PHARMACY BULK PACKAGE) 10 GM	10	EA	VL	IV	EA	500	MG	20	08/01/2022	99/99/9999						
72572-0061-25		J0696		03/24/2020	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	25	EA	VL	IJ	EA	250	MG	4	03/24/2020	99/99/9999						
72572-0062-25		J0696		03/24/2020	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	25	EA	VL	IJ	EA	250	MG	8	03/24/2020	99/99/9999						
72572-0083-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV;USP) 2 GM	1	EA		IJ	EA	5	MG	400	04/01/2024	99/99/9999						
72572-0085-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV;USP) 1 GM	1	EA		IJ	EA	5	MG	200	04/01/2024	99/99/9999						
72572-0087-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV;USP) 500 MG	1	EA		IJ	EA	5	MG	100	04/01/2024	99/99/9999						
72572-0094-10		J0290		10/01/2025	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN CRYSTALLINE 2 GM	10	EA	VL	IJ	EA	500	MG	4	10/01/2025	99/99/9999						
72572-0100-01		J0873		01/01/2024	99/99/9999	INJECTION, DAPTOMYCIN (XELLIA), NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0872, 1 MG	DAPTOMYCIN LYOPHILIZED 350 MG	1	EA		IV	EA	1	MG	350	01/01/2024	99/99/9999						
72572-0100-01		J0878		09/20/2019	12/31/2023	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 350 MG	1	EA	VL	IV	EA	1	MG	350	09/20/2019	12/31/2023						
72572-0102-01		J0878		09/20/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	09/20/2019	99/99/9999						
72572-0120-25		J1100		10/22/2019	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (USP) 4 MG/1 ML	1	ML	VI	IJ	ML	1	MG	4	10/22/2019	99/99/9999						
72572-0122-25		J1100		10/22/2019	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE 10 MG/1 ML	1	ML	VL	IJ	ML	1	MG	10	10/22/2019	99/99/9999						
72572-0136-10		J0295		10/08/2025	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM 2 GM-1 GM	10	EA	VL	IJ	EA	1.5	GM	2	10/08/2025	99/99/9999						
72572-0140-02		J3360		10/22/2019	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X2ML) 5 MG/1 ML	2	ML	SR	IJ	ML	5	MG	1	10/22/2019	99/99/9999						
72572-0170-25		J3010		11/08/2019	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X2ML,USP,SDV,PF) 0.05 MG/1 ML	2	ML	VL	IJ	ML	0.1	MG	0.5	11/08/2019	99/99/9999						
72572-0171-10		J3010		12/01/2023	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (PF) 0.05 MG/1 ML	5	ML		IJ	ML	0.1	MG	0.5	12/01/2023	99/99/9999						
72572-0171-25		J3010		11/08/2019	04/04/2025	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X5ML,USP,SDV,PF) 0.05 MG/1 ML	5	ML	VL	IJ	ML	0.1	MG	0.5	11/08/2019	04/04/2025						
72572-0172-01		J3010		10/21/2020	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SDV;USP,PF) 50 MCG/1 ML	50	ML	VL	IV	ML	0.1	MG	0.5	10/21/2020	99/99/9999						
72572-0190-25		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	4	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
72572-0190-25		J1940		10/24/2022	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/1 ML	4	ML	VL	IJ	ML	20	MG	0.5	10/24/2022	03/31/2025						
72572-0225-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
72572-0225-25		J7643		11/08/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	11/08/2019	12/31/2023						
72572-0225-25	KO	J7643	KO	11/08/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	11/08/2019	12/31/2023						
72572-0226-25		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	GLYCOPYRROLATE (25X1ML;USP;SDV) 0.2 MG/1 ML	1	ML		IJ	ML	0.1	MG	2	01/01/2024	99/99/9999						
72572-0226-25		J7643		11/17/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X1ML;USP;SDV) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	11/17/2020	12/31/2023						
72572-0226-25	KO	J7643	KO	11/17/2020	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (25X1ML;USP;SDV) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	11/17/2020	12/31/2023						
72572-0250-25		J1644		10/22/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (USP) 1000 U/1 ML	1	ML	VL	IJ	ML	1000	U	1	10/22/2019	99/99/9999						
72572-0255-25		J1644		10/22/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (USP) 5000 U/1 ML	1	ML	VL	IJ	ML	1000	U	5	10/22/2019	99/99/9999						
72572-0265-25		J0360		08/27/2020	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (25X1ML;SDV;USP) 20 MG/1 ML	1	ML	VL	IJ	ML	20	MG	1	08/27/2020	99/99/9999						
72572-0350-01		J1920		07/01/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (MDV) 5 MG/1 ML	20	ML		IV	ML	5	MG	1	07/01/2023	99/99/9999						
72572-0354-01		J1885		07/17/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	07/17/2023	99/99/9999						
72572-0354-10		J1885		07/17/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (10X1ML,SDV) 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	07/17/2023	99/99/9999						
72572-0355-01		J1885		07/17/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	07/17/2023	99/99/9999						
72572-0355-25		J1885		07/17/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (25X1ML;SDV) 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	07/17/2023	99/99/9999						
72572-0360-01		J1953		03/16/2023	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (SDV) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	03/16/2023	99/99/9999						
72572-0360-25		J1953		03/16/2023	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (SDV) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	03/16/2023	99/99/9999						
72572-0370-25		J2001		11/12/2019	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X5ML,PF) 1%	5	ML	VL	IJ	ML	10	MG	1	11/12/2019	09/30/2024						
72572-0370-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (25X5ML,PF) 1%	5	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
72572-0372-25		J2001		11/12/2019	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X5ML,PF) 2%	5	ML	VL	IJ	ML	10	MG	2	11/12/2019	09/30/2024						
72572-0372-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (25X5ML,PF) 2%	5	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
72572-0380-25		J2060		09/22/2020	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 2 MG/1 ML	1	ML	VL	IJ	ML	2	MG	1	09/22/2020	99/99/9999						
72572-0410-10		J2185		09/22/2025	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM SDV,USP 1 GM	10	EA	VL	IV	EA	100	MG	10	09/22/2025	99/99/9999						
72572-0412-10		J2185		09/22/2025	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM SDV,USP 500 MG	10	EA	VL	IV	EA	100	MG	5	09/22/2025	99/99/9999						
72572-0414-10		J2543		10/01/2025	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM LYOPHILIZED 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	10/01/2025	99/99/9999						
72572-0415-10		J2185		08/27/2020	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 500 MG	10	EA	VL	IV	EA	100	MG	5	08/27/2020	99/99/9999						
72572-0416-10		J2185		08/27/2020	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 1 GM	10	EA	VL	IV	EA	100	MG	10	08/27/2020	99/99/9999						
72572-0418-10		J2543		10/01/2025	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	10/01/2025	99/99/9999						
72572-0427-01		J2248		08/26/2022	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (SDV,PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	1	MG	100	08/26/2022	99/99/9999						
72572-0430-25		J2250		11/08/2019	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (25X2ML,USP) 1 MG/1 ML	2	ML	VL	IJ	ML	1	MG	1	11/08/2019	99/99/9999						
72572-0432-10		J2250		11/08/2019	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X5ML) 1 MG/1 ML	5	ML	VL	IJ	ML	1	MG	1	11/08/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
72572-0440-25		J2274		10/22/2019	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (USP) 4 MG/1 ML	1	ML	VL	IV	ML	10	MG	0.4	10/22/2019	99/99/9999						
72572-0450-25		J2310		10/22/2019	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL 0.4 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.4	10/22/2019	06/30/2025						
72572-0450-25		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL 0.4 MG/1 ML	1	ML		IJ	ML	0.01	MG	40	07/01/2025	99/99/9999						
72572-0460-24		J2710		11/08/2019	02/28/2023	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	11/08/2019	02/28/2023						
72572-0461-24		J2710		11/08/2019	02/28/2023	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	11/08/2019	02/28/2023						
72572-0462-10		J2710		06/15/2020	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	06/15/2020	99/99/9999						
72572-0470-10		J2404		01/01/2024	99/99/9999	INJECTION, NICARDIPINE, 0.1 MG	NICARDIPINE HCL (10X10ML,SDV) 2.5 MG/1 ML	10	ML		IV	ML	0.1	MG	25	01/01/2024	99/99/9999						
72572-0520-25		J2405		10/22/2019	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HCL (SDV,PF,LATEX-FREE) 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	10/22/2019	99/99/9999						
72572-0550-10		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (SDV,FREEZE-DRIED) 40 MG	10	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
72572-0550-10		J3490		08/27/2020	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (SDV,FREEZE-DRIED) 40 MG	10	EA	VL	IV	EA	1	EA	1	08/27/2020	06/30/2024						
72572-0553-10		J2471		07/14/2025	99/99/9999	INJECTION, PANTOPRAZOLE (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J2470, 40 MG	PANTOPRAZOLE SODIUM SDV,LYOPHILIZED 40 MG	10	EA		IV	EA	40	MG	1	07/14/2025	99/99/9999						
72572-0570-10		J2370		09/22/2020	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	09/22/2020	06/30/2023						
72572-0570-10		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
72572-0571-25		J2370		09/22/2020	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	09/22/2020	06/30/2023						
72572-0571-25		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
72572-0573-10		J2543		12/22/2020	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV;USP,PF,LATEX-FREE) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	12/22/2020	99/99/9999						
72572-0574-10		J2543		12/22/2020	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV;USP,PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	12/22/2020	99/99/9999						
72572-0576-10		J2543		02/07/2022	03/11/2024	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV;USP,PF,LATEX-FREE) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	02/07/2022	03/11/2024						
72572-0577-10		J2543		02/07/2022	03/11/2024	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV;USP,PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	02/07/2022	03/11/2024						
72572-0580-25		J0780		11/08/2019	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (USP) 5 MG/1 ML	2	ML	BO	IJ	ML	10	MG	0.5	11/08/2019	99/99/9999						
72572-0583-10		J2704		10/21/2020	01/03/2023	INJECTION, PROPOFOL, 10 MG	PROPOFOL (PF) 10 MG/1 ML	20	ML	VL	IV	ML	10	MG	1	10/21/2020	01/03/2023						
72572-0584-20		J2704		10/21/2020	01/03/2023	INJECTION, PROPOFOL, 10 MG	PROPOFOL (PF) 10 MG/1 ML	50	ML	VL	IV	ML	10	MG	1	10/21/2020	01/03/2023						
72572-0585-10		J2704		10/21/2020	01/03/2023	INJECTION, PROPOFOL, 10 MG	PROPOFOL (PF) 10 MG/1 ML	100	ML	VL	IV	ML	10	MG	1	10/21/2020	01/03/2023						
72572-0590-01		J2704		10/01/2021	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL 10 MG/1 ML	20	ML	VL	IV	ML	10	MG	1	10/01/2021	99/99/9999						
72572-0590-10		J2704		10/01/2021	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL 10 MG/1 ML	20	ML	VL	IV	ML	10	MG	1	10/01/2021	99/99/9999						
72572-0601-01		J2704		10/01/2021	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL 10 MG/1 ML	50	ML	VL	IV	ML	10	MG	1	10/01/2021	99/99/9999						
72572-0601-20		J2704		10/01/2021	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL 10 MG/1 ML	50	ML	VL	IV	ML	10	MG	1	10/01/2021	99/99/9999						
72572-0612-01		J2704		10/01/2021	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL 10 MG/1 ML	100	ML	VL	IV	ML	10	MG	1	10/01/2021	99/99/9999						
72572-0612-10		J2704		10/01/2021	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL 10 MG/1 ML	100	ML	VL	IV	ML	10	MG	1	10/01/2021	99/99/9999						
72572-0707-01		J2795		10/24/2022	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	IJ	ML	1	MG	5	10/24/2022	99/99/9999						
72572-0707-10		J2795		10/24/2022	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	IJ	ML	1	MG	5	10/24/2022	99/99/9999						
72572-0750-10		J0330		08/27/2020	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	ANECTINE (MDV) 20 MG/1 ML	10	ML	VL	IV	ML	20	MG	1	08/27/2020	99/99/9999						
72572-0760-01		J7507		01/01/2022	11/30/2023	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP,HARD GELATIN) 0.5 MG	100	EA		PO	EA	1	MG	0.5	01/01/2022	11/30/2023						
72572-0761-01		J7507		01/01/2022	11/30/2023	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP,HARD GELATIN) 1 MG	100	EA		PO	EA	1	MG	1	01/01/2022	11/30/2023						
72572-0801-02		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL USP,LYOPHILIZED 1 GM	10	EA		IV	EA	10	MG	100	07/01/2025	99/99/9999						
72572-0801-02		J3370		08/29/2019	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	08/29/2019	06/30/2025						
72572-0803-01		J3370		09/20/2019	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PKG,PF) 5 GM	1	EA	VL	IV	EA	500	MG	10	09/20/2019	06/30/2025						
72572-0803-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK PKG,LYOPHILIZED 5 GM	1	EA		IV	EA	10	MG	500	07/01/2025	99/99/9999						
72572-0805-01		J3370		09/20/2019	06/30/2025	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	500	MG	20	09/20/2019	06/30/2025						
72572-0805-01		J3373		07/01/2025	99/99/9999	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	VANCOMYCIN HCL PHARMACY BULK PACKAGE,LYOPHILIZED 10 GM	1	EA		IV	EA	10	MG	1000	07/01/2025	99/99/9999						
72572-0860-25		J2599		09/01/2025	99/99/9999	INJECTION, VASOPRESSIN (AMERICAN REGENT), NOT THERAPEUTICALLY EQUIVALENT TO J2598, 1 UNIT	VASOPRESSIN SDV 20 U/1 ML	1	ML		IV	ML	1	U	20	09/01/2025	99/99/9999						
72572-0875-01		J3465		04/24/2023	99/99/9999	INJECTION, VORICONAZOLE, 10 MG	VORICONAZOLE (SDV,LYOPHILIZED) 200 MG	1	EA	VL	IV	EA	10	MG	20	04/24/2023	99/99/9999						
72578-0002-01		J8499		01/27/2021	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP,HARD-GELATIN) 200 MG	100	EA	BO	PO	EA	1	EA	1	01/27/2021	99/99/9999						
72578-0002-05		J8499		01/27/2021	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP,HARD-GELATIN) 200 MG	500	EA	BO	PO	EA	1	EA	1	01/27/2021	99/99/9999						
72578-0166-01		J8540		06/20/2024	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1 MG	100	EA	BO	PO	EA	0.25	MG	4	06/20/2024	99/99/9999						
72578-0167-01		J8540		06/20/2024	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	100	EA	BO	PO	EA	0.25	MG	8	06/20/2024	99/99/9999						
72578-0168-01		J8540		06/20/2024	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	100	EA	BO	PO	EA	0.25	MG	2	06/20/2024	99/99/9999						
72578-0169-01		J8540		06/20/2024	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100	EA	BO	PO	EA	0.25	MG	3	06/20/2024	99/99/9999						
