

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00002-7714-59		J1815		08/14/2017	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG JUNIOR KWIKPEN 100 U/1 ML	3 ML	EA	BX	SC	ML	5 U		20	08/14/2017	99/99/9999						
00006-0461-06		J8501		07/01/2006	04/30/2020	APREPITANT, ORAL, 5 MG	EMEND 80 MG	6 EA	EA	BX	PO	EA	5 MG		16	07/01/2006	04/30/2020						
00009-0233-01		J3490		01/01/2002	03/30/2021	UNCLASSIFIED DRUGS	BACITRACIN 50000 U	1 EA	EA	VL	IM	EA	1 EA		1	01/01/2002	03/30/2021						
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	EA	VL	U	ML	50 MG		2	01/01/2018	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	EA	BO	PO	ML	1 MG		1	01/01/2016	99/99/9999						
00069-1312-02		J1599		08/07/2019	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	100 ML	EA	BO	IV	ML	500 MG		0.2	08/07/2019	99/99/9999						
00069-3150-83		J0456		01/01/2002	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	ZITHROMAX (VIAL) 500 MG	1 EA	EA	VL	IV	EA	500 MG		1	01/01/2002	99/99/9999						
00074-3108-32		J7515		12/08/2015	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	GENGRAF (BLISTER PACK) 25 MG	30 EA	EA	BX	PO	EA	25 MG		1	12/08/2015	99/99/9999						
00085-1133-01		J9214		01/01/2002	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (M.D.V.,AF) 10 Million IU/ML	2.5 ML	EA	VL	U	ML	1 MU		10	01/01/2002	99/99/9999						
00088-2220-33		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 IU/ML	10 ML	EA	VL	SC	ML	5 U		20	01/01/2003	99/99/9999						
00093-4147-56		J7614		12/11/2014	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	EA	PC	IH	EA	0.5 MG		2.5	12/11/2014	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	EA	PC	IH	ML	0.25 MG		0.5	12/15/2009	99/99/9999						
00093-8943-05		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	500 EA	EA	BO	PO	EA	1 EA		1	01/01/2002	02/25/2019						
00143-1475-01		J7512		01/01/2016	06/15/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100 EA	EA	BO	PO	EA	1 MG		5	01/01/2016	06/15/2016						
00143-9240-01		J9040		05/16/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN (USP,LYOPHILIZED) 15 U	1 EA	EA	VL	U	EA	15 U		1	05/16/2018	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	EA	VL	IV	ML	12.5 MG		1	02/14/2018	99/99/9999						
00143-9738-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	500 EA	EA	BO	PO	EA	1 MG		20	01/01/2016	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	EA	SR	SC	ML	5 U		20	02/10/2003	99/99/9999						
00172-6406-59		J7631		01/01/2002	10/05/2016	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2 ML	EA	PC	IH	ML	10 MG		1	01/01/2002	10/05/2016						
00173-0945-55		J8499		01/01/2002	01/08/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	100 EA	EA	BO	PO	EA	1 EA		1	01/01/2002	01/08/2017						
00185-0648-10		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	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
00264-4000-55		J7030		01/01/2002	06/30/2015	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	SODIUM CHLORIDE (GLASS CONTAINER) 0.9%	1000 ML	EA	GC	IV	ML	1000 ML		0.001	01/01/2002	06/30/2015						
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	EA	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00338-0049-02		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE 0.9%	250 ML	EA	FC	IV	ML	250 ML		0.004	01/01/2002	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	EA	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
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	EA	FC	IV	ML	1 EA		1	01/01/2002	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	EA	PC	IV	ML	40 MG		0.04	01/01/2006	99/99/9999						
00338-3583-01		J3370		04/18/2016	99/99/9999	INJECTION, VANCOMYIN HCL, 500 MG	VANCOMYIN HCL-SODIUM CHLORIDE 0.9%-1 GM	200 ML	EA	VL	IV	ML	500 MG		0.01	04/18/2016	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	EA	FC	IV	ML	500 ML		0.002	03/01/2007	11/30/2019						
00409-1610-50		J3490		11/22/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.) 0.5%	50 ML	EA	VL	U	ML	1 EA		1	11/22/2005	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 (SECURE SINGLE USE) 4 MG/ML	1 ML	EA	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	EA	SR	IV	ML	10 MG		0.4	02/01/2021	99/99/9999						
00409-2585-01		J0690		06/27/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFZAZOLIN (SDV,ADD-VANTAGE) 1 GM	25 EA	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,FLUPTOP/VIAL) 1 MG/ML	10 ML	EA	VL	U	ML	1 MG		1	01/27/2006	99/99/9999						
00409-2776-23		J2260		06/19/2005	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSEMILRINONE LACTATE (10X100ML,LATEX-FREE) 5%-20 MG/100 ML	100 ML	EA	FC	IV	ML	5 MG		0.04	06/19/2005	99/99/9999						
00409-2987-13		J0295		07/01/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM (USP,ADD-VANTAGE) 2 GM-1 GM	1 EA	EA	VL	IV	EA	1.5 GM		2	07/01/2007	99/99/9999						
00409-3959-01		J0698		01/22/2018	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	25 EA	EA	VL	U	EA	1 GM		1	01/22/2018	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	EA	VL	U	ML	10 MG		0.05	01/01/2015	99/99/9999						
00409-4270-01		J2001		02/27/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (STERILE PACK,SDV) 1%	30 ML	EA	VL	EP	ML	10 MG		1	02/27/2006	99/99/9999						
00409-4346-73		J3490		04/13/2005	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (VIAL,FLUPTOP) 250 MG/ML	20 ML	EA	VL	IV	ML	1 EA		1	04/13/2005	99/99/9999						
00562-7806-01		J2788		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MNIDOSE, 50 MICROGRAMS (250 LU.)	MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	1 EA	EA	SR	IM	EA	50 MCG		1	09/01/2007	99/99/9999						
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	EA	BO	PO	EA	25 MG		2	01/01/2014	99/99/9999						
00591-5052-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000 EA	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00591-5052-21		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						
00603-0823-58		Q0163		01/01/2002	06/30/2017	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	Q-DRYL 12.5 MG/5 ML	473	ML	BO	PO	ML	50 MG		0.05	01/01/2002	06/30/2017						
00603-5338-21		J7506		01/30/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5 MG		2	01/30/2003	12/31/2015						
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						
00641-6199-10		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						
00703-8560-21		J1650		11/19/2014	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	11/19/2014	99/99/9999						
00703-8560-23		J1650		11/19/2014	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	11/19/2014	99/99/9999						
16714-0094-25	KO	J7614	KO	10/07/2020	99/99/9999	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	99/99/9999						
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						
16714-0998-25	KO	J7643	KO	09/18/2019	99/99/9999	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	09/18/2019	99/99/9999						
16729-0295-33		J9045		09/14/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	15	ML	VL	IV	ML	50 MG		0.2	09/14/2017	99/99/9999						
16729-0430-11		J0883		09/27/2021	99/99/9999	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	99/99/9999						
24385-0479-62		Q0163		01/01/2002	11/02/2017	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	DIPHEDRYL 25 MG	24	EA	BX	PO	EA	50 MG		0.5	01/01/2002	11/02/2017						
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						
24658-0708-34		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						
00338-9686-24		J2001		10/02/2017	03/31/2019	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL-DEXTORE 5%-0.4%	500	ML	BG	IV	ML	10 MG		0.4	10/02/2017	03/31/2019						
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						
00378-0642-10		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						
00406-1130-52		J3010		01/01/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE	1	EA	BO	NA	EA	0.1 MG		10000	01/01/2002	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	U	EA	500 MG		2	12/15/2015	07/02/2020						
00409-1038-50		J0670		10/08/2007	99/99/9999	INJECTION, MEPIVACINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE (MDV) 1%	50	ML	VL	U	ML	10 ML		0.1	10/08/2007	99/99/9999						
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						
00409-1281-31		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						
00409-1283-31		J1170		06/14/2005	99/99/9999	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	99/99/9999						
00409-1412-10		J3490		06/29/2006	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (MDV,USP,10X10ML) 0.25 MG/ML	10	ML	VL	U	ML	1 EA		1	06/29/2006	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						
00904-7010-06		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,LEMNON-LIME) 8 MG-2 MG	50	EA	BX	SL	EA	8 MG		1	12/21/2020	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						
00944-2884-01		J0257		10/11/2010	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	GLASSIA (APRX 1000MG/50ML,SOLN) 1 MG	1	EA	VL	IV	EA	10 MG		0.1	10/11/2010	99/99/9999						
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						
00990-7922-61		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						
00990-7983-25		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						
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						
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						
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	U	ML	50 MG		1	01/29/2018	99/99/9999						
31722-0103-30		J0604		12/01/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30	EA	BO	PO	EA	1 MG		30	12/01/2020	99/99/9999						

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
33358-0292-12		J7512		01/01/2016	04/01/2020	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	12	EA	BO	PO	EA	1 MG		5	01/01/2016	04/01/2020						
33358-0292-21		J7512		01/01/2016	04/01/2020	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	21	EA	BO	PO	EA	1 MG		5	01/01/2016	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						
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						
38423-0110-01		J1190		09/06/2007	04/21/2016	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	TOTECT (W/10 VIALS OF DILUENT) 500 MG	1	EA	VL	IV	EA	250 MG		2	09/06/2007	04/21/2016						
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						
38779-0925-08		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						
38779-1502-06		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						
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						
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						
51927-1838-00		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						
51927-2231-00		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						
51927-2379-00		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						
51927-2986-00		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						
51927-3023-00		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						
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						
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 THE 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						
52959-0391-15		Q0164		01/01/2014	02/03/2016	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	COMPAZINE 10 MG	15	EA	BO	PO	EA	5 MG		2	01/01/2014	02/03/2016						
54868-3998-08		J8499		04/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60	EA	BO	PO	EA	1 EA		1	04/22/2005	99/99/9999						
54868-4078-02		Q0144		01/01/2002	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	30	ML	BO	PO	ML	1 GM		0.04	01/01/2002	02/03/2016						
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	IU	ML	80 MG		0.5	01/01/2002	99/99/9999						
54868-4409-00		J7614		04/01/2008	99/99/9999	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	99/99/9999						
54868-4751-00		J2175		03/11/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (CARPUJECT) 100 MG/ML	1	ML	AM	IU	ML	100 MG		1	03/11/2003	99/99/9999						
54868-5181-00		Q0173		11/18/2004	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	TIGAN 300 MG	100	EA	BO	PO	EA	250 MG		1.2	11/18/2004	99/99/9999						
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						
54868-5648-01		Q0144		08/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	23	ML	BO	PO	ML	1 GM		0.04	08/01/2006	99/99/9999						
54868-5801-00		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 4 MG	30	EA	BO	PO	EA	1 MG		4	01/01/2012	99/99/9999						
55553-0091-10		J3420		01/01/2002	02/03/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITA #12 (VIAL) 1000 MCG/ML	10	ML	VL	IM	ML	1000 MCG		1	01/01/2002	02/03/2016						
55556-8505-06		J3355		01/01/2006	12/31/2017	INJECTION, UROFOLLITROPIN, 75 IU	BRAVELLE (SDV W/G-CAP) 75 IU	1	EA	VL	IU	EA	75 IU		1	01/01/2006	12/31/2017						
57844-0522-06		J8999		05/14/2004	03/26/2015	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	PURINETHOL 50 MG	60	EA	BO	PO	EA	1 EA		1	05/14/2004	03/26/2015						
58160-0821-11		J3490		02/01/2007	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B (SDV,TAXINCLPF) 20 MCG/ML	1	ML	VL	IM	ML	1 EA		1	02/01/2007	99/99/9999						
59741-0119-04		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE 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	02/03/2016						
59762-3060-02		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1 GM		0.25	11/14/2005	99/99/9999						
59762-3060-03		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	50	EA	BX	PO	EA	1 GM		0.25	11/14/2005	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	
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							
00143-9090-01		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							
00143-9247-01		J1190		01/29/2018	99/99/9999	INJECTION, DEKRAZOXANE HYDROCHLORIDE, PER 250 MG	DEKRAZOXANE (SDV W/DILUENT) 250 MG	1	EA	VL	IV	EA	250 MG		1	01/29/2018	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							
00143-9315-24		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							
00143-9367-01		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							
00143-9381-10		J3490		05/17/2021	99/99/9999	UNCLASSIFIED DRUGS	DOXYCYCLINE (USP, SDV,PF,LATEX-FREE) 100 MG	10	EA	VL	IV	EA	1 EA		1	05/17/2021	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							
00143-9935-01		J0698		08/23/2018	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP,PHARMACY BULK) 10 GM	1	EA	VL	IV	EA	1 GM		10	11/19/2015	08/23/2018							
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							
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	ZOFTRAN (BERRY) 4 MG/5 ML	1	ML	BO	PO	ML	1 MG		0.8	01/01/2017	02/21/2019							
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							
00223-8496-02		A4216		01/01/2007	02/03/2016	ML	SODIUM CHLORIDE (AMP) 0.9%	5	ML	AM	IV	ML	10 ML		0.1	01/01/2007	02/03/2016							
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							
00264-7751-10		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							
00264-7850-00		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							
00338-0017-01		J7060		01/01/2002	09/30/2015	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	150	ML	FC	IV	ML	500 ML		0.002	01/01/2002	09/30/2015							
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							
00338-0076-10		J1885		04/30/2019	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/1 ML	2	ML	VL	IM	ML	15 MG		2	04/30/2019	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							
00338-0695-04		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							
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							
00378-7970-93		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							
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							
00409-0366-01		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							
00409-1187-01		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							
00409-1523-11		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							
00409-1535-03		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							
00409-1639-10		J1940		01/23/2006	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (10X10ML,ANSYR) 10 MG/ML	10	ML	SR	U	ML	20 MG		0.5	01/23/2006	99/99/9999							
00409-3400-01		J1580		03/24/2006	99/99/9999	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	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,FLUPTOP,ADDITIVE) 0.9%	10	ML	VL	IV	ML	10 ML		0.1	04/22/2005	99/99/9999							
00409-6102-10		J1940		03/24/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLUPTOP,ABOJECT) 10 MG/ML	10	ML	VL	U	ML	20 MG		0.5	03/24/2005	99/99/9999							
00409-7116-09		J3480		06/22/2005	06/02/2020	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (12X100ML,LATEX-FREE) 4 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2 MEQ		0.02	06/22/2005	06/02/2020							
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							
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							
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							
00641-2569-41		J1245		05/05/2007	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (SDV) 5 MG/ML	10	ML	VL	U	ML	10 MG		0.5	05/05/2007	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	U	ML	0.1 MG		0.5	10/10/2012	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	U	ML	60 MG		0.5	11/07/2017	99/99/9999							
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							