72578-0170-01		J8540		06/20/2024	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1.5 MG	100	EA	BO	PO	EA	0.25	MG	6	06/20/2024	99/99/9999						
72578-0171-01		J8540		06/20/2024	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100	EA	BO	PO	EA	0.25	MG	16	06/20/2024	99/99/9999						
72578-0172-01		J8540		06/20/2024	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 6 MG	100	EA	BO	PO	EA	0.25	MG	24	06/20/2024	99/99/9999						
72603-0101-01		J9263		07/17/2019	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	07/17/2019	99/99/9999						
72603-0103-01		Q2050		07/17/2019	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	07/17/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
72603-0104-01		J9070		05/07/2020	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 500 MG	1	EA	VL	IV	EA	100	MG	5	05/07/2020	03/31/2024						
72603-0104-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 500 MG	1	EA		IV	EA	5	MG	100	04/01/2024	99/99/9999						
72603-0106-01		J1453		10/02/2020	10/01/2022	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,PF,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	10/02/2020	10/01/2022						
72603-0107-01		J0894		01/04/2021	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (LATEX-FREE,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	01/04/2021	99/99/9999						
72603-0108-01		J3301		01/15/2021	11/30/2022	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (LATEX-FREE) 40 MG/1 ML	1	ML	VL	IJ	ML	10	MG	4	01/15/2021	11/30/2022						
72603-0128-10		J2470		07/01/2024	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	10	EA		IV	EA	40	MG	1	07/01/2024	99/99/9999						
72603-0128-10		J3490		11/11/2022	06/30/2024	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	10	EA		IV	EA	1	EA	1	11/11/2022	06/30/2024						
72603-0133-25		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE 25X2ML,SDV 10 MG/1 ML	2	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
72603-0133-25		J1940		02/28/2023	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (25X2ML,SDV,LATEX-FREE) 10 MG/1 ML	2	ML	VL	IJ	ML	20	MG	0.5	02/28/2023	03/31/2025						
72603-0139-25		J3411		04/20/2023	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (25X2ML;MDV,LATEX-FREE) 100 MG/1 ML	2	ML		IJ	ML	100	MG	1	04/20/2023	99/99/9999						
72603-0141-02		J3030		06/20/2023	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE (AUTOINJECTOR) 6 MG/0.5 ML	0.5	ML	SR	SC	ML	6	MG	2	06/20/2023	99/99/9999						
72603-0146-01		J1920		05/12/2023	99/99/9999	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (USP,MDV,LATEX-FREE) 5 MG/1 ML	20	ML		IV	ML	5	MG	1	05/12/2023	99/99/9999						
72603-0147-01		J0878		05/12/2023	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IV	EA	1	MG	350	05/12/2023	99/99/9999						
72603-0152-01		J0878		07/17/2023	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	07/17/2023	99/99/9999						
72603-0153-25		J1885		12/11/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	12/11/2023	99/99/9999						
72603-0160-06		J3260		04/17/2024	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN (PF,LATEX-FREE) 1.2 GM	6	EA	VL	IV	EA	80	MG	15	04/17/2024	99/99/9999						
72603-0161-25		J1885		12/11/2023	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	12/11/2023	99/99/9999						
72603-0165-10		J1650		09/14/2023	07/31/2025	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE-DOSE,PF) 30 MG/0.3 ML	0.3	ML		SC	ML	10	MG	10	09/14/2023	07/31/2025						
72603-0168-01		Q0164		10/20/2023	08/31/2025	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (FILM-COATED) 5 MG	100	EA	BO	PO	EA	5	MG	1	10/20/2023	08/31/2025						
72603-0169-01		Q0164		10/20/2023	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	100	EA	BO	PO	EA	5	MG	2	10/20/2023	99/99/9999						
72603-0172-25		J1885		05/10/2024	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML) 30 MG/1 ML	2	ML	VL	IJ	ML	15	MG	2	05/10/2024	99/99/9999						
72603-0175-10		J1650		09/14/2023	06/30/2025	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SD,PF) 40 MG/0.4 ML	0.4	ML		SC	ML	10	MG	10	09/14/2023	06/30/2025						
72603-0179-25		J1644		05/03/2024	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 1000 U/1 ML	10	ML	VL	IJ	ML	1000	U	1	05/03/2024	99/99/9999						
72603-0181-01		J2359		11/10/2023	99/99/9999	INJECTION, OLANZAPINE, 0.5 MG	OLANZAPINE (SDV,LYOPHILIZED) 10 MG	1	EA	VL	IM	EA	0.5	MG	20	11/10/2023	99/99/9999						
72603-0185-10		J1650		09/14/2023	07/31/2025	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.6ML,SINGLE-DOSE,PF) 60 MG/0.6 ML	0.6	ML		SC	ML	10	MG	10	09/14/2023	07/31/2025						
72603-0187-01		J8540		09/18/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1.5 MG	100	EA	BO	PO	EA	0.25	MG	6	09/18/2023	99/99/9999						
72603-0188-01		J8540		09/18/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	100	EA	BO	PO	EA	0.25	MG	8	09/18/2023	99/99/9999						
72603-0189-01		J8540		09/18/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100	EA	BO	PO	EA	0.25	MG	16	09/18/2023	99/99/9999						
72603-0190-01		J8540		09/18/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 6 MG	100	EA	BO	PO	EA	0.25	MG	24	09/18/2023	99/99/9999						
72603-0195-10		J1650		09/14/2023	07/31/2025	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SINGLE-DOSE,PF) 80 MG/0.8 ML	0.8	ML		SC	ML	10	MG	10	09/14/2023	07/31/2025						
72603-0198-01		J3489		11/17/2023	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (LATEX-FREE) 4 MG/5 ML	5	ML		IV	ML	1	MG	0.8	11/17/2023	99/99/9999						
72603-0200-01		Q2050		07/17/2019	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	07/17/2019	99/99/9999						
72603-0202-01		J3301		01/15/2021	11/30/2022	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (LATEX-FREE) 40 MG/1 ML	5	ML	VL	IJ	ML	10	MG	4	01/15/2021	11/30/2022						
72603-0205-10		J1650		09/14/2023	07/31/2025	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SD,PF) 100 MG/1 ML	1	ML		SC	ML	10	MG	10	09/14/2023	07/31/2025						
72603-0208-30		J7605		05/30/2024	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	05/30/2024	99/99/9999						
72603-0208-30	KO	J7605	KO	05/30/2024	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	05/30/2024	99/99/9999						
72603-0208-60		J7605		05/30/2024	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (15X4) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	05/30/2024	99/99/9999						
72603-0208-60	KO	J7605	KO	05/30/2024	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (15X4) 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	05/30/2024	99/99/9999						
72603-0212-01		J8540		12/06/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	100	EA		PO	EA	0.25	MG	2	12/06/2023	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
72603-0213-01		J8540		12/06/2023	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100	EA	BO	PO	EA	0.25	MG	3	12/06/2023	99/99/9999						
72603-0214-25		J1644		05/03/2024	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 5000 U/1 ML	10	ML	VL	U	ML	1000	U	5	05/03/2024	99/99/9999						
72603-0215-10		J1650		09/14/2023	06/30/2025	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SD,PF) 120 MG/0.8 ML	0.8	ML		SC	ML	10	MG	15	09/14/2023	06/30/2025						
72603-0216-25		J2795		04/04/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 2 MG/1 ML	20	ML	VL	U	ML	1	MG	2	04/04/2024	99/99/9999						
72603-0217-25		J2795		04/04/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	U	ML	1	MG	5	04/04/2024	99/99/9999						
72603-0218-25		J2795		04/04/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	U	ML	1	MG	5	04/04/2024	99/99/9999						
72603-0219-25		J2795		04/04/2024	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 10 MG/1 ML	20	ML	VL	U	ML	1	MG	10	04/04/2024	99/99/9999						
72603-0220-10		J0295		06/21/2024	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (PF,LATEX-FREE) 1 GM-0.5 GM	10	EA	VL	U	EA	1.5	GM	1	06/21/2024	99/99/9999						
72603-0221-10		J0290		06/21/2024	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (LATEX-FREE) 500 MG	10	EA	VL	U	EA	500	MG	1	06/21/2024	99/99/9999						
72603-0224-25		J1644		05/03/2024	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 20000 U/1 ML	1	ML	VL	U	ML	1000	U	20	05/03/2024	99/99/9999						
72603-0225-10		J1650		09/14/2023	07/31/2025	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (SD,PF) 150 MG/1 ML	1	ML		SC	ML	10	MG	15	09/14/2023	07/31/2025						
72603-0230-01		J1631		12/18/2023	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	12/18/2023	99/99/9999						
72603-0234-25		J1644		05/03/2024	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (SDV,LATEX-FREE) 1000 U/1 ML	1	ML	VL	U	ML	1000	U	1	05/03/2024	99/99/9999						
72603-0237-10		J2404		09/29/2024	12/16/2024	INJECTION, NICARDIPINE, 0.1 MG	NICARDIPINE HCL 10X10ML, SDV 2.5 MG/1 ML	10	ML	VL	IV	ML	0.1	MG	25	09/29/2024	12/16/2024						
72603-0250-25		J1644		04/08/2025	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM MDV 1000 U/1 ML	1	ML	VL	U	ML	1000	U	1	04/08/2025	99/99/9999						
72603-0251-25		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE 25X4ML,SDV 10 MG/1 ML	4	ML		U	ML	1	MG	10	04/01/2025	99/99/9999						
72603-0251-25		J1940		02/28/2023	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (25X4ML,SDV,LATEX-FREE) 10 MG/1 ML	4	ML	VL	U	ML	20	MG	0.5	02/28/2023	03/31/2025						
72603-0254-01		J7527		10/27/2024	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS 2.5 MG	30	EA		PO	EA	0.25	MG	10	10/27/2024	99/99/9999						
72603-0255-01		J7527		10/27/2024	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS 5 MG	30	EA		PO	EA	0.25	MG	20	10/27/2024	99/99/9999						
72603-0256-01		J7527		10/27/2024	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS 7.5 MG	30	EA		PO	EA	0.25	MG	30	10/27/2024	99/99/9999						
72603-0267-25		J1644		05/03/2024	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 1000 U/1 ML	30	ML	VL	U	ML	1000	U	1	05/03/2024	99/99/9999						
72603-0270-01		J9041		11/29/2024	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB SDV,LYOPHILIZED 3.5 MG	1	EA	VL	U	EA	0.1	MG	35	11/29/2024	99/99/9999						
72603-0279-25		J0665		02/04/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL MDV 0.25%	50	ML	VL	U	ML	0.5	MG	5	02/04/2025	99/99/9999						
72603-0286-01		J1071		10/30/2024	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE USP, SDV 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	10/30/2024	99/99/9999						
72603-0287-25		J0665		02/04/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL MDV 0.5%	50	ML	VL	U	ML	0.5	MG	10	02/04/2025	99/99/9999						
72603-0301-01		J9263		07/17/2019	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	07/17/2019	99/99/9999						
72603-0303-01		None		01/28/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE FILM COATED 500 MG	120	EA		PO	EA	50	MG	10	01/28/2025	99/99/9999						
72603-0320-01		J9263		12/20/2024	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	12/20/2024	99/99/9999						
72603-0325-01		J9305		12/03/2024	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED SDV,LYOPHILIZED 100 MG	1	EA	VL	IV	EA	10	MG	10	12/03/2024	99/99/9999						
72603-0326-01		J9070		05/07/2020	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 1 GM	1	EA	VL	IV	EA	100	MG	10	05/07/2020	03/31/2024						
72603-0326-01		J9075		04/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 1 GM	1	EA		IV	EA	5	MG	200	04/01/2024	99/99/9999						
72603-0327-10		J0665		01/28/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL 0.25%	10	ML		U	ML	0.5	MG	5	01/28/2025	99/99/9999						
72603-0327-25		J0665		01/28/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL 0.25%	10	ML		U	ML	0.5	MG	5	01/28/2025	99/99/9999						
72603-0329-01		J8999		02/07/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	EXEMESTANE 25 MG	30	EA	BO	PO	EA	1	EA	1	02/07/2025	99/99/9999						
72603-0335-10		J0295		06/21/2024	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (SDV,PF,LATEX-FREE) 2 GM-1 GM	10	EA	VL	U	EA	1.5	GM	2	06/21/2024	99/99/9999						
72603-0336-25		J1644		05/03/2024	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (SDV,25X2ML,PF) 1000 U/1 ML	2	ML	VL	U	ML	1000	U	1	05/03/2024	99/99/9999						
72603-0339-10		J9017		10/22/2024	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE SDV 1 MG/1 ML	10	ML		IV	ML	1	MG	1	10/22/2024	99/99/9999						
72603-0346-01		Q2050		06/16/2025	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 1X10ML;SDV 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	06/16/2025	99/99/9999						
72603-0350-10		J2001		06/06/2024	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SDV,PF) 1%	2	ML	VL	U	ML	10	MG	1	06/06/2024	09/30/2024						
72603-0350-10		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (SDV,PF) 1%	2	ML		U	ML	1	MG	10	10/01/2024	99/99/9999						
72603-0350-25		J2001		06/06/2024	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SDV,PF) 1%	2	ML	VL	U	ML	10	MG	1	06/06/2024	09/30/2024						
72603-0350-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (SDV,PF) 1%	2	ML		U	ML	1	MG	10	10/01/2024	99/99/9999						
72603-0363-10		J0290		06/21/2024	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (SDV,LATEX-FREE) 1 GM	10	EA	VL	U	EA	500	MG	2	06/21/2024	99/99/9999						
72603-0387-10		J3290		10/01/2025	99/99/9999	INJECTION, TRANEXAMIC ACID, 5 MG	TRANEXAMIC ACID SDV;USP 100 MG/1 ML	10	ML		IV	ML	5	MG	20	10/01/2025	99/99/9999						
72603-0401-01		J3301		01/15/2021	11/30/2022	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (LATEX-FREE) 40 MG/1 ML	10	ML	VL	U	ML	10	MG	4	01/15/2021	11/30/2022						
72603-0408-01		J9264		09/10/2025	99/99/9999	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	PACLITAXEL PROTEIN-BOUND PARTICLES ALBUMIN-BOUND,LYOPHILIZED 100 MG	1	EA	VL	IV	EA	1	MG	100	09/10/2025	99/99/9999						
72603-0410-25		J2001		06/06/2024	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SDV,PF) 2%	2	ML	VL	U	ML	10	MG	2	06/06/2024	09/30/2024						
72603-0410-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (SDV,PF) 2%	2	ML		U	ML	1	MG	20	10/01/2024	99/99/9999						
72603-0412-25		J1644		05/03/2024	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (SDV,LATEX-FREE) 5000 U/1 ML	1	ML	VL	U	ML	1000	U	5	05/03/2024	99/99/9999						
72603-0415-10		J0665		01/28/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL 0.25%	30	ML		U	ML	0.5	MG	5	01/28/2025	99/99/9999						
72603-0415-25		J0665		01/28/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL 0.25%	30	ML		U	ML	0.5	MG	5	01/28/2025	99/99/9999						
72603-0420-01		J9263		12/20/2024	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	12/20/2024	99/99/9999						
72603-0425-01		J9305		12/03/2024	99/99/9999	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	PEMETREXED SDV,LYOPHILIZED 500 MG	1	EA	VL	IV	EA	10	MG	50	12/03/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
72603-0430-56		J7682		09/30/2024	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN 4 AMPULES X 14 POUCHES 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	09/30/2024	99/99/9999						
72603-0430-56	KO	J7682	KO	09/30/2024	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN 4 AMPULES X 14 POUCHES 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	09/30/2024	99/99/9999						
72603-0444-01		J0295		06/21/2024	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (PHARMACY BULK PACKAGE) 10 GM-5 GM	1	EA		IV	EA	1.5	GM	10	06/21/2024	99/99/9999						
72603-0450-01		J1453		05/07/2025	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE SDV,LYOPHILIZED 150 MG	1	EA	VL	IV	EA	1	MG	150	05/07/2025	99/99/9999						
72603-0453-10		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN SODIUM 2 GM	10	EA		IV	EA	20	MG	100	01/01/2025	99/99/9999						
72603-0453-10		J3490		06/21/2024	12/31/2024	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (LATEX-FREE) 2 GM	10	EA	VL	IV	EA	1	EA	1	06/21/2024	12/31/2024						
72603-0454-10		J0290		06/21/2024	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	06/21/2024	99/99/9999						
72603-0456-25		J1644		04/08/2025	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM MDV 5000 U/1 ML	1	ML	VL	IJ	ML	1000	U	5	04/08/2025	99/99/9999						
72603-0474-25		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE 25X10ML,SDV 10 MG/1 ML	10	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
72603-0474-25		J1940		02/28/2023	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (25X10ML,SDV,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IJ	ML	20	MG	0.5	02/28/2023	03/31/2025						
72603-0501-25		J1644		05/03/2024	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (SDV,LATEX-FREE) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	U	10	05/03/2024	99/99/9999						
72603-0505-10		J2001		06/06/2024	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SDV,PF) 2%	5	ML	VL	IJ	ML	10	MG	2	06/06/2024	09/30/2024						
72603-0505-10		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (SDV,PF) 2%	5	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
72603-0505-25		J2001		06/06/2024	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SDV,PF) 2%	5	ML	VL	IJ	ML	10	MG	2	06/06/2024	09/30/2024						
72603-0505-25		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (SDV,PF) 2%	5	ML		IJ	ML	1	MG	20	10/01/2024	99/99/9999						
72603-0506-10		J0665		01/28/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL 0.5%	10	ML		IJ	ML	0.5	MG	10	01/28/2025	99/99/9999						
72603-0506-25		J0665		01/28/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL 0.5%	10	ML		IJ	ML	0.5	MG	10	01/28/2025	99/99/9999						
72603-0507-01		Q2050		06/16/2025	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 1X25ML;SDV 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	06/16/2025	99/99/9999						
72603-0567-01		J2290		01/01/2025	99/99/9999	INJECTION, NAFCILLIN SODIUM, 20 MG	NAFCILLIN 1X10GM, BULK PACKAGE 10 GM	1	EA		IV	EA	20	MG	500	01/01/2025	99/99/9999						
72603-0567-01		J3490		06/21/2024	12/31/2024	UNCLASSIFIED DRUGS	NAFCILLIN (1X10GM, BULK PACKAGE) 10 GM	1	EA		IV	EA	1	EA	1	06/21/2024	12/31/2024						
72603-0578-01		J0290		06/21/2024	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (PHARMACY BULK PACKAGE) 10 GM	1	EA	BO	IV	EA	500	MG	20	06/21/2024	99/99/9999						
72603-0579-25		J1644		04/08/2025	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM MDV 10000 U/1 ML	1	ML	VL	IJ	ML	1000	U	10	04/08/2025	99/99/9999						
72603-0590-10		J2310		10/22/2024	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL SDV 0.4 MG/1 ML	1	ML		IJ	ML	1	MG	0.4	10/22/2024	06/30/2025						
72603-0590-10		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL SDV 0.4 MG/1 ML	1	ML		IJ	ML	0.01	MG	40	07/01/2025	99/99/9999						
72603-0590-25		J2310		10/22/2024	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL SDV 0.4 MG/1 ML	1	ML		IJ	ML	1	MG	0.4	10/22/2024	06/30/2025						
72603-0590-25		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	NALOXONE HCL SDV 0.4 MG/1 ML	1	ML		IJ	ML	0.01	MG	40	07/01/2025	99/99/9999						
72603-0602-25		J0665		01/28/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL 0.5%	30	ML		IJ	ML	0.5	MG	10	01/28/2025	99/99/9999						
72603-0620-30		J7606		07/10/2024	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	07/10/2024	99/99/9999						
72603-0620-30	KO	J7606	KO	07/10/2024	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	07/10/2024	99/99/9999						
72603-0620-60		J7606		07/10/2024	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	07/10/2024	99/99/9999						
72603-0620-60	KO	J7606	KO	07/10/2024	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	07/10/2024	99/99/9999						
72603-0630-56		J7682		09/30/2024	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN 4 AMPULES X 14 POUCHES 300 MG/4 ML	4	ML	PC	IH	ML	300	MG	0.25	09/30/2024	99/99/9999						
72603-0630-56	KO	J7682	KO	09/30/2024	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN 4 AMPULES X 14 POUCHES 300 MG/4 ML	4	ML	PC	IH	ML	300	MG	0.25	09/30/2024	99/99/9999						
72603-0650-25		J3420		10/28/2024	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN MDV 1000 MCG/1 ML	1	ML		IJ	ML	1000	MCG	1	10/28/2024	99/99/9999						
72603-0700-10		J0665		01/28/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL 0.75%	10	ML		IJ	ML	0.5	MG	15	01/28/2025	99/99/9999						
72603-0700-25		J0665		01/28/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL 0.75%	10	ML		IJ	ML	0.5	MG	15	01/28/2025	99/99/9999						
72603-0722-25		J2003		02/07/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 1%	20	ML	VL	IJ	ML	1	MG	10	02/07/2025	99/99/9999						
72603-0732-25		J2003		02/07/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 1%	50	ML	VL	IJ	ML	1	MG	10	02/07/2025	99/99/9999						
72603-0744-25		J2003		02/07/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 2%	20	ML	VL	IJ	ML	1	MG	20	02/07/2025	99/99/9999						
72603-0800-25		J0665		01/28/2025	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL 0.75%	30	ML		IJ	ML	0.5	MG	15	01/28/2025	99/99/9999						
72603-0825-10		J2003		02/07/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 2%	50	ML	VL	IJ	ML	1	MG	20	02/07/2025	99/99/9999						
72603-0825-25		J2003		02/07/2025	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL MDV 2%	50	ML	VL	IJ	ML	1	MG	20	02/07/2025	99/99/9999						
72606-0022-06		Q5141		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	ADALIMUMAB-AATY 40 MG/0.4 ML	1	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
72606-0022-09		Q5141		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	ADALIMUMAB-AATY AUTOINJECTOR 40 MG/0.4 ML	1	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
72606-0022-10		Q5141		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	ADALIMUMAB-AATY AUTOINJECTOR 40 MG/0.4 ML	1	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
72606-0023-04		Q5141		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	YUFLYMA AUTOINJECTOR 80 MG/0.8 ML	1	EA		SC	EA	1	MG	80	01/01/2025	99/99/9999						
72606-0023-07		Q5141		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	YUFLYMA STARTER PACK CROHN'S/UC/HS STARTER PACK CROHN'S,UC;HS 80 MG/0.8 ML	3	EA		SC	EA	1	MG	80	01/01/2025	99/99/9999						
72606-0024-01		Q5141		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	YUFLYMA PFS 20 MG/0.2 ML	1	EA		SC	EA	1	MG	20	01/01/2025	99/99/9999						
72606-0025-01		J1748		07/01/2024	99/99/9999	INJECTION, INFLIXIMAB-DYYB (ZYMFENTRA), 10 MG	ZYMFENTRA PEN (PF,LATEX-FREE) 120 MG/1 ML	1	EA		SC	EA	10	MG	12	07/01/2024	99/99/9999						
72606-0025-02		J1748		07/01/2024	99/99/9999	INJECTION, INFLIXIMAB-DYYB (ZYMFENTRA), 10 MG	ZYMFENTRA PEN (2 PENS,PF,LATEX-FREE) 120 MG/1 ML	1	EA		SC	EA	10	MG	12	07/01/2024	99/99/9999						
72606-0025-10		J1748		07/01/2024	99/99/9999	INJECTION, INFLIXIMAB-DYYB (ZYMFENTRA), 10 MG	ZYMFENTRA PFS WITH NEEDLE SHIELD (2 SYRINGES W/SHIELD,PF) 120 MG/1 ML	1	EA		SC	EA	10	MG	12	07/01/2024	99/99/9999						
72606-0030-06		Q5141		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	YUFLYMA PFS WITH SAFETY GUARD 40 MG/0.4 ML	1	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
72606-0030-09		Q5141		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	YUFLYMA AUTOINJECTOR 40 MG/0.4 ML	1	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
72606-0030-10		Q5141		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	YUFLYMA AUTOINJECTOR 40 MG/0.4 ML	1	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
72606-0040-04		Q5141		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	ADALIMUMAB-AATY AUTOINJECTOR 80MG/0.8ML 40 MG/0.4 ML	1	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
72606-0040-06		Q5141		03/17/2025	99/99/9999	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	ADALIMUMAB-AATY STARTER PACK 80 MG/0.8 ML	1	EA	BX	SC	EA	1	MG	80	03/17/2025	99/99/9999						
72606-0041-01		Q5141		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	ADALIMUMAB-AATY PFS 20 MG/0.2 ML	1	EA		SC	EA	1	MG	20	01/01/2025	99/99/9999						
72606-0042-01		Q5156		10/01/2025	99/99/9999	INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	AVTOZMA SDV 80 MG/4 ML	4	ML		IV	ML	1	MG	20	10/01/2025	99/99/9999						
72606-0042-02		Q5156		10/01/2025	99/99/9999	INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	AVTOZMA SDV 80 MG/4 ML	4	ML		IV	ML	1	MG	20	10/01/2025	99/99/9999						
72606-0043-01		Q5156		10/01/2025	99/99/9999	INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	AVTOZMA SDV 200 MG/10 ML	10	ML		IV	ML	1	MG	20	10/01/2025	99/99/9999						
72606-0043-02		Q5156		10/01/2025	99/99/9999	INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	AVTOZMA SDV 200 MG/10 ML	10	ML		IV	ML	1	MG	20	10/01/2025	99/99/9999						
72606-0044-01		Q5156		10/01/2025	99/99/9999	INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	AVTOZMA SDV 400 MG/20 ML	20	ML		IV	ML	1	MG	20	10/01/2025	99/99/9999						
72606-0044-02		Q5156		10/01/2025	99/99/9999	INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	AVTOZMA SDV 400 MG/20 ML	20	ML		IV	ML	1	MG	20	10/01/2025	99/99/9999						
72606-0045-01		Q5156		10/01/2025	99/99/9999	INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	AVTOZMA PFS 162 MG/0.9 ML	0.9	ML		SC	ML	1	MG	180	10/01/2025	99/99/9999						
72606-0045-02		Q5156		10/01/2025	99/99/9999	INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	AVTOZMA PFS 162 MG/0.9 ML	0.9	ML		SC	ML	1	MG	180	10/01/2025	99/99/9999						
72606-0045-03		Q5156		10/01/2025	99/99/9999	INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	AVTOZMA PFS 162 MG/0.9 ML	0.9	ML		SC	ML	1	MG	180	10/01/2025	99/99/9999						
72606-0045-04		Q5156		10/01/2025	99/99/9999	INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	AVTOZMA AUTOINJECTOR 162 MG/0.9 ML	0.9	ML		SC	ML	1	MG	180	10/01/2025	99/99/9999						
72606-0045-05		Q5156		10/01/2025	99/99/9999	INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	AVTOZMA AUTOINJECTOR 162 MG/0.9 ML	0.9	ML		SC	ML	1	MG	180	10/01/2025	99/99/9999						
72606-0045-06		Q5156		10/01/2025	99/99/9999	INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	AVTOZMA AUTOINJECTOR 162 MG/0.9 ML	0.9	ML		SC	ML	1	MG	180	10/01/2025	99/99/9999						
72606-0554-01		None		11/08/2019	03/05/2021	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	11/08/2019	03/05/2021						
72606-0555-01		None		11/08/2019	03/05/2021	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	11/08/2019	03/05/2021						
72606-0557-01		J8999		11/08/2019	03/05/2021	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BO	PO	EA	1	EA	1	11/08/2019	03/05/2021						
72606-0558-01		J9025		02/03/2020	03/05/2021	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV,PF,LYOPHILIZED) 100 MG	1	EA	VL	U	EA	1	MG	100	02/03/2020	03/05/2021						
72606-0559-02		J0594		02/03/2020	03/05/2021	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML;SDV) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	02/03/2020	03/05/2021						
72606-0569-01		J1453		03/30/2020	10/30/2021	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	03/30/2020	10/30/2021						
72611-0634-25		J3490		10/01/2019	09/30/2022	UNCLASSIFIED DRUGS	CLINDAMYCIN 150 MG/1 ML	2	ML	VL	U	ML	1	EA	1	10/01/2019	09/30/2022						
72611-0639-25		J3490		10/01/2019	07/31/2022	UNCLASSIFIED DRUGS	CLINDAMYCIN 150 MG/1 ML	4	ML	VL	U	ML	1	EA	1	10/01/2019	07/31/2022						
72611-0642-25		J3490		10/01/2019	07/31/2022	UNCLASSIFIED DRUGS	CLINDAMYCIN 150 MG/1 ML	6	ML	VL	U	ML	1	EA	1	10/01/2019	07/31/2022						
72611-0645-55		J3490		10/01/2019	03/31/2023	UNCLASSIFIED DRUGS	CLINDAMYCIN 150 MG/1 ML	60	ML	VL	U	ML	1	EA	1	10/01/2019	03/31/2023						
72611-0700-01		J0637		07/15/2020	11/11/2024	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	5	MG	10	07/15/2020	11/11/2024						
72611-0702-01		J0637		11/30/2020	11/07/2023	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (SDV,PF,LATEX-FREE) 70 MG	1	EA	VL	IV	EA	5	MG	14	11/30/2020	11/07/2023						
72611-0716-01		J1190		01/05/2021	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE (PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	250	MG	2	01/05/2021	99/99/9999						
72611-0716-72		J1190		07/06/2022	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE NOVAPLUS (PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	250	MG	2	07/06/2022	99/99/9999						
72611-0719-25		J1885		01/17/2020	03/01/2025	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 15 MG/1 ML	1	ML	VL	U	ML	15	MG	1	01/17/2020	03/01/2025						
72611-0722-25		J1885		01/17/2020	12/01/2024	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 30 MG/1 ML	1	ML	VL	U	ML	15	MG	2	01/17/2020	12/01/2024						
72611-0725-25		J1885		01/17/2020	05/31/2023	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X2ML,PF) 30 MG/1 ML	2	ML	VL	IM	ML	15	MG	2	01/17/2020	05/31/2023						
72611-0734-01		J1920		07/01/2023	03/01/2025	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (MDV) 5 MG/1 ML	20	ML		IV	ML	5	MG	1	07/01/2023	03/01/2025						
72611-0738-01		J1920		07/01/2023	02/01/2025	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	LABETALOL HCL (MDV) 5 MG/1 ML	40	ML		IV	ML	5	MG	1	07/01/2023	02/01/2025						
72611-0741-25		J2250		12/22/2020	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (25X2ML;SDV;USP) 1 MG/1 ML	2	ML	VL	U	ML	1	MG	1	12/22/2020	99/99/9999						
72611-0749-10		J2250		08/04/2020	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X10 MDV,LATEX-FREE) 5 MG/1 ML	10	ML	VL	U	ML	1	MG	5	08/04/2020	99/99/9999						
72611-0785-02		J9330		06/04/2020	99/99/9999	INJECTION, TEMSIROLIMUS, 1 MG	TEMSIROLIMUS (WITH DILUENT) 25 MG/1 ML	1	ML	VL	IV	ML	1	MG	25	06/04/2020	99/99/9999						
72611-0860-04		J0132		10/10/2022	12/03/2024	INJECTION, ACETYLCYSTEINE, 100 MG	ACETYLCYSTEINE (SDV,PF,LATEX-FREE) 200 MG/1 ML	30	ML	VL	IV	ML	100	MG	2	10/10/2022	12/03/2024						