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7885-02		J779		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						
00463-1020-10		J2650		01/01/2002	02/03/2016	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	COTOLONE (VIAL) 50 MG/ML	10	ML	VL	U	ML	1 ML		1	01/01/2002	02/03/2016						
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						
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						
00517-4605-25		J7643		01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	5	ML	VL	U	ML	1 MG		0.2	01/01/2002	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						
00555-0572-35	None	01/01/1994		09/09/9999	12/31/2015	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						
00603-5335-32		J7506		01/03/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	1000	EA	BO	PO	EA	5 MG		0.2	01/03/2005	12/31/2015						
00641-0955-21		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVALPLUS (DOSETTE) 25 MG/ML	1	ML	VL	U	ML	50 MG		0.5	05/05/2007	99/99/9999						
00703-3067-11		J9178		08/09/2007	11/30/2017	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SDV, PF) 2 MG/ML	25	ML	VL	IV	ML	2 MG		1	08/09/2007	11/30/2017						
00781-1496-68		Q0144		11/14/2005	09/07/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6 UNIT OF USE) 250 MG	3	EA	DP	PO	EA	1 GM		0.25	11/14/2005	09/07/2017						
00781-3179-86		J0713		02/23/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (USP, PHARMACY BULK PKG) 6 GM	1	EA	VL	IV	EA	500 MG		12	02/23/2007	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	U	EA	250 MG		1	07/19/2005	99/99/9999						
00781-3296-80		J0894		03/30/2020	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV, LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1 MG		50	03/30/2020	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						
00904-5790-61		J8499		09/13/2013	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10 USP) 400 MG	100	EA	BX	PO	EA	1 MG		1	09/13/2013	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						
00904-7078-61		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						
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						
00944-2850-09		J1555		07/01/2019	99/99/9999	INJECTION, IMMUNE GLOBULIN (CIVITRU), 100 MG	CIVITRU (10GM, PF, LATEX-FREE) 20%	50	ML	VL	CT	SC	100 MG		2	07/01/2019	99/99/9999						
00990-7120-07		J7799		12/19/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTRROSE (LATEX-FREE) 70%	2000	ML	FC	IV	ML	1 EA		1	12/19/2019	99/99/9999						
00990-7929-09		J7121		03/13/2020	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	LACTATED RINGERS AND 5% DEXTROSE (12X1000ML, USP)	1000	ML	FC	IV	ML	1000 ML		0.001	03/13/2020	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						
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	U	ML	500 MG		0.2	12/07/2010	99/99/9999						
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						
16714-0099-01		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						
16714-0159-01		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						
16714-0777-01		J9025		07/03/2018	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV, PF, LATEX-FREE) 100 MG	1	EA	VL	U	EA	1 MG		100	07/03/2018	99/99/9999						
16729-0130-53	None	02/28/2017		99/99/9999	12/31/2020	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20 MG		9	02/28/2017	99/99/9999						
17271-0701-07		J7040		09/19/2017	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	80 SODIUM CHLORIDE (FREEFLEX, PF, LATEX-FREE) 0.9%	1000	ML	VL	IV	ML	500 ML		0.002	09/19/2017	99/99/9999						
00093-7147-56		Q0144		11/14/2005	06/28/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30	EA	BO	PO	EA	1 GM		0.6	11/14/2005	06/28/2017						
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						
00093-8943-01		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						
00115-1687-74		J7626		11/10/2017	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	11/10/2017	99/99/9999						
00115-9930-78	KO	J7614	KO	01/09/2018	99/99/9999	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5 MG		0.20666	01/09/2018	99/99/9999						
00121-0489-10		Q0163		01/01/2002	06/06/2017	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 12.5 MG/5 ML	10	ML	CP	PO	ML	50 MG		0.05	01/01/2002	06/06/2017						
00143-3084-01		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						
00143-9361-01		J2248		09/10/2021	99/99/9999	INJECTION, MCAFUNGIN SODIUM, 1 MG	MCAFUNGIN 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, MCAFUNGIN SODIUM, 1 MG	MCAFUNGIN SODIUM (PF, LATEX-FREE) 100 MG	1	EA	VL	IV	EA	1 MG		100	09/10/2021	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	U	EA	50 MG		7	08/24/2016	99/99/9999						
00409-4684-12		J1450		12/29/2015	09/01/2017	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (LATEX-FREE) 400 MG/200 ML	200	ML	FC	IV	ML	200 MG		0.01	12/29/2015	09/01/2017						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00641-1398-35	J3230			01/01/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (AMP, DOSETTE) 25 MG/ML	2 ML	AM	IU		ML	50 MG		0.5	01/01/2002	99/99/9999						
00641-6029-25	J3010			10/10/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X20ML,SDV,PF) 0.05 MG/ML	25 ML	VL	IU		ML	0.1 MG		0.5	10/10/2012	99/99/9999						
00641-6088-01	J2270			02/08/2012	09/16/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (M.D.V.) 10MG/ML	1 ML	VL	IU		ML	10 MG		1	02/08/2012	09/16/2015						
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						
00944-4175-05	J2724			01/01/2008	06/30/2015	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	CEPROTIN (400-600IU) 1 IU	600 IU	VL	IV		EA	10 IU		0.1	01/01/2008	06/30/2015						
00990-7077-26	J3480			04/17/2020	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (24X100MLLATEX-FREE) 40 MEQ/100 ML	100 ML	FC	IV		ML	2 MEQ		0.2	04/17/2020	99/99/9999						
00990-7923-06	J7060			09/09/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTRROSE (60X500ML,USP,LATEX-FREE) 5%	50 ML	FC	IV		ML	500 ML		0.002	09/09/2020	99/99/9999						
00990-7923-11	J7060			09/09/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTRROSE (60X100ML,USP,LATEX-FREE) 5%	100 ML	FC	IV		ML	500 ML		0.002	06/09/2020	99/99/9999						
08881-5701-28	A4216			07/01/2006	01/01/2017	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	MONOJECT PREFILL ADVANCED (60X10ML,PF,LATEX-FREE) 0.9%	10 ML	SR	IV		ML	10 ML		0.1	07/01/2006	01/01/2017						
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						
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						
13411-0182-09	J8499			08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	90 EA	BO	PO		EA	1 EA		1	08/23/2006	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	IU		ML	10 MG		4	07/01/1989	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						
00009-7686-04	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						
00013-2656-02	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						
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						
00069-1306-10	J0885			05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 3000 IU/1 ML	1 ML	VL	IU		ML	1000 U		3	05/22/2018	12/31/2018						
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						
00079-0414-61	J7527			01/01/2013	99/99/9999	DOSE REGIMEN	ZORTRESS (1X1) 0.5 MG	1 EA	EA	PO		EA	0.25 MG		2	01/01/2013	99/99/9999						
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						
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						
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						
00093-5985-27	J0171			08/20/2019	99/99/9999	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	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						
00093-8940-01	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						
00115-1694-49	J0171			02/15/2017	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE (USP) 0.3 MG/0.3 ML	2 EA	EA	IU		EA	0.1 MG		3	02/15/2017	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						
00143-9519-10	J9250			02/13/2018	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (10X2ML,SDV,PF) 25 MG/1 ML	2 ML	VL	IU		ML	5 MG		5	02/13/2018	99/99/9999						
00143-9547-01	J9000			11/04/2016	99/99/9999	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	99/99/9999						
00562-7805-00	J2790			01/08/2014	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 IU)	RHOAMC ULTRA-FILTERED PLUS (INNER PACK,PF) 300 MCG	1 EA	SR	IM		EA	300 MCG		1	01/08/2014	99/99/9999						
00591-5443-01	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO		EA	5 MG		4	01/01/2002	12/31/2015						
00603-0241-18	Q0163			06/05/2007	06/30/2017	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	Q-DRYL 25 MG	24 EA	BO	PO		EA	50 MG		0.5	06/05/2007	06/30/2017						
00603-4993-21	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						
00603-5336-21	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
47335-0746-49		J7614		09/02/2020	99/99/9999	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL (PF) 0.63 MG/3 ML	3 ML	PC	IH		ML	0.5 MG		0.42	09/02/2020	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						
47781-0588-68		J2250		08/21/2017	99/99/9999	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MDAZOLAM HCL (LATEX-FREE) 1 MG/1 ML	2 ML	VL	IU		ML	1 MG		1	08/21/2017	99/99/9999						
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						
49348-0282-08		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 25 MG	48 EA	BO	PO		EA	50 MG		0.5	01/01/2002	99/99/9999						
49452-0031-03		J2175		06/01/2015	10/17/2016	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	5 GM	BO	NA		GM	100 MG		10	06/01/2015	10/17/2016						
51991-0964-25		J0330		03/31/2020	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE 20 MG/1 ML	10 ML	VL	IU		ML	20 MG		1	03/31/2020	99/99/9999						
52609-4505-06		J0895		04/16/2018	99/99/9999	INJECTION, DEFEROXAMINE MESYLAATE, 500 MG	DEFEROXAMINE MESYLAATE (USP,SINGLE USE) 500 MG	4 EA	VL	IU		EA	500 MG		1	04/16/2018	99/99/9999						
52959-0220-36		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36 EA	BO	PO		EA	5 MG		1	01/01/2002	12/31/2015						
52959-0220-60		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	BO	PO		EA	5 MG		1	01/01/2002	12/31/2015						
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						
54569-0332-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO		EA	5 MG		4	01/01/2002	12/31/2015						
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						
54569-5809-00		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						
54868-0734-00		J3490		08/27/2002	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B (S.D.V.,PF) 20 MCG/ML	1 ML	VL	IM		ML	1 EA		1	08/27/2002	99/99/9999						
54868-0871-01		J1100		07/21/2003	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (1X125ML) 4 MG/ML	125 ML	NA	IU		ML	1 MG		4	07/21/2003	99/99/9999						
54868-0923-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	DELTA SONE 5 MG	30 EA	BO	PO		EA	5 MG		1	01/01/2002	12/31/2015						
00409-1159-01		J3490		08/29/2005	99/99/9999	UNCLASSIFIED DRUGS	SULPIACANE HCL (USP,25X2ML,LATEX-FREE) 0.25%	10 ML	VL	IU		ML	1 EA		1	06/29/2005	99/99/9999						
00409-1559-10		J3490		08/22/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (10X10ML,S.D.V.) 0.25%	10 ML	VL	IU		ML	1 EA		1	08/22/2005	99/99/9999						
00409-1732-01		J9171		06/28/2021	99/99/9999	DOCETAXEL INJECTION	PREMERPRO RX DOCETAXEL (1X16ML,MV,LATEX-FREE) 10 MG/1 ML	16 ML	VL	IV		ML	1 MG		10	06/28/2021	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						
00409-3307-03		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						
00409-4888-02		J1450		07/27/2006	11/01/2016	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X200ML) 400 MG/200 ML	200 ML	FC	IV		ML	200 MG		0.01	07/27/2006	11/01/2016						
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						
00409-6102-02		J1940		02/18/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	2 ML	VL	IU		ML	20 MG		0.5	02/18/2005	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						
00409-7760-03		J1644		08/30/2005	99/99/9999	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	99/99/9999						
00409-8300-10		J0583		08/03/2015	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SINGLE-USE,LYPHILIZED) 250 MG	10 EA	VL	IV		EA	1 MG		250	08/03/2015	99/99/9999						
00517-9191-25		J3490		12/13/2019	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID NOVAPLUS (MDV, FLIPTOP VIAL) 250 MG/1 ML	20 ML	VL	IV		ML	1 EA		1	12/13/2019	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						
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						
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						
00703-0063-01		J1040		10/31/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (MDV,USP) 80 MG/ML	5 ML	VL	IU		ML	80 MG		1	10/31/2006	99/99/9999						
00703-4154-11		J8211		09/24/2002	99/99/9999	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	99/99/9999						
00703-4680-01		J9293		04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (MDV,PF) 2 MG/ML	12.5 ML	VL	IU		ML	5 MG		0.4	04/11/2006	99/99/9999						
10019-0178-36		J2270		05/05/2007	02/03/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (MDV) 10 MG/ML	10 ML	NA	IU		ML	10 MG		1	05/05/2007	02/03/2016						
10106-1649-01		J0706		01/01/2002	10/17/2016	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA		GM	5 MG		200	01/01/2002	10/17/2016						
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						
13411-0182-03		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO		EA	1 EA		1	08/23/2006	99/99/9999						
13411-0182-10		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO		EA	1 EA		1	08/23/2006	99/99/9999						
13688-0592-84		J8501		01/11/2021	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT (HARD GELATIN) 80 MG	2 EA	BO	PO		EA	5 MG		16	01/11/2021	99/99/9999						
14780-0330-15		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						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	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	VL	IH	ML	300 MG		0.2	05/27/2020	99/99/9999						
16714-0272-01		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	EA	ML	0.5 MG		10	11/06/2017	01/31/2020						
16729-0129-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5 EA	BO	BO	PO	EA	20 MG		7	02/28/2017	99/99/9999						
16729-0474-03		J7643		12/01/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (10X20ML,MDV,LALEX-FREE) 0.2 MG/1 ML	20 ML	VL	VL	IU	ML	1 MG		0.2	12/01/2020	99/99/9999						
17478-0903-90		J1327		11/20/2017	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE 0.75 MG/1 ML	100 ML	VL	VL	IV	ML	5 MG		0.15	11/20/2017	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	EA	BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
25021-0680-20		J0475		08/20/2021	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (PF,LALEX-FREE) 1 MG/1 ML	20 ML	VL	VL	IN	ML	10 MG		0.1	08/20/2021	99/99/9999						
33358-0010-28		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	28 EA	BO	BO	PO	EA	1 EA		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	BO	PO	ML	5 MG		0.6	07/10/2007	04/01/2020						
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	BO	PO	EA	1 MG		20	01/01/2016	04/01/2020						
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	BO	NA	GM	1 MG		1000	04/30/2002	99/99/9999						
38779-0173-05		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	BO	NA	GM	5 MG		200	01/01/2006	99/99/9999						
51927-2196-00		J0270		09/08/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 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)	ALPROSTADIL (U.S.P.)	1 EA	GM	JR	NA	GM	1.25 MCG		800000	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	JR	NA	GM	1 MG		1000	01/01/2004	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	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
52959-0126-37		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	37 EA	BO	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
52959-0127-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
52959-0220-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	10 EA	BO	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
52959-0433-10		Q0177		06/06/2002	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	10 EA	BO	BO	PO	EA	25 MG		1	06/06/2002	99/99/9999						
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						
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	BO	PO	EA	50 MG		0.5	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	VL	IU	ML	1 MG		0.4	01/01/2002	12/31/2018						
54569-5578-00		J3490		07/21/2004	02/03/2016	UNCLASSIFIED DRUGS	TWINRIX (TIP-LOK SYRINGE) 720 EL U/ML-20 MCG/ML	1 ML	SR		IM	ML	1 EA		1	07/21/2004	02/03/2016						
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	BO	PO	ML	1 GM		0.04	07/24/2006	12/31/2018						
54838-0154-70		Q0163		01/01/2002	03/01/2018	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	SILPHEN 12.5 MG/5 ML	237 ML	BO	BO	PO	ML	50 MG		0.05	01/01/2002	03/01/2018						
54838-0154-80		Q0163		01/01/2002	03/01/2018	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	SILPHEN 12.5 MG/5 ML	473 ML	BO	BO	PO	ML	50 MG		0.05	01/01/2002	03/01/2018						
54868-0218-01		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	10 EA	BO	BO	PO	EA	0.25 MG		16	01/01/2006	99/99/9999						
54868-0218-06		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100 EA	BO	BO	PO	EA	0.25 MG		16	01/01/2006	99/99/9999						
54868-0231-00		J3410		01/01/2002	02/03/2016	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (M.D.V.) 50 MG/ML	10 ML	VL	VL	IM	ML	25 MG		2	01/01/2002	02/03/2016						
54868-0258-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
54868-0258-06		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	55 EA	BO	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
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	VL	IV	EA	1.125 GM		4	09/21/2009	05/31/2019						
60505-6115-02		J9201		02/23/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 38 MG/1 ML	52.6 ML	VL	VL	IV	ML	200 MG		0.19	02/23/2018	99/99/9999						
60977-0002-44		J2550		05/05/2007	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN 50 MG/ML	1 ML	VL	VL	IU	ML	50 MG		1	05/05/2007	10/17/2016						
00002-7640-01		J9305		01/07/2008	99/99/9999	INJECTION, PEMETREXED, 10 MG	ALIMTA (SINGLE-USE) 100 MG	1 EA	VL	VL	IV	EA	10 MG		10	01/07/2008	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,LYPHILIZED) 50 MG/0.4 ML	0.4 ML	SR	SR	SC	ML	10 MG		12.5	04/06/2017	99/99/9999						
00006-4305-02		Q5104		04/01/2018	99/99/9999	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLIXIS), 10 MG	RENFLIXIS (PF,LYPHILIZED) 100 MG	1 EA	VL	VL	IV	EA	10 MG		10	04/01/2018	99/99/9999						
00007-4401-01		J9261		04/02/2008	10/10/2016	INJECTION, NELARABINE, 50 MG	ARRANON (LATEX-FREE) 5 MG/ML	50 ML	VL	VL	IV	ML	50 MG		0.1	04/02/2008	10/10/2016						
00008-1041-10		J7520		05/26/2006	99/99/9999	SIBOLIMUS, ORAL, 1 MG	RAPAMUNE (REDIPAK 10X10) 1 MG	100 EA	BX	BX	PO	EA	1 MG		1	05/26/2006	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	
00093-2013-12		J3030		07/20/2016	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 4 MG/0.5 ML	0.5 ML	SR	SC		ML	6 MG		1.33333	07/20/2016	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							
00093-5986-27		J0171		11/27/2018	99/99/9999	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	99/99/9999							
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							
00093-7169-56		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30 EA	BO	PO		EA	1 GM		0.5	11/14/2005	99/99/9999							
00093-7477-05		J7517		05/05/2009	06/04/2018	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	500 EA	BO	PO		EA	250 MG		2	05/05/2009	06/04/2018							
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							
00143-9606-01		J9025		09/08/2020	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE 100 MG	1 EA	VL	U		EA	1 MG		100	09/08/2020	99/99/9999							
00182-1131-93		Q0163		05/03/2002	02/03/2016	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	NIGHT-TIME SLEEP AID (MAX. STR., SOFTGEL) 50 MG	32 EA	BO	PO		EA	50 MG		1	05/03/2002	02/03/2016							
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							
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							
00264-2201-00		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							
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							
00641-2341-39		J1170		05/05/2007	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (USP) 2 MG/ML	1 ML	NA	U		ML	4 MG		0.5	05/05/2007	99/99/9999							
00641-6071-25		J2270		01/01/2015	02/28/2017	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE, (S.D.V., 1MLx25) 15MG/ML	1 ML	VL	U		ML	10 MG		1.5	01/01/2015	02/28/2017							
00703-0051-01		J1040		03/09/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (SDV) 80 MG/ML	1 ML	VL	U		ML	80 MG		1	03/09/2005	99/99/9999							
00703-3266-01		J9045		06/24/2004	10/17/2016	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (VIAL) 150 MG	1 EA	VL	IV		EA	50 MG		3	06/24/2004	10/17/2016							
00703-8610-21		J1650		11/19/2014	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	11/19/2014	99/99/9999							
00781-1047-01		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 4 MG	100 EA	BO	PO		EA	4 MG		1	01/01/2002	99/99/9999							
00781-3232-95		J3490		03/30/2020	99/99/9999	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (SDV, FREEZE-DRIED) 40 MG	10 EA	VL	IV		EA	1 EA		1	03/30/2020	99/99/9999							
00781-3295-70		J0878		07/13/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV, PF, LYOPHILIZED) 500 MG	1 EA	VL	IV		EA	1 MG		500	07/13/2020	99/99/9999							
00781-3317-80		J9263		04/14/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (1X120ML, SINGLE USE PF) 5 MG/ML	20 ML	VL	IV		ML	0.5 MG		10	04/14/2015	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							
00781-9111-95		J2700		05/04/2006	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP) 2 GM	1 EA	VL	U		EA	250 MG		8	05/04/2006	99/99/9999							
00781-9113-95		J2700		05/03/2006	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 10 GM	1 EA	VL	U		EA	250 MG		40	05/03/2006	99/99/9999							
00781-9250-95		J0290		12/10/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	PREMIERPRO RX AMPICILLIN 500 MG	10 EA	VL	U		EA	500 MG		1	12/10/2015	99/99/9999							
00904-1228-20		Q0163		01/01/2002	07/30/2015	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 (BOXED) 12.5 MG/5 ML	120 ML	BO	PO		ML	50 MG		0.05	01/01/2002	07/30/2015							
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							
00944-2512-02		J7799		10/06/2014	12/31/2015	OTHERWISE SPECIFIED, 10 MG	HYOIVA (PF, LATEX-FREE) 160 U/ML-10%	105 ML	VL	SC		ML	1 ML		1	10/06/2014	12/31/2015							
00944-2815-01		J0256		05/01/2014	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	ARALAST NP (100MG W/DILUENT) 1 MG	1 EA	VL	IV		EA	10 MG		0.1	05/01/2014	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							
08881-5801-23		J1642		03/14/2002	05/01/2017	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN, 12 ML, PF, LATEX-FREE) 10 U/ML (2.5 ML 180S)	2.5 ML	SR	IV		U	10 U		1	03/14/2002	05/01/2017							
13411-0131-06		Q0144		08/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	60 EA	BO	PO		EA	1 GM		0.25	08/23/2006	99/99/9999							
13533-0631-11		J2790		04/01/2018	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 IU)	HYPERRHO S/D (PF, LATEX-FREE) 300 MCG	10 EA	SR	IM		EA	300 MCG		1	04/01/2018	99/99/9999							
13533-0635-12		J1460		10/04/2005	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN S/D (S.D.V., PF)	10 ML	VL	IM		ML	1 ML		1	10/04/2005	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							
14789-0121-05		J2440		07/21/2021	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HCL (SDV, USPI) 30 MG/1 ML	2 ML	VL	U		ML	60 MG		0.5	07/21/2021	99/99/9999							

Table with columns: NDC, NDC Mod, HCPCS, HCPCS Mod, Relationship Start Date, Relationship End Date, HCPCS Description, NDC Label, Number of Items in NDC Package, NDC Package Measure, NDC Package Type, Route of Administration, Billing Units, HCPCS Amount #1, HCPCS Measure #1, CF, Start Date #1, End Date #1, Prior Start Date #2, Prior End Date #2, Prior Conversion Factor #2, Prior Start Date #3, Prior End Date #3, Prior Conversion Factor #3. Rows include various drugs like Anastrozole, Xopenex, Calcitriol, Diphenhydramine, Serabrin, Fluconazole, Ampicillin, Docetaxel, Dronabinol, Acyclovir, Trimethobenzamide, Progesterone, Benzocaine, Methadone, Testosterone, Metoclopramide, Dexamethasone, Prednisone, Prochlorperazine, Humatrope, Cellcept, Emend, Tygacil, Solu-Medrol, Cloacin Phosphate, Pregnyl, Dexamethasone, Inflectra, Zithromax, Lupron, Signifor, Peg-Intron, Anzemet, Temozolomide, Budesonide, Ceftazolin, and Doxorubicin.

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00904-3571-61		J899		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 40 MG	100	EA	BX	PO	EA	1 EA		1	01/01/2002	99/99/9999						
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						
00904-6796-10		J8499		08/27/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANICICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	20	EA		PO	EA	1 EA		1	08/27/2018	99/99/9999						
00904-7144-61		Q0167		08/18/2021	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 (10X10;USP,SOFT GELATIN) 2.5 MG	100	EA	BX	PO	EA	2.5 MG		1	08/18/2021	99/99/9999						
00944-2514-02		J1575		01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULINHYALURONIDASE, (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						
00944-2700-05		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYPHOLIZED, (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						
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						
00990-7924-03		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						
10019-0050-36		J3490		05/05/2007	02/03/2016	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE 0.5 MG/ML	5	ML	AM	U	ML	1 EA		1	05/05/2007	02/03/2016						
10019-0105-71		J2060		05/05/2007	02/03/2016	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM (USP) 2 MG/ML	1	ML	VL	U	ML	2 MG		1	05/05/2007	02/03/2016						
10019-0178-39		J2270		05/05/2007	10/17/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE 10 MG/ML	1	ML	VL	U	ML	10 MG		1	05/05/2007	10/17/2016						
11845-0896-01		Q0163		01/01/2002	02/03/2016	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	ALLERGY RELIEF MEDICINE 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	02/03/2016						
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						
16714-0088-25		J1030		03/09/2021	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (25X1ML;USP;SD) 40 MG/1 ML	1	ML		U	ML	40 MG		1	03/09/2021	99/99/9999						
16714-0095-25		J7614		10/07/2020	99/99/9999	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	99/99/9999						
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						
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						
50486-0616-32		Q0163		12/04/2002	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	SLEEPNAL 50 MG	32	EA	NA	PO	EA	50 MG		1	12/04/2002	99/99/9999						
51079-0525-20		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 (USP,10X10;FILM-COATED) 8 MG	100	EA	BX	PO	EA	1 MG		8	01/01/2012	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						
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						
51552-0728-02		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						
51552-0179-02		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						
51862-0084-51		None		11/16/2016	03/31/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20 MG		1	11/16/2016	03/31/2019						
51862-0642-10		J8999		07/21/2021	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM-COATED) 10 MG	1000	EA	BO	PO	EA	1 EA		1	07/21/2021	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						
51927-3643-00	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						
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	U	ML	25 MG		1	01/11/2017	04/16/2020						
52565-0107-10		J0713		08/18/2020	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (STERILE,CRYSTALLINE) 2 GM	10	EA	VL	U	EA	500 MG		4	08/18/2020	99/99/9999						
52959-0126-15		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						
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						
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						
54569-0332-01		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						
54569-1387-00		J2010		01/01/2002	12/31/2018	INJECTION, LINCOCIN HCL, UP TO 300 MG	LINCOCIN (VAL) 300 MG/ML	10	ML	VL	U	ML	300 MG		1	01/15/2004	12/31/2018	01/01/2002	01/31/2003		1		
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						
54569-1818-09		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						
62599-0921-51		None		11/16/2020	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20 MG		1	11/16/2020	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						
62991-1038-01	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						
69004-1100-20		None		10/01/2003	99/99/9999	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	60	EA	BO	PO	EA	150 MG		1	10/01/2003	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						
00054-0019-20		J7506		09/24/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 50 MG	100	EA	BX	PO	EA	5 MG		10	09/24/2004	12/31/2015						
00054-0272-23		None		07/18/2016	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP FILM COATED) 500 MG	120	EA	BO	PO	EA	500 MG		1	07/18/2016	99/99/9999						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00054-8604-25		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 40 MG	100	EA	BX	PO	EA	1 EA		1	01/01/2002	99/99/9999						
00065-0543-01		J3301		11/29/2007	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIESENCE 40 MG/ML	1	ML	VL	U	ML	10 MG		4	11/29/2007	99/99/9999						
00069-0217-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IUJ	FRAGMIN (PREFILLED SYRINGE,PF) 10000 IU/ML	1	ML	SR	SC	ML	2500 IU		4	03/18/2015	99/99/9999						
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						
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						
00075-0621-61		J1650		03/11/2008	04/01/2015	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X0.6ML,SINGLE-DOSE,PF) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10 MG		10	03/11/2008	04/01/2015						
00075-0622-81		J1650		03/11/2008	04/01/2015	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X0.8ML,SINGLE-DOSE,PF) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10 MG		10	03/11/2008	04/01/2015						
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	U	ML	25 MCG		2	01/01/2004	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						
00078-0673-01		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						
00085-1323-01		J3490		02/02/2004	03/31/2015	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 50 MCG	1	EA	BX	MR	EA	1 EA		1	02/02/2004	03/31/2015						
00085-1366-03		None		12/05/2012	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR, 100 MG	5	EA	BX	PO	EA	100 MG		1	12/05/2012	99/99/9999						
00085-1425-01		None		04/09/2007	08/31/2015	TEMODAR, 20 MG, ORAL	TEMODAR 140 MG	5	EA	BO	PO	EA	20 MG		7	04/09/2007	08/31/2015						
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						
00085-1519-03		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						
00562-7806-05		J2788		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MNIDOSE, 50 MICROGRAMS (250 IU.)	MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	5	EA	SR	IM	EA	50 MCG		1	09/01/2007	99/99/9999						
00591-3468-53	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 (25X3ML,PF) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	04/01/2008	99/99/9999						
00591-3768-30		J7626		04/02/2013	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,SINGLEDOSE) 0.5MG/2ML	2	ML	PC	IH	ML	0.5 MG		0.5	04/02/2013	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						
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						
00641-6040-01		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	U	ML	10 MG		2.5	01/01/2015	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						
00641-6228-25		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						
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	U	ML	1 MG		1	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	U	ML	1 MG		5	09/30/2019	99/99/9999						
00703-3069-11		J9178		09/09/2007	03/31/2017	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SDV,PF) 2 MG/ML	100	ML	VL	IV	ML	2 MG		1	09/09/2007	03/31/2017						
00703-0865-51		J2430		11/08/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 9 MG/ML	10	ML	VL	IV	ML	30 MG		0.3	11/08/2005	99/99/9999						
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						
24385-0431-26		Q0163		08/03/2009	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	NIGHTTIME SLEEP AID (CAPLET) 25 MG	24	EA	NA	PO	EA	50 MG		0.5	08/03/2009	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						
25021-0305-20		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						
25021-0315-98		J2370		11/12/2020	99/99/9999	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	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						
25021-0833-01		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						
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						
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						
38779-0154-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.MICRONIZED)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	12/31/2015						
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						
38779-0195-03	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						
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						
49502-0500-02		J0171		05/02/2001	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE 0.1 MG	EPIPEN AUTO-INJECTOR (W/TRAINER DEVICE) 0.3 MG/0.3 ML	2	EA	PG	IJ	EA	0.1 MG		3	05/02/2001	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
48999-0003-30		Q0163		07/11/2002	06/01/2018	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	07/11/2002	06/01/2018						
50242-0051-10		J9312		06/03/2019	99/99/9999	INJECTION, RITUXIMAB, 10 MG	RITUXAN (PF) 10 MG/1 ML	10	ML	VL	IV	ML	10 MG		1	06/03/2019	99/99/9999						
50242-0082-02		J2778		05/15/2017	99/99/9999	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	99/99/9999						
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						
51079-0435-01		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP) 40 MG	1	EA	BX	PO	EA	1 EA		1	01/01/2002	99/99/9999						
51079-0508-20		J7518		02/12/2014	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 180 MG	100	EA	BX	PO	EA	180 MG		1	02/12/2014	99/99/9999						
51224-0022-18		Q0144		08/15/2019	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	08/15/2019	99/99/9999						
51552-0180-04		J2765		09/01/2003	10/03/2017	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	09/01/2003	10/03/2017						
51552-0498-01		J0270		09/01/2003	05/01/2015	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 (1X1MG,USP)	1	EA	BO	NA	GM	1.25 MCG		800000	09/01/2003	05/01/2015						
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						
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						
54868-0173-00		J9250		03/26/2003	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (PF) 25 MG/ML	2	ML	EA	IJ	ML	5 MG		5	03/26/2003	99/99/9999						
54868-0617-02		J3360		04/03/2008	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X1ML,M.D.V.) 5 MG/ML	10	ML	VL	IJ	ML	5 MG		1	04/03/2008	99/99/9999						
54868-1126-02		J8999		11/22/2005	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	10	EA	BO	PO	EA	1 EA		1	11/22/2005	02/03/2016						
00002-7511-01		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MX 75/25 (VIAL) 75 U/ML-25 U/ML	10	ML	VL	SC	ML	5 U		20	01/01/2003	99/99/9999						
00003-0830-50		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDREA 500 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
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						
00015-0508-42		J8999		01/01/2002	01/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGACE 40 MG/ML	240	ML	BO	PO	ML	1 EA		1	01/01/2002	01/31/2017						
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	IJ	ML	500 ML		0.002	01/08/2019	99/99/9999						
00052-0301-51		J3490		05/01/2003	99/99/9999	UNCLASSIFIED DRUGS	GANIRELIX ACETATE 250 MCG/0.5 ML	0.5	ML	SR	SC	ML	1 EA		1	05/01/2003	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						
00069-0196-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED SYRINGE PF) 500 IU/0.2 ML	0.2	ML	SR	SC	ML	2500 IU		10	03/18/2015	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						
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						
00085-1304-01		J3490		01/01/2002	11/22/2015	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRNDILUENT,PF) 120 MCG	1	EA	BX	MR	EA	1 EA		1	01/01/2002	11/22/2015						
00085-1316-02		J3490		03/07/2005	06/30/2015	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 80 MCG	1	EA	BX	MR	EA	1 EA		1	03/07/2005	06/30/2015						
00093-0782-56		J8999		02/20/2003	07/17/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	30	EA	BO	PO	EA	1 EA		1	02/20/2003	07/17/2016						
00093-7485-20		Q0166		01/02/2008	11/12/2018	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	GRANISTERON HYDROCHLORIDE (5X4.FILM COATED) 1 MG	20	EA	BX	PO	EA	1 MG		1	01/02/2008	11/12/2018						
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						
00143-9334-10		J3490		11/22/2021	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (PF,LATEX-FREE) 0.5%	30	ML	VL	IJ	ML	1 EA		1	11/22/2021	99/99/9999						
00143-9373-10		J2260		03/10/2021	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE NOVAPLUS (10X1ML,USP,PF) 1 MG/1 ML	10	ML	CT	IV	ML	5 MG		0.2	03/10/2021	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						
00143-9504-01		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						
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						
00409-7953-09		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						
00409-7983-03		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						
00409-7985-03		J7799		04/08/2005	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	04/08/2005	03/08/2021						
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						
00487-9904-25	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						
00517-3020-25		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						
00517-4002-25		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	IJ	ML	60 MG		0.5	09/15/2003	99/99/9999						
00517-4620-25	KO	J7643	KO	01/01/2002	99/99/9999	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	99/99/9999						
00574-0820-01		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYCPIONATE, 1 MG	TESTOSTERONE CYCPIONATE (1X1ML,USP) 200 MG/ML	1	ML	VL	IJ	ML	1 MG		200	01/01/2015	99/99/9999						