72627-2100-01		J1071		12/10/2018	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (MDV) 200 MG/1 ML	30	ML	VL	IM	ML	1	MG	200	12/10/2018	99/99/9999						
72647-0331-01		J7509		11/12/2019	05/09/2023	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	11/12/2019	05/09/2023						
72647-0331-04		J7509		11/12/2019	05/09/2023	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	11/12/2019	05/09/2023						
72694-0515-01		J9118		10/04/2019	99/99/9999	INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS	ASPARLAS (PF) 750 U/1 ML	5	ML	VL	IV	ML	10	U	75	10/04/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
72694-0954-01		J9266		04/01/2020	99/99/9999	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	ONCASPAR (S.D.V.,PF) 750 IU/1 ML	5	ML	VL	U	ML	1	VL	0.2	04/01/2020	99/99/9999						
72785-0007-01		J1631		11/14/2019	08/31/2023	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV,LATEX-FREE) 100 MG/1 ML	5	ML		IM	ML	50	MG	2	11/14/2019	08/31/2023						
72819-0152-05		J9280		05/01/2023	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (PF,LYOPHILIZED) 5 MG	1	EA		IV	EA	5	MG	1	05/01/2023	99/99/9999						
72819-0152-95		J9280		05/01/2022	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN NOVAPLUS (PF,LYOPHILIZED) 5 MG	1	EA	VL	IV	EA	5	MG	1	05/01/2022	99/99/9999						
72819-0153-02		J9280		05/01/2023	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (SDV,PF,LYOPHILIZED) 20 MG	1	EA		IV	EA	5	MG	4	05/01/2023	99/99/9999						
72819-0154-02		J9280		05/01/2023	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (SDV,PF,LYOPHILIZED) 40 MG	1	EA		IV	EA	5	MG	8	05/01/2023	99/99/9999						
72819-0155-08		J7518		02/27/2023	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 180 MG	120	EA		PO	EA	180	MG	1	02/27/2023	99/99/9999						
72819-0156-08		J7518		02/27/2023	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 360 MG	120	EA		PO	EA	180	MG	2	02/27/2023	99/99/9999						
72888-0079-17		J8499		05/25/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP,BANANA) 200 MG/5 ML	473	ML		PO	ML	1	EA	1	05/25/2023	99/99/9999						
72888-0185-01		J7517		09/28/2023	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	09/28/2023	99/99/9999						
72888-0185-05		J7517		11/01/2023	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	500	EA	BO	PO	EA	250	MG	2	11/01/2023	99/99/9999						
72888-0192-01		J7517		09/28/2023	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	09/28/2023	99/99/9999						
72888-0192-05		J7517		11/01/2023	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	BO	PO	EA	250	MG	1	11/01/2023	99/99/9999						
72888-0199-12		J7518		01/08/2024	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 180 MG	120	EA	BO	PO	EA	180	MG	1	01/08/2024	99/99/9999						
72888-0200-12		J7518		01/08/2024	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	01/08/2024	99/99/9999						
72893-0004-01		J0642		05/12/2021	99/99/9999	INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	KHAPZORY (PF,LYOPHILIZED) 175 MG	1	EA	VL	IV	EA	0.5	MG	350	05/12/2021	99/99/9999						
72893-0006-01		J0642		04/12/2021	10/31/2023	INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	KHAPZORY (PF,LYOPHILIZED) 300 MG	1	EA	VL	IV	EA	0.5	MG	600	04/12/2021	10/31/2023						
72893-0015-06		J8541		10/01/2024	99/99/9999	DEXAMETHASONE (HEMADY), ORAL, 0.25 MG	HEMADY 20 MG	100	EA		PO	EA	0.25	MG	80	10/01/2024	99/99/9999						
72893-0015-24		J8541		10/01/2024	99/99/9999	DEXAMETHASONE (HEMADY), ORAL, 0.25 MG	HEMADY 20 MG	24	EA		PO	EA	0.25	MG	80	10/01/2024	99/99/9999						
72903-0853-01		J9063		07/01/2023	99/99/9999	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG	ELAHERE (SDV,PF,LATEX-FREE) 5 MG/1 ML	20	ML		IV	ML	1	MG	5	07/01/2023	99/99/9999						
72960-0112-01		J0589		04/01/2024	99/99/9999	INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT	DAXXIFY (PF,LYOPHILIZED) 100 U	1	EA		IM	EA	1	U	100	04/01/2024	99/99/9999						
72990-0103-03		J0911		07/01/2024	02/03/2025	INSTILLATION, TAUROLIDINE 1.35 MG AND HEPARIN SODIUM 100 UNITS (CENTRAL VENOUS CATHETER LOCK FOR ADULT PATIENTS RECEIVING CHRONIC HEMODIALYSIS)	DEFENCATH (SDV,PF) 1000 U/1 ML-13.5 MG/1 ML	3	ML		NA	ML	1.35	MG	750.74074	07/01/2024	02/03/2025						
72990-0103-10		J0911		07/01/2024	02/03/2025	INSTILLATION, TAUROLIDINE 1.35 MG AND HEPARIN SODIUM 100 UNITS (CENTRAL VENOUS CATHETER LOCK FOR ADULT PATIENTS RECEIVING CHRONIC HEMODIALYSIS)	DEFENCATH (SDV,PF) 1000 U/1 ML-13.5 MG/1 ML	3	ML		NA	ML	1.35	MG	750.74074	07/01/2024	02/03/2025						
73042-0201-01		J9348		07/01/2021	99/99/9999	INJECTION, NAXITAMAB-GQGK, 1 MG	DANYELZA (PF) 4 MG/1 ML	10	ML	VL	IV	ML	1	MG	4	07/01/2021	99/99/9999						
73043-0011-05		None		03/12/2025	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	03/12/2025	99/99/9999						
73043-0011-14		None		03/12/2025	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	03/12/2025	99/99/9999						
73043-0012-05		None		03/12/2025	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	03/12/2025	99/99/9999						
73043-0012-14		None		03/12/2025	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	03/12/2025	99/99/9999						
73043-0013-05		None		03/12/2025	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	03/12/2025	99/99/9999						
73043-0013-14		None		03/12/2025	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	03/12/2025	99/99/9999						
73043-0014-05		None		03/12/2025	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	03/12/2025	99/99/9999						
73043-0014-14		None		03/12/2025	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	03/12/2025	99/99/9999						
73043-0015-05		None		03/12/2025	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	03/12/2025	99/99/9999						
73043-0015-14		None		03/12/2025	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	03/12/2025	99/99/9999						
73043-0016-05		None		03/12/2025	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	03/12/2025	99/99/9999						
73043-0020-10		J2470		08/08/2025	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM LYOPHILIZED 40 MG	10	EA	VL	IV	EA	40	MG	1	08/08/2025	99/99/9999						
73043-0020-25		J2470		08/08/2025	99/99/9999	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	PANTOPRAZOLE SODIUM LYOPHILIZED 40 MG	25	EA	VL	IV	EA	40	MG	1	08/08/2025	99/99/9999						
73043-0021-01		J0330		12/13/2024	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE MDV;USP 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	12/13/2024	99/99/9999						
73043-0022-01		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	2	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
73043-0022-01		J1940		08/10/2024	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE SDV 10 MG/1 ML	2	ML	VL	IJ	ML	20	MG	0.5	08/10/2024	03/31/2025						
73043-0023-01		J1940		08/10/2024	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE SDV 10 MG/1 ML	4	ML	VL	IJ	ML	20	MG	0.5	08/10/2024	03/31/2025						
73043-0023-01		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	4	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
73043-0024-01		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	10	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
73043-0024-01		J1940		08/10/2024	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE SDV 10 MG/1 ML	10	ML	VL	IJ	ML	20	MG	0.5	08/10/2024	03/31/2025						
73043-0048-25		J3230		04/10/2025	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL SD 25 MG/1 ML	1	ML	AM	IJ	ML	50	MG	0.5	04/10/2025	99/99/9999						
73043-0049-25		J3230		04/10/2025	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL SD 25 MG/1 ML	2	ML	AM	IJ	ML	50	MG	0.5	04/10/2025	99/99/9999						
73043-0051-93		J7606		10/15/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	10/15/2025	99/99/9999						
73043-0051-93	KO	J7606	KO	10/15/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	10/15/2025	99/99/9999						
73043-0051-96		J7606		10/15/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	10/15/2025	99/99/9999						
73043-0051-96	KO	J7606	KO	10/15/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	10/15/2025	99/99/9999						
73043-0052-60		J7605		09/15/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	09/15/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
73043-0052-60	KO	J7605	KO	09/15/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	09/15/2025	99/99/9999						
73043-0052-93		J7605		09/15/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	09/15/2025	99/99/9999						
73043-0052-93	KO	J7605	KO	09/15/2025	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	09/15/2025	99/99/9999						
73070-0100-11		J1817		12/16/2019	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN ASPART 100 U/1 ML	10	ML	VL	U	ML	50	U	2	12/16/2019	99/99/9999						
73070-0102-15		J1817		12/16/2019	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN ASPART PENFILL 100 U/1 ML	3	ML	CT	U	ML	50	U	2	12/16/2019	99/99/9999						
73070-0103-15		J1817		12/16/2019	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN ASPART FLEXPEN 100 U/1 ML	3	ML	PN	U	ML	50	U	2	12/16/2019	99/99/9999						
73070-0200-11		J1815		12/16/2019	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	INSULIN ASPART PROTAMINE-INSULIN ASPART 70 U/1 ML-30 U/1 ML	10	ML	VL	SC	ML	5	U	20	12/16/2019	99/99/9999						
73070-0203-15		J1815		12/16/2019	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	INSULIN ASPART PROTAMINE-INSULIN ASPART FLEXPEN 70 U/1 ML-30 U/1 ML	3	ML	PN	SC	ML	5	U	20	12/16/2019	99/99/9999						
73077-0010-01		J0208		04/01/2023	99/99/9999	INJECTION, SODIUM THIOSULFATE, 100 MG	PEDMARK (PF) 125 MG/1 ML	100	ML		IV	ML	100	MG	1.25	04/01/2023	99/99/9999						
73150-0150-06		J2329		07/01/2023	99/99/9999	INJECTION, UBLITUXIMAB-XIIY, 1MG	BRIUMVI (SDV) 150 MG/6 ML	6	ML		IV	ML	1	MG	25	07/01/2023	99/99/9999						
73190-0009-01		J7517		04/25/2025	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL HARD GELATIN 250 MG	100	EA	BO	PO	EA	250	MG	1	04/25/2025	99/99/9999						
73190-0009-50		J7517		04/25/2025	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL HARD GELATIN 250 MG	500	EA	BO	PO	EA	250	MG	1	04/25/2025	99/99/9999						
73190-0010-01		J7517		04/25/2025	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL FILM-COATED 500 MG	100	EA	BO	PO	EA	250	MG	2	04/25/2025	99/99/9999						
73190-0010-50		J7517		04/25/2025	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL FILM-COATED 500 MG	500	EA	BO	PO	EA	250	MG	2	04/25/2025	99/99/9999						
73289-0060-01	KO	J7606	KO	01/09/2023	03/31/2025	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (30X2ML) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	01/09/2023	03/31/2025						
73289-0060-01		J7606		01/09/2023	03/31/2025	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (30X2ML) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	01/09/2023	03/31/2025						
73289-0060-02		J7606		01/09/2023	03/31/2025	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (60X2ML) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	01/09/2023	03/31/2025						
73289-0060-02	KO	J7606	KO	01/09/2023	03/31/2025	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE (60X2ML) 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	01/09/2023	03/31/2025						
73358-0210-08		J9171		01/01/2023	08/18/2023	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (MDV,LATEX-FREE) 10 MG/1 ML	8	ML	VL	IV	ML	1	MG	10	01/01/2023	08/18/2023						
73358-0210-16		J9171		01/01/2023	08/18/2023	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (MDV,LATEX-FREE) 10 MG/1 ML	16	ML	VL	IV	ML	1	MG	10	01/01/2023	08/18/2023						
73380-4700-01		J9313		10/01/2020	05/31/2022	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	LUMOXITI (PF,LATEX-FREE) 1 MG	1	EA	VL	IV	EA	0.01	MG	100	10/01/2020	05/31/2022						
73475-3102-03		J9334		01/01/2024	99/99/9999	INJECTION, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC	VYVGART HYTRULO (PF) 180 MG/1 ML-2000 U/1 ML	5.6	ML		SC	ML	2	MG	90	01/01/2024	99/99/9999						
73480-0150-04		Q0163		10/05/2020	03/31/2022	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEN (USP,CINNAMON/ANISE) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	10/05/2020	03/31/2022						
73554-1111-01		J3394		07/01/2024	99/99/9999	INJECTION, LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT	LYFGENIA (FROZEN)	1	EA		IV	EA	1	U	1	07/01/2024	99/99/9999						
73554-3111-01		J3393		07/01/2024	99/99/9999	INJECTION, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT	ZYNTEGLO (FROZEN)	1	EA		IV	EA	1	U	1	07/01/2024	99/99/9999						
73594-9310-01		J1437		10/01/2020	99/99/9999	INJECTION, FERRIC DERISOMALTOSE, 10 MG	MONOFERRIC 100 MG/1 ML	10	ML	VL	IV	ML	10	MG	10	10/01/2020	99/99/9999						
73606-0020-01		J2781		10/01/2023	99/99/9999	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	SYFOVRE (PF) 15 MG/0.1 ML	0.1	ML		IO	ML	1	MG	150	02/17/2023	99/99/9999						
73607-0011-11		J0391		01/01/2024	99/99/9999	INJECTION, ARTESUNATE, 1 MG	ARTESUNATE (2 EACH W/ 2 DILUENT) 110 MG	2	EA		IV	EA	1	MG	110	01/01/2024	99/99/9999						
73648-0111-01		J3402		10/01/2025	99/99/9999	INJECTION, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	RYONCIL 1 VIAL; 1 ALCOHOL WIPE,CRYOPRESERVED	1	EA		IV	EA	1	U	1	10/01/2025	99/99/9999						
73648-0112-02		J3402		10/01/2025	99/99/9999	INJECTION, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	RYONCIL 2 VIALS; 2 ALCOHOL WIPES,CRYOPRESERVED	1	EA		IV	EA	1	U	1	10/01/2025	99/99/9999						
73648-0113-03		J3402		10/01/2025	99/99/9999	INJECTION, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	RYONCIL 3 VIALS; 3 ALCOHOL WIPES,CRYOPRESERVED	1	EA		IV	EA	1	U	1	10/01/2025	99/99/9999						
73648-0114-01		J3402		10/01/2025	99/99/9999	INJECTION, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	RYONCIL 4 VIALS; 4 ALCOHOL WIPES,CRYOPRESERVED	1	EA		IV	EA	1	U	1	10/01/2025	99/99/9999						
73648-0115-02		J3402		10/01/2025	99/99/9999	INJECTION, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	RYONCIL 5 VIALS; 5 ALCOHOL WIPES,CRYOPRESERVED	1	EA		IV	EA	1	U	1	10/01/2025	99/99/9999						
73648-0116-03		J3402		10/01/2025	99/99/9999	INJECTION, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	RYONCIL 6 VIALS; 6 ALCOHOL WIPES,CRYOPRESERVED	1	EA		IV	EA	1	U	1	10/01/2025	99/99/9999						
73648-0117-04		J3402		10/01/2025	99/99/9999	INJECTION, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	RYONCIL 7 VIALS; 7 ALCOHOL WIPES,CRYOPRESERVED	1	EA		IV	EA	1	U	1	10/01/2025	99/99/9999						
73648-0118-02		J3402		10/01/2025	99/99/9999	INJECTION, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	RYONCIL 8 VIALS; 8 ALCOHOL WIPES,CRYOPRESERVED	1	EA		IV	EA	1	U	1	10/01/2025	99/99/9999						
73648-0119-03		J3402		10/01/2025	99/99/9999	INJECTION, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	RYONCIL 9 VIALS; 9 ALCOHOL WIPES,CRYOPRESERVED	1	EA	BX	IV	EA	1	U	1	10/01/2025	99/99/9999						