Table with columns: NDC, NDC Mod, HCPCS, HCPCS Mod, Relationship Start Date, Relationship End Date, NDC Description, NDC Label, Number of Items in NDC Package, NDC Package Measure, NDC Package Type, Route of Administration, Billing Units, HCPCS Amount #1, HCPCS Measure #1, CF, Start Date #1, End Date #1, Prior Start Date #2, Prior End Date #2, Prior Conversion Factor #2, Prior Start Date #3, Prior End Date #3, Prior Conversion Factor #3

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00487-9501-01	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	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						
00487-9801-02		J7644		07/20/2005	07/21/2016	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (ROBOT READY,PF) 0.02%	2.5 ML	PC	IH		ML	1 MG		0.2	07/20/2005	07/21/2016						
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						
00517-1791-01		J1729		02/26/2020	99/99/9999	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	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						
00527-2962-43		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	1000 EA	BO	PO		EA	5 MG		5	02/08/2021	99/99/9999						
00536-3594-01		Q0163		01/01/2002	01/28/2015	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHIST 25 MG	100 EA	BO	PO		EA	50 MG		0.5	01/01/2002	01/28/2015						
00591-2223-15		J7502		12/23/2008	08/02/2016	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (USP, MODIFIED) 100 MG	30 EA	BX	PO		EA	100 MG		1	12/23/2008	08/02/2016						
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 (60X2.5MLLDP,PF) 0.02%	60 ML	PC	IH		ML	1 MG		0.2	05/23/2011	05/10/2021						
00703-0043-01		J1030		10/31/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (MDV,USP) 40 MG/ML	5 ML	VL	IJ		ML	40 MG		1	10/31/2006	99/99/9999						
00703-3264-01		J9045		08/24/2004	10/17/2016	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 50 MG	1 EA	VL	IV		EA	50 MG		1	06/24/2004	10/17/2016						
00781-1681-31		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						
00781-2692-75	None			08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5 EA	BO	PO		EA	20 MG		1	08/12/2013	99/99/9999						
00781-2696-75	None			09/30/2013	99/99/9999	TEMODAR, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5 EA	BO	PO		EA	250 MG		1	09/30/2013	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						
00781-3450-95		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						
00781-3458-95		J2370		01/16/2020	99/99/9999	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	99/99/9999						
00781-5020-01		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						
00781-7157-86		J7644		09/11/2009	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	09/11/2009	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						
00781-9109-95		J2700		03/01/2006	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP) 1 GM	1 EA	VL	IJ		EA	250 MG		4	03/01/2006	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						
38779-0536-05		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						
38779-1943-09		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						
99822-2120-01		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						
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						
42195-0221-06		J8540		03/01/2020	99/99/9999	INJECTION, DEXAMETHASONE, ORAL, 0.25 MG	TAPERDEX 6-DAY (USP) 1.5 MG	21 EA	DP	PO		EA	0.25 MG		6	03/01/2020	99/99/9999						
42291-0406-50		Q0177		04/13/2018	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	04/13/2018	99/99/9999						
43547-0639-25		J7643		09/20/2021	99/99/9999	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	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						
44087-1088-01		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAREN (VAL W/DILUENT) 8.8 MG	1 EA	VL	IJ		EA	1 MG		8.8	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
51552-0024-04		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						
51552-0025-02	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	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						
51552-0028-05		J7506		09/01/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	09/01/2003	12/31/2015						
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						
51552-0033-05	KO	J7694	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						
51552-0057-06		J3350		09/01/2003	10/17/2016	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,N.F.)	1 EA	BO	NA	GM		40 GM		0.025	09/01/2003	10/17/2016						
51552-0201-05		J7604		01/01/2008	99/99/9999	GRAM	ACETYL CYSTEINE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	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						
51552-0324-09		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						
51552-0445-01		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						
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						
54868-1932-00		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	12 EA	BX	RC	EA		1 EA		1	01/01/2006	02/03/2016						
54868-2472-00	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 0.083%	3 ML	PC	IH	ML		1 MG		0.83	04/01/2008	99/99/9999						
54868-2892-03		Q0177		09/19/2005	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	30 EA	BO	PO	EA		25 MG		1	09/19/2005	99/99/9999						
54868-3998-06		J8499		07/06/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35 EA	BO	PO	EA		1 EA		1	07/06/2004	99/99/9999						
54868-4082-01	KO	J7644	KO	01/01/2002	99/99/9999	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	99/99/9999						
54868-4096-00		J7512		01/01/2016	99/99/9999	1 MG	PREDNISONE (6 DAY DOSEPAK) 5 MG	21 EA	BX	PO	EA		1 MG		5	01/01/2016	99/99/9999						
54868-4142-00	None			06/29/2005	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	5 EA	BO	PO	EA		20 MG		1	06/29/2005	99/99/9999						
54868-4154-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (S.D.V.) 150 MG/ML	4 ML	VL	IJ	ML		1 EA		1	01/01/2002	02/03/2016						
54868-4189-00		J2270		01/01/2002	02/03/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (AMP DOSETTE) 10 MG/ML	1 ML	AM	IJ	ML		10 MG		1	01/01/2002	02/03/2016						
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						
00009-3073-01		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (S.D.V.) 40 MG/ML	1 ML	VL	IJ	ML		40 MG		1	01/01/2002	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						
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						
00054-9817-25		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						
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						
00078-0646-81		J2353		04/10/2015	05/09/2017	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1 1/2"X20G) 10 MG	1 EA	BX	IM	EA		1 MG		10	04/10/2015	05/09/2017						
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	ZOFTRAN (FILM COATED) 8 MG	30 EA	BO	PO	EA		1 MG		8	01/11/2018	09/29/2020						
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						
00093-4147-56	KO	J7614	KO	12/11/2014	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	PC	IH	EA		0.5 MG		2.5	12/11/2014	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						
00093-7477-01		J7517		05/05/2009	06/04/2018	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100 EA	BO	PO	EA		250 MG		2	05/05/2009	06/04/2018						
00093-9643-01		Q0164		01/01/2002	08/06/2018	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	100 EA	BO	PO	EA		5 MG		1	01/01/2002	08/06/2018						
00113-0379-26		Q0163		01/14/2004	06/30/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE 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	01/14/2004	06/30/2020						
00143-1477-01		J7512		03/01/2016	06/15/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100 EA	BO	PO	EA		1 MG		20	03/01/2016	06/15/2016						

NDC	NDC Mod	HPPCS	HPPCS Mod	Relationship Start Date	Relationship End Date	HPPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPPCS Amount #1	HPPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00603-0823-94		Q0163		01/01/2002	06/30/2017	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	Q-DRYL (UNBOXED AF,CHERRY) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	06/30/2017						
00781-1941-31		Q0144		11/16/2005	09/25/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	11/16/2005	09/25/2017						
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						
00781-3207-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE 500 MG	1	EA	VL	U	EA	250	MG	2	07/19/2005	99/99/9999						
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						
44206-0436-05		J1459		01/01/2009	99/99/9999	INJECTION, IMILUNE 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						
44206-0456-21		J1559		04/06/2020	99/99/9999	INJECTION, IMILUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE,PF) 20%	1	ML	SR	SC	ML	100	MG	2	04/06/2020	99/99/9999						
45963-0613-83		J9267		07/19/2018	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PREMERPRO RX PACLITAXEL (LATEX-FREE) 6 MG/1 ML	16.7	ML		IV	ML	1	MG	6	07/19/2018	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						
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						
47335-0891-80	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						
47335-0892-74	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						
47781-0613-07		J0637		12/11/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	5	MG	10	12/11/2017	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						
00003-6335-17		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	DROXIA 200 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
00006-3061-00		J1453		06/19/2017	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	EMEND (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	150	MG	150	06/19/2017	99/99/9999						
00006-4305-02		Q5102		07/25/2017	03/31/2018	INJECTION, INFLIXIMAB, BIOSIMILAR, 10 MG	RENFLEXIS (PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	10	MG	10	07/25/2017	03/31/2018						
00007-3230-11		J1652		06/03/2005	05/05/2015	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	06/03/2005	05/05/2015						
00054-0017-29		J7506		12/01/2004	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	500	EA	BO	PO	EA	5	MG	2	12/01/2004	12/31/2015						
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						
00069-1305-10		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						
00074-0817-02		J0135		05/01/2018	99/99/9999	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	99/99/9999						
00074-3012-07		J7799		03/23/2015	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DUOPA 4.63 MG/ML-20 MG/ML	100	ML	BX	NA	ML	100	ML	0.01	03/23/2015	12/31/2015						
00075-2451-01		J2597		01/01/2002	04/14/2015	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP (AMP) 4 MCG/ML	1	ML	AM	U	ML	1	MCG	4	01/01/2002	04/14/2015						
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						
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						
00121-4776-10		J8999		07/07/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (40X10ML CUPS,APRICOT) 40 MG/ML	10	ML	CP	PO	ML	1	EA	1	07/07/2006	99/99/9999						
00143-9203-01		J9178		01/11/2018	99/99/9999	INJECTION, EPIDUBICIN HCL, 2 MG	EPIDUBICIN HYDROCHLORIDE (SDV,PF,LATEX-FREE) 2 MG/1 ML	100	ML		IV	ML	2	MG	1	01/11/2018	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						
00143-9370-01		J9000		02/25/2020	99/99/9999	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	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						
00143-9871-01		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						
00143-9875-25		J0282		03/30/2017	99/99/9999	INJECTION, AMODARONE HYDROCHLORIDE, 30 MG	AMODARONE HCL (10X3ML) 50 MG/1 ML	3	ML	VL	IV	ML	30	MG	1.66666	03/30/2017	99/99/9999						
00603-5337-15		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON (DOSE PACK) 5 MG	21	EA	DP	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00603-5437-21		Q0169		08/25/2006	01/09/2017	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 HYDROCHLORIDE (USP) 12.5 MG	100	EA	BO	PO	EA	12.5	MG	1	08/25/2006	01/09/2017						
00641-2341-41		J1170		01/01/2002	99/99/9999	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	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	U	ML	25	MCG	40	10/20/2017	99/99/9999						
00703-0125-01		J0878		09/14/2016	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	09/14/2016	99/99/9999						
00703-0696-01		J3285		09/30/2019	99/99/9999	INJECTION, TREPASTINIL, 1 MG	TREPASTINIL (M.D.V.,LATEX-FREE) 10 MG/1 ML	20	ML	VL	U	ML	1	MG	10	09/30/2019	99/99/9999						
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						
00703-4852-11		J9185		05/02/2007	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (SDV) 25 MG/ML	2	ML	VL	IV	ML	50	MG	0.5	05/02/2007	99/99/9999						
00703-8680-21		J1650		11/19/2014	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	11/19/2014	99/99/9999						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00487-0201-01		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							
00487-9301-03		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							
00487-9801-02	KO	J7644	KO	07/20/2005	07/21/2016	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (ROBOT READY,PF) 0.02%	2.5 ML	PC	IH		ML	1 MG		0.2	07/20/2005	07/21/2016							
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							
00487-9904-25		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							
16714-0096-25	KO	J7614	KO	10/07/2020	99/99/9999	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	99/99/9999							
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							
16729-0364-68		J3243		03/04/2019	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (PF,L,YOPHILIZED) 50 MG	10 EA	VL	IV		EA	1 MG		50	03/04/2019	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							
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	U		ML	50 MG		1	02/23/2018	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		0.4	05/08/2020	99/99/9999							
25021-0155-15		J2185		03/27/2017	09/04/2018	INJECTION, MEROPENEM, 100 MG	MEROPENEM (PF,LATEX-FREE) 500 MG	100 MG	EA	VL	IV		EA	100 MG		5	03/27/2017	09/04/2018						
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							
25021-0409-10		J1327		09/17/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (PF,LATEX-FREE) 2 MG/1 ML	10 ML	VL	IV		ML	5 MG		0.4	09/17/2018	99/99/9999							
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							
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							
33358-0293-40		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							
33358-0302-10		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							
35356-0044-15		Q0144		10/28/2007	06/28/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 100 MG/5 ML	15 ML	BO	PO		ML	1 GM		0.02	10/28/2007	06/28/2019							
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							
38779-0051-01	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							
38779-0063-08		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAIN (U.S.P.)	1 EA	JR	NA		GM	1 EA		1	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							
38779-0185-04		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							
42858-0869-06		Q0167		06/28/2018	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	06/28/2018	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							
43598-0410-25	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 (5X3,PF) 0.63 MG/3 ML	3 ML	PC	IH		ML	0.5 MG		0.42	09/16/2014	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							
43598-0755-10		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							
45963-0607-55		J9390		02/26/2015	99/99/9999	INJECTION, VINOARELBINE TARTRATE, 10 MG	VINOARELBINE (USP-SINGLE-USE VIAL,PF) 10 MG/ML	1 ML	VL	IV		ML	10 MG		1	02/26/2015	99/99/9999							
48879-0001-01		A4216		01/01/2006	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INHALATION (AL7023)	3 ML	EA	IH		ML	10 ML		0.1	01/01/2006	02/03/2016							
48879-0002-02		A4216		01/01/2006	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL7455) 0.45%	5 ML	EA	IH		ML	10 ML		0.1	01/01/2006	02/03/2016							
49452-4726-01		J3490		06/01/2015	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	25 GM	BO	NA		GM	1 GM		1	06/01/2015	99/99/9999							
49452-4726-03		J3490		06/01/2015	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	500 GM	BO	NA		GM	1 GM		1	06/01/2015	99/99/9999							
49452-6000-01		J7506		06/01/2015	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,ANH,MICRONIZED)	5 GM	BO	NA		GM	5 MG		200	06/01/2015	12/31/2015							
49452-6001-04		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							
49452-6087-04		J2550		09/01/2015	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	500 GM	BO	NA		GM	50 MG		20	10/18/2016	99/99/9999	09/01/2015	10/17/2016					

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
48483-0061-10		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	ANTHISTAMINE 25 MG	1000	EA	BO	PO	EA	50 MG		0.5	01/01/2002	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						
49999-0090-12		Q0169		01/01/2014	12/31/2016	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	12/31/2016						
50090-0294-09		None		06/08/2018	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5 MG		1	06/08/2018	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						
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						
59741-0119-08		Q0163		01/01/2002	02/03/2016	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	240	ML	BO	PO	ML	50 MG		0.05	01/01/2002	02/03/2016						
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						
00003-3756-14		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						
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						
00007-3234-11		J1652		11/16/2004	02/10/2016	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL27GX1/2', PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5 MG		25	11/16/2004	02/10/2016						
00007-4205-11		None		07/30/2017	99/99/9999	TOPOTECAN, ORAL, 0.25 MG	HYCAMTRIN 0.25 MG	10	EA	BO	PO	EA	0.25 MG		1	07/30/2017	99/99/9999						
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						
00009-0417-01		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						
00009-3124-03		J3490		01/01/2002	07/02/2020	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (ADD-VANTAGE,25X4ML) 150 MG/ML	4	ML	VL	U	ML	1 EA		1	01/01/2002	07/02/2020						
00009-3382-02		J3490		01/01/2002	06/01/2018	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (PREMIX) 900 MG/50 ML	50	ML	PC	IV	ML	1 EA		1	01/01/2002	06/01/2018						
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						
00023-3821-02		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						
00039-0020-01		J0698		01/01/2002	01/31/2016	INJECTION, CEFOTAXIME SODIUM, PER MG	CLAFORAN (BULK VIAL) 10 GM	1	EA	GC	U	EA	1 GM		10	01/01/2002	01/31/2016						
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						
00044-4741-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	5 MG		0.2	01/01/2002	12/31/2015						
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						
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						
00074-3683-03		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						
00078-0415-61		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		3	01/01/2013	99/99/9999						
00078-0683-06		J9261		10/11/2016	04/19/2021	INJECTION, NELARABINE, 50 MG	ARRANON (6X500ML, LATEX-FREE) 5 MG/1 ML	50	ML	VL	IV	ML	50 MG		0.1	10/11/2016	04/19/2021						
00078-9330-46		J0696		07/19/2005	06/30/2015	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 10 GM	1	EA	VL	U	EA	250 MG		40	07/19/2005	06/30/2015						
00904-7127-61		J7512		09/07/2021	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 20 MG	100	EA	BX	PO	EA	1 MG		20	09/07/2021	99/99/9999						
00944-2512-02		J1575		01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULIN HYALURONIDASE, (HYGVIA), 100 MG	HYGVIA (PF, LATEX-FREE) 160 U/ML-10%	105	ML	VL	SC	ML	100 MG		1	01/01/2016	99/99/9999						
00944-2850-01		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUIVTRU), 100 MG	CUIVTRU (1GM,PF, LATEX-FREE) 20%	5	ML	VL	SC	ML	100 MG		2	01/01/2018	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	FC	IV	ML	1 EA		1	12/04/2019	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						
00990-7984-36		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						
00990-7990-09		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						
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						
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						
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						
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						
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						
18714-0028-01		J1050		03/22/2021	99/99/9999	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	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
55111-0153-13		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) 4 MG	3	EA	BX	PO	EA	1	MG	4	01/01/2012	99/99/9999						
00003-6337-17		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	DROXIA 400 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
00009-0280-02		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	5	ML	VL	U	ML	40	MG	1	01/01/2002	99/99/9999						
00054-0497-14		J7527		06/08/2020	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 7.5 MG	28	EA	BO	PO	EA	0.25	MG	30	06/08/2020	99/99/9999						
00054-4604-25		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						
00078-0108-01		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						
00078-0516-05		J7507		02/07/2012	02/11/2015	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	HECTORIA (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	02/07/2012	02/11/2015						
00078-0674-61		J8351		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						
00078-0811-81		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						
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						
00093-5742-65		J7502		08/27/2015	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (USP,MODIFIED,SOFTGEL) 100 MG	30	EA	BX	PO	EA	100	MG	1	08/27/2015	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						
00093-7334-05		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	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM-COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	03/07/2014	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						
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						
00143-9261-10		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						
00143-9273-10		J1110		11/28/2017	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE 1 MG/1 ML	1	ML	AM	U	ML	1	MG	1	11/28/2017	99/99/9999						
00143-9326-10		J2260		01/14/2019	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	PREMERPRO RX MILRINONE LACTATE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	5	MG	0.2	01/14/2019	99/99/9999						
00143-9739-10		J7512		06/11/2013	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	1	MG	10	06/11/2013	99/99/9999						
00703-5233-13		J9150		01/27/2003	99/99/9999	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	99/99/9999						
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						
00781-3315-70		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						
00781-3404-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 1 GM	1	EA	VL	U	EA	500	MG	2	12/01/2005	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	U	EA	500	MG	4	03/20/2007	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						
00781-9168-95		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	U	ML	25	MCG	20	04/07/2005	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						
00904-7130-61		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						
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						
00955-1746-01		J9027		05/30/2017	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOFARABINE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	05/30/2017	99/99/9999						
00990-7953-03		J7120		02/28/2021	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (24X500ML,LATEX-FREE)	500	ML		IV	ML	1000	ML	0.001	02/28/2021	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						
08166-1109-03		A4216		01/01/2007	09/19/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	3	ML	NA	IV	ML	10	ML	0.1	01/01/2007	09/19/2016						
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						
08290-0911-02		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						
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						
10158-0043-06		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 THE TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	NYTOL QUICKCAPS 25 MG	72	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0025-02		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						
51552-0156-04	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						
51552-0789-02		J7685		01/01/2007	99/99/9999	TOBRAMYCN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCN SULFATE (1X50MG USP)	1 EA	BO	NA	GM		300 MG		3.33333	01/01/2007	99/99/9999						
51552-1025-05		J3360		09/01/2003	99/99/9999	DIAZEPAM, INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X100MG,USP)	1 EA	BO	NA	GM		5 MG			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						
51754-1210-03		J2710		11/15/2021	99/99/9999	INJECTION, NEOSTIGMINE METHYL SULFATE, 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						
51927-1003-00		J1170		09/08/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P., CI)	1 EA	JR	NA	ML		4 MG		250	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						
51927-1981-00		J3250		09/12/2003	99/99/9999	INJECTION, TRIMETHOENZAMIDE HCL, UP TO 200 MG	TRIMETHOENZAMIDE HCL	1 EA	BO	NA	GM		200 MG		5	09/12/2003	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						
51927-3196-00		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						
51991-0936-98		J9267		07/19/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/1 ML	5 ML	VL	IV	ML		1 MG		6	07/19/2017	99/99/9999						
52959-0126-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	10 EA	BO	PO	EA		1 MG		10	01/01/2016	99/99/9999						
52959-0127-07		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	7 EA	BO	PO	EA		5 MG		4	01/01/2002	12/31/2015						
52959-0220-00		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						
52959-0433-60		Q0177		12/27/2004	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	HYDROXYZINE PAMOATE 25 MG	60 EA	BO	PO	EA		25 MG		1	12/27/2004	99/99/9999						
52959-0544-15		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
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						
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						
55390-0003-10		J1800		01/01/2002	99/99/9999	INJECTION, PROPANOLOL 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						
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						
60006-0464-10		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						
60006-3514-58		J0743		01/01/2002	05/01/2017	INJECTION, CILASTATIN SODIUM, IMPENEM, PER 250 MG	PRIMAXIN IV (VIAL) 250 MG-250 MG	1 EA	VL	IV	EA		250 MG		1	01/01/2002	05/01/2017						
60006-3551-58		J0743		01/01/2002	05/31/2016	INJECTION, CILASTATIN SODIUM, IMPENEM, PER 250 MG	PRIMAXIN IV (ADD-VANTAGE) 250 MG-250 MG	1 EA	VL	IV	EA		250 MG		1	01/01/2002	05/31/2016						
60052-0603-02		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						
60054-4728-31		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						
60054-4742-25		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						
60069-5420-66		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	VISTARIL 50 MG	100 EA	BO	PO	EA		25 MG		2	01/01/2014	99/99/9999						
60074-6479-32		J7502		01/01/2002	11/09/2015	CYCLOSPORINE, ORAL, 100 MG	GENGRAF (BLISTER PACK) 100 MG	30 EA	BX	PO	EA		100 MG		1	01/01/2002	11/09/2015						
60074-8065-15		J0330		01/01/2002	10/17/2016	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	QUELJON 20 MG/ML	5 ML	SR	IV	ML		20 MG		1	01/01/2002	10/17/2016						
60078-0274-22		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						
60078-0342-61		J2353		07/14/2004	09/23/2015	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1&12'X19G,PFS) 30 MG	1 EA	BX	IM	EA		1 MG		30	07/14/2004	09/23/2015						
60078-0467-91		J0895		05/01/2007	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL (USP) 500 MG	1 EA	VL	U	EA		500 MG		1	05/01/2007	99/99/9999						
60078-0494-71	KO	J7682	KO	04/01/2008	99/99/9999	TOBRAMYCN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBI (56X3ML,SDA,PF)	5 ML	PC	IH	ML		300 MG		0.2	04/01/2008	99/99/9999						
60085-1291-01		J3490		01/01/2002	10/15/2015	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRN/DILUENT,PF) 80 MCG	1 EA	BX	MR	EA		1 EA		1	01/01/2002	10/15/2015						
60093-0784-10		J8999		01/09/2008	10/20/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	1000 EA	BO	PO	EA		1 EA		1	01/09/2008	10/20/2016						
60093-5420-88		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						
60093-7602-57		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						
60093-7639-57		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						
60115-9932-78		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						
60548-9801-00		J2710		10/10/2017	99/99/9999	INJECTION, NEOSTIGMINE METHYL SULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYL SULFATE (LATEX-FREE) 0.5 MG/1 ML	10 ML	VL	IV	ML		0.5 MG		1	10/10/2017	99/99/9999						
60574-0866-10		J7516		12/12/2012	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE 50 MG/ML	5 ML	AM	IV	ML		250 MG		0.2	12/12/2012	99/99/9999						
60581-2737-23	KO	J7614	KO	08/07/2014	99/99/9999	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	3 ML	PC	IH	ML		0.5 MG		0.42	08/07/2014	99/99/9999						

Table with columns: NDC, NDC Mod, HCPCS, HCPCS Mod, Relationship Start Date, Relationship End Date, HCPCS Description, NDC Label, Number of Items in NDC Package, NDC Package Measure, NDC Package Type, Route of Administration, Billing Units, HCPCS Amount #1, HCPCS Measure #1, CF, Start Date #1, End Date #1, Prior Start Date #2, Prior End Date #2, Prior Conversion Factor #2, Prior Start Date #3, Prior End Date #3, Prior Conversion Factor #3. It lists various pharmaceutical products like ALBUTEROL, DIPHENHYDRAMINE, PROCHLORPERAZINE, etc.

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00078-0422-20		J7527		10/29/2018	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 1 MG	60 EA	ST	PO	EA	EA	0.25 MG		4	10/29/2018	99/99/9999							
00085-0566-05		J0702		01/01/2002	02/28/2018	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	CELESTONE SOLUSPAN (M.D.V.) 3 MG/ML-3 MG/ML	5 ML	VL	U	ML	ML	3 MG		1	01/01/2002	02/28/2018							
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	U	ML	ML	50 U		2	03/04/2009	99/99/9999							
00093-4147-19		J7614		12/11/2014	99/99/9999	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	EA	0.5 MG		2.5	12/11/2014	99/99/9999							
00093-5740-65		J7515		07/06/2015	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE, MODIFIED (SOFT GELATIN) 25 MG	30 EA	BX	PO	EA	EA	25 MG		1	07/06/2015	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	ML	1 MG		150	02/05/2018	99/99/9999							
00591-3468-53		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 (25X3ML,PF) 0.042%	3 ML	PC	IH	ML	ML	1 MG		0.42	04/01/2008	99/99/9999							
00591-4385-79		J1453		09/19/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,PF,LATEX-FREE) 150 MG	1 EA	VL	IV	EA	EA	1 MG		150	09/19/2019	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	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	EA	12.5 MG		2	01/01/2014	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	EA	1 EA		1	10/16/2014	99/99/9999							
00641-6070-25		J2270		02/08/2012	09/16/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (S.D.V., 25X1ML) 10MG/ML	25 ML	VL	U	ML	ML	10 MG		1	02/08/2012	09/16/2015							
00703-1085-01		J1325		04/23/2008	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL SODIUM 0.5 MG	1 EA	VL	IV	EA	EA	0.5 MG		1	04/23/2008	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	ML	1 MG		6	03/05/2020	99/99/9999							
00703-3311-04		J2354		11/14/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (1MLX25 VIALS) 100 MCG/ML	1 ML	VL	U	ML	ML	25 MCG		4	11/14/2005	99/99/9999							
00703-4636-01		J8320		12/03/2003	99/99/9999	INJECTION, STREPTOZOCIN, 1 GRAM	ZANOSAR 1 GM	1 EA	VL	IV	EA	EA	1 GM		1	12/03/2003	99/99/9999							
00703-5747-11		J9060		06/19/2000	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (M.D.V.) 1 MG/ML	1 ML	VL	IV	ML	ML	10 MG		0.1	06/19/2000	99/99/9999							
00703-8680-23		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 80 MG/0.8 ML	0.8 ML	SR	U	ML	ML	10 MG		10	11/19/2014	99/99/9999							
00703-9402-04		J3260		01/01/2002	12/18/2017	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.) 40 MG/ML	2 ML	VL	U	ML	ML	80 MG		0.5	01/01/2002	12/18/2017							
00781-1047-13		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 4 MG	100 EA	BX	PO	EA	EA	4 MG		1	01/01/2002	99/99/9999							
00781-3034-46		J0295		09/05/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 10 GM-5 GM	1 EA	VL	IV	EA	EA	1.5 GM		10	09/05/2006	99/99/9999							
00781-3125-92		J3490		02/23/2005	99/99/9999	UNCLASSIFIED DRUGS	NAFCLLIN SODIUM (ADD-VANTAGE VIAL) 2 GM	1 EA	VL	U	EA	EA	1 EA		1	02/23/2005	99/99/9999							
00781-3129-92		J3490		02/22/2006	99/99/9999	UNCLASSIFIED DRUGS	NAFCLLIN SODIUM (G2MX10, ADD-VANTAGE) 2 GM	1 EA	VL	IV	EA	EA	1 EA		1	02/22/2006	99/99/9999							
00781-3177-96		J0713		02/23/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (USP) 1 GM	1 EA	VL	U	EA	EA	500 MG		2	02/23/2007	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	U	ML	ML	50 MG		0.2	11/17/2014	99/99/9999							
47781-0589-17		J2250		08/21/2017	10/23/2019	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LATEX-FREE) 5 MG/1 ML	5 ML	VL	U	ML	ML	1 MG		5	08/21/2017	10/23/2019							
49452-0783-02		J7501		06/01/2015	10/17/2016	AZATHIOPRINE PARENTERAL, 100 MG AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	AZATHIOPRINE (U.S.P.)	5 GM	BO	NA	GM	GM	100 MG		10	06/01/2015	10/17/2016							
49452-2640-02		J1200		06/01/2015	10/17/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	500 GM	BO	NA	GM	GM	50 MG		20	06/01/2015	10/17/2016							
49452-2740-01		J7799		06/01/2015	10/17/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	100 GM	BO	NA	GM	GM	1 GM		1	06/01/2015	10/17/2016							
49452-3845-01		J1835		06/01/2015	10/17/2016	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 GM	BO	NA	GM	GM	50 MG		20	06/01/2015	10/17/2016							
49452-4553-03		J1230		06/01/2015	10/17/2016	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	100 GM	BO	NA	GM	GM	10 MG		100	06/01/2015	10/17/2016							
49452-6000-03		J7512		01/01/2016	10/17/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P., ANH, MICRONIZED)	100 GM	BO	NA	GM	GM	1 MG		1000	01/01/2016	10/17/2016							
50242-0077-01		J9356		07/01/2019	99/99/9999	INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK	HERCEPTIN HYLECTA (PF) 10000 U/5 ML-600 MG/5 ML	5 ML	VL	SC	ML	ML	10 MG		12	07/01/2019	99/99/9999							
50268-0761-12		None		03/24/2017	99/99/9999	TEMZOLOMIDE, 20 MG, ORAL	TEMZOLOMIDE (4 X 5) 20 MG	20 EA	ST	PO	EA	EA	20 MG		1	03/24/2017	99/99/9999							
50742-0494-17		J0641		09/01/2018	99/99/9999	INJECTION, LEVULEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVULEUCOVORIN CALCIUM (PF) 10 MG/1 ML	17.5 ML	VL	IV	ML	ML	0.5 MG		20	09/01/2018	99/99/9999							
51079-0541-01		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 (USP) 5 MG	1 EA	BX	PO	EA	EA	5 MG		1	01/01/2002	99/99/9999							
51079-0541-20		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 (10X10) 5 MG	100 EA	BX	PO	EA	EA	5 MG		1	01/01/2002	99/99/9999							
51079-0542-20		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 (10X10) 10 MG	100 EA	BX	PO	EA	EA	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
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						
63323-0873-75	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						
63629-1605-04	J7506			11/01/2004	99/99/9999		PREDNISONE, ORAL, PER SMG	21	EA	NA	PO	EA	5 MG		1	11/01/2004	12/31/2015						
63629-1677-01	J8499			11/01/2004	99/99/9999		PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	20	EA	BO	PO	EA	1 EA		1	11/01/2004	99/99/9999						
63807-0100-11	A4216			01/01/2007	99/99/9999		STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	10	ML	BX	U	ML	10 ML		0.1	01/01/2007	99/99/9999						
63874-0006-01	Q0163			01/01/2002	02/03/2016	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	02/03/2016						
63874-0327-21	J7506			05/10/2004	12/31/2015		PREDNISONE, ORAL, PER 5MG	21	EA	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
72485-0106-10	J1953			12/29/2020	99/99/9999		INJECTION, LEVETIRACETAM, 10 MG	5	ML	VL	IV	ML	10 MG		10	12/29/2020	99/99/9999						
72485-0221-02	J9201			02/04/2020	99/99/9999		INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	5.26	ML	VL	IV	ML	200 MG		0.19	02/04/2020	99/99/9999						
72572-0035-10	J0583			08/27/2020	99/99/9999		INJECTION, BIVALIRUDIN, 1 MG	10	EA	VL	IV	ML	1 MG		250	08/27/2020	99/99/9999						
72572-0432-10	J2250			11/08/2019	99/99/9999		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	5	ML	VL	U	ML	1 MG		1	11/08/2019	99/99/9999						
72611-0741-25	J2250			12/22/2020	99/99/9999		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	2	ML	VL	U	ML	1 MG		1	12/22/2020	99/99/9999						
75843-0190-01	J0894			12/31/2020	99/99/9999		INJECTION, DECITABINE, 1 MG	1	EA	VL	IV	EA	1 MG		50	12/31/2020	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						
90703-6590-23	J1650			11/19/2014	99/99/9999		INJECTION, ENOXAPARIN SODIUM, 10 MG	1	ML	SR	U	ML	10 MG		10	11/19/2014	99/99/9999						
90703-9032-03	J0278			01/01/2006	99/99/9999		INJECTION, AMIKACIN SULFATE, 100 MG	2	ML	VL	U	ML	100 MG		2.5	01/01/2006	99/99/9999						
00781-1830-01	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	PI	EA	12.5 MG		2	01/01/2014	99/99/9999						
00781-1830-10	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	PI	EA	12.5 MG		2	01/01/2014	99/99/9999						
00781-2695-44	None			08/12/2013	99/99/9999		TEMODAR, 20 MG, ORAL	14	EA	BO	PO	EA	20 MG		9	08/12/2013	99/99/9999						
00781-3101-80	J2700			02/01/2007	99/99/9999		INJECTION, OXACILLIN SODIUM, UP TO 250 MG	1	EA	VL	U	EA	250 MG		8	02/01/2007	99/99/9999						
00781-8089-31	Q0144			10/01/2019	99/99/9999		AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	30	EA	BO	PO	EA	1 GM		0.25	10/01/2019	99/99/9999						
00781-9109-85	J2700			02/01/2007	99/99/9999		INJECTION, OXACILLIN SODIUM, UP TO 250 MG	1	EA	VL	U	EA	250 MG		4	02/01/2007	99/99/9999						
00378-9682-44	J7614			03/15/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12.1F) 2.25 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.83333	03/15/2013	99/99/9999						
00409-1522-03	J7060			06/16/2005	99/99/9999		5% DEXTROSE/WATER (500 ML = 1 UNIT)	500	ML	GC	IV	ML	500 ML		0.002	06/16/2005	99/99/9999						
00409-2305-61	J2250			10/03/2005	99/99/9999		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	2	ML	VL	U	ML	1 MG		1	10/03/2005	99/99/9999						
00409-2344-02	J1250			06/29/2005	99/99/9999		INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	20	ML	VL	IV	ML	250 MG		0.05	06/29/2005	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						
00409-3402-01	J1580			06/05/2006	99/99/9999		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	10	ML	VL	IV	ML	80 MG		0.125	06/05/2006	99/99/9999						
00409-3793-49	J1885			04/19/2005	04/01/2016		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	1	ML	VL	U	ML	15 MG		1	04/19/2005	04/01/2016						
00409-3795-01	J1885			01/06/2006	99/99/9999		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	1	ML	VL	U	ML	15 MG		2	01/06/2006	99/99/9999						
00409-4274-01	J3490			03/31/2006	08/05/2016	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,STERILE,USP,5X20ML) 0.75%	20	ML	AM	U	ML	1 EA		1	03/31/2006	08/05/2016						
00409-5017-01	J3370			11/02/2021	99/99/9999		INJECTION, VANCOMYCIN HCL, 500 MG	1	EA	VL	IV	EA	500 MG		20	11/02/2021	99/99/9999						
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						
23155-0119-01	J8499			05/28/2013	99/99/9999		PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	100	EA	BO	PO	EA	1 MCG		1	05/28/2013	99/99/9999						
25021-0311-10	J1940			03/30/2021	99/99/9999		INJECTION, FUROSEMIDE, UP TO 20 MG	10	ML	VL	U	ML	20 MG		0.5	03/30/2021	99/99/9999						
25021-0700-01	J1885			09/01/2014	99/99/9999		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	1	ML	VL	U	ML	15 MG		1	09/01/2014	99/99/9999						
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						
33358-0111-20	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						
33358-0282-15	J7512			01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	15	EA	BO	PO	EA	1 MG		5	01/01/2016	04/01/2020						
38779-0144-06	J1030			01/01/2002	99/99/9999		INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	1	EA	BO	NA	GM	40 MG		25	01/01/2002	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						
38779-0166-04	J3302			01/01/2002	99/99/9999		INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	1	EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999						

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00487-0301-01		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 (80X3MLLDPE VIAL.PF) 0.63 MG/3 ML	30 EA	PC	IH		ML	1 MG		0.21	07/19/2010	99/99/9999						
00487-9904-02		J7613		04/01/2008	07/21/2016	ALBUTEROL INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (ROBOT READY LDPE VIAL) 0.042%	3 ML	PC	IH		ML	1 MG		0.42	04/01/2008	07/21/2016						
00517-4620-25		J7643		01/01/2002	99/99/9999	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	99/99/9999						
00527-2932-43		J7512		10/21/2019	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON (USP) 5 MG	1000 EA	BO	PO		EA	1 MG		5	10/21/2019	99/99/9999						
00527-2933-37		J7512		10/21/2019	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON (USP) 1 MG	100 EA	BO	PO		EA	1 MG		10	10/21/2019	99/99/9999						
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						
33358-0292-78		J7512		01/01/2016	04/01/2020	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	78 EA	BO	PO		EA	1 MG		5	01/01/2016	04/01/2020						
33358-0294-40		J7506		07/10/2007	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	40 EA	BO	PO		EA	5 MG		4	07/10/2007	12/31/2015						
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						
38779-0071-01		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						
38779-0071-05	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						
38779-0126-03		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MCRONIZED (U.S.P.)	1 EA	BO	NA		GM	1 EA		1	01/01/2002	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						
38779-0230-06		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						
38779-0561-01		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						
49452-0409-04		J3490		09/01/2015	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	2500 ML	BO	NA		GM	1 EA		1	09/01/2015	99/99/9999						
49452-4036-01		J0640		06/01/2015	10/17/2016	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (U.S.P.)	0.5 GM	BO	NA		GM	50 MG		20	06/01/2015	10/17/2016						
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						
49452-5780-03		J3480		06/01/2015	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	12000 GM	BO	NA		GM	2 MEQ		6.71141	06/01/2015	10/17/2016						
49452-6109-01		J2720		09/01/2015	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (U.S.P.)	5 GM	BO	NA		GM	10 MG		100	09/01/2015	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						
49884-0373-01		J8540		01/25/2017	01/05/2018	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 6 MG	100 EA	BO	PO		EA	0.25 MG		24	01/25/2017	01/05/2018						
49999-0028-60		J7506		03/30/2005	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	60 EA	BO	PO		EA	5 MG		2	03/30/2005	12/31/2015						
49999-0059-06		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	6 EA	BO	PO		EA	0.25 MG		16	01/01/2006	99/99/9999						
49999-0086-30		J8499		07/13/2005	06/01/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO		EA	1 EA		1	07/13/2005	06/01/2017						
50111-0788-67		Q0144		02/26/2014	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3.FLM-COATED) 500 MG	9 EA	BP	PO		EA	1000 MG		0.5	02/26/2014	02/03/2016						
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						
54569-1754-09		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						
54569-4765-09		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						
54569-5605-00		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						
54868-0871-00		J1100		01/01/2002	02/03/2016	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	02/03/2016						
54868-0921-01		J7500		01/01/2002	02/03/2016	AZITHROMYCIN, ORAL, 50 MG	IMURAN 50 MG	30 EA	BO	PO		EA	50 MG		1	01/01/2002	02/03/2016						
54868-1119-05		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 1 MG	60 EA	BO	PO		EA	1 MG		1	01/01/2016	99/99/9999						
54868-1126-03		J8999		11/22/2005	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	25 EA	BO	PO		EA	1 EA		1	11/22/2005	02/03/2016						
54868-1183-07		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	20 EA	BO	PO		EA	5 MG		4	01/01/2002	12/31/2015						
54868-3181-00		J3030		01/01/2002	02/03/2016	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 (SRN) 6 MG/0.5 ML	2 ML	BX	SC		ML	6 MG		2	01/01/2002	02/03/2016						
54868-3189-00		Q0167		01/01/2014	02/03/2016	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) 5 MG	25 EA	BO	PO		EA	2.5 MG		2	01/01/2014	02/03/2016						
55289-0559-05		Q0162		01/01/2012	08/06/2018	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 (STRAWBERRY) 4 MG	5 EA	BO	PO		EA	1 MG		4	01/01/2012	08/06/2018						
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						
55390-0067-10		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (S.D.V.PF) 3 MG/ML	2 ML	VL	IJ		ML	1 MG		3	01/01/2015	99/99/9999						
55390-0126-10		J2250		01/01/2002	99/99/9999	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MDAZOLAM HCL (VIAL.PF) 5 MG/ML	10 ML	VL	IJ		ML	1 MG		5	01/01/2002	99/99/9999						
55513-0028-01		J0881		08/14/2006	09/02/0999	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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	IJ	ML	1 MCG		59.52381	08/14/2006	99/99/9999						
55566-2200-00		J2597		04/15/2015	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP 4 MCG/ML	1	ML	AM	IJ	ML	1 MCG		4	04/15/2015	99/99/9999						
59746-0173-09		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	500	EA	BO	PO	EA	5 MG		2	08/03/2007	12/31/2015						
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						
60505-0751-01		J0696		11/02/2015	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (SDV, USP,CRYSTALLINE) 500 MG	1	EA	VL	IJ	EA	250 MG		2	11/02/2015	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						
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						
63874-0006-15		Q0163		01/01/2002	02/03/2016	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	02/03/2016						
63874-0327-50		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	50	EA	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
63874-0373-50		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	50	EA	BO	PO	EA	5 MG		1	01/15/2006	12/31/2015						
63874-0392-01		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1 MG		20	01/01/2016	02/03/2016						
63874-0392-30		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	1 MG		20	01/01/2016	02/03/2016						
63874-0442-15		Q0177		05/11/2004	02/03/2016	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	05/11/2004	02/03/2016						
00409-6533-31		J3370		01/18/2020	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVAPLUS (SDV,FLP,TP,USP,PF) 1 GM	10	EA	VL	IV	EA	500 MG		2	01/18/2020	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						
00409-7132-02		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						
00409-7138-36		A4217		09/09/2005	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						
00409-7923-23		J7060		07/19/2005	05/27/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (48X100ML,LATEX-FREE) 5%	100	ML	FC	IV	ML	500 ML		0.002	07/19/2005	05/27/2020						
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						
00463-1074-30		J3411		01/01/2004	02/03/2016	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (VIAL) 100 MG/ML	30	ML	VL	IJ	ML	100 MG		1	01/01/2004	02/03/2016						
00463-6141-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNICOT 20 MG	1000	EA	NA	PO	EA	5 MG		4	01/01/2002	12/31/2015						
00463-6155-10		J7512		01/01/2016	01/01/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNICOT 5 MG	1000	EA	NA	PO	EA	1 MG		5	01/01/2016	01/01/2016						
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						
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						
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						
25021-0159-10		J0770		12/15/2014	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (USP,LYOPHILIZED) 150 MG	1	EA	VL	IJ	EA	150 MG		1	12/15/2014	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						
25682-0001-01		J1300		01/01/2008	99/99/9999	INJECTION, ECULIZUMAB, 10 MG	SOLIRIS (PF) 10 MG/ML	30	ML	VL	IV	ML	10 MG		1	01/01/2008	99/99/9999						
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						
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						
36000-0295-24		J1956		04/15/2019	99/99/9999	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	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						
38779-0017-04	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						
38779-0025-05		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						
38779-0198-04		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			
49452-0409-03		J3490		09/01/2015	10/17/2016	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	500	GM	BO	NA	GM	1 EA		1	09/01/2015	10/17/2016						
49452-2210-03		J0760		06/01/2015	10/17/2016	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	5	GM	BO	NA	GM	1 MG		1000	06/01/2015	10/17/2016						
49452-2702-01		J3520		09/01/2015	10/17/2016	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	500	GM	BO	NA	GM	150 MG		6.666666	09/01/2015	10/17/2016						
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			
49452-4300-02		J3475		06/01/2015	10/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE HEPTAHYDRATE (U.S.P.,E.P.,P.P.,J.P.)	2500	GM	BO	NA	GM	500 MG		2	06/01/2015	10/17/2016						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
48483-0061-01		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 THE 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							
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							
50486-0078-23		A4216		01/01/2006	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	BRONCHO SALINE 0.9%	240	ML	BO	IH	ML	10 ML		0.1	01/01/2006	02/03/2016							
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							
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							
51552-0074-09		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							
54868-4716-00		J9250		12/16/2002	02/03/2016	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (P.F.V..PF) 25 MG/ML	10	ML	VL	IJ	ML	5 MG		5	12/16/2002	02/03/2016							
54868-5404-00		Q0144		09/02/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZMAX (CHERRY-BANANA) 2 GM/60 ML	1	EA	BO	PO	EA	1 GM		2	09/02/2005	99/99/9999							
54868-5673-01		J0885		03/24/2008	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (M.D.V.1X4ML) 2000 U/ML	4	ML	VL	IJ	ML	1000 U		20	03/24/2008	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							
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							
55150-0180-03		J0282		05/04/2018	99/99/9999	INJECTION, AMODARONE HYDROCHLORIDE, 30 MG	AMODARONE HCL 50 MG/1 ML	3	ML	VL	IV	ML	30 MG		1.66666	05/04/2018	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							
55150-0204-20		J3370		08/30/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF.LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500 MG		2	08/30/2018	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							
62756-0240-64		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 4 MG	30	EA	BX	PO	EA	1 MG		4	01/01/2012	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							
62991-1486-03		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							
62991-1530-02		J0520		09/15/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	09/15/2003	99/99/9999							
62991-1707-03		J1071		01/01/2015	99/99/9999	URECHOLINE, UP TO 5 MG	TESTOSTERONE CYPIONATE, 1 MG	1	GM	BO	NA	GM	1 MG		1000	01/01/2015	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							
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							
63275-9958-01		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							
63275-9963-09		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							
67457-0349-10		J0295		10/31/2016	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	10/31/2016	99/99/9999							
67457-0425-51		J9060		05/23/2014	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN 1 MG/ML	50	ML	VL	IV	ML	10 MG		0.1	05/23/2014	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	IJ	ML	10 MG		0.5	04/03/2019	99/99/9999							
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	IJ	ML	400 IU		0.5	09/16/2016	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							
67467-0843-05		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (LATEX-FREE) 50 MG/ML	1	ML	VL	IV	ML	500 MG		0.1	11/04/2011	09/14/2015							
67919-0011-01		J0878		01/01/2005	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	CUBICIN (PF) 500 MG	1	EA	VL	IV	EA	1 MG		500	01/01/2005	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							
68001-0421-22		J1453		12/31/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV.LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1 MG		150	12/31/2019	99/99/9999							
00338-0080-01		Q2050		10/01/2019	99/99/9999	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	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	ML	500 MG		0.02	02/16/2021	99/99/9999							
00378-0641-10		J7512		04/04/2019	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 10 MG	1000	EA	BO	PO	EA	1 MG		10	04/04/2019	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						
00378-8270-52		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						
00378-8270-91		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							