73648-0120-04		J3402		10/01/2025	99/99/9999	INJECTION, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	RYONCIL 10 VIALS; 10 ALCOHOL WIPES,CRYOPRESERVED	1	EA	BX	IV	EA	1	U	1	10/01/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
73648-0121-05		J3402		10/01/2025	99/99/9999	INJECTION, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	RYONCIL 11 VIALS; 11 ALCOHOL WIPES,CRYOPRESERVED	1	EA	BX	IV	EA	1	U	1	10/01/2025	99/99/9999						
73648-0122-03		J3402		10/01/2025	99/99/9999	INJECTION, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	RYONCIL 12 VIALS; 12 ALCOHOL WIPES,CRYOPRESERVED	1	EA	BX	IV	EA	1	U	1	10/01/2025	99/99/9999						
73650-0316-01		J9381		07/01/2023	99/99/9999	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	TZIELD (SDV,PF) 1 MG/1 ML	2	ML		IV	ML	5	MCG	200	07/01/2023	99/99/9999						
73650-0316-10		J9381		07/01/2023	99/99/9999	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	TZIELD (SDV,PF) 1 MG/1 ML	2	ML		IV	ML	5	MCG	200	07/01/2023	99/99/9999						
73650-0316-14		J9381		07/01/2023	99/99/9999	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	TZIELD (SDV,PF) 1 MG/1 ML	2	ML		IV	ML	5	MCG	200	07/01/2023	99/99/9999						
74527-0022-02		J9353		07/01/2021	99/99/9999	INJECTION, MARGETUXIMAB-CMKB, 5 MG	MARGENZA (SDV,PF) 25 MG/1 ML	10	ML	CT	IV	ML	5	MG	5	07/01/2021	99/99/9999						
74527-0022-03		J9353		07/01/2021	99/99/9999	INJECTION, MARGETUXIMAB-CMKB, 5 MG	MARGENZA (SDV,PF) 25 MG/1 ML	10	ML	CT	IV	ML	5	MG	5	07/01/2021	99/99/9999						
74676-5902-01		J3315		11/18/2020	99/99/9999	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR (W/MIXJECT SYSTEM) 3.75 MG	1	EA	VL	IM	EA	3.75	MG	1	11/18/2020	99/99/9999						
74676-5904-01		J3315		11/18/2020	99/99/9999	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR (W/MIXJECT SYSTEM) 11.25 MG	1	EA	VL	IM	EA	3.75	MG	3	11/18/2020	99/99/9999						
74676-5906-01		J3315		11/03/2020	99/99/9999	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR (W/MIXJECT SYSTEM) 22.5 MG	1	EA	VL	IM	EA	3.75	MG	6	11/03/2020	99/99/9999						
75834-0132-05		None		12/09/2021	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	12/09/2021	99/99/9999						
75834-0132-14		None		12/09/2021	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	12/09/2021	99/99/9999						
75834-0142-05		None		12/09/2021	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	12/09/2021	99/99/9999						
75834-0142-14		None		12/09/2021	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	12/09/2021	99/99/9999						
75834-0143-05		None		12/09/2021	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	12/09/2021	99/99/9999						
75834-0143-14		None		12/09/2021	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	12/09/2021	99/99/9999						
75834-0144-05		None		12/09/2021	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	12/09/2021	99/99/9999						
75834-0144-14		None		12/09/2021	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	12/09/2021	99/99/9999						
75834-0145-05		None		12/09/2021	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	12/09/2021	99/99/9999						
75834-0145-14		None		12/09/2021	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	12/09/2021	99/99/9999						
75834-0146-05		None		12/09/2021	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	12/09/2021	99/99/9999						
75834-0171-19		J0610		10/28/2022	03/31/2023	INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 ML	CALCIUM GLUCONATE (25X10ML,SDV,PF) 100 MG/1 ML	10	ML	VL	IV	ML	10	ML	0.1	10/28/2022	03/31/2023						
75834-0171-19		J0612		04/01/2023	99/99/9999	INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 MG	CALCIUM GLUCONATE (25X10ML,SDV,PF) 100 MG/1 ML	10	ML	VL	IV	ML	10	MG	10	04/01/2023	99/99/9999						
75843-0190-01		J0894		12/31/2020	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	12/31/2020	99/99/9999						
75907-0047-30		J7515		03/27/2025	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE USP,MODIFIED,SOFT GELATIN 25 MG	30	EA	BX	PO	EA	25	MG	1	03/27/2025	99/99/9999						
75907-0048-30		J7502		03/27/2025	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE USP,MODIFIED,SOFT GELATIN 100 MG	30	EA	BX	PO	EA	100	MG	1	03/27/2025	99/99/9999						
75907-0058-10		J8999		08/09/2024	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP,FILM-COATED) 10 MG	1000	EA	BO	PO	EA	1	EA	1	08/09/2024	99/99/9999						
75907-0058-60		J8999		10/30/2024	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE USP,FILM-COATED 10 MG	60	EA		PO	EA	1	EA	1	10/30/2024	99/99/9999						
75907-0059-10		J8999		01/08/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE FILM-COATED 20 MG	1000	EA	BO	PO	EA	1	EA	1	01/08/2025	99/99/9999						
75907-0059-30		J8999		01/08/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE FILM-COATED 20 MG	30	EA	BO	PO	EA	1	EA	1	01/08/2025	99/99/9999						
75907-0112-11		J9245		07/11/2024	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 50 MG	MELPHALAN HYDROCHLORIDE NOVAPLUS (W/10ML DILUENT) 50 MG	1	EA	VL	IV	EA	50	MG	1	07/11/2024	99/99/9999						
75907-0189-35		J9073		07/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	CYCLOPHOSPHAMIDE (MDV) 200 MG/1 ML	10	ML		IV	ML	5	MG	40	07/01/2024	99/99/9999						
75907-0190-07		J9073		07/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	CYCLOPHOSPHAMIDE (MDV) 200 MG/1 ML	5	ML		IV	ML	5	MG	40	07/01/2024	99/99/9999						
75907-0191-02		J9073		07/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	CYCLOPHOSPHAMIDE (MDV) 200 MG/1 ML	2.5	ML		IV	ML	5	MG	40	07/01/2024	99/99/9999						
75907-0225-11		J9025		03/19/2025	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE SDV,LYOPHILIZED 100 MG	1	EA	VL	IJ	EA	1	MG	100	03/19/2025	99/99/9999						
75987-0080-10		J2507		08/25/2017	99/99/9999	INJECTION, PEGLOTICASE, 1 MG	KRYSTEXXA (LATEX-FREE) 8 MG/1 ML	1	ML	VL	IV	ML	1	MG	8	08/25/2017	99/99/9999						
75987-0111-10		J9216		01/15/2018	99/99/9999	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	ACTIMMUNE 2 Million IU/0.5 ML	0.5	ML		SC	ML	3000000	U	1.333333	01/15/2018	99/99/9999						
75987-0111-11		J9216		01/15/2018	99/99/9999	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	ACTIMMUNE 2 MILLION IU/0.5 ML	0.5	ML	VL	SC	ML	3000000	U	1.33333	01/15/2018	99/99/9999						
76045-0001-20		J2250		10/01/2014	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (PREFILLED, USP,PF) 1 MG/ML	2	ML	SR	IJ	ML	1	MG	1	10/01/2014	99/99/9999						
76045-0002-10		J2250		10/01/2014	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (PF) 5 MG/ML	1	ML	SR	IJ	ML	1	MG	5	10/01/2014	99/99/9999						
76045-0003-20		J2250		10/01/2014	06/07/2019	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (PF) 5 MG/ML	2	ML	SR	IJ	ML	1	MG	5	10/01/2014	06/07/2019						
76045-0004-11		J2272		01/01/2023	99/99/9999	INJECTION, MORPHINE SULFATE (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J2270, UP TO 10 MG	SIMPLIST MORPHINE SULFATE MICROVAULT 2 MG/1 ML	1	ML		IJ	ML	10	MG	0.2	01/01/2023	99/99/9999						
76045-0004-11		J2274		04/03/2020	12/31/2022	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	SIMPLIST MORPHINE SULFATE MICROVAULT (PF) 2 MG/1 ML	1	ML	SR	IJ	ML	10	MG	0.2	04/03/2020	12/31/2022						
76045-0005-11		J2272		01/01/2023	99/99/9999	INJECTION, MORPHINE SULFATE (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J2270, UP TO 10 MG	SIMPLIST MORPHINE SULFATE MICROVAULT 4 MG/1 ML	1	ML		IJ	ML	10	MG	0.4	01/01/2023	99/99/9999						
76045-0005-11		J2274		04/03/2020	12/31/2022	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG	SIMPLIST MORPHINE SULFATE MICROVAULT (PF) 4 MG/1 ML	1	ML	SR	IJ	ML	10	MG	0.4	04/03/2020	12/31/2022						
76045-0009-06		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	SIMPLIST DILAUDID (MICROVAULT,PF) 0.5 MG/0.5 ML	0.5	ML		IJ	ML	0.1	MG	10	10/01/2024	99/99/9999						
76045-0009-11		J1170		07/12/2019	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	SIMPLIST DILAUDID (MICROVAULT,PF) 1 MG/1 ML	1	ML	VL	IJ	ML	4	MG	0.25	07/12/2019	09/30/2024						
76045-0009-11		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	SIMPLIST DILAUDID (MICROVAULT,PF) 1 MG/1 ML	1	ML		IJ	ML	0.1	MG	10	10/01/2024	99/99/9999						
76045-0010-11		J1170		07/12/2019	09/30/2024	INJECTION, HYDROMORPHONE, UP TO 4 MG	SIMPLIST DILAUDID (MICROVAULT,PF) 2 MG/1 ML	1	ML	VL	IJ	ML	4	MG	0.5	07/12/2019	09/30/2024						
76045-0010-11		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	SIMPLIST DILAUDID (MICROVAULT,PF) 2 MG/1 ML	1	ML		IJ	ML	0.1	MG	20	10/01/2024	99/99/9999						
76045-0023-30		J1596		01/01/2024	06/30/2024	INJECTION, GLYCOPYRROLATE, 0.1 MG	SIMPLIST GLYCOPYRROLATE (PF,LATEX-FREE) 0.2 MG/1 ML	3	ML		IJ	ML	0.1	MG	2	01/01/2024	06/30/2024						
76045-0023-30		J1598		07/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J1596, 0.1 MG	SIMPLIST GLYCOPYRROLATE (PF,LATEX-FREE) 0.2 MG/1 ML	3	ML		IJ	ML	0.1	MG	2	07/01/2024	99/99/9999						
76045-0023-30	KO	J7643	KO	06/29/2022	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	SIMPLIST GLYCOPYRROLATE (PF,LATEX-FREE) 0.2 MG/1 ML	3	ML	BX	IJ	ML	1	MG	0.2	06/29/2022	12/31/2023						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
76045-0109-10		J1100		10/28/2019	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	SIMPLIST DEXAMETHASONE SODIUM PHOSPHATE (PF) 10 MG/1 ML	1	ML	SR	U	ML	1	MG	10	10/28/2019	99/99/9999						
76045-0112-20		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	SIMPLIST NALOXONE HCL 24X2ML;USP;SD 1 MG/1 ML	2	ML		U	ML	0.01	MG	100	07/01/2025	99/99/9999						
76045-0114-10		J2310		06/26/2024	06/30/2025	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	SIMPLIST NALOXONE HCL (24X1ML;USP;SD,PF) 0.4 MG/1 ML	1	ML		U	ML	1	MG	0.4	06/26/2024	06/30/2025						
76045-0114-10		J2312		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	SIMPLIST NALOXONE HCL 24X1ML;USP;SD 0.4 MG/1 ML	1	ML		U	ML	0.01	MG	40	07/01/2025	99/99/9999						
76045-0121-11		J1171		10/01/2024	99/99/9999	INJECTION, HYDROMORPHONE, 0.1 MG	SIMPLIST DILAUDID (MICROVAULT,PF) 0.2 MG/1 ML	1	ML		U	ML	0.1	MG	2	10/01/2024	99/99/9999						
76045-0203-10		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	SIMPLIST GLYCOPYRROLATE (PF) 0.2 MG/1 ML	1	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
76045-0203-10		J7643		03/04/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	SIMPLIST GLYCOPYRROLATE (PF) 0.2 MG/1 ML	1	ML	SR	U	ML	1	MG	0.2	03/04/2019	12/31/2023						
76045-0203-10	KO	J7643	KO	03/04/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	SIMPLIST GLYCOPYRROLATE (PF) 0.2 MG/1 ML	1	ML	SR	U	ML	1	MG	0.2	03/04/2019	12/31/2023						
76045-0203-20		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	SIMPLIST GLYCOPYRROLATE (PF) 0.2 MG/1 ML	2	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
76045-0203-20		J7643		03/04/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	SIMPLIST GLYCOPYRROLATE (PF) 0.2 MG/1 ML	2	ML	SR	U	ML	1	MG	0.2	03/04/2019	12/31/2023						
76045-0203-20	KO	J7643	KO	03/04/2019	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	SIMPLIST GLYCOPYRROLATE (PF) 0.2 MG/1 ML	2	ML	SR	U	ML	1	MG	0.2	03/04/2019	12/31/2023						
76045-0204-20		J3360		05/01/2023	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	SIMPLIST DIAZEPAM (24X2ML,SDS,LATEX-FREE) 5 MG/1 ML	2	ML		U	ML	5	MG	1	05/01/2023	99/99/9999						
76045-0206-10		J1596		01/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	SIMPLIST GLYCOPYRROLATE (24X1ML;RFID,PF) 0.2 MG/1 ML	1	ML		U	ML	0.1	MG	2	01/01/2024	99/99/9999						
76045-0206-10		J7643		08/23/2021	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	SIMPLIST GLYCOPYRROLATE (24X1ML;RFID,PF) 0.2 MG/1 ML	1	ML	SR	U	ML	1	MG	0.2	08/23/2021	12/31/2023						
76045-0206-10	KO	J7643	KO	08/23/2021	12/31/2023	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	SIMPLIST GLYCOPYRROLATE (24X1ML;RFID,PF) 0.2 MG/1 ML	1	ML	SR	U	ML	1	MG	0.2	08/23/2021	12/31/2023						
76045-0208-20		J1596		02/03/2025	99/99/9999	INJECTION, GLYCOPYRROLATE, 0.1 MG	SIMPLIST GLYCOPYRROLATE +RFID SD PFS 0.2 MG/1 ML	2	ML	SY	U	ML	0.1	MG	2	02/03/2025	99/99/9999						
76045-0209-10		J1885		07/27/2021	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	SIMPLIST KETOROLAC TROMETHAMINE (RFID;24X1ML) 30 MG/1 ML	1	ML	SR	U	ML	15	MG	2	07/27/2021	99/99/9999						
76045-0210-10		J1100		06/14/2024	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	SIMPLIST DEXAMETHASONE SODIUM PHOSPHATE +RFID (PFS,PF) 4 MG/1 ML	1	ML	SY	U	ML	1	MG	4	06/14/2024	99/99/9999						
76045-0211-20		J2250		04/08/2025	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	SIMPLIST MIDAZOLAM +RFID SD 1 MG/1 ML	2	ML	SY	U	ML	1	MG	1	04/08/2025	99/99/9999						
76045-0212-10		J1100		05/05/2025	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	SIMPLIST DEXAMETHASONE SODIUM PHOSPHATE +RFID SD PFS 10 MG/1 ML	1	ML	SY	U	ML	1	MG	10	05/05/2025	99/99/9999						
76045-0213-20		J2765		03/25/2024	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	SIMPLIST METOCLOPRAMIDE HCL (PFS,PF) 5 MG/1 ML	2	ML		U	ML	10	MG	0.5	03/25/2024	99/99/9999						
76045-0214-30		J2710		01/29/2025	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	SIMPLIST NEOSTIGMINE METHYLSULFATE +RFID SD 1 MG/1 ML	3	ML	SY	IV	ML	0.5	MG	2	01/29/2025	99/99/9999						
76045-0216-20		J2405		04/01/2024	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	SIMPLIST ONDANSETRON +RFID (SD,PF) 2 MG/1 ML	2	ML	SR	U	ML	1	MG	2	04/01/2024	99/99/9999						
76045-0223-30		J1598		07/01/2024	99/99/9999	INJECTION, GLYCOPYRROLATE (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J1596, 0.1 MG	SIMPLIST GLYCOPYRROLATE +RFID (SD PFS,PF,LATEX-FREE) 0.2 MG/1 ML	3	ML	SY	U	ML	0.1	MG	2	07/01/2024	99/99/9999						
76045-0383-30		J2710		05/09/2019	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	SIMPLIST NEOSTIGMINE METHYLSULFATE 1 MG/1 ML	3	ML	SR	IV	ML	0.5	MG	2	05/09/2019	99/99/9999						
76045-0737-10		J1630		07/14/2020	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	SIMPLIST HALOPERIDOL (24X1ML;USP;SD) 5 MG/1 ML	1	ML		IM	ML	5	MG	1	07/14/2020	99/99/9999						
76075-0101-01		J9047		07/20/2012	99/99/9999	INJECTION, CARFILZOMIB, 1 MG	KYPROLIS 60 MG	1	EA	VL	IV	EA	1	MG	60	07/20/2012	99/99/9999						
76075-0102-01		J9047		07/14/2016	99/99/9999	INJECTION, CARFILZOMIB, 1 MG	KYPROLIS (LYOPHILIZED) 30 MG	1	EA	VL	IV	EA	1	MG	30	07/14/2016	99/99/9999						
76075-0103-01		J9047		08/21/2018	99/99/9999	INJECTION, CARFILZOMIB, 1 MG	KYPROLIS (LYOPHILIZED) 10 MG	1	EA	VL	IV	EA	1	MG	10	08/21/2018	99/99/9999						
76125-0900-50		J1561		02/24/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAKED (1X50ML, SINGLE-USE) 10%	1	ML	VL	U	ML	500	MG	0.002	02/24/2012	99/99/9999						
76204-0002-24		J7614		02/01/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE, 0.63 MG/3ML,(24X3ML, PF)	3	ML	BO	IH	ML	0.5	MG	0.42	02/01/2013	99/99/9999						