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00378-9690-52		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							
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							
00409-1130-02		J7799		05/13/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 23.4%	250 ML	GC	IV	ML	CHLORIDE	1 EA	1	05/13/2005	99/99/9999							
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							
00409-2587-53		J2250		03/07/2006	99/99/9999	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	99/99/9999							
00409-3510-22		J1335		09/29/2020	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (LYOPHILIZED) 1 GM	10 EA	VL	U	EA	500 MG		2	09/29/2020	99/99/9999							
00409-4277-02		J2001		08/12/2005	99/99/9999	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	99/99/9999							
00409-6476-44		J1364		03/10/2006	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCI LACTOBIONATE (ADD-VANTAGE VIAL,PF) 500 MG	1 EA	VL	IV	EA	500 MG		1	03/10/2006	99/99/9999							
00409-7075-14		J3480		06/08/2005	99/99/9999	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	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							
00409-7650-62		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							
00409-7926-09		J7799		08/29/2005	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	08/29/2005	03/06/2020							
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							
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							
24201-0585-10		J0500		10/07/2019	99/99/9999	INJECTION, DICLOMINE HCL, UP TO 20 MG	DICLOMINE HCL (10X2ML,SDV) 10 MG/1 ML	2 ML	VL	IM	ML	20 MG		0.5	10/07/2019	99/99/9999							
24208-0347-20		J7611		04/01/2008	06/05/2017	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (STERILE) 0.5%	20 ML	BO	IH	ML	1 MG		5	04/01/2008	06/05/2017							
25021-0179-16		J0878		06/15/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPATOMYCIN (SDV,PF,LATEX-FREE) 350 MG	10 EA	VL	IV	EA	1 MG		350	06/15/2018	99/99/9999							
25021-0185-11		J1570		01/15/2020	99/99/9999	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	99/99/9999							
25021-0242-02		J9185		12/19/2016	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (1X2ML,SDV,UJSP,PF) 25 MG/1 ML	2 ML	VL	IV	ML	50 MG		0.5	12/19/2016	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							
25021-0679-20		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							
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							
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							
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							
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							
49348-0045-34		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	VALU-DRYL ALLERGY CHILDREN'S 12.5 MG/5 ML	120 ML	BO	PO	ML	50 MG		0.05	01/01/2002	99/99/9999							
49452-7910-01		J3302		06/01/2015	10/17/2016	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1 GM	BO	NA	GM	5 MG		200	06/01/2015	10/17/2016							
49452-9201-05		J1960		09/01/2015	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 GM	BO	NA	GM	2 MG		500	09/01/2015	99/99/9999							
49502-0692-03	KO	J7613	KO	04/01/2008	06/17/2016	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ACCUNEBS (PF) 0.021%	3 ML	PC	IH	ML	1 MG		0.21	04/01/2008	06/17/2016							
49999-0028-40		J7512		01/01/2016	06/01/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	40 EA	BO	PO	EA	1 MG		10	01/01/2016	06/01/2017							
49999-0090-20		Q0169		01/01/2014	06/01/2017	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	06/01/2017							
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							
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							
50742-0445-05		J9045		01/29/2018	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	5 ML	VL	IV	ML	50 MG		0.2	01/29/2018	99/99/9999							
61079-0078-01		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							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51079-0078-20		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						
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						
51552-0028-01	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE	1	EA	BO	NA	GM	5 MG		200	01/01/2002	12/31/2015						
51552-0057-08	J3350			09/01/2003	10/17/2016	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,N.F.)	1	EA	BO	NA	GM	40 GM		0.025	09/01/2003	10/17/2016						
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						
51552-0686-01	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						
51552-0715-05	J3490			09/01/2003	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (USP,1X100GM)	1	EA	BO	NA	GM	1 EA		1	09/01/2003	99/99/9999						
51552-0738-05	J2675			09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X100MG USP, MICRONIZED)	1	EA	JR	NA	GM	50 MG		20	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						
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						
51927-3115-00	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						
51927-0917-00	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						
51991-0942-98	J1190			09/15/2017	99/99/9999	INJECTION, DEXRAZOAXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOAXANE (LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	250 MG		2	09/15/2017	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						
52959-0043-50	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						
00143-9850-01	J2930			10/24/2019	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 500 MG	1	EA	VL	U	EA	125 MG		4	10/24/2019	99/99/9999						
00185-7322-30	J7620			07/01/2007	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	07/01/2007	99/99/9999						
00264-2101-50	A4217			01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	2000	ML	PC	IR	ML	500 ML		0.002	01/01/2004	99/99/9999						
00264-7605-00	J7799			01/01/2002	04/30/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 2.5%-0.45%	1000	ML	FC	IV	ML	1 EA		1	01/01/2002	04/30/2017						
00264-9598-20	J2001			01/01/2004	99/99/9999	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	99/99/9999						
00338-0067-01	Q2050			10/01/2019	99/99/9999	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	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						
00378-5105-01	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						
00378-7732-93	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 (USP) 4MG	30	EA	BO	PO	EA	1 MG		4	01/01/2012	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						
00409-1151-70	J1642			10/01/2009	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (FTV,25X10ML) 10 U/ML	10	ML	VL	IV	ML	10 U		1	10/01/2009	02/03/2016						
00409-1176-30	J2175			09/25/2005	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						
00409-1312-10	J1170			10/01/2010	02/19/2020	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,SECURE SINGLE-DOSE) 2 MG/ML	10	EA	SR	U	ML	4 MG		0.5	10/01/2010	02/19/2020						
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						
00409-1467-01	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						
00409-1560-10	J3490			08/31/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	10	ML	VL	U	ML	1 EA		1	08/31/2005	99/99/9999						
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						
00409-3977-03	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						
00409-4057-12	J2274			01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (PF,LATEX-FREE) 0.5 MG/ML	10	ML	AM	U	ML	10 MG		0.05	01/01/2015	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	
00591-2224-55	J7502			12/23/2008	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (1X50ML,MODIFIED) 100 MG/ML	50	ML	VL	PO	ML	100 MG		1	10/28/2015	99/99/9999	12/23/2008	04/07/2014			1	
00591-3221-26	J3121			01/01/2015	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, 1 MG	TESTOSTERONE ENANTHATE 200 MG/ML	5	ML	VL	IM	ML	1 MG		200	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
24385-0462-62		Q0163		01/01/2002	02/14/2018	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	DIPHEDRYL 25 MG	24	EA	BX	PO	EA	50 MG		0.5	01/01/2002	02/14/2018						
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						
25021-0612-82		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						
25021-0676-20		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	U	ML	50 MG		1	05/10/2017	99/99/9999						
31722-0104-30		J0604		12/01/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	30	EA	BO	PO	EA	1 MG		60	12/01/2020	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	U	ML	80 MG		0.5	09/17/2016	99/99/9999						
36000-0296-24		J1956		04/15/2019	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	PREMERPRO 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	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						
38779-0253-05		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						
38779-0319-03		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						
38779-0364-01		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						
53097-0568-60		Q0167		04/01/2020	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	MARINOL (SOFT GELATIN) 2.5 MG	60	EA	BO	PO	EA	2.5 MG		1	04/01/2020	99/99/9999						
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						
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						
54569-0355-02		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						
54569-3701-00		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						
54569-4904-00		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						
54868-0258-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
54868-0762-00		J3420		01/01/2002	99/99/9999	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	99/99/9999						
54868-0908-04		J7506		02/06/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 50 MG	60	EA	BO	PO	EA	5 MG		10	02/06/2007	12/31/2015						
54868-1183-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
54868-1183-03		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
54868-1183-07		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						
54868-1227-02		Q0163		10/22/2002	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	GENAHIST (AF,SF,CHERRY) 12.5 MG/5 ML	120	ML	BO	PO	ML	50 MG		0.05	10/22/2002	99/99/9999						
54868-1932-02		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	6	EA	BX	RC	EA	1 EA		1	01/01/2006	02/03/2016						
54868-2302-00		Q0161		01/01/2014	02/03/2016	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 50 MG	10	EA	BO	PO	EA	5 MG		10	01/01/2014	02/03/2016						
54868-3089-01		J7799		12/05/2007	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTRROSE (1X1250ML) 50%	1250	ML	GC	IV	ML	1 EA		1	12/05/2007	99/99/9999						
54868-3099-01		J8999		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGACE 40 MG/ML	240	ML	BO	PO	ML	1 EA		1	01/01/2002	02/03/2016						
60004-0261-29		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						
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						
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						
00264-7055-10		J2400		09/17/2018	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CLOROTEKAL 10 MG/1 ML	5	ML	VL	IN	ML	30 ML		0.03333	09/17/2018	99/99/9999						
00264-7510-00		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTRROSE (EXCEL) 5%	1000	ML	FC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999						
00264-7610-00		J7042		01/01/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTRROSE/SODIUM CHLORIDE (EXCEL) 5%-0.9%	1000	ML	FC	IV	ML	5%		0.002	01/01/2002	99/99/9999						

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-0330-07		J7512		01/01/2016	12/31/2018	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	60	EA	BO	PO	EA	1 MG		5	01/01/2016	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						
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						
54868-0768-00		J2920		01/01/2002	02/03/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	SOLLU-MEDROL (S.D.V.) 40 MG	1	EA	VL	U	EA	40 MG		1	01/01/2002	02/03/2016						
55289-0352-09		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	9	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
55289-0373-01		J7512		01/01/2016	10/02/2018	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	100	EA	BO	PO	EA	1 MG		5	11/22/2016	10/02/2018	01/01/2016	02/03/2016	5			
55289-0373-55		J7512		01/01/2016	10/02/2018	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	55	EA	BO	PO	EA	1 MG		5	01/01/2016	10/02/2018						
55289-0464-79		Q0169		01/01/2014	04/12/2018	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 HCL 25 MG	1	EA	BO	PO	EA	12.5 MG		2	01/01/2014	04/12/2018						
55289-0559-03		Q0162		01/01/2012	08/06/2018	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 (USP,STRAWBERRY) 4 MG	3	EA	BO	PO	EA	1 MG		4	01/01/2012	08/06/2018						
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						
44567-0420-24		J3475		07/23/2019	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	07/23/2019	99/99/9999						
45963-0615-56		J8351		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						
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						
47335-0631-49		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						
47335-0633-49		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						
47335-0895-40		J9171		12/10/2020	99/99/9999	DOCETAXEL INJECTION	DOCETAXEL (USP,SDV) 20 MG/1 ML	4	ML	VL	IV	ML	1 MG		20	12/10/2020	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						
49452-2795-04		J1435		09/01/2015	10/17/2016	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	25	GM	BO	NA	GM	1000		1000	09/01/2015	10/17/2016						
49452-4380-02		J2150		06/01/2015	10/17/2016	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	2500	GM	BO	NA	GM	50 ML		0.8	06/01/2015	10/17/2016						
49452-4553-02		J1230		06/01/2015	10/17/2016	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	25	GM	BO	NA	GM	10 MG		100	06/01/2015	10/17/2016						
49452-6000-01		J7512		01/01/2016	10/17/2016	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON (U.S.P.,ANH,MICRONIZED)	5	GM	BO	NA	GM	1 MG		1000	01/01/2016	10/17/2016						
49452-7720-03		J2810		09/01/2015	10/17/2016	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (U.S.P.)	2500	GM	BO	NA	GM	40 MG		25	09/01/2015	10/17/2016						
49452-7924-01		J3250		06/01/2015	10/17/2016	INJECTION, TRIMETHOENZAMIDE HCL, UP TO 200 MG	TRIMETHOENZAMIDE HCL (U.S.P.)	5	GM	BO	NA	GM	200 MG		5	06/01/2015	10/17/2016						
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						
49999-0231-35		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						
50268-0560-12		J7518		10/08/2020	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID AVPAK (ENTERIC COATED) 360 MG	20	EA	BO	PO	EA	180 MG		2	10/08/2020	99/99/9999						
50419-0385-01		J8057		01/01/2019	99/99/9999	INJECTION, COPANLISIB, 1 MG	ALIQOPA (LYOPHILIZED) 60 MG	1	EA	VL	IV	EA	1 MG		60	01/01/2019	99/99/9999						
51079-0895-20		Q0169		01/01/2014	09/02/2016	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 (10X10) 25 MG	100	EA	BX	PO	EA	12.5 MG		2	01/01/2014	09/02/2016						
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						
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						
52959-0126-18		J7506		01/15/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	18	EA	BO	PO	EA	5 MG		2	01/15/2002	12/31/2015						
52959-0547-16		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	16	EA	BO	PO	EA	0.25 MG		16	01/01/2006	99/99/9999						
53270-0051-01		J1573		08/01/2010	12/31/2016	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	HEPAGAM B (1X5ML,>312IU/ML,SDV)	1	ML	VL	U	ML	0.5 ML		2	08/01/2010	12/31/2016						
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	U	ML	1 GM		0.2	01/01/2002	99/99/9999						
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						
54569-1555-01		J2930		06/05/2002	02/03/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLLU-MEDROL (ACT-O-VIAL) 125 MG	1	EA	VL	U	EA	125 MG		1	06/05/2002	02/03/2016						
54569-2319-00		J1815		01/01/2003	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R (VIAL) 100 U/ML	10	ML	VL	U	ML	5 U		20	01/01/2003	12/31/2018						

Table with columns: NDC, NDC Mod, HCPCS, HCPCS Mod, Relationship Start Date, Relationship End Date, HCPCS Description, NDC Label, Number of Items in NDC Package, NDC Package Measure, NDC Package Type, Route of Administration, Billing Units, HCPCS Amount #1, HCPCS Measure #1, CF, Start Date #1, End Date #1, Prior Start Date #2, Prior End Date #2, Prior Conversion Factor #2, Prior Start Date #3, Prior End Date #3, Prior Conversion Factor #3. Rows include products like GLYCOPYRROLATE, PROPRANOLOL HCL, GENTAMICIN SULFATE, MENDATIONE (USP), ACYLOVIR (U.S.P.), METHYLERGONOVINE MALEATE, FLUCONAZOLE, ONDANSETRON, FORMOTEROL FUMARATE, POTASSIUM CHLORIDE, SODIUM CHLORIDE, MORPHINE SULFATE, LIDOCAINE HCL, VANCOMYCIN HCL, HEPARIN SODIUM, AMPICILLIN SODIUM/SULBACTAM SODIUM, GEMCITABINE HYDROCHLORIDE, FLUDARABINE PHOSPHATE, PALONOSETRON HCL, RAVULIZUMAB-CIVVZ, DICYCLOMINE HCL, SUCCINYLCHOLINE CHLORIDE, IPRATROPIUM BROMIDE, TAHZYRO (PF) 150 MG/1 ML, BUTORPHANOL TARTRATE, METHYLPREDNISOLONE ORAL, RIFAMPIN (U.S.P.), and UREA (U.S.P. J.P.).

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3		
00548-5711-00		J1050		04/30/2019	99/99/9999	INJECTION, MEXROXYPROGESTERONE ACETATE, 1 MG	MEXROXYPROGESTERONE ACETATE NOVAPLUS 150 MG/1 ML	1	ML	SR	IM	ML	1 MG		150	04/30/2019	99/99/9999								
38779-0215-06		J1160		02/05/2002	10/17/2016	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1	EA	BO	NA	GM	0.5 MG		2000	02/05/2002	10/17/2016								
38779-0571-05		J0280		01/01/2002	10/17/2016	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	250 MG		4	09/26/2008	10/17/2016	01/01/2002	11/27/2003	4					
38779-0571-08		J0280		01/01/2002	10/17/2016	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	250 MG		4	09/26/2008	10/17/2016	01/01/2002	11/27/2003	4					
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								
38779-1005-01		J1094		01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MCRONIZED (ANH/DROUS)	1	EA	NA	NA	GM	1 MG		1000	01/01/2003	99/99/9999								
39822-0500-04		J0360		09/21/2015	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (USP) 20 MG/1 ML	1	ML	VL	U	ML	20 MG		1	09/21/2015	99/99/9999								
39822-0710-01		J1451		12/14/2007	06/06/2018	INJECTION, FOMEPIZOLE, 15 MG	FOMEPIZOLE (1X1.5ML,PF) 1 GM/ML	1.5	ML	VL	IV	ML	15 MG		66.666666	12/14/2007	06/06/2018								
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								
42291-0190-60		None		03/24/2015	03/19/2018	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM-COATED) 150 MG	60	EA	BO	PO	EA	150 MG		1	03/24/2015	03/19/2018								
42291-0407-50		Q0177		04/13/2018	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	04/13/2018	99/99/9999								
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								
43066-0010-01		J9171		02/23/2018	99/99/9999	INJECTION, DOCEAXEL, 1 MG	DOCEAXEL (1X2ML,MDV) 10 MG/1 ML	16	ML	VL	IV	ML	1 MG		10	02/23/2018	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 THE 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								
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	IV	ML	10 MG		1	11/15/2018	99/99/9999								
43975-0252-05		None		08/02/2016	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5 MG		1	08/02/2016	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								
45963-0613-89		J9267		06/13/2018	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PREMERPRO RX PACLITAXEL (PF,LATEX-FREE) 6 MG/1 ML	50	ML	IV	ML	IV	ML	1 MG		6	06/13/2018	99/99/9999							
47781-0614-07		J0637		12/11/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LATEX-FREE) 70 MG	1	EA	VL	IV	EA	5 MG		14	12/11/2017	99/99/9999								
49452-1775-01		J1955		06/01/2015	10/17/2016	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE FREE BASE	25	GM	BO	NA	GM	1 GM		1	06/01/2015	10/17/2016								
54868-5568-00		J9217		04/12/2006	02/03/2016	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT 30 MG	1	EA	BX	IM	EA	7.5 MG		4	04/12/2006	02/03/2016								
54868-5621-00	KO	J7626	KO	07/17/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMOCORT RESPULES 0.5 MG/2 ML	60	ML	PC	IH	ML	0.5 MG		0.5	07/17/2007	99/99/9999								
54868-5709-00		J7613		04/01/2008	99/99/9999	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	99/99/9999								
54868-5711-00		J2250		12/27/2006	99/99/9999	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MDAZOLAM (10X2ML) 1 MG/ML	2	ML	VL	U	ML	1 MG		1	12/27/2006	99/99/9999								
54868-6624-01		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								
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								
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 THE 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						
55289-0273-50		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								
55289-0438-42		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	42	EA	BO	PO	EA	1 MG		10	01/01/2016	03/08/2017								
55289-0438-60		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	1 MG		10	01/01/2016	03/08/2017								
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	U	ML	1 MCG		60	09/11/2006	99/99/9999								
55513-0079-01		J9999		10/28/2015	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	ILLYGIC (PF) 100000000 PFU/1 ML	1	ML	VL	U	ML	1 U		1	10/28/2015	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 GUARANEA) 4 MG	30	EA	BO	PO	EA	1 MG		4	02/19/2016	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								
58406-0055-04		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								
58864-0162-30		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 THE 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	99/99/9999								
59746-0008-06		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	100	EA	NA	PO	EA	1 MG		10	01/01/2016	02/03/2016								
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								
59782-3051-01		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								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54888-5478-00		Q0144		11/23/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	BO	PO	EA		1 GM		0.25	11/23/2005	99/99/9999						
55289-0274-02		Q0144		10/16/2007	03/08/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	2 EA	BO	PO	EA		1 GM		0.5	10/16/2007	03/08/2017						
55289-0274-03		Q0144		04/02/2008	03/08/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3 EA	BO	PO	EA		1 GM		0.5	04/02/2008	03/08/2017						
55289-0928-04		J8498		05/09/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	4 EA	EA	BX	PC	EA	1 EA		1	05/09/2006	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	U	ML		1 MCG		100	09/11/2006	99/99/9999						
55513-0032-01		J0881		06/07/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLEJECT,0.27,1/2",PF) 0.5 MG/ML	1 ML	SR	U	ML		1 MCG		500	06/07/2006	99/99/9999						
55513-0192-01		J2505		02/02/2015	99/99/9999	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	99/99/9999						
55513-0742-01		J0606		10/09/2017	99/99/9999	INJECTION, ETELICALTIDE, 0.1 MG	PARSABY (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, ROMOSUZUMAB-AOOQ, 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						
57896-0001-25		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE WATER	250 ML		IR	ML		500 ML		0.002	01/02/2018	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 AUTONJECTOR) 50 MG/1 ML	1 ML	SR	SC	ML		25 MG		2	08/05/2019	99/99/9999						
63629-1587-03		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	40 EA	NA	PO	EA		5 MG		4	11/01/2004	12/31/2015						
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						
63629-1742-04		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 25 MG	20 EA	BO	PO	EA		12.5 MG		2	01/01/2014	99/99/9999						
63868-0612-32		Q0163		04/01/2006	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 SLEEP AID (SOFTGEL) 50 MG	32 EA	BO	PO	EA		50 MG		1	04/01/2006	03/02/2020						
63874-0006-30		Q0163		01/01/2002	02/03/2016	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	02/03/2016						
63874-0327-01		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	100 EA	BO	PO	EA		1 MG		10	01/01/2016	02/03/2016						
63874-0327-02		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	1000 EA	BO	PO	EA		1 MG		10	01/01/2016	02/03/2016						
63874-0327-10		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12 EA	BO	PO	EA		5 MG		2	05/10/2004	12/31/2015						
63874-0373-01		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		1 MG		5	01/01/2016	02/03/2016						
00378-9692-52		J7614		09/10/2018	99/99/9999	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL (PF) 1.25 MG/3 ML	3 ML	VL	IH	ML		0.5 MG		0.83333	09/10/2018	99/99/9999						
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	U	ML		10 MG		5	01/01/2015	99/99/9999						
00409-1215-01		J2310		07/08/2005	99/99/9999	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	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						
00409-1418-01		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						
00409-2012-32		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						
00409-2312-31		J2550		04/05/2005	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (LUER LOCK,CARPUJECT) 25 MG/ML	1 ML	SR	U	ML		50 MG		0.5	04/05/2005	99/99/9999						
00409-3380-49		J3490		11/29/2005	02/23/2015	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE NOVAPLUS (AMP,PF,LATEX-FREE) 50 MCG/ML	1 ML	AM	U	ML		1 EA		1	11/29/2005	02/23/2015						
00409-3714-01		J3490		10/25/2021	UNCLASSIFIED DRUGS	UNCLASSIFIED DRUGS	NAFOLLIN (PF,LATEX-FREE) 2 GM	10 EA	VL	U	EA		1 EA		1	01/01/2018	10/25/2021						
00409-4282-02		J2001		02/08/2006	99/99/9999	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	99/99/9999						
00409-4332-01		J3370		04/25/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,FLIPTOP) 500 MG	1 EA	VL	IV	EA		500 MG		1	04/25/2005	99/99/9999						
00409-4755-02		J2405		08/24/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SINGLEDOSE USP,10X2ML) 2 MG/ML	2 ML	VL	U	ML		1 MG		2	08/24/2007	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						
00409-6533-21		J3370		03/22/2021	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (FLIPTOP,PF,LATEX-FREE) 1 GM	10 EA	VL	IV	EA		500 MG		2	03/22/2021	99/99/9999						
00409-6535-49		J3370		04/06/2005	12/01/2015	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HYDROCHLORIDE NOVATION (ADD-VANTAGE LATEX-FREE) 1 GM	1 EA	VL	IV	EA		500 MG		2	04/06/2005	12/01/2015						
00409-6778-05		J2060		03/06/2018	99/99/9999	INJECTION, LORAZEPAM, 2 MG	PREMIERPRO RX LORAZEPAM (LATEX-FREE) 2 MG/1 ML	1 ML	U	U	ML		2 MG		1	03/06/2018	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	ML		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						
00409-7881-13		I1580		01/23/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE, 24X50ML) 1.4 MG/ML-0.2%	50 ML	FC	IV	ML		80 MG		0.0175	01/23/2006	99/99/9999						

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3		
38779-0405-06 38779-0927-01	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								
42023-0118-01 42195-0151-10		J3250		09/01/2008	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (MDV,1X20ML) 100 MG/ML	20	ML	VL	IM	ML	200 MG		5	08/01/2008	99/99/9999								
42291-0727-10		J7512		02/05/2020	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (USP) 1.5 MG	100	EA	BO	PO	EA	0.25 MG		6	01/07/2019	99/99/9999								
43066-0019-10		J2795		10/19/2020	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	1 MG		5	02/05/2020	99/99/9999								
43547-0543-25		J7643		12/09/2019	99/99/9999	ROPIVACAINE HCL (10X20ML,SDV,USP,PF) 5 MG/1 ML	ROPIVACAINE HCL (10X20ML,SDV,USP,PF) 5 MG/1 ML	20	ML	VL	U	ML	1 MG		5	10/19/2020	99/99/9999								
43598-0839-36		J2800		03/15/2020	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (1X25 SDV) 0.2 MG/1 ML	1	ML	VL	U	ML	1 MG		0.2	12/09/2019	99/99/9999								
45963-0613-86		J9267		06/13/2018	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (10X10ML,LUSP,PF) 100 MG/1 ML	10	ML	VL	U	ML	10 ML		0.1	03/15/2020	99/99/9999								
45963-0687-49 47335-0177-95		J9245 J3490		01/19/2017 09/17/2018	99/99/9999 99/99/9999	INJECTION, PACLITAXEL, 1 MG	MELPHALAN HYDROCHLORIDE (INNER VIAL NDC,PF) 50 MG ILUMYA (PF) 100 MG/1 ML	1 1	EA ML	VL SR	IV SC	EA ML	50 MG 1 MG		1 1	01/19/2017 09/17/2018	99/99/9999 12/31/2018								
47335-0892-21 47426-0201-01	None	J3490		02/13/2014 11/29/2017	99/99/9999 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								
51927-3643-00 51991-0822-28 51991-0823-28		J7640 J7527 J7527		01/01/2006 04/12/2021 04/12/2021	99/99/9999 99/99/9999 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									
52959-0517-25 52959-0932-30		J8499 Q0144		01/01/2002 05/23/2008	99/99/9999 99/99/9999	EVEROLIMUS, ORAL, 0.25 MG EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 5 MG EVEROLIMUS (4X7) 7.5 MG	28 28	EA EA	BX BX	PO PO	EA	0.25 MG 0.25 MG		20 30	04/12/2021 04/12/2021	99/99/9999 99/99/9999								
53489-0376-01 54569-1818-04 54569-2318-00 54569-2918-00		Q0173 None J1815 J1815		08/29/2003 10/17/2016 12/31/2018 12/31/2018	99/99/9999 99/99/9999 99/99/9999 99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC, FOR USE 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 METHOTREXATE SODIUM 2.5 MG HUMULIN N (VIAL) 100 U/ML NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	100 12 10	EA EA ML ML	BO BO VL VL	PO PO SC SC	EA EA ML ML	250 MG 2.5 MG 5 U 5 U	1.2 1 20 20	08/29/2003 01/08/2016 01/01/2003 01/01/2003	99/99/9999 10/17/2016 12/31/2018 12/31/2018									
54569-3078-00 54569-3835-00	A4216 J1815			01/18/2007 01/01/2003	99/99/9999 99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE/RESPIRATORY THERAPY 0.9% NOVOLIN N (VIAL) 100 U/ML	5 10	ML ML	VL VL	IH SC	ML ML	10 ML 5 U	0.1 20	01/18/2007 09/22/2003	12/31/2018 12/31/2018		01/01/2003	06/10/2003	20					
54569-5715-00 54569-5754-00 60505-6146-00	J8999 Q0144 J0692			07/15/2005 11/24/2005 04/03/2017	99/99/9999 99/99/9999 99/99/9999	PRESRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1 EA		1	07/15/2005	12/31/2018								
60505-6157-00 60842-0022-01	J2543 J0171			02/15/2019 01/19/2017	99/99/9999 99/99/9999	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									
61703-0350-38 62935-0302-30 62991-1021-04	J9250 J9217 J3490			06/27/2005 10/02/2014 09/15/2003	99/99/9999 99/99/9999 99/99/9999	CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,SDV) 1 GM	1	EA	VL	U	EA	500 MG	2	04/03/2017	99/99/9999									
62991-1038-04 62991-1530-03 62991-1707-02	J7632 J0520 J1071			01/01/2008 09/15/2003 01/01/2015	99/99/9999 99/99/9999 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									
62991-2026-02 63275-1200-01 63275-6200-09 63275-9958-02 63275-9981-08 63323-0012-10	J3520 J1960 J3490 J7507 J2675 J2590			01/01/2002 12/03/2002 12/03/2002 09/01/2004 12/04/2002 01/01/2002	99/99/9999 99/99/9999 99/99/9999 99/99/9999 99/99/9999 99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 15 MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5 MG	200	09/15/2003	99/99/9999									
63275-6200-09 63275-9958-02 63275-9981-08 63323-0012-10	J1960 J3490 J7507 J2675 J2590			12/03/2002 12/03/2002 09/01/2004 12/04/2002 01/01/2002	99/99/9999 99/99/9999 99/99/9999 99/99/9999 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									
63323-0012-10	J2590			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								
63323-0064-11 00264-7622-00	J3475 J7799			01/30/2018 01/01/2002	99/99/9999 99/99/9999	INJECTION, LEVOPHANOL TARTRATE, UP TO 2 MG	LEVOPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2 MG	500	12/03/2002	05/31/2021									
00033-4061-30 90093-7767-24 00143-1475-01 00143-1475-10	KO J7606 J7527 J7506	KO		06/22/2021 06/10/2020 01/01/2002 01/01/2002	99/99/9999 99/99/9999 99/99/9999 99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS	5	EA	BO	NA	GM	1 MG	1000	09/01/2004	99/99/9999									
00143-9254-25 00143-9375-10 90169-2201-25	J1265 J3105 J1815			11/13/2019 10/19/2020 06/07/2021	99/99/9999 99/99/9999 99/99/9999	PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50 MG		10	12/04/2002	05/31/2021								
00173-0447-00	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 8 MG	30	EA	BO	PO	EA	1 MG		8	01/01/2012	99/99/9999								

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	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						
52959-0126-18		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	18	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
52959-0127-18		J7506		06/18/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	5 MG		4	06/18/2008	12/31/2015						
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						
52959-0547-20		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	20	EA	BO	PO	EA	0.25 MG		16	01/01/2006	99/99/9999						
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						
54569-3413-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21	EA	DP	PO	EA	5 MG		1	01/01/2002	12/31/2015						
00781-1832-01		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						
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						
00409-7924-03		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						
00409-7953-30		J7120		04/14/2006	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (VISIV CONTAINER)	500	ML	FC	IV	ML	1000 ML		0.001	04/14/2006	99/99/9999						
00409-9093-38		J3010		03/03/2006	09/01/2017	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (5X20ML) 0.05 MG/ML	20	ML	AM	U	ML	0.1 MG		0.5	03/03/2006	09/01/2017						
00487-4301-25		J7040		07/16/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 MLx1 UNIT)	SODIUM CHLORIDE (PF,LATEX-FREE) 0.9%	250	ML		IV	ML	500 ML		0.002	07/16/2020	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						
00536-3772-06		Q0163		01/01/2002	01/22/2015	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	50	EA	BO	PO	EA	50 MG		1	01/01/2002	01/22/2015						
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						
00555-0607-02		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						
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						
00591-3467-53	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 (25X3ML,PF) 0.021%	3	ML	PC	IH	ML	1 MG		0.21	04/01/2008	99/99/9999						
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						
00591-5443-01		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						
13533-0700-02		J0256		11/01/2012	99/99/9999	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	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						
16571-0800-96		J8499		12/1/2011	99/99/9999	PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS	CROMOLYN SODIUM (96X5ML,CONCENTRATE) 100MG/5ML	5	ML	PC	PO	ML	1 MG		1	12/1/2011	99/99/9999						
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						
16714-0094-30		J7614		10/07/2020	99/99/9999	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	99/99/9999						
16714-0094-30	KO	J7614	KO	10/07/2020	99/99/9999	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	99/99/9999						
16714-0726-01		J8206		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						
16714-0906-25		J7643		09/18/2019	99/99/9999	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	U	ML	1 MG		0.2	09/18/2019	99/99/9999						
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						
16729-0440-10		J0604		06/01/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30	EA	BO	PO	EA	1 MG		30	06/01/2020	99/99/9999						
23155-0748-41	KO	J7676	KO	05/20/2021	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE (PF,LATEX-FREE) 300 MG	10	EA	VL	U	EA	300 MG		1	05/20/2021	99/99/9999						
25021-0808-10		J2930		04/17/2017	99/99/9999	125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 125 MG	10	EA	VL	U	EA	125 MG		1	04/17/2017	99/99/9999						
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						
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						
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						
38779-0015-05		J3490		04/28/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1 EA		1	04/28/2002	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	
00517-031-25		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							
00517-2340-25		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							
16714-0018-30		J7626		01/25/2021	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) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	01/25/2021	99/99/9999							
16729-0471-08	KO	J7643	KO	12/01/2020	99/99/9999	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	U	ML	1	MG	0.2	12/01/2020	99/99/9999							
17478-0114-02		J3260		12/23/2015	12/17/2018	TOBRAMYCN SULFATE, UP TO 80 MG	TOBRAMYCN SULFATE (MDV, USP, LATEX-FREE) 40 MG/1 ML	2	ML	VL	U	ML	80	MG	0.5	12/23/2015	12/17/2018							
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							
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							
25021-0245-04		J9171		02/14/2018	99/99/9999	INJECTION, DOCEAXEL, 1 MG	DOCEAXEL (SDV, PF, LATEX-FREE) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	02/14/2018	99/99/9999							
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							
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							
33358-0292-78		J7506		07/10/2007	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	78	EA	BO	PO	EA	5	MG	1	07/10/2007	12/31/2015							
33358-0388-30		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							
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							
38779-0015-04		J5490		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							
38779-0017-03		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							
38779-0082-08		J2001		10/01/2012	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	500	GM	BO	NA	GM	10	MG	100	10/01/2012	99/99/9999							
38779-0144-03		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	40	MG	25	01/01/2002	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							
38779-0164-03		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							
38779-0173-04		J0133		01/01/2006	99/99/9999	INJECTION, ACYLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	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							
52959-0126-30		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015							
52959-0126-40		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	40	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015							
52959-0158-06	KO	J7669	KO	01/01/2002	02/03/2016	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	ALUPENT (VIAL) 0.6%	2.5	ML	AM	IH	ML	10	MG	0.6	01/01/2002	02/03/2016							
52959-0220-30		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	30	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015							
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							
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	U	ML	5	U	20	01/26/2004	12/31/2018	01/01/2003	06/10/2003	20				
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							
54868-0026-01		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	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
54868-0258-02		J7512		01/01/2016	99/99/9999	1 MG	PREDNISON 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999							
54868-0836-03		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	50	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015							
54868-0871-06		J1100		01/01/2002	02/03/2016	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	30	ML	VL	U	ML	1	MG	4	01/01/2002	02/03/2016							
54868-1613-02		J8498		09/11/2006	10/17/2016	ANTIEMETIC DRUG, RECTAL SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE (USP) 50 MG	6	EA	BX	RC	EA	1	EA	1	09/11/2006	10/17/2016							
54868-3025-00		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2002	02/03/2016							
54868-3474-00		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	U	5	U	20	01/01/2003	99/99/9999							
54868-3566-01		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 2 MG/ML	1	ML	VL	U	ML	2	MG	1	01/01/2002	99/99/9999							
54868-3996-04		J8499		06/17/2004	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	06/17/2004	02/03/2016							
54868-4082-00	KO	J7644	KO	01/01/2002	99/99/9999	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	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							
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							
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							
00338-0047-27		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							
00338-0077-03		J7799		01/01/2002	99/99/9999	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	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
67253-0101-11		J8499		07/15/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	1000	EA	BO	PO	EA	1 EA		1	07/15/2003	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	U	ML	50 MG		1	05/01/2007	99/99/9999						
67457-0281-01		J3415		09/01/2016	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL, 100 MG/1 ML	1	ML	VL	U	ML	100 MG		1	09/01/2016	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						
67457-0348-10		J0295		12/01/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM 1 GM+0.5 GM	10	EA	VL	U	EA	1.5 GM		1	12/01/2017	99/99/9999						
67457-0859-30		J0153		09/01/2019	99/99/9999	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	99/99/9999						
67850-0032-10		J3490		08/28/2019	99/99/9999	UNCLASSIFIED DRUGS	NAFILLIN 2 GM	10	EA	VL	U	EA	1 EA		1	08/28/2019	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						
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		U	ML	1 MG		0.2	06/15/2018	08/23/2021						
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	U	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	U	EA	50 MG		4	11/11/2019	99/99/9999						
59762-5420-01		Q0177		07/15/2020	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 50 MG	100	EA	BO	PO	EA	25 MG		2	07/15/2020	99/99/9999						
60505-0681-01		J0692		11/02/2015	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME 2 GM	1	EA	VL	U	EA	500 MG		4	11/02/2015	03/18/2019						
63874-0373-02		J7512		01/01/2016	02/03/2016	1 MG	PREDNISON 5 MG	1000	EA	BO	PO	EA	1 MG		5	01/01/2016	02/03/2016						
63874-0373-33		J7506		01/15/2006	12/31/2015	PREDNISON 5 MG	PREDNISON 5 MG	33	EA	BO	PO	EA	5 MG		1	01/15/2006	12/31/2015						
63874-0404-24		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	24	EA	BO	PO	EA	1 EA		1	01/23/2002	02/03/2016						
63874-0444-20		J8540		01/01/2006	02/03/2016	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	20	EA	BO	PO	EA	0.25 MG		3	01/01/2006	02/03/2016						
64253-0222-25		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN.6 ML W/LUER LOCK) 10 U/ML-0.9%	5	ML	SR	IV	ML	10 U		1	01/01/2002	02/03/2016						
64679-0699-01		J2700		03/12/2018	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 2 GM	10	EA	VL	U	EA	250 MG		8	03/12/2018	99/99/9999						
65219-0256-28		J2543		09/29/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1:1.25 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						
65862-2642-90		Q0144		01/03/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3,FLM-COATED) 500 MG	9	EA	BX	PO	EA	1 GM		0.5	01/03/2019	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						
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						
66302-0101-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMDULIN (M.D.V.) 1 MG/ML	20	ML	VL	U	ML	1 MG		1	01/01/2006	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	U	ML	10 MG		4	08/29/2019	99/99/9999						
00703-3217-01		J8267		03/05/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (M.D.V.) (X25ML) 6 MG/1 ML	25	ML	VL	IV	ML	1 MG		6	03/05/2020	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						
00781-3421-94		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						
00781-3465-95		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						
00781-5175-01		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						
00781-7146-87		J7620		03/15/2017	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	VL	IH	ML	3 MG		0.33333	03/15/2017	99/99/9999						
00781-7171-56	KO	J7682	KO	07/08/2014	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	07/08/2014	99/99/9999						
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						
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						
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						
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						
52959-0476-24		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						
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						
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						
54569-4748-00	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						
64868-0258-09		J7506		03/13/2020	12/31/2015	PREDNISON 5 MG	PREDNISON 5 MG	15	EA	BO	PO	EA	5 MG		1	03/13/2020	12/31/2015						

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
54868-0710-01		J7040		01/01/2002	09/11/2016	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE 0.9%	500	ML	FC	IV	EA	500 ML		0.002	01/01/2002	09/11/2016							
54868-0776-01		J7509		01/01/2002	02/03/2016	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4 MG			1	01/01/2002	02/03/2016						
54868-0836-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5 MG			2	01/01/2002	12/31/2015						
54868-0836-08		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5 MG			2	01/01/2002	12/31/2015						
63874-0373-50		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	50	EA	BO	PO	EA	1 MG			5	01/01/2016	02/03/2016						
63874-0392-21		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	1 MG			20	01/01/2016	02/03/2016						
63874-0490-08		Q0164		01/01/2014	02/03/2016	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	8	EA	BO	PO	EA	5 MG			2	01/01/2014	02/03/2016						
63874-0757-20		Q0177		01/01/2014	02/03/2016	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	02/03/2016						
64253-0111-30		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 0.9%	NORMAL SALINE FLUSH (SRN W/LUER LOCK) PF	10	ML	SR	IV	EA	10 ML			0.1	01/01/2007	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						
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						
66267-0208-10		Q0173		01/01/2002	10/17/2016	TRIMETHOZENAMIDE 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	TRIMETHOZENAMIDE HCL 250 MG	10	EA	BO	PO	EA	250 MG			1	01/01/2002	10/17/2016						
66267-0948-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSEPACK) 5 MG	21	EA	DP	PO	EA	5 MG			1	01/01/2002	12/31/2015						
66758-0046-01		J9185		10/12/2007	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (SDV,PF) 25 MG/ML	2	ML	VL	IV	EA	50 MG			0.5	10/12/2007	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	EA	10 MG			0.1	04/01/2018	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	EA	25 MG			40	04/30/2002	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	EA	300 MG			3.33333	01/01/2007	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	EA	1 MG			1000	02/07/2002	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	EA	1 GM			1	01/01/2008	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	EA	0.1 MG			10000	01/01/2002	99/99/9999						
42023-0188-10		J2710		05/22/2017	99/99/9999	INJECTION, NEOSTIGMINE METHYL SULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYL SULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	EA	0.5 MG			1	05/22/2017	99/99/9999						
42367-0520-25		J9036		05/15/2018	99/99/9999	INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO/BENDAMUSTINE), 1 MG	BENDAMUSTINE HYDROCHLORIDE (MDV,PF) 25 MG/1 ML	4	ML	VL	IV	EA	1 MG			25	05/15/2018	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	EA	1 GM			0.04	08/30/2019	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						
54868-5478-02		Q0144		02/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	10	EA	BO	PO	EA	1 GM			0.25	02/07/2006	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	EA	30 MG			1.66666	05/04/2018	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	EA	1 MG			5	10/31/2016	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	EA	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	EA	10 ML			0.1	07/07/2016	99/99/9999						
55289-0352-21		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	1 MG			20	01/01/2016	03/08/2017						
55289-0438-30		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	1 MG			10	01/01/2016	03/08/2017						
55289-0438-38		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	38	EA	BO	PO	EA	5 MG			2	01/01/2002	12/31/2015						
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		08/05/2007	08/06/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1 EA			1	08/05/2007	08/06/2019						
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	EA	1000 U			1	01/01/2002	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	EA	80 MG			0.5	04/05/2004	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	EA	1000 U			1	01/01/2002	99/99/9999						
63323-0614-55		J0360		03/28/2007	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	NOVAPLUS HYDRALAZINE HYDROCHLORIDE (USP,SDV,LATEX-FREE) 20 MG/ML	1	ML	VL	U	EA	20 MG			1	03/28/2007	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	EA	10 MG			0.2	08/06/2007	99/99/9999						
63402-0201-00	KO	J7643	KO	02/16/2018	99/99/9999	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	EA	1 MG			0.025	02/16/2018	99/99/9999						
63629-1605-01		J7512		01/01/2016	05/30/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	30	EA	NA	PO	EA	1 MG			5	01/01/2016	05/30/2016						
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						
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	EA	20 MG			1	07/17/2017	99/99/9999						