76204-0002-24	KO	J7614	KO	02/01/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE, 0.63 MG/3ML,(24X3ML, PF)	3	ML	BO	IH	ML	0.5	MG	0.42	02/01/2013	99/99/9999						
76204-0003-24		J7614		02/18/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE, 1.25 MG/3ML,(24X3ML, PF)	3	ML	BO	IH	ML	0.5	MG	0.83333	02/01/2013	99/99/9999						
76204-0003-24	KO	J7614	KO	02/18/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE, 1.25 MG/3ML,(24X3ML, PF)	3	ML	BO	IH	ML	0.5	MG	0.83333	02/01/2013	99/99/9999						
76204-0010-01		J7613		03/04/2022	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	1	MG	0.21	03/04/2022	99/99/9999						
76204-0010-01	KO	J7613	KO	03/04/2022	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	1	MG	0.21	03/04/2022	99/99/9999						
76204-0010-55		J7613		03/04/2022	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	1	MG	0.21	03/04/2022	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
76204-0010-55	KO	J7613	KO	03/04/2022	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	1	MG	0.21	03/04/2022	99/99/9999						
76204-0011-01		J7613		03/04/2022	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	1	MG	0.4167	03/04/2022	99/99/9999						
76204-0011-01	KO	J7613	KO	03/04/2022	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	1	MG	0.4167	03/04/2022	99/99/9999						
76204-0011-55		J7613		03/04/2022	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	1	MG	0.4167	03/04/2022	99/99/9999						
76204-0011-55	KO	J7613	KO	03/04/2022	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	1	MG	0.4167	03/04/2022	99/99/9999						
76204-0018-01		J7626		12/17/2021	12/31/2023	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	12/17/2021	12/31/2023						
76204-0018-01	KO	J7626	KO	12/17/2021	12/31/2023	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	12/17/2021	12/31/2023						
76204-0021-60		A4216		01/01/2022	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (60X4ML, USP,PF) 7%	4	ML		IH	ML	10	ML	0.1	01/01/2022	99/99/9999						
76204-0025-96		J8499		12/17/2021	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CROMOLYN SODIUM (PF,CONCENTRATE) 100 MG/5 ML	5	ML	PC	PO	ML	1	EA	1	12/17/2021	99/99/9999						
76204-0026-01		J7605		01/15/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML	VL	IH	ML	15	MCG	0.5	01/15/2023	99/99/9999						
76204-0026-01	KO	J7605	KO	01/15/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML	VL	IH	ML	15	MCG	0.5	01/15/2023	99/99/9999						
76204-0026-02		J7605		01/15/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML	VL	IH	ML	15	MCG	0.5	01/15/2023	99/99/9999						
76204-0026-02	KO	J7605	KO	01/15/2023	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ARFORMOTEROL TARTRATE (30X2ML) 15 MCG/2 ML	2	ML	VL	IH	ML	15	MCG	0.5	01/15/2023	99/99/9999						
76204-0027-01		J7611		04/21/2025	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	30	EA		IH	EA	1	MG	5	04/21/2025	99/99/9999						
76204-0028-60		J7631		07/24/2023	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (2X30,PF) 10 MG/1 ML	2	ML	PC	IH	ML	10	MG	1	07/24/2023	99/99/9999						
76204-0028-60	KO	J7631	KO	07/24/2023	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (2X30,PF) 10 MG/1 ML	2	ML	PC	IH	ML	10	MG	1	07/24/2023	99/99/9999						
76204-0029-56	KO	J7682	KO	08/18/2025	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN 4 AMPULES X 14 POUCHES 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	08/18/2025	99/99/9999						
76204-0029-56		J7682		08/18/2025	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN 4 AMPULES X 14 POUCHES 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	08/18/2025	99/99/9999						
76204-0030-01		J7606		03/14/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	03/14/2025	99/99/9999						
76204-0030-01	KO	J7606	KO	03/14/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	03/14/2025	99/99/9999						
76204-0030-02		J7606		03/14/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	03/14/2025	99/99/9999						
76204-0030-02	KO	J7606	KO	03/14/2025	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	FORMOTEROL FUMARATE 20 MCG/2 ML	2	ML	BX	IH	ML	20	MCG	0.5	03/14/2025	99/99/9999						
76204-0100-01		J7644		04/01/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/01/2013	99/99/9999						
76204-0100-01	KO	J7644	KO	04/01/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/01/2013	99/99/9999						
76204-0100-25		J7644		02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1	MG	0.2	02/01/2012	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
76204-0100-25	KO	J7644	KO	02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1	MG	0.2	02/01/2012	99/99/9999						
76204-0100-30		J7644		02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1	MG	0.2	02/01/2012	99/99/9999						
76204-0100-30	KO	J7644	KO	02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1	MG	0.2	02/01/2012	99/99/9999						
76204-0100-60		J7644		02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1	MG	0.2	02/01/2012	99/99/9999						
76204-0100-60	KO	J7644	KO	02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1	MG	0.2	02/01/2012	99/99/9999						
76204-0200-01		J7613		04/01/2013	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	3	ML		IH	ML	1	mg	0.83	04/01/2013	99/99/9999						
76204-0200-01	KO	J7613	KO	04/01/2013	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	3	ML		IH	ML	1	mg	0.83	04/01/2013	99/99/9999						
76204-0200-25		J7613		02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	02/01/2012	99/99/9999						
76204-0200-25	KO	J7613	KO	02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	02/01/2012	99/99/9999						
76204-0200-30		J7613		02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	02/01/2012	99/99/9999						
76204-0200-30	KO	J7613	KO	02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	02/01/2012	99/99/9999						
76204-0200-60		J7613		02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	02/01/2012	99/99/9999						
76204-0200-60	KO	J7613	KO	02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	02/01/2012	99/99/9999						
76204-0600-01		J7620		01/01/2013	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.333333	01/01/2013	99/99/9999						
76204-0600-05		J7620		01/01/2013	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE, (30 x 3 ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	01/01/2013	99/99/9999						
76204-0600-12		J7620		01/01/2013	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE, (60 x 3 ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	01/01/2013	99/99/9999						
76204-0600-30		J7620		09/03/2015	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30 VIALS X 1 POUCH) 3MG/3ML-0.5MG/3ML	3	ML	PC	IH	ML	3	MG	0.33333	09/03/2015	99/99/9999						
76204-0600-60		J7620		09/03/2015	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30 VIALS X 2 POUCHES) 3MG/3ML-0.5MG/3ML	3	ML	PC	IH	ML	3	MG	0.33333	09/03/2015	99/99/9999						
76204-0700-01		J7614		05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	05/19/2017	99/99/9999						
76204-0700-01	KO	J7614	KO	05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	05/19/2017	99/99/9999						
76204-0700-24		J7614		04/22/2016	04/09/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12 POUCHES,PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	04/22/2016	04/09/2019						
76204-0700-24	KO	J7614	KO	04/22/2016	04/09/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12 POUCHES,PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	04/22/2016	04/09/2019						
76204-0700-25		J7614		07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	07/17/2017	99/99/9999						
76204-0700-25	KO	J7614	KO	07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	07/17/2017	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
76204-0800-01		J7614		05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	05/19/2017	99/99/9999						
76204-0800-01	KO	J7614	KO	05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	05/19/2017	99/99/9999						
76204-0800-24		J7614		04/22/2016	04/09/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12 POUCHES,PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	04/22/2016	04/09/2019						
76204-0800-24	KO	J7614	KO	04/22/2016	04/09/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12 POUCHES,PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	04/22/2016	04/09/2019						
76204-0800-25	KO	J7614	KO	07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	07/17/2017	99/99/9999						
76204-0800-25		J7614		07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	07/17/2017	99/99/9999						
76204-0900-01		J7614		05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	05/19/2017	99/99/9999						
76204-0900-01	KO	J7614	KO	05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	05/19/2017	99/99/9999						
76204-0900-24		J7614		04/22/2016	04/09/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12 POUCHES,PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	04/22/2016	04/09/2019						
76204-0900-24	KO	J7614	KO	04/22/2016	04/09/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12 POUCHES,PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	04/22/2016	04/09/2019						
76204-0900-25		J7614		07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	07/17/2017	99/99/9999						
76204-0900-25	KO	J7614	KO	07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	07/17/2017	99/99/9999						
76282-0640-38		J7626		04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	0.25	04/16/2019	99/99/9999						
76282-0640-38	KO	J7626	KO	04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	0.25	04/16/2019	99/99/9999						
76282-0641-38		J7626		04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	0.5	04/16/2019	99/99/9999						
76282-0641-38	KO	J7626	KO	04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	0.5	04/16/2019	99/99/9999						
76282-0642-38		J7626		04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 1 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	1	04/16/2019	99/99/9999						
76282-0642-38	KO	J7626	KO	04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 1 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	1	04/16/2019	99/99/9999						
76282-0677-30		J0750		01/02/2024	01/01/2025	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 200 MG-300 MG	30	EA		PO	EA	200	MG	1	01/02/2024	01/01/2025						
76282-0720-67		J1930		06/13/2024	99/99/9999	INJECTION, LANREOTIDE, 1 MG	LANREOTIDE (SINGLE USE PFS) 120 MG/0.5 ML	0.5	ML	SY	SC	ML	1	MG	240	06/13/2024	99/99/9999						
76297-0001-01		J7040		02/19/2018	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (500ML FREEFLEX BAG) 0.9%	500	ML		IV	ML	500	ML	0.002	02/19/2018	99/99/9999						
76297-0001-11		J7050		04/16/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (50ML FLEBOFLEX) 0.9%	50	ML	FC	IV	ML	250	ML	0.004	04/16/2019	99/99/9999						
76297-0001-21		J7050		04/16/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (100ML FLEBOFLEX) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	04/16/2019	99/99/9999						
76297-0001-31		J7050		04/16/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (250ML FLEBOFLEX) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	04/16/2019	99/99/9999						
76297-0001-41		J7030		04/16/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (1000ML FLEBOFLEX) 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	04/16/2019	99/99/9999						
76310-0017-50		J0207		01/01/2020	10/02/2024	INJECTION, AMIFOSTINE, 500 MG	ETHYOL 500 MG	3	EA	VL	IV	EA	500	MG	1	01/01/2020	10/02/2024						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
76310-0110-01		J1190		08/31/2020	11/30/2022	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	TOTECT (LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	250	MG	2	08/31/2020	11/30/2022						
76329-1911-01		J2270		11/01/2013	10/31/2023	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (USP, PUMP-JET) 1 MG/ML	30	ML	SR	IJ	ML	10	MG	0.1	11/01/2013	10/31/2023						
76329-3302-01		A4216		11/15/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE (SD;LUERJET,PF) 50%	50	ML	SR	IV	ML	10	ML	0.1	11/15/2021	99/99/9999						
76329-3318-01		J0168		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE (INTERNATIONAL MEDICATION SYSTEMS), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG	EPINEPHRINE LUER-JET LUER-LOCK 0.1 MG/1 ML	10	ML		IV	ML	0.1	MG	1	07/01/2025	99/99/9999						
76329-3399-05		J2690		11/07/2016	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (LUER-JET, LUER-LOCK) 100 MG/1 ML	10	ML	VL	IJ	ML	1	GM	0.1	11/07/2016	99/99/9999						
76329-9060-00		J0165		07/01/2025	99/99/9999	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	EPINEPHRINE MDV;USP 1 MG/1 ML	30	ML		IJ	ML	0.1	MG	10	07/01/2025	99/99/9999						
76329-9060-00		J0171		05/01/2020	06/30/2025	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE (MDV;USP) 1 MG/1 ML	30	ML	VL	IJ	ML	0.1	MG	10	05/01/2020	06/30/2025						
76329-9200-01		J1756		08/11/2025	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	IRON SUCROSE SDV 20 MG/1 ML	2.5	ML	VL	IV	ML	1	MG	20	08/11/2025	99/99/9999						
76329-9201-01		J1756		08/11/2025	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	IRON SUCROSE SDV 20 MG/1 ML	5	ML	VL	IV	ML	1	MG	20	08/11/2025	99/99/9999						
76329-9202-05		J1756		08/11/2025	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	IRON SUCROSE SDV 20 MG/1 ML	10	ML	VL	IV	ML	1	MG	20	08/11/2025	99/99/9999						
76388-0713-25		None		06/22/2012	07/14/2022	BUSULFAN; ORAL, 2 MG	MYLERAN, (FILM-COATED), 2 MG	25	EA	BO	PO	EA	2	MG	1	06/22/2012	07/14/2022						
76420-0018-10		J0665		07/01/2023	99/99/9999	INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	BUPIVACAINE HCL (PF,LATEX-FREE) 0.25%	10	ML	VL	IJ	ML	0.5	MG	5	07/01/2023	99/99/9999						
76420-0018-10		J3490		01/01/2020	06/30/2023	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (PF,LATEX-FREE) 0.25%	10	ML	VL	IJ	ML	1	EA	1	01/01/2020	06/30/2023						
76420-0080-05		J2001		01/01/2020	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (PF,LATEX-FREE) 1%	5	ML	VL	IJ	ML	10	MG	1	01/01/2020	09/30/2024						
76420-0080-05		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (PF,LATEX-FREE) 1%	5	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
76420-0081-01		J1010		04/01/2024	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	DEPO-MEDROL 80 MG/1 ML	1	ML		IJ	ML	1	MG	80	04/01/2024	99/99/9999						
76420-0081-01		J1040		01/01/2020	03/31/2024	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	DEPO-MEDROL 80 MG/1 ML	1	ML	VL	IJ	ML	80	MG	1	01/01/2020	03/31/2024						
76420-0082-10		A4216		01/01/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (PF,LATEX-FREE)	10	ML	VL	IV	ML	10	ML	0.1	01/01/2020	99/99/9999						