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-8046-01		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						
00781-9126-95		J3490		02/01/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN (BULK PACKAGE) 10 GM	1	EA	VL	U	EA	1 EA		1	02/01/2006	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						
00944-2514-02		J7799		10/06/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	315	ML	VL	SC	ML	1 ML		1	10/06/2014	12/31/2015						
00944-2850-07		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	CVITRUV (8GM,PF,LATEX-FREE) 20%	40	ML	VL	SC	ML	1 GM		2	09/26/2016	12/31/2017						
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						
10019-0097-44		J2550		05/05/2007	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL AMERINET CHOICE 25 MG/ML	1	ML	AM	U	ML	50 MG		0.5	05/05/2007	10/17/2016						
10106-3052-05		J3480		01/01/2002	10/17/2016	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	10/17/2016						
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						
13411-0131-15		Q0144		08/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	15	EA	BO	PO	EA	1 GM		0.25	08/23/2006	99/99/9999						
52959-0126-21		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	21	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
52959-0127-12		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	12	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
52959-0220-36		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	36	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
52959-0220-40		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	40	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
52959-0433-40		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	40	EA	BO	PO	EA	25 MG		1	01/01/2002	99/99/9999						
82959-0547-04		J8540		05/16/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	4	EA	BO	PO	EA	0.25 MG		16	05/16/2007	99/99/9999						
84506-0101-01		J0171		11/13/2014	10/03/2015	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE 0.15 MG/0.15 ML	1	EA	SR	U	EA	0.1 MG		1.5	11/13/2014	10/03/2015						
84569-0331-04		J7512		01/01/2016	12/31/2018	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 10 MG	50	EA	BO	PO	EA	1 MG		10	01/01/2016	12/31/2018						
84569-0350-05		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						
84569-0355-00		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						
80505-6102-04		J0696		11/22/2013	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE NOVAPLUS (CRYSTALLINE) 2 GM	10	EA	VL	U	EA	250 MG		8	11/22/2013	99/99/9999						
80505-6181-05	KO	J7643	KO	05/19/2020	99/99/9999	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	05/19/2020	99/99/9999						
81553-0116-48		J3010		02/02/2004	99/99/9999	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	99/99/9999						
81553-0851-76		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE-SODIUM CHLORIDE (SIX5ML,LATEX-FREE) 1 MG/ML-0.9%	55	ML	EA	U	ML	10 MG		0.1	01/01/2015	99/99/9999						
81553-0730-68		J3010		11/21/2007	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X330ML, PCA VIAL) 25 MG/ML-0.9%	30	ML	VL	IV	ML	0.1 MG		0.25	11/21/2007	99/99/9999						
81703-0359-93		J9178		08/08/2007	06/05/2017	INJECTION, EPRUBICIN HCL, 2 MG	EPRUBICIN HYDROCHLORIDE (PF) 2 MG/ML	25	ML	VL	IV	ML	2 MG		1	08/08/2007	06/05/2017						
82856-0150-10		J1645		08/25/2007	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (SINGLE DOSE,PF) 15000 IU/0.6 ML	0.6	ML	SR	SC	ML	2500 IU		10.66666	08/25/2007	03/31/2015						
82991-1003-03	KO	J7604	KO	01/01/2008	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM		1	01/01/2008	99/99/9999						
82991-1023-02		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						
82991-1038-02		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						
82991-1041-01		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						
86689-0347-02		J7520		02/01/2019	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 1 MG/1 ML	60	ML	BO	PO	ML	1 MG		1	02/01/2019	99/99/9999						
86794-0217-41		J2543		04/08/2020	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	04/08/2020	99/99/9999						
87457-9040-10		J0290		09/12/2016	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,CRYSTALLINE) 10 GM	1	EA	VL	IV	EA	500 MG		20	09/12/2016	99/99/9999						
87457-9058-08		J1852		11/13/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PF) 101 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5 MG		25	11/13/2015	99/99/9999						
88001-0341-36		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						
88001-0517-36		J1453		09/20/2021	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1 MG		150	09/20/2021	99/99/9999						
88330-0006-01		J0696		11/05/2007	09/25/2019	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (USP,PIGGYBACK) 2 GM	1	EA	GC	U	EA	250 MG		8	11/05/2007	09/25/2019						
88992-3010-01		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG	ENVARSUS XR 1 MG	0.1	EA	BO	PO	EA	0.1 MG		10	09/01/2015	12/31/2015						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
68992-3010-03 69097-0534-97	J7508 J2370			09/01/2015 05/01/2018	12/31/2015 12/31/2019	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	ENVARUS XR 1 MG PHENYLEPHRINE HCL 10 MG/1 ML	30 EA 1 ML	NCA VL	BO IV	PO IV	EA ML	0.1 MG 1 ML		10	09/01/2015 05/01/2018	12/31/2015 12/31/2019							
69452-0290-20 38779-1756-00	J8499 J3010			10/12/2020 01/01/2002	99/99/9999 99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS INJECTION, FENTANYL CITRATE, 0.1 MG	ACYCLOVIR (USP) 400 MG FENTANYL CITRATE (U.S.P.)	100 EA 1 EA	BO BO	PO NA	EA EA	1 EA 0.1 MG		10000	1	10/12/2020 01/01/2002	99/99/9999 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	UJ	ML	400 IU		0.5		11/10/2021	99/99/9999							
43598-0369-30	J0604			09/22/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30 EA	BO	PO	EA	1 MG			90	09/22/2020	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							
44206-0300-01 44567-0820-10	J2791 J1335			01/01/2008 11/16/2020	99/99/9999 99/99/9999	INJECTION, RHOD(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU INJECTION, ERTAPENEM SODIUM, 500 MG	RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML ERTAPENEM (SDV,LYOPHILIZED) 1 GM	2 ML 10 EA	SR VL	UJ UJ	ML EA	100 IU 500 MG		7.5		01/01/2008 11/16/2020	99/99/9999 99/99/9999							
47335-0706-54	J7644 KO	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							
47335-0890-74 47781-0914-51	None J8540			07/11/2018 11/04/2021	99/99/9999 99/99/9999	TEMZOLOMIDE, 5 MG, ORAL DEXAMETHASONE, ORAL, 0.25 MG	TEMZOLOMIDE (1X5 HARD GELATIN) 5 MG DEXAMETHASONE 4 MG	5 EA 100 EA	EA BX	ST PO	PO EA	EA EA	5 MG 0.25 MG		1	07/11/2018 11/04/2021	99/99/9999 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 54868-3826-01 54868-4123-00	J3490 None J0585			06/01/2015 12/04/2002 01/01/2002	99/99/9999 99/99/9999 99/99/9999	UNCLASSIFIED DRUGS METHOTREXATE, 2.5 MG, ORAL INJECTION, ONABOTULINUMTOXINA, 1 UNIT	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED) METHOTREXATE 2.5 MG BOTOX 100 U	25 GM 12 EA 1 EA	BO DP VL	NA PO IM	GM EA EA	1 GM 2.5 MG 1 U		1	06/01/2015 12/04/2002 01/01/2002	99/99/9999 99/99/9999 99/99/9999								
54868-4139-02	Q0166			09/07/2005	02/03/2016	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	KYTRIL 1 MG	6 EA	BO	PO	EA	1 MG		1	09/07/2005	02/03/2016								
54868-4721-01 54868-5260-02 54868-5348-01	Q0164 None None			04/08/2003 06/29/2005 04/13/2006	99/99/9999 99/99/9999 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 CAPECITABINE, 500 MG, ORAL TEMODAR, 5 MG, ORAL	PROCHLORPERAZINE MALEATE 5 MG XELODA 500 MG TEMODAR 5 MG	15 EA 120 EA 5 EA	EA BO BO	PO PO PO	EA EA EA	5 MG 500 MG 5 MG		1	04/08/2003 06/29/2005 04/13/2006	99/99/9999 99/99/9999 99/99/9999								
00185-0649-01	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 THE 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								
00185-0649-10 00338-0511-41 00378-5260-98	Q0163 J1580 None			01/01/2002 01/01/2002 06/29/2016	99/99/9999 99/99/9999 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 THE TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG TEMZOLOMIDE, 5 MG, ORAL	DIPHENHYDRAMINE HCL 50 MG GENTAMICIN SULFATE 2 MG/ML-0.9% TEMZOLOMIDE 5 MG	1000 EA 50 ML 5 EA	BO FC BO	PO IV PO	EA ML EA	50 MG 80 MG 5 MG		0.025		01/01/2002 01/01/2002 06/29/2016	99/99/9999 99/99/9999 99/99/9999							
00409-1161-01	J3490			10/18/2004	12/08/2017	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,LATEX-FREE) 0.5% HYDROMORPHONE HCL (PF,LATEX-FREE) 2 MG/1 ML	30 ML 1 ML	AM AM	UJ UJ	ML ML	1 EA 4 MG		1	10/18/2004	12/08/2017								
00409-3459-07	J1170			06/27/2018	10/25/2021	INJECTION, HYDROMORPHONE, UP TO 4 MG	AMPICILLIN (USP,PF,LATEX-FREE) 10 GM	10 EA	VL	UJ	EA	500 MG		20	08/07/2017	99/99/9999								
00409-3725-01 00409-3796-01 00409-4699-33	J0290 J1885 J3490			08/07/2017 12/21/2005 03/22/2006	99/99/9999 99/99/9999 99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG UNCLASSIFIED DRUGS	AMPICILLIN (USP,PF,LATEX-FREE) 10 GM KETOROLAC TROMETHAMINE (VIAL, FLIPTOP) 30 MG/ML PROPOFOL (FLIPTOP VIAL) 10 MG/ML	10 EA 2 ML 50 ML	VL VL VL	UJ IM IV	EA ML ML	500 MG 15 MG 1 EA		2	08/07/2017 12/21/2005 03/22/2006	99/99/9999 99/99/9999 99/99/9999								
00409-4887-10 00409-6030-04	A4216 J2175			08/18/2005 01/02/2007	99/99/9999 99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	WATER FOR INJECTION (FTV,25X10ML,PF) MEPERIDINE HYDROCHLORIDE (SDV,USP,10X30ML) 10 MG/ML	10 ML 30 ML	VL VL	IV IV	ML ML	10 ML 100 MG		0.1	08/18/2005 01/02/2007	99/99/9999 99/99/9999								
00781-1046-13 00781-2104-01	Q0175 J7507			01/01/2002 08/10/2009	99/99/9999 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 TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PERPHENAZINE 2 MG TACROLIMUS (HARD GELATIN) 5 MG	100 EA 100 EA	BX BO	PO PO	EA EA	4 MG 1 MG		0.5	01/01/2002 08/10/2009	99/99/9999 99/99/9999								
00781-3126-95 00781-8090-31	J3490 Q0144			04/27/2004 04/17/2020	99/99/9999 99/99/9999	UNCLASSIFIED DRUGS AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	NACILLIN SODIUM (VIAL,PHARMACY BULK) 10 GM AZITHROMYCIN (FILM-COATED) 500 MG	1 EA 30 EA	VL BO	UJ PO	EA EA	1 EA 1 GM		1	04/27/2004 04/17/2020	99/99/9999 99/99/9999								
00781-9166-95 00781-9404-95	J2354 J0290			04/07/2005 02/01/2006	99/99/9999 99/99/9999	SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG INJECTION, AMPICILLIN SODIUM, 500 MG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 50 MCG/ML NOVAPLUS AMPICILLIN (USP) 1 GM	1 ML 1 EA	AM VL	UJ UJ	ML EA	25 MCG 500 MG		2	04/07/2005 02/01/2006	99/99/9999 99/99/9999								
00904-6909-04	Q0144			03/08/2021	99/99/9999	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	99/99/9999								
00904-7085-61	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								

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00944-2850-04		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							
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							
00990-7930-02		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							
43547-0640-25	KO	J7643	KO	09/20/2021	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE NOVAPLUS (SDV) 0.2 MG/1 ML	2	ML	VL	U	ML	1	MG	0.2	09/20/2021	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							
43975-0308-10		None		03/26/2018	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 mg	100	EA	BO	PO	EA	50	MG	1	03/26/2018	99/99/9999							
44087-1114-01		J3490		06/15/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF (29GX1/2,PEN) 900 IU/1.5 ML	1.5	ML	CR	SC	ML	1	EA	1	06/15/2004	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							
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							
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							
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							
47335-0235-96		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							
47335-0893-80		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							
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							
55150-0293-02	KO	J7643	KO	01/08/2019	99/99/9999	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	01/08/2019	99/99/9999							
55150-0295-20		J7643		01/08/2019	99/99/9999	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	U	ML	1	MG	0.2	01/08/2019	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	U	ML	50	MG	0.5	08/27/2020	99/99/9999							
55289-0224-12		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	12	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999							
55289-0352-05		J7506		05/01/2008	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON (USP) 20 MG	5	EA	BO	PO	EA	5	MG	4	05/01/2008	12/31/2015							
55289-0373-36		J7512		01/01/2016	10/02/2018	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	36	EA	BO	PO	EA	1	MG	5	01/01/2016	10/02/2018							
55289-0373-72		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	72	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015							
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							
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							
55513-0190-01		J2505		01/01/2004	99/99/9999	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	99/99/9999							
55513-0740-01		J0606		10/09/2017	99/99/9999	INJECTION, ETELICALCETIDE, 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							
68152-0114-01		J0642		10/01/2019	99/99/9999	INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	KHAPZORY (PF,LYOPHILIZED) 300 MG	1	EA	VL	IV	EA	0.5	MG	600	10/01/2019	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							
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							
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							
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							
69448-0002-11		J9280		09/25/2017	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MUTAMYCIN 20 MG	1	EA	VL	IV	EA	5	MG	4	09/25/2017	99/99/9999							
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							
69794-0001-01		J3397		01/01/2019	99/99/9999	INJECTION, VESTRONIDASE ALFA-VJKB, 1 MG	MEPSEVI (PF) 2 MG/1 ML	5	ML	VL	IV	ML	1	MG	2	01/01/2019	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	U	ML	1000	MCG	1	07/31/2017	99/99/9999							
70257-0561-02		J0475		01/25/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORISAL INTRATHECAL REFILL KIT 2 MG/1 ML	5	ML	AM	IN	ML	10	MG	0.2	01/25/2018	99/99/9999							
70436-0020-82		J3370		09/01/2020	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (LYOPHILIZED) 500 MG	10	EA	VL	IV	EA	500	MG	1	09/01/2020	99/99/9999							
00002-3845-71		J1335		04/16/2007	07/31/2018	INJECTION, ERTAPENEM SODIUM, 500 MG	INVANZ (SD,ADD-VANTAGE) 1 GM	1	EA	VL	U	EA	500	MG	2	04/16/2007	07/31/2018							
00009-0850-01		J2930		11/19/2019	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (LYOPHILIZED) 2 GM	1	EA	VL	U	EA	125	MG	16	11/19/2019	99/99/9999							
00009-3778-05		J0270		01/01/2002	10/17/2016	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) 10 MCG	1	EA	VL	IC	EA	1.25	MCG	8	01/01/2002	10/17/2016							
00009-3794-01		J1742		01/01/2002	99/99/9999	INJECTION, IBUTILIDE FLUMARATE, 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							
00009-5181-01		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							

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0144-04		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	40 MG	25	01/01/2002	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								
38779-0330-06		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								
38779-0388-04		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								
38779-0405-01	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	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								
38779-0536-08		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								
38779-0632-04		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								
39822-0617-01		J0770		07/01/2016	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (LYOPHILIZED CAKE) 150 MG	1 EA	VL	U	EA	150 MG	1	07/01/2016	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								
43292-0557-19		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	SLEEP-TABS 25 MG	36 EA	NA	PO	EA	50 MG	0.5	01/01/2002	99/99/9999								
43598-0563-25		J2501		09/16/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (SDV) 0.002 MG/1 ML	1 ML	VL	IV	ML	1 MCG	2	09/16/2016	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								
43598-0635-52		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								
45963-0619-59		J8201		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								
47335-0743-49	KO	J7614	KO	09/02/2020	99/99/9999	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL (PF) 0.31 MG/3 ML	3 ML	PC	IH	ML	0.5 MG	0.206667	09/02/2020	99/99/9999								
47335-0753-49	KO	J7614	KO	09/02/2020	99/99/9999	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL (PF) 1.25 MG/3 ML	3 ML	PC	IH	ML	0.5 MG	0.833333	09/02/2020	99/99/9999								
47781-0200-50		None		06/27/2017	99/99/9999	MELPHALAN, 2 MG, ORAL	MELPHALAN (FILM COATED) 2 MG	50 EA	BO	PO	EA	2 MG	1	06/27/2017	99/99/9999								
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								
52959-0927-03		Q0144		04/24/2008	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3 EA	BO	PO	EA	1 GM	0.5	04/24/2008	02/03/2016								
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								
54868-0836-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	60 EA	BO	PO	EA	1 MG	10	01/01/2016	99/99/9999								
54868-1050-00		Q0163		01/01/2002	02/03/2016	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	02/03/2016								
54868-1119-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	30 EA	BO	PO	EA	1 MG	1	01/01/2016	99/99/9999								
54868-1126-05		J8999		10/17/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	100 EA	BO	PO	EA	1 EA	1	10/17/2006	02/03/2016								
54868-2048-00		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (VIAL) 50 MG/ML	1 ML	VL	U	ML	50 MG	1	01/01/2002	02/03/2016								
54868-2184-02		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	30 EA	BO	PO	EA	1 EA	1	01/01/2002	02/03/2016								
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								
54868-2684-01		Q0161		01/01/2014	02/03/2016	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 10 MG	30 EA	BO	PO	EA	5 MG	2	01/01/2014	02/03/2016								
54868-3609-00		J2300		01/01/2002	06/30/2015	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAIN (M.D.V.) 20 MG/ML	10 ML	AM	U	ML	10 MG	2	01/01/2002	06/30/2015								
54868-3996-01		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA	1 EA	1	01/01/2002	02/03/2016								
58864-0655-30		Q0144		06/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6 EA	BO	PO	EA	1 GM	0.25	06/01/2006	99/99/9999								
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								
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								
59746-0175-09		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	500 EA	BO	PO	EA	5 MG	4	08/03/2007	12/31/2015								
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	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	07/07/2006	99/99/9999								
69923-0714-02		J8206		03/01/2019	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	2 ML	VL	IV	ML	20 MG	1	03/01/2019	99/99/9999								

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
25021-0701-01		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						
33358-0294-20		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5 MG		4	07/10/2007	12/31/2015						
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						
38779-0071-03		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						
38779-0126-06		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						
38779-0215-00		J1160		02/05/2002	10/17/2016	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1	EA	BO	NA	GM	0.5 MG		2000	02/05/2002	10/17/2016						
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						
38779-0274-06		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	01/01/2002	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	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						
38779-0301-04	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						
38779-0405-06		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						
38779-0599-01		J2150		01/01/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50 ML		0.08	01/01/2002	99/99/9999						
38779-0599-08		J2150		01/01/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50 ML		0.08	01/01/2002	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						
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						
51927-1601-00		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						
51927-2097-00		J0520		09/08/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	JR	NA	GM	5 MG		200	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						
51927-3530-00		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						
51991-0458-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.) 1 MG	100	EA	BO	PO	EA	1 MG		1	01/01/2016	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						
52959-0126-60		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
52959-0127-20		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
52959-0237-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTALSUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
52959-0433-20		Q0177		12/27/2004	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	HYDROXYZINE PAMOATE 25 MG	20	EA	BO	PO	EA	25 MG		1	12/27/2004	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						
52959-0517-30		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1 EA		1	01/01/2002	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						
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						
53097-0569-60		Q0167		04/01/2020	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	MARINOL (SOFT GELATIN) 5 MG	60	EA	BO	PO	EA	2.5 MG		2	04/01/2020	99/99/9999						
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						
54569-0332-09		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
63739-0213-10		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	100	EA	BX	PO	EA	12.5 MG		2	01/01/2014	99/99/9999						
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 THE 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						
63874-0327-14		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	14	EA	BO	PO	EA	1 MG		10	01/01/2016	02/03/2016						
51552-0678-04		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X25MG.USP)	25	GM	JR	NA	EA	10 MG		100	01/01/2015	99/99/9999						
54868-5036-01		J3490		06/29/2006	02/03/2016	UNCLASSIFIED DRUGS	PEG INTRON RP 150 MCG	4	EA	BX	MR	EA	1 EA		1	06/29/2006	02/03/2016						
13533-0900-15		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						
15054-1090-03		J1930		01/02/2015	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	01/02/2015	99/99/9999						
48714-0020-30		J7626		01/25/2021	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) 1 MG/2 ML	2	ML	PC	IH	ML	0.5 MG		1	01/25/2021	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	
16714-0467-01		None		01/01/2016	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP, FILM COATED) 150 MG	60 EA	BO	PO	EA	EA	150 MG		1	01/01/2016	99/99/9999							
16714-0765-01		J8499		04/03/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	60 EA	BO	PO	EA	EA	1 EA		1	04/03/2018	99/99/9999							
16714-0906-25	KO	J7643	KO	09/18/2019	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (SDV, LATEX-FREE) 0.2 MG/1 ML	1 ML	VL	U	ML	ML	1 MG		0.2	09/18/2019	99/99/9999							
16714-0998-25		J7643		09/18/2019	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (SDV, LATEX-FREE) 0.2 MG/1 ML	2 ML	VL	U	ML	ML	1 MG		0.2	09/18/2019	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	EA	5 MG		1	02/28/2017	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	U	ML	ML	1 MG		2	11/01/2015	99/99/9999							
49452-0430-02		J0290		06/01/2015	10/17/2016	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	500 GM	BO	NA	U	EA	250 MG		4	06/01/2015	10/17/2016							
49452-2400-03		J3420		06/01/2015	10/17/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	5 GM	BO	NA	GM	GM	1000 MCG		1000	06/01/2015	10/17/2016							
49452-3038-03		J3490		09/01/2015	10/17/2016	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	25 GM	BO	NA	GM	GM	1 GM		1	09/01/2015	10/17/2016							
49452-3446-01		J1630		06/01/2015	10/17/2016	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	5 GM	BO	NA	GM	GM	5 MG		200	06/01/2015	10/17/2016							
49452-4140-04		J2060		06/01/2015	10/17/2016	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	500 GM	JR	NA	GM	GM	2 MG		500	06/01/2015	10/17/2016							
49452-6053-02		Q0164		02/01/2016	10/17/2016	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., N.F.)	25 GM	BO	NA	GM	GM	5 MG		200	02/01/2016	10/17/2016							
49452-7924-02		J3250		06/01/2015	10/17/2016	INJECTION, TRIMETHOENZAMIDE HCL, UP TO 200 MG	TRIMETHOENZAMIDE HCL (U.S.P.)	25 GM	BO	NA	GM	GM	200 MG		5	06/01/2015	10/17/2016							
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	GM	0.1 MG		10000	09/01/2015	99/99/9999							
49999-0153-21		J7509		09/03/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA	EA	4 MG		1	09/03/2002	99/99/9999							
50742-0416-05		J3489		07/12/2020	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5 ML	VL	IV	ML	ML	1 MG		0.8	07/12/2020	99/99/9999							
51079-0542-01		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 (USP) 10 MG	1 EA	BP	PO	WA	WA	5 MG		2	01/01/2014	99/99/9999							
51407-0121-01		None		06/07/2018	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	100 EA	BO	PO	EA	EA	2.5 MG		1	06/07/2018	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	GM	60 MG		16.66666	09/01/2003	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	GM	1 MG		1000	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	GM	100 MG		10	09/01/2003	99/99/9999							
51552-0789-05	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCN SULFATE (1X100GM USP)	1 EA	BO	NA	GM	GM	300 MG		3.33333	01/01/2007	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	GM	100 MG		10	01/01/2004	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	GM	1 ML		20	09/08/2003	99/99/9999							
51927-1347-00		J0500		09/08/2003	99/99/9999	INJECTION, DICYLOMINE HCL, UP TO 20 MG	DICYLOMINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	GM	20 MG		50	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	GM	1 MG		1000	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	GM	5 MG		200	01/01/2014	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	GM	10 MG		100	09/08/2003	99/99/9999							
51927-2706-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P., CII)	1 GM	JR	NA	GM	GM	1 MG		1000	01/01/2015	99/99/9999							
51991-0218-98		J8263		09/27/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SINGLE-USE, PF) 50 MG	1 EA	VL	IV	EA	EA	0.5 MG		100	09/27/2017	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	EA	5 MG		2	01/01/2014	99/99/9999							
53097-0570-60		Q0167		04/01/2020	99/99/9999	DRONABINCL, 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	EA	2.5 MG		4	04/01/2020	99/99/9999							
54569-3043-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	12 EA	BO	PO	EA	EA	5 MG		4	01/01/2002	12/31/2015							
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	EA	1 MG		20	01/01/2016	12/31/2018							
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	EA	1 GM		1	01/01/2002	12/31/2018							
54569-4720-00		J8498		01/01/2006	12/31/2018	ANTIEMETIC DRUG, RECTALSUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA	EA	1 EA		1	01/01/2006	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	EA	1 GM		0.25	11/24/2005	12/31/2018							
54569-5815-00		J1200		08/03/2006	12/31/2019	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HYDROCHLORIDE (25X1ML) 50 MG/ML	1 ML	VL	U	ML	ML	50 MG		1	08/03/2006	12/31/2019							
57960-0002-25		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE SALINE 0.9%	250 ML	IR	IR	ML	ML	500 ML		0.002	01/02/2018	99/99/9999							
58864-0362-56		J7506		03/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.-REDI-SCRIPT) 5 MG	56 EA	BO	PO	EA	EA	5 MG		1	03/01/2004	12/31/2015							
68864-0602-01		J8499		06/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (REDI-SCRIPT) 400 MG	100 EA	BO	PO	EA	EA	1 EA		1	06/01/2004	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
49999-0110-07		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	7 EA	BO	PO	EA	EA	1 MG		20	01/01/2016	99/99/9999						
49999-0110-12		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	12 EA	BO	PO	EA	EA	1 MG		20	01/01/2016	99/99/9999						
50268-0527-15	None			05/26/2021	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE AVPAK (SX10:USP) 2.5 MG	50 EA	EA	PO	EA	EA	2.5 MG		1	05/26/2021	99/99/9999						
50268-0762-12	None			03/24/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	20 EA	EA	ST	PO	EA	100 MG		1	03/24/2017	99/99/9999						
51079-0066-01		Q0163		01/01/2002	02/03/2016	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 (USP) 50 MG	1 EA	EA	BX	PO	EA	50 MG		1	01/01/2002	02/03/2016						
54868-0836-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	100 EA	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
54868-1050-05		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 50 MG	100 EA	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
54868-2088-00		J2550		09/29/2005	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/ML	25 ML	AM	U	ML	ML	50 MG		1	09/29/2005	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	ML	10 ML		0.1	01/01/2004	99/99/9999						
54868-3997-04		J8499		11/03/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40 EA	BO	PO	EA	EA	1 EA		1	11/03/2003	99/99/9999						
54868-4121-00		J0725		07/13/2007	02/03/2016	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	CHORIONIC GONADOTROP 10000 U	1 EA	VL	IM	EA	EA	1000 USP Units		10	07/13/2007	02/03/2016						
54868-4998-00		J1940		02/18/2004	02/03/2016	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL, FLIP TOP, ABBOJECT) 10 MG/ML	2 ML	VL	U	ML	ML	20 MG		0.5	02/18/2004	02/03/2016						
54868-5026-00		A4216		01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP, PF) 0.9%	3 ML	PC	IH	ML	ML	10 ML		0.1	01/01/2006	99/99/9999						
54868-5587-01		J1650		09/25/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 60 MG/0.6 ML	3 ML	PC	SR	ML	ML	10 MG		10	09/25/2007	99/99/9999						
54868-5717-00		J1250		12/11/2006	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE 12.5 MG/ML	20 ML	VL	IV	ML	ML	250 MG		0.05	12/11/2006	99/99/9999						
55150-0193-01		J0153		05/06/2020	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY APPROVED PRESCRIPTION ANTIEMETIC COMPOUNDS)	ADENOSINE (SDV, PF, LATEX-FREE) 3 MG/1 ML	30 ML	VL	IV	ML	ML	1 MG		3	05/06/2020	99/99/9999						
55150-0210-10		J0583		09/27/2018	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SINGLE-USE VIAL) 250 MG	10 EA	VL	IV	EA	EA	1 MG		250	09/27/2018	99/99/9999						
63275-9965-05		J0456		01/01/2007	05/31/2021	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X100MG, USP)	1 EA	BO	NA	GM	GM	500 MG		2	01/01/2007	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	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	GM	10 MG		100	01/01/2004	05/31/2021						
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	U	ML	ML	5 MG		5	01/01/2002	09/20/2019						
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	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	ML	250 ML		0.004	01/01/2002	99/99/9999						
63323-0303-51		J3260		01/01/2007	99/99/9999	INJECTION, TOBRAMYCN SULFATE, UP TO 80 MG	TOBRAMYCN SULFATE (BULK VIAL, PF, LATEX-FREE) 1.2 GM	6 EA	VL	IV	EA	EA	80 MG		15	01/01/2007	99/99/9999						
63323-0365-01		J2354		04/13/2006	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV, 1MLX10, PF) 50 MCG/ML	1 ML	VL	U	ML	ML	25 MCG		2	04/13/2006	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	ML	1000 U		1	01/01/2002	01/13/2020						
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	U	ML	ML	500 MG		1	05/18/2016	99/99/9999						
63323-0771-39		J9025		04/13/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV) 100 MG	1 EA	VL	U	EA	EA	1 MG		100	04/13/2017	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	EA	1 MG		50	12/20/2019	99/99/9999						
49230-0530-25		J1756		04/01/2012	99/99/9999	INJECTION, IRON SUCROSE, 1MG	VENOFER (25X2 SML, SDV) 20 MG/1ML	2.5 ML	VL	IV	ML	ML	1 MG		20	04/01/2012	99/99/9999						
49452-0029-03		J1170		09/01/2015	10/17/2016	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	10 GM	BO	NA	GM	GM	4 MG		250	09/01/2015	10/17/2016						
52959-0561-01		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	12 EA	BX	RC	EA	EA	1 EA		1	01/01/2006	02/03/2016						
52959-0562-01		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	12 EA	NA	RC	EA	EA	1 EA		1	01/01/2006	02/03/2016						
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	EA	12.5 MG		1	11/26/2007	99/99/9999						
53270-0054-01		J1573		08/01/2010	12/31/2016	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	NOVAPLUS HEPAGAM B (1X1ML ₃ 312U/ML, SDV)	1 ML	VL	U	ML	ML	0.5 ML		2	08/01/2010	12/31/2016						
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	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	EA	50 MG		1	06/16/2021	99/99/9999						
54569-0330-04		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA	EA	5 MG		1	01/01/2002	12/31/2015						
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	EA	1 MG		20	01/01/2016	12/31/2018						
54569-3260-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.) 0.25%	50 ML	VL	U	ML	ML	1 EA		1	01/01/2002	02/03/2016						
54569-3704-00		J3030		01/01/2002	12/31/2018	INJECTION, SUMATRIPTAN SUCCLNATE, 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	ML	6 MG		2	01/01/2002	12/31/2018						
54569-4112-00		J2300		01/01/2002	02/03/2016	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HYDROCHLORIDE (10X1ML) 20 MG/ML	1 ML	NA	U	ML	ML	10 MG		2	01/01/2002	02/03/2016						
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	EA	1 MG		5	01/01/2002	12/31/2018						
54569-5911-00		J7506		05/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (PACK) 5 MG	48 EA	BO	PO	EA	EA	5 MG		1	05/10/2007	12/31/2015						
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	U	ML	ML	1 MG		4	02/19/2016	99/99/9999						