76420-0083-10		A4216		01/01/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (PF) 0.9%	10	ML	VL	IJ	ML	10	ML	0.1	01/01/2020	99/99/9999						
76420-0084-02		J2001		01/01/2020	09/30/2024	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (PF) 1%	2	ML	AM	IJ	ML	10	MG	1	01/01/2020	09/30/2024						
76420-0084-02		J2003		10/01/2024	99/99/9999	INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG	LIDOCAINE HCL (PF) 1%	2	ML		IJ	ML	1	MG	10	10/01/2024	99/99/9999						
76420-0085-01		J3301		01/01/2020	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-40 (VIAL) 40 MG/1 ML	1	ML	VL	IJ	ML	10	MG	4	01/01/2020	99/99/9999						
76961-0101-01		J1449		04/01/2023	99/99/9999	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG	ROLVEDON (SINGLE-DOSE,PF) 13.2 MG/0.6 ML	0.6	ML		SC	ML	0.1	MG	220	04/01/2023	99/99/9999						
78206-0118-01		J0702		08/16/2021	99/99/9999	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	CELESTONE SOLUSPAN (MDV) 3 MG/1 ML-3 MG/1 ML	5	ML	VL	IJ	ML	6	MG	1	08/16/2021	99/99/9999						
78206-0138-01		J3490		09/27/2021	99/99/9999	UNCLASSIFIED DRUGS	GANIRELIX ACETATE 250 MCG/0.5 ML	0.5	ML	SR	SC	ML	1	EA	1	09/27/2021	99/99/9999						
78206-0138-02		J3490		12/18/2024	99/99/9999	UNCLASSIFIED DRUGS	GANIRELIX ACETATE 250 MCG/0.5 ML	0.5	ML	SY	SC	ML	1	EA	1	12/18/2024	99/99/9999						
78206-0150-01		J0725		10/02/2023	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	PREGNYL (W/DILUENT) 10000 U	1	EA	VL	IM	EA	1000	U	10	10/02/2023	99/99/9999						
78206-0162-01		Q5104		10/01/2021	99/99/9999	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	RENFLEXIS (PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	10	MG	10	10/01/2021	99/99/9999						
78613-0201-30		Q0155		01/01/2025	99/99/9999	DRONABINOL (SYNDROS), 0.1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SYNDROS 5 MG/1 ML	30	ML		PO	ML	0.1	MG	50	01/01/2025	99/99/9999						
78670-0140-02		J2313		07/01/2025	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE (ZIMHI), 0.01 MG	ZIMHI 5 MG/0.5 ML	0.5	ML		IJ	ML	0.01	MG	1000	07/01/2025	99/99/9999						
79043-0200-25		J8540		08/06/2020	01/10/2022	DEXAMETHASONE, ORAL, 0.25 MG	ZCORT 7-DAY 1.5 MG	25	EA	BO	PO	EA	0.25	MG	6	08/06/2020	01/10/2022						
79672-0613-01		J7040		02/15/2021	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	50	ML		IV	ML	500	ML	0.002	02/15/2021	99/99/9999						
79672-0613-02		J7040		02/15/2021	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	100	ML		IV	ML	500	ML	0.002	02/15/2021	99/99/9999						
79672-0613-03		J7040		02/15/2021	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	250	ML		IV	ML	500	ML	0.002	02/15/2021	99/99/9999						
79672-0613-04		J7040		02/15/2021	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	500	ML		IV	ML	500	ML	0.002	02/15/2021	99/99/9999						
79672-0613-05		J7040		02/15/2021	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	1000	ML		IV	ML	500	ML	0.002	02/15/2021	99/99/9999						
79672-0613-10		J7040		02/15/2021	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	50	ML		IV	ML	500	ML	0.002	02/15/2021	99/99/9999						
79672-0613-20		J7040		02/15/2021	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	100	ML		IV	ML	500	ML	0.002	02/15/2021	99/99/9999						
79672-0613-30		J7040		02/15/2021	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	250	ML		IV	ML	500	ML	0.002	02/15/2021	99/99/9999						
79672-0613-40		J7040		02/15/2021	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	500	ML		IV	ML	500	ML	0.002	02/15/2021	99/99/9999						
79672-0613-50		J7040		02/15/2021	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	SODIUM CHLORIDE (FLEBOFLEX BAG,PF) 0.9%	1000	ML		IV	ML	500	ML	0.002	02/15/2021	99/99/9999						
79802-0200-30		J7599		07/16/2021	99/99/9999	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	REZUROCK (FILM-COATED) 200 MG	30	EA	VL	PO	EA	0		1	07/16/2021	99/99/9999						
80725-0143-18		J8999		01/10/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	EULEXIN 125 MG	180	EA	BO	PO	EA	1	EA	1	01/10/2025	99/99/9999						
80725-0600-18		J8999		10/28/2021	01/09/2025	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	EULEXIN (USP) 125 MG	180	EA	BO	PO	EA	1	EA	1	10/28/2021	01/09/2025						
80725-0620-25		None		06/01/2023	99/99/9999	BUSULFAN, 2 MG, ORAL	MYLERAN (FILM-COATED) 2 MG	25	EA	BO	PO	EA	2	MG	1	06/01/2023	99/99/9999						
80725-0810-10		J8999		09/15/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDREA 500 MG	100	EA	BT	PO	EA	1	EA	1	09/15/2025	99/99/9999						
80725-0820-60		J8999		09/15/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	DROXIA 200 MG	60	EA	BT	PO	EA	1	EA	1	09/15/2025	99/99/9999						
80725-0830-60		J8999		09/15/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	DROXIA 300 MG	60	EA	BT	PO	EA	1	EA	1	09/15/2025	99/99/9999						
80725-0840-60		J8999		09/15/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	DROXIA 400 MG	60	EA	BT	PO	EA	1	EA	1	09/15/2025	99/99/9999						
80735-0820-96		J0291		08/05/2022	99/99/9999	INJECTION, PLAZOMICIN, 5 MG	ZEMDRI (SDV,PF) 50 MG/1 ML	10	ML	VL	IV	ML	5	MG	10	08/05/2022	99/99/9999						
80830-1188-07		J2704		11/22/2024	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL 10 MG/1 ML	20	ML		IV	ML	10	MG	1	11/22/2024	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
80830-1672-02		J0612		06/10/2024	99/99/9999	INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG	CALCIUM GLUCONATE (SDV,PF,LATEX-FREE) 100 MG/1 ML	10	ML	VL	IV	ML	10	MG	10	06/10/2024	99/99/9999						
80830-1673-02		J0612		06/10/2024	99/99/9999	INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG	CALCIUM GLUCONATE (SDV,PF,LATEX-FREE) 100 MG/1 ML	50	ML	VL	IV	ML	10	MG	10	06/10/2024	99/99/9999						
80830-1674-02		J0612		06/10/2024	99/99/9999	INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG	CALCIUM GLUCONATE (PF,LATEX-FREE) 100 MG/1 ML	100	ML	VL	IV	ML	10	MG	10	06/10/2024	99/99/9999						
80830-2364-08		J2704		01/14/2025	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL 10 MG/1 ML	50	ML	VL	IV	ML	10	MG	1	01/14/2025	99/99/9999						
80830-2365-07		J2704		12/06/2024	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL 10 MG/1 ML	100	ML	VL	IV	ML	10	MG	1	12/06/2024	99/99/9999						
80830-2465-09		J1836		11/14/2023	04/14/2025	INJECTION, METRONIDAZOLE, 10 MG	METRONIDAZOLE (24X100ML,USP) 500 MG/100 ML	100	ML		IV	ML	10	MG	0.5	11/14/2023	04/14/2025						
81033-0016-50		Q0169		11/02/2024	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL USP 6.25 MG/5 ML	5	ML	BX	PO	ML	12.5	MG	0.1	11/02/2024	99/99/9999						
81033-0150-43		J8999		08/20/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE LEMON-LIME 40 MG/1 ML	20	ML	BX	PO	ML	1	EA	1	08/20/2025	99/99/9999						
81033-0150-44		J8999		08/20/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE LEMON-LIME 40 MG/1 ML	10	ML	CP	PO	ML	1	EA	1	08/20/2025	99/99/9999						
81033-0150-52		J8999		08/20/2025	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE LEMON-LIME 40 MG/1 ML	10	ML	CP	PO	ML	1	EA	1	08/20/2025	99/99/9999						
81284-0152-10		J2543		09/15/2022	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM 3 GM-0.375 GM	10	EA		IV	EA	1.125	GM	3	09/15/2022	99/99/9999						
81284-0153-10		J2543		07/25/2022	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV,PF) 4 GM-0.5 GM	10	EA		IV	EA	1.125	GM	4	07/25/2022	99/99/9999						
81284-0155-01		J2543		07/01/2022	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PHARMACY BULK,PF) 36 GM-4.5 GM	1	EA	GC	IV	EA	1.125	GM	36	07/01/2022	99/99/9999						
81284-0211-00		J2370		07/15/2022	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	07/15/2022	06/30/2023						
81284-0211-00		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
81284-0211-25		J2370		07/15/2022	06/30/2023	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	07/15/2022	06/30/2023						
81284-0211-25		J2371		07/01/2023	99/99/9999	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	20	MCG	500	07/01/2023	99/99/9999						
81284-0411-05		J1110		04/01/2022	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE 1 MG/1 ML	1	ML		IJ	ML	1	MG	1	04/01/2022	99/99/9999						
81284-0411-10		J1110		06/15/2022	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE 1 MG/1 ML	1	ML	AM	IJ	ML	1	MG	1	06/15/2022	99/99/9999						
81284-0611-00		J3290		10/01/2025	99/99/9999	INJECTION, TRANEXAMIC ACID, 5 MG	TRANEXAMIC ACID SDV 100 MG/1 ML	10	ML		IV	ML	5	MG	20	10/01/2025	99/99/9999						
81284-0611-10		J3290		10/01/2025	99/99/9999	INJECTION, TRANEXAMIC ACID, 5 MG	TRANEXAMIC ACID SDV 100 MG/1 ML	10	ML		IV	ML	5	MG	20	10/01/2025	99/99/9999						
81284-0612-10		J3290		10/01/2025	99/99/9999	INJECTION, TRANEXAMIC ACID, 5 MG	TRANEXAMIC ACID NOVAPLUS 100 MG/1 ML	10	ML		IV	ML	5	MG	20	10/01/2025	99/99/9999						
81298-5010-03		J0675		10/01/2025	99/99/9999	INJECTION, CARBOPROST TROMETHAMINE, 0.1 MG	CARBOPROST TROMETHAMINE SDV 250 MCG/1 ML	1	ML		IM	ML	0.1	MG	2.5	10/01/2025	99/99/9999						
81298-5010-05		J0675		10/01/2025	99/99/9999	INJECTION, CARBOPROST TROMETHAMINE, 0.1 MG	CARBOPROST TROMETHAMINE SDV 250 MCG/1 ML	1	ML		IM	ML	0.1	MG	2.5	10/01/2025	99/99/9999						
81298-5781-05		J3301		09/15/2022	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (25X1ML,SDV,LATEX-FREE) 40 MG/1 ML	1	ML	VL	IJ	ML	10	MG	4	09/15/2022	99/99/9999						
81298-5783-03		J3301		07/11/2022	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (MDV,LATEX-FREE) 40 MG/1 ML	10	ML	VL	IJ	ML	10	MG	4	07/11/2022	99/99/9999						
81298-5785-03		J3301		07/11/2022	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (MDV,LATEX-FREE) 40 MG/1 ML	5	ML	VL	IJ	ML	10	MG	4	07/11/2022	99/99/9999						
81298-7500-01		J1230		06/23/2025	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL MDV 10 MG/1 ML	20	ML		IJ	ML	10	MG	1	06/23/2025	99/99/9999						
81298-8110-01		J9070		12/08/2023	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV) 500 MG	1	EA	VL	IV	EA	100	MG	5	12/08/2023	03/31/2024						
81298-8110-01		J9075		04/01/2024	12/31/2024	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV) 500 MG	1	EA		IV	EA	5	MG	100	04/01/2024	12/31/2024						
81298-8112-01		J9070		12/08/2023	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV) 1 GM	1	EA	VL	IV	EA	100	MG	10	12/08/2023	03/31/2024						
81298-8112-01		J9075		04/01/2024	12/31/2024	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV) 1 GM	1	EA		IV	EA	5	MG	200	04/01/2024	12/31/2024						
81298-8114-01		J9070		12/08/2023	03/31/2024	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV) 2 GM	1	EA	VL	IV	EA	100	MG	20	12/08/2023	03/31/2024						
81298-8114-01		J9075		04/01/2024	12/31/2024	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	CYCLOPHOSPHAMIDE (SDV) 2 GM	1	EA		IV	EA	5	MG	400	04/01/2024	12/31/2024						
81481-0803-01		J9028		01/01/2025	99/99/9999	INJECTION, NOGAPENDEKIN ALFA INBAKICEPT-PMLN, FOR INTRAVESICAL USE, 1 MICROGRAM	ANKTIVA 400 MCG/0.4 ML	0.4	ML		IL	ML	1	MCG	1000	01/01/2025	99/99/9999						
81561-0413-05		J9019		06/28/2021	12/31/2022	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	ERWINASE (PF,LATEX-FREE) 10000 IU	5	EA	VL	IU	EA	1000	IU	10	06/28/2021	12/31/2022						
81643-9270-01		J9200		07/01/2023	99/99/9999	INJECTION, FLOXURIDINE, 500 MG	FLOXURIDINE (LYOPHILIZED) 0.5 GM	1	EA		IU	EA	500	MG	1	07/01/2023	99/99/9999						
81665-0104-96		J8499		10/08/2024	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CROMOLYN SODIUM CONCENTRATE 100 MG/5 ML	5	ML	PC	PO	ML	1	EA	1	10/08/2024	99/99/9999						
81927-0105-01		J9341		07/01/2025	99/99/9999	INJECTION, THIOTEPA (TEPYLUTE), 1 MG	TEPYLUTE SDV 10 MG/1 ML	1.5	ML		IV	ML	1	MG	10	07/01/2025	99/99/9999						
81927-0106-01		J9341		07/01/2025	99/99/9999	INJECTION, THIOTEPA (TEPYLUTE), 1 MG	TEPYLUTE MDV 10 MG/1 ML	10	ML		IV	ML	1	MG	10	07/01/2025	99/99/9999						
81927-0111-01		J9261		04/18/2023	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE (SDV,PF,LATEX-FREE) 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	04/18/2023	99/99/9999						
81927-0111-06		J9261		04/18/2023	99/99/9999	INJECTION, NELARABINE, 50 MG	NELARABINE (6X50ML;SDV,PF) 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	04/18/2023	99/99/9999						
81927-0204-01		J8999		11/21/2023	09/30/2024	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	JYLAMVO (ORANGE) 2 MG/1 ML	60	ML		PO	EA	1	EA	1	11/21/2023	09/30/2024						
81927-0204-01		None		10/01/2024	99/99/9999	METHOTREXATE (JYLAMVO), ORAL, 2.5 MG	JYLAMVO (ORANGE) 2 MG/1 ML	60	ML		PO	ML	2.5	MG	0.8	10/01/2024	99/99/9999						
81952-0111-06		J1644		01/14/2022	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 5000 U/1 ML	1	ML		IU	ML	1000	U	5	01/14/2022	99/99/9999						
81952-0112-06		J1644		07/10/2022	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 1000 U/1 ML	1	ML	VL	IU	ML	1000	U	1	07/10/2022	99/99/9999						
81952-0112-09		J1644		07/10/2022	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X10ML,LATEX-FREE) 1000 U/1 ML	10	ML	VL	IU	ML	1000	U	1	07/10/2022	99/99/9999						
81952-0112-10		J1644		09/09/2022	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 1000 U/1 ML	30	ML	VL	IU	ML	1000	U	1	09/09/2022	99/99/9999						
81952-0113-06		J1644		08/29/2022	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 10000 U/1 ML	1	ML	VL	IU	ML	1000	U	10	08/29/2022	99/99/9999						
81952-0113-08		J1644		08/29/2022	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 10000 U/1 ML	5	ML	VL	IU	ML	1000	U	10	08/29/2022	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
81952-0114-09		J1644		11/01/2022	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25X10ML,MDV,LATEX-FREE) 5000 U/1 ML	10	ML	VL	IJ	ML	1000	U	5	11/01/2022	99/99/9999						
81952-0115-07		J1644		05/09/2022	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (SDV,25X2ML,PF) 1000 U/1 ML	2	ML	VL	IJ	ML	1000	U	1	05/09/2022	99/99/9999						
81952-0116-06		J1644		08/29/2022	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 20000 U/1 ML	1	ML	VL	IJ	ML	1000	U	20	08/29/2022	99/99/9999						
81952-0123-23		J1650		05/03/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.3ML,SINGLE-DOSE,PF) 30 MG/0.3 ML	0.3	ML	SR	SC	ML	10	MG	10	05/03/2023	99/99/9999						
81952-0124-24		J1650		05/03/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.4ML;SINGLE DOSE,PF) 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	05/03/2023	99/99/9999						
81952-0126-26		J1650		05/03/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.6ML,SINGLE-DOSE,PF) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	05/03/2023	99/99/9999						
81952-0128-28		J1650		05/03/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.8ML,SINGLE-DOSE,PF) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	05/03/2023	99/99/9999						
81952-0130-06		J1650		05/03/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X1ML,SINGLE-DOSE,PF) 100 MG/1 ML	1	ML	SR	SC	ML	10	MG	10	05/03/2023	99/99/9999						
81952-0132-28		J1650		05/03/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X0.8ML,SINGLE-DOSE,PF) 120 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	15	05/03/2023	99/99/9999						
81952-0135-06		J1650		05/03/2023	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (10X1ML,SINGLE-DOSE,PF) 150 MG/1 ML	1	ML	SR	SC	ML	10	MG	15	05/03/2023	99/99/9999						
81952-0911-01		J1453		09/05/2023	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/05/2023	99/99/9999						
82009-0054-01		J7507		08/10/2023	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA		PO	EA	1	MG	1	08/10/2023	99/99/9999						
82009-0087-30		J8999		08/12/2023	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BO	PO	EA	1	EA	1	08/12/2023	99/99/9999						
82009-0109-30		J0750		01/02/2024	99/99/9999	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (FILM-COATED) 200 MG-300 MG	30	EA		PO	EA	200	MG	1	01/02/2024	99/99/9999						
82009-0112-12		None		08/10/2023	09/30/2024	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA		PO	EA	500	MG	1	08/10/2023	09/30/2024						
82009-0112-12		None		01/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 500 MG	120	EA		PO	EA	50	MG	10	01/01/2025	99/99/9999						
82009-0144-22		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	ADALIMUMAB-ADBM PEN 40 MG/0.4 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
82009-0146-22		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	ADALIMUMAB-ADBM PFS 40 MG/0.4 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
82009-0148-22		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	ADALIMUMAB-ADBM PEN 40 MG/0.8 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
82009-0150-22		Q5143		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	ADALIMUMAB-ADBM PFS 40 MG/0.8 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
82009-0156-22		Q5142		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	ADALIMUMAB-RYVK AUTOINJECTOR 40 MG/0.4 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
82009-0158-22		Q5142		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	ADALIMUMAB-RYVK PFS SINGLE DOSE 40 MG/0.4 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
82009-0164-01		J7507		06/01/2025	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS HARD GELATIN 0.5 MG	100	EA		PO	EA	1	MG	0.5	06/01/2025	99/99/9999						
82009-0165-01		J7507		06/01/2025	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS HARD GELATIN 5 MG	100	EA		PO	EA	1	MG	5	06/01/2025	99/99/9999						
82111-0955-01		J8541		10/01/2024	99/99/9999	DEXAMETHASONE (HEMADY), ORAL, 0.25 MG	HEMADY 20 MG	24	EA		PO	EA	0.25	MG	80	10/01/2024	99/99/9999						
82111-0955-02		J8541		10/01/2024	99/99/9999	DEXAMETHASONE (HEMADY), ORAL, 0.25 MG	HEMADY 20 MG	100	EA		PO	EA	0.25	MG	80	10/01/2024	99/99/9999						
82249-0207-60		None		06/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 150 MG	60	EA		PO	EA	50	MG	3	06/01/2025	99/99/9999						
82249-0210-12		None		06/01/2025	99/99/9999	CAPECITABINE, ORAL, 50 MG	CAPECITABINE USP,FILM COATED 500 MG	120	EA		PO	EA	50	MG	10	06/01/2025	99/99/9999						
82667-0800-01		J3300		10/15/2024	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	TRIESENCE 40 MG/1 ML	1	ML	SY	IJ	ML	1	MG	40	10/15/2024	99/99/9999						
82705-0002-01		J9321		01/01/2024	99/99/9999	INJECTION, EPCORITAMAB-BYSP, 0.16 MG	EPKINLY (PF,LATEX-FREE) 4 MG/0.8 ML	0.8	ML		SC	ML	0.16	MG	31.25	01/01/2024	99/99/9999						
82705-0010-01		J9321		01/01/2024	99/99/9999	INJECTION, EPCORITAMAB-BYSP, 0.16 MG	EPKINLY (PF,LATEX-FREE) 48 MG/0.8 ML	0.8	ML		SC	ML	0.16	MG	375	01/01/2024	99/99/9999						
82737-0073-01		J2277		04/01/2024	99/99/9999	INJECTION, MOTIXAFORTIDE, 0.25 MG	APHEXDA (PF,LYOPHILIZED) 62 MG	1	EA		SC	EA	0.25	MG	248	04/01/2024	99/99/9999						
82829-0002-01		J2782		04/01/2024	99/99/9999	INJECTION, AVACINCAPTAD PEGOL, 0.1 MG	IZERVAY (PF) 2 MG/0.1 ML	0.1	ML		IO	ML	0.1	MG	200	04/01/2024	99/99/9999						
82959-0111-01		J0870		01/01/2025	99/99/9999	INJECTION, IMETELSTAT, 1 MG	RYTELO SDV,LYOPHILIZED 188 MG	1	EA		IV	EA	1	MG	188	01/01/2025	99/99/9999						
82959-0112-01		J0870		01/01/2025	99/99/9999	INJECTION, IMETELSTAT, 1 MG	RYTELO SDV,LYOPHILIZED 47 MG	1	EA		IV	EA	1	MG	47	01/01/2025	99/99/9999						
83034-0003-60		J7601		01/01/2025	99/99/9999	ENSIFENTRINE, INHALATION SUSPENSION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 3 MG	OHTUVAYRE 3 MG/2.5 ML	2.5	ML		IH	ML	3	MG	0.4	01/01/2025	99/99/9999						
83034-0003-60	KO	J7601	KO	01/01/2025	99/99/9999	ENSIFENTRINE, INHALATION SUSPENSION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 3 MG	OHTUVAYRE 3 MG/2.5 ML	2.5	ML		IH	ML	3	MG	0.4	01/01/2025	99/99/9999						
83047-0410-04		Q2058		07/01/2025	99/99/9999	OBECABTAGENE AUTOLEUCEL, 10 UP TO 400 MILLION CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION	AUCATZYL	1	EA		IV	EA	1	U	1	07/01/2025	99/99/9999						
83222-0200-01		J3391		07/01/2025	99/99/9999	INJECTION, ATIDARSAGENE AUTOTEMCEL, PER TREATMENT	LENMELDY CRYOPRESERVED	1	EA		IV	EA	1	U	1	07/01/2025	99/99/9999						
83257-0001-11		Q5114		09/12/2023	99/99/9999	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	OGIVRI (SDV,PF,LYOPHILIZED) 150 MG	1	EA		IV	EA	10	MG	15	09/12/2023	99/99/9999						
83257-0004-12		Q5114		09/12/2023	99/99/9999	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	OGIVRI (PF,LYOPHILIZED) 420 MG	1	EA		IV	EA	10	MG	42	09/12/2023	99/99/9999						
83257-0005-41		Q5108		09/12/2023	99/99/9999	INJECTION, PEGFILGRASTIM-JMDB (FULPHILA), BIOSIMILAR, 0.5 MG	FULPHILA (PF) 6 MG/0.6 ML	0.6	ML		SC	ML	0.5	MG	20	09/12/2023	99/99/9999						
83257-0016-42		Q5140		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	HULIO 20 MG/0.4 ML	2	EA		SC	EA	1	MG	20	01/01/2025	99/99/9999						
83257-0017-42		Q5140		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	HULIO 40 MG/0.8 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
83257-0019-32		Q5140		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	HULIO PEN 40 MG/0.8 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
83257-0020-42		Q5140		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	ADALIMUMAB-FKJP 20 MG/0.4 ML	2	EA		SC	EA	1	MG	20	01/01/2025	99/99/9999						
83257-0021-42		Q5140		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	ADALIMUMAB-FKJP 40 MG/0.8 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
83257-0022-32		Q5140		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	ADALIMUMAB-FKJP PEN 40 MG/0.8 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
83444-0301-10		J9275		07/01/2025	99/99/9999	INJECTION, COSIBELIMAB-IPDL, 2 MG	UNLOXCYT SDV,60 MG/1 ML	5	ML		IV	ML	2	MG	30	07/01/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
83457-0124-02		J0135		02/19/2024	12/31/2024	INJECTION, ADALIMUMAB, 20 MG	HUMIRA PEN (SINGLE DOSE,PF) 80 MG/0.8 ML	2	EA		SC	EA	20	MG	4	02/19/2024	12/31/2024						
83457-0124-02		J0139		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB, 1 MG	HUMIRA PEN SINGLE DOSE 80 MG/0.8 ML	2	EA		SC	EA	1	MG	80	01/01/2025	99/99/9999						
83457-0243-02		J0135		02/19/2024	12/31/2024	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PF,LATEX-FREE) 40 MG/0.4 ML	2	EA		SC	EA	20	MG	2	02/19/2024	12/31/2024						
83457-0243-02		J0139		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB, 1 MG	HUMIRA 40 MG/0.4 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
83457-0554-02		J0135		02/19/2024	12/31/2024	INJECTION, ADALIMUMAB, 20 MG	HUMIRA PEN (PF,LATEX-FREE) 40 MG/0.4 ML	2	EA		SC	EA	20	MG	2	02/19/2024	12/31/2024						
83457-0554-02		J0139		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB, 1 MG	HUMIRA PEN 40 MG/0.4 ML	2	EA		SC	EA	1	MG	40	01/01/2025	99/99/9999						
83457-0616-02		J0135		02/19/2024	12/31/2024	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PF,LATEX-FREE) 20 MG/0.2 ML	2	EA		SC	EA	20	MG	1	02/19/2024	12/31/2024						
83457-0616-02		J0139		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB, 1 MG	HUMIRA 20 MG/0.2 ML	2	EA		SC	EA	1	MG	20	01/01/2025	99/99/9999						
83457-0817-02		J0135		02/19/2024	12/31/2024	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PF,LATEX-FREE) 10 MG/0.1 ML	2	EA		SC	EA	20	MG	0.5	02/19/2024	12/31/2024						
83457-0817-02		J0139		01/01/2025	99/99/9999	INJECTION, ADALIMUMAB, 1 MG	HUMIRA 10 MG/0.1 ML	2	EA		SC	EA	1	MG	10	01/01/2025	99/99/9999						
83513-0010-01		J9174		07/01/2025	09/16/2025	INJECTION, DOCETAXEL (BEIZRAY), 1 MG	BEIZRAY 25%; 20 MG/1 ML	58	ML		IV	ML	1	MG	20	07/01/2025	09/16/2025						
83634-0100-99		J0290		03/01/2025	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN PHARMACY BULK;USP 10 GM	1	EA		IV	EA	500	MG	20	03/01/2025	99/99/9999						
83634-0105-30		J2543		07/07/2025	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM 3 GM-0.375 GM	10	EA		IV	EA	1.125	GM	3	07/07/2025	99/99/9999						
83634-0106-50		J2543		04/01/2025	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM SDV;USP 4 GM-0.5 GM	10	EA		IV	EA	1.125	GM	4	04/01/2025	99/99/9999						
83634-0110-20		J0295		07/15/2025	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM SDV 2 GM-1 GM	10	EA		IJ	EA	1.5	GM	2	07/15/2025	99/99/9999						
83634-0202-61		J9245		01/10/2024	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 50 MG	MELPHALAN HYDROCHLORIDE (W/ DILUENT,PF) 50 MG	1	EA		IV	EA	50	MG	1	01/10/2024	99/99/9999						
83634-0302-10		J1938		04/01/2025	99/99/9999	INJECTION, FUROSEMIDE, 1 MG	FUROSEMIDE SDV 10 MG/1 ML	10	ML		IJ	ML	1	MG	10	04/01/2025	99/99/9999						
83634-0302-10		J1940		03/10/2024	03/31/2025	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV,PF,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IJ	ML	20	MG	0.5	03/10/2024	03/31/2025						
83634-0400-10		J0583		01/20/2024	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SDV,PF,LATEX-FREE) 250 MG	10	EA		IV	EA	1	MG	250	01/20/2024	99/99/9999						
83634-0451-01		J2597		03/20/2024	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (SDV,LATEX-FREE) 4 MCG/1 ML	1	ML	VL	IJ	ML	1	MCG	4	03/20/2024	99/99/9999						
83634-0451-10		J2597		03/20/2024	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (MDV,LATEX-FREE) 4 MCG/1 ML	10	ML		IJ	ML	1	MCG	4	03/20/2024	99/99/9999						
83634-0500-81		J3475		04/22/2024	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SINGLE DOSE,PF) 40 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.08	04/22/2024	99/99/9999						
83634-0500-82		J3475		04/22/2024	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SINGLE DOSE,PF) 40 MG/1 ML	100	ML	FC	IV	ML	500	MG	0.08	04/22/2024	99/99/9999						
83634-0501-81		J3475		04/22/2024	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SINGLE DOSE,PF) 80 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.16	04/22/2024	99/99/9999						
83634-0776-10		J1453		03/10/2024	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,PF,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	03/10/2024	99/99/9999						
83634-0778-02		J0780		01/01/2025	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE MDV 5 MG/1 ML	2	ML		IJ	ML	10	MG	0.5	01/01/2025	99/99/9999						
83831-0101-02		J9172		04/23/2024	99/99/9999	INJECTION, DOCETAXEL (DOCIVYX), 1 MG	DOCIVYX (SDV) 10 MG/1 ML	2	ML		IV	ML	1	MG	10	04/23/2024	99/99/9999						
83831-0102-08		J9172		04/23/2024	99/99/9999	INJECTION, DOCETAXEL (DOCIVYX), 1 MG	DOCIVYX (SDV) 10 MG/1 ML	8	ML		IV	ML	1	MG	10	04/23/2024	99/99/9999						
83831-0103-16		J9172		04/23/2024	99/99/9999	INJECTION, DOCETAXEL (DOCIVYX), 1 MG	DOCIVYX (SDV) 10 MG/1 ML	16	ML		IV	ML	1	MG	10	04/23/2024	99/99/9999						
83831-0105-01		J2468		08/19/2024	99/99/9999	INJECTION, PALONOSETRON HYDROCHLORIDE (AVYXA), NOT THERAPEUTICALLY EQUIVALENT TO J2469, 25 MICROGRAMS	POSFREA 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	08/19/2024	99/99/9999						
83831-0116-01		J9072		08/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (AVYXA), 5 MG	CYCLOPHOSPHAMIDE SDV 500 MG/1 ML	1	ML		IV	ML	5	MG	100	08/01/2024	99/99/9999						
83831-0117-02		J9072		08/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (AVYXA), 5 MG	CYCLOPHOSPHAMIDE SDV 500 MG/1 ML	2	ML		IV	ML	5	MG	100	08/01/2024	99/99/9999						
83831-0118-04		J9072		08/01/2024	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (AVYXA), 5 MG	CYCLOPHOSPHAMIDE SDV 500 MG/1 ML	4	ML		IV	ML	5	MG	100	08/01/2024	99/99/9999						
83831-0119-01		J9072		02/03/2025	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (AVYXA), 5 MG	FRINDOVYX 500MG/1ML MDV 500 MG/1 ML	1	ML	VL	IV	ML	5	MG	100	02/03/2025	99/99/9999						
83831-0120-02		J9072		02/03/2025	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (AVYXA), 5 MG	FRINDOVYX 1GM/2ML MDV;1GM/2ML 500 MG/1 ML	2	ML	VL	IV	ML	5	MG	100	02/03/2025	99/99/9999						
83831-0121-04		J9072		02/03/2025	99/99/9999	INJECTION, CYCLOPHOSPHAMIDE (AVYXA), 5 MG	FRINDOVYX 2GM/4ML MDV;2GM/4ML 500 MG/1 ML	4	ML	VL	IV	ML	5	MG	100	02/03/2025	99/99/9999						
83831-0123-01		J9201		08/03/2025	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	AVGEMSI 38 MG/1 ML	26.3	ML		IV	ML	200	MG	0.19	08/03/2025	99/99/9999						
83831-0124-01		J9201		08/03/2025	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	AVGEMSI 38 MG/1 ML	52.6	ML		IV	ML	200	MG	0.19	08/03/2025	99/99/9999						
83831-0131-01		J9292		12/04/2024	99/99/9999	INJECTION, PEMETREXED (AVYXA), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	AXTLE SDV,LYOPHILIZED 100 MG	1	EA	VL	IV	EA	10	MG	10	12/04/2024	99/99/9999						
83831-0132-01		J9292		12/04/2024	99/99/9999	INJECTION, PEMETREXED (AVYXA), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	AXTLE SDV,LYOPHILIZED 500 MG	1	EA	VL	IV	EA	10	MG	50	12/04/2024	99/99/9999						
83831-0134-01		J1954		03/26/2025	99/99/9999	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (LUTRATE DEPOT), 7.5 MG	LUTRATE DEPOT LYOPHILIZED 22.5 MG	1	EA	VL	IM	EA	7.5	MG	3	03/26/2025	99/99/9999						
83831-0141-08		J9045		08/19/2025	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	KYXATA MDV 10 MG/1 ML	8	ML	VL	IV	ML	50	MG	0.2	08/19/2025	99/99/9999						
83831-0142-50		J9045		08/19/2025	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	KYXATA MDV 10 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.2	08/19/2025	99/99/9999						
83980-0012-13		Q0162		08/13/2025	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON STRAWBERRY 4 MG	30	EA	BO	PO	EA	1	MG	4	08/13/2025	99/99/9999						
83980-0013-13		Q0162		08/13/2025	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON STRAWBERRY 8 MG	30	EA	BO	PO	EA	1	MG	8	08/13/2025	99/99/9999						
85043-0025-02		J9217		08/01/2025	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	VABRINTY SINGLE-USE 22.5 MG	1	EA		SC	EA	7.5	MG	3	08/01/2025	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
90096-0132-01		Q0161		03/23/2022	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (USP,SUGAR-COATED) 25 MG	100	EA	BO	PO	EA	5	MG	5	03/23/2022	99/99/9999						