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55150-0327-10		J2310		01/13/2020	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (10X1ML,SDV,PF) 0.4 MG/1 ML	1 ML	VL	VL	U	ML	1 MG		0.4	01/13/2020	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	VL	IV	ML	20 MG		1	01/04/2021	99/99/9999						
55289-0352-07		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	7 EA	BO	BO	PO	EA	1 MG		20	01/01/2016	03/08/2017						
55289-0438-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
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	BO	PO	EA	50 MG		0.5	07/01/2006	99/99/9999						
55513-0023-04		J0891		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	SR	U	ML	1 MCG		200	08/14/2006	99/99/9999						
55566-1000-01		J3490		02/14/2019	99/99/9999	UNCLASSIFIED DRUGS	GANIRELIX ACETATE 250 MG/0.5 ML	0.5 ML	SR	SR	SC	ML	1 EA		1	02/14/2019	99/99/9999						
57896-0001-10		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE WATER	1000 ML	IR	IR			500 ML		0.002	01/02/2018	99/99/9999						
57902-0249-01		J9019		11/01/2017	07/31/2021	INJECTION, ASPARAGINASE (ERWINAZE), 1000 IU	ERWINAZE (SDV,LYOPHILIZED POWDER) 10000 IU	1 EA	VL	VL	U	EA	1000 IU		10	11/01/2017	07/31/2021						
58463-0010-08		J8540		04/18/2018	09/27/2019	DEXAMETHASONE, ORAL, 0.25 MG	DEXADRON (RASPERRY) 0.5 MG/5 ML	237 ML	BO	BO	PO	ML	0.25 MG		0.4	04/18/2018	09/27/2019						
58864-0362-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,REDI-SCRIPT) 5 MG	20 EA	BO	BO	PO	EA	1 MG		5	01/01/2016	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	VL	U	EA	300 MG		1	01/01/2008	99/99/9999						
63323-0151-00		J9178		12/07/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (1X100ML,PF) 2 MG/ML	100 ML	VL	VL	IV	ML	2 MG		1	12/07/2007	99/99/9999						
63323-0282-60		J3490		05/11/2007	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (USP) 150 MG/ML	60 ML	VL	VL	IV	ML	1 EA		1	05/11/2007	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	VL	U	ML	1 MG		10	08/23/2005	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	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	VL	IV	ML	10 U		10	01/01/2002	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	FC	IV	ML	1 EA		1	10/02/2019	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)	SIMPUST ADENOSINE (PF,LATEX-FREE) 3 MG/1 ML	4 ML	SR	SR	IV	ML	1 MG		3	03/11/2019	99/99/9999						
63323-0705-08		J0290		01/05/2017	10/02/2019	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 2 GM	10 EA	VL	VL	U	EA	500 MG		4	01/05/2017	10/02/2019						
63323-0751-13		J2370		07/13/2020	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL NOVAPLUS 10 MG/1 ML	1 ML	VL	VL	IV	ML	1 ML		1	07/13/2020	99/99/9999						
63629-1349-01		Q0163		11/01/2004	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	DIPHENHYDRAMINE 50 MG	15 EA	BO	BO	PO	EA	50 MG		1	11/01/2004	99/99/9999						
63629-1349-02		Q0163		11/01/2004	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	DIPHENHYDRAMINE 50 MG	20 EA	BO	BO	PO	EA	50 MG		1	11/01/2004	99/99/9999						
66220-0315-22		J3095		11/10/2020	99/99/9999	INJECTION, TELEVANCIN, 10 MG	VIBATIV (SDV,PF,LYOPHILIZED) 750 MG	12 EA	VL	VL	IV	EA	10 MG		75	11/10/2020	99/99/9999						
66267-0961-21		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	EA	BO	PO	EA	4 MG		1	01/01/2002	99/99/9999						
66794-0156-01		J0475		02/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (1X20ML,SINGLE USE) 1 MG/1 ML	20 ML	SR	SR	IN	ML	10 MG		0.1	02/01/2018	99/99/9999						
66794-0203-42	KO	J7643	KO	04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2 ML	VL	VL	U	ML	1 MG		0.2	04/15/2019	99/99/9999						
66794-0209-41		J0692		04/15/2019	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (SDV,PF,LATEX-FREE) 1 GM	10 EA	VL	VL	U	EA	500 MG		2	04/15/2019	99/99/9999						
66794-0216-41		J2543		04/08/2020	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV,USP,PF,LATEX-FREE) 2 GM-0.25 GM	10 EA	VL	VL	IV	EA	1.125 GM		2	04/08/2020	99/99/9999						
66794-0226-41		J2700		03/26/2020	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (10X2GM,USP) 2 GM	10 EA	VL	VL	U	EA	250 MG		8	03/26/2020	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	VL	IV	ML	1 MG		100	11/14/2017	99/99/9999						
67457-0352-10		J0290		10/06/2016	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,CRYSTALLINE) 2 GM	10 EA	VL	VL	U	EA	500 MG		4	10/06/2016	99/99/9999						
67457-0353-10		J0290		10/06/2016	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,CRYSTALLINE) 250 MG	10 EA	VL	VL	U	EA	500 MG		0.5	10/06/2016	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	VL	U	ML	1000 U		1	05/25/2018	99/99/9999						
67877-0540-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14 EA	BO	BO	PO	EA	20 MG		7	04/26/2017	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	VL	IV	EA	1.125 GM		4	09/06/2021	99/99/9999						
68180-0044-10		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1 EA	NA	NA	U	EA	250 MG		8	07/20/2005	99/99/9999						
68382-0003-01		J7500		05/01/2007	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	100 EA	BO	BO	PO	EA	50 MG		1	05/01/2007	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	BO	PO	EA	4 MG		2	01/13/2021	99/99/9999						
68382-0752-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 20 MG	5 EA	BO	BO	PO	EA	20 MG		1	06/01/2018	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	VL	IV	ML	500 MG		0.2	09/05/2014	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	AM	IH	ML	0.5 MG		0.5	11/14/2017	99/99/9999						
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	VL	VL	IV	ML	500 MG		0.2	04/01/2021	99/99/9999						

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00463-6141-10	J7512			01/01/2016	02/03/2016	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNICOT 20 MG	1000	EA	NA	PO	EA	1 MG		20	01/01/2016	02/03/2016						
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						
00517-1825-10	J2800			01/29/2018	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL 100 MG/1 ML	10	ML	VL	U	ML	10 ML		0.1	01/29/2018	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						
00527-1451-06	Q0167			10/30/2018	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 (SOFT GEL) 5 MG	60	EA	BO	PO	EA	2.5 MG		2	10/30/2018	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						
45963-0613-59	J9267			01/13/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF) 6 MG/1 ML	50	ML	VL	IV	ML	1 MG		6	01/13/2015	99/99/9999						
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						
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) 0.65% KETOROLAC TROMETHAMINE (USP,25X2ML,SDV) 30 MG/1 ML	3	ML	PC	IH	ML	1 MG		0.83	09/02/2021	99/99/9999						
47781-0585-68	J1885			11/22/2017	99/99/9999	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	99/99/9999						
48879-0003-07	A4216			01/01/2006	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL4015) 0.9%	15	ML	PC	IH	ML	10 ML		0.1	01/01/2006	02/03/2016						
49452-4380-01	J2150			06/01/2015	10/17/2016	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	500	GM	BO	NA	GM	50 ML		0.8	06/01/2015	10/17/2016						
49452-4553-01	J1230			06/01/2015	10/17/2016	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	5	GM	BO	NA	GM	10 MG		100	06/01/2015	10/17/2016						
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						
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						
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						
50268-0718-13	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						
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						
51079-0895-01	Q0169			01/01/2014	09/02/2016	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	1	EA	BX	PO	EA	12.5 MG		2	01/01/2014	09/02/2016						
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						
51552-0423-04	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						
51552-0678-06	J2270			01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X100MG,USP)	100	GM	JR	NA	GM	10 MG		100	01/01/2015	99/99/9999						
51552-0733-04	J8190			09/01/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X25MG,USP)	1	EA	BO	NA	GM	500 MG		2	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						
51552-0883-09	J7622			09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X25MG,USP)	1	EA	BO	NA	GM	1 MG		1000	09/01/2003	99/99/9999						
59923-0719-10	J3490			08/01/2019	99/99/9999	UNCLASSIFIED DRUGS	BLUPIVACAINE FSIOPHARMA 0.25%	10	ML	AM	U	ML	1 EA		1	08/01/2019	99/99/9999						
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						
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						
61953-0004-04	J1572			01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-YPHIPHILIZED (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						
61990-0110-01	J2543			08/01/2019	99/99/9999	INJECTION, PIPERACILIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILIN AND TAZOBACTAM (PF,LATEX-FREE) 2 GM/0.25 GM	1	EA	IV	IV	EA	1.125 GM		2	08/01/2019	99/99/9999						
61990-0120-01	J2543			08/01/2019	99/99/9999	INJECTION, PIPERACILIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILIN AND TAZOBACTAM (PF,LATEX-FREE) 3 GM-0.375 GM	1	EA	IV	IV	EA	1.125 GM		3	08/01/2019	99/99/9999						
62559-0540-15	J1729			01/01/2018	07/31/2018	OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE 250 MG/1 ML	5	ML	VL	IM	ML	10 MG		25	01/01/2018	07/31/2018						
62559-0924-51	None			11/16/2020	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20 MG		9	11/16/2020	99/99/9999						
62856-0180-10	J1645			08/25/2007	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (SINGLE DOSE,PF) 18000 IU/0.72 ML	0.72	ML	SR	SC	ML	2500 IU		10	08/25/2007	03/31/2015						
62991-1095-02	J2001			01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2004	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						
63275-9963-05	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						
63275-9988-09	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						
63275-9998-04	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						
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						
63323-0012-11	J2590			12/16/2019	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (GLASS VIAL, USP) 10 U/1 ML	1	ML	VL	U	ML	10 U		1	12/16/2019	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
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	VL	U	ML	1000 U		4	05/25/2018	12/31/2018						
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	VL	U	ML	1000 U		10	01/01/2006	99/99/9999						
63874-0327-10		J7506		05/10/2004	12/31/2015	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 10 MG	10 EA	BO	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
63874-0327-60		J7512		01/01/2016	02/03/2016	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 10 MG	60 EA	BO	BO	PO	EA	1 MG		10	01/01/2016	02/03/2016						
63874-0374-40		J7506		01/15/2006	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	40 EA	BO	BO	PO	EA	5 MG		1	01/15/2006	12/31/2015						
63874-0392-14		J7506		01/15/2006	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	14 EA	BO	BO	PO	EA	5 MG		4	01/15/2006	12/31/2015						
63874-0442-20		Q0177		05/11/2004	02/03/2016	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	05/11/2004	02/03/2016						
63874-0444-21		J8540		01/01/2006	02/03/2016	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	12 EA	BO	PO	EA	0.25 MG			3	01/01/2006	02/03/2016						
63874-0757-30		Q0177		01/01/2014	02/03/2016	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	30 EA	BO	PO	EA	25 MG			2	01/01/2014	02/03/2016						
64980-0336-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5 EA	BO	PO	EA	20 MG			7	05/25/2017	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						
65162-0806-51		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						
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						
65757-0401-03		J1944		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	ARISTADA 441 MG/1.8 ML	1.6 ML	SR	IM	ML	1 MG			275.625	10/01/2019	99/99/9999						
66267-0171-30		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 10 MG	30 EA	BO	PO	EA	1 MG			10	01/01/2016	99/99/9999						
66267-0172-10		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	10 EA	BO	PO	EA	1 MG			20	01/01/2016	99/99/9999						
66288-1300-01		J0690		10/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 300 MG	1 EA	FC	U	GM	500 MG			2	10/01/2002	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	MTIGO (SINGLE USE,PF) 25 MG/1 ML	20 ML	VL	U	ML	10 MG			2.5	07/27/2018	99/99/9999						
67253-0580-42		None		07/01/2003	09/23/2016	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PAK (4X2) 2.5 MG	8 EA	DP	PO	EA	2.5 MG			1	07/01/2003	09/23/2016						
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						
67457-0385-99		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						
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						
38779-0057-01		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTTABLE)	1 EA	BO	NA	GM	50 MG			20	09/26/2006	99/99/9999						
38779-0063-05		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCANE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2002	99/99/9999						
38779-0183-03		J1800		01/01/2002	99/99/9999	INJECTION, PROPANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
38779-0393-05		J0520		04/19/2002	10/17/2016	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	04/19/2002	10/17/2016						
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						
39822-0350-02		J2010		02/01/2016	99/99/9999	INJECTION, LINCOSYIN HCL, UP TO 300 MG	LINCOSYIN HCL 300 MG/1 ML	2 ML	VL	U	ML	300 MG			1	02/01/2016	99/99/9999						
43598-0345-30		J8999		09/27/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30 EA			PO	EA	1 EA		1	09/27/2018	99/99/9999						
43825-0102-01		J0131		01/03/2011	99/99/9999	INJECTION, ACETAMINOPHEN, 10 MG	OFIRMEV 10 MG/1 ML	100 ML	VL	IV	ML	10 MG			1	01/03/2011	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						
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						
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						
00143-9308-01		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						
00143-9554-01		J0640		06/14/2017	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LATEX-FREE) 100 MG	1 EA	VL	U	EA	50 MG			2	06/14/2017	99/99/9999						
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						
00143-9625-25		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						
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						
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						
00173-0442-00		J2405		01/01/2002	05/07/2018	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ZOFTRAN (M.D.V.) 2 MG/ML	20 ML	VL	U	ML	1 MG			2	01/01/2002	05/07/2018						
00264-7578-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (EXCEL) 20%	500 ML	FC	IV	ML	1 EA			1	01/01/2002	99/99/9999						
00517-7504-25		J7608		01/24/2003	99/99/9999	ACETYLACETONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLACETONE (PF) 10%	4 ML	VL	IH	ML	1 GM			0.1	01/24/2003	99/99/9999						
00527-2370-32		Q0144		05/01/2020	99/99/9999	AZITHROMYCIN DHYDRATE, 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						
00551-3767-30	KO	J7626	KO	04/02/2013	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,SINGLEDOSE) 0.25MG/2ML	2 ML	AM	IH	ML	0.5 MG			0.25	04/02/2013	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
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						
00603-5339-32	J7506			09/10/2003	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	1000 EA		BO	PO	EA	5 MG		4	09/10/2003	12/31/2015						
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						
00703-4155-11	J8211			09/24/2002	99/99/9999	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	99/99/9999						
00703-5054-01	J2597			01/01/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (M.D.V.) 4 MCG/ML	10 ML		VL	U	ML	1 MCG		4	01/01/2002	99/99/9999						
00703-7226-01	J2405			11/22/2006	10/08/2018	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20 ML		VL	U	ML	1 MG		2	11/22/2006	10/08/2018						
00703-8540-21	J1650			11/19/2014	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	11/19/2014	99/99/9999						
00703-8610-23	J1650			11/19/2014	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	11/19/2014	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						
00781-3430-80	J3285			02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 10 MG/1 ML	20 ML		VL	U	ML	1 MG		10	02/27/2019	99/99/9999						
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						
33358-0367-01	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						
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 HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	24 EA		BX	PO	EA	50 MG		0.5	01/01/2002	06/27/2019						
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						
38779-0051-04	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						
38779-0150-04	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						
38779-0198-05	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						
38779-0247-04	J7799			01/01/2002	99/99/9999	THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1 EA		BO	NA	GM	1 EA		1	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						
38779-0536-09	J2780			05/20/2002	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA		JR	NA	GM	40		25	05/20/2002	04/01/2020						
42023-0168-99	J0171			12/01/2020	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	ADRENALIN NOVAPLUS (MDV) 1 MG/1 ML	30 ML		VL	U	ML	0.1 MG		10	12/01/2020	99/99/9999						
42291-0729-01	Q0164			04/01/2020	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	04/01/2020	99/99/9999						
42367-0121-21	J9171			01/29/2016	09/30/2018	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (AF) 20 MG/1 ML	1 ML		VL	IV	ML	1 MG		20	01/29/2016	09/30/2018						
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	U	ML	120 MG		1.083333	01/10/2020	99/99/9999						
43598-0859-11	J1453			09/05/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUAMINE (LYOPHILIZED) 150 MG	1 EA		VL	IV	EA	1 MG		150	09/05/2019	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						
45963-0612-57	J8201			01/13/2015	11/1/2019	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (SDV,USP,PF,LYOPHILIZED) 200 MG	1 EA		VL	IV	EA	200 MG		1	01/13/2015	11/1/2019						
45963-0614-81	J9206			01/17/2019	99/99/9999	INJECTION, IRINOTECAN, 20 MG	PREMIER RX IRINOTECAN HCL (PF,LATEX-FREE) 20 MG/1 ML	2 ML		VL	IV	ML	20 MG		1	01/17/2019	99/99/9999						
47335-0600-83	J0604			08/21/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30 EA		BO	PO	EA	1 MG		90	08/21/2019	99/99/9999						
54868-3979-00	J0740			04/12/2006	02/03/2016	INJECTION, CIDOFOVR, 375 MG	VISTIDE 75 MG/ML	5 ML		VL	IV	ML	375 MG		0.2	04/12/2006	02/03/2016						
54868-3997-01	J8499			06/12/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA		BO	PO	EA	1 EA		1	06/12/2003	99/99/9999						
54868-4586-00	J3360			01/23/2002	02/03/2016	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (22GX1 1/4, CARPUJECT) 5 MG/ML	2 ML		SR	U	ML	5 MG		1	01/23/2002	02/03/2016						
54868-4644-00	Q0144			07/26/2002	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA		BO	PO	EA	1 GM		0.25	07/26/2002	02/03/2016						
54868-5310-03	J7500			02/23/2006	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	60 EA		BO	PO	EA	50 MG		1	02/23/2006	99/99/9999						
54868-5670-01	KO	J7608	KO	08/10/2007	02/03/2016	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (3X30ML) 20%	30 ML		VL	IH	ML	1 GM		0.2	08/10/2007	02/03/2016						
54868-5760-00	J2941			08/17/2007	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MNIQUICK 0.8 MG	1 EA		CT	SC	EA	1 MG		0.8	08/17/2007	99/99/9999						
54868-5835-00	J1650			11/29/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (10X1ML) 100 MG/ML	1 ML		SR	U	ML	10 MG		10	11/29/2007	99/99/9999						
55111-0496-60	None			12/23/2020	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP, FILM COATED) 150 MG	60 EA		BO	PO	EA	150 MG		1	12/23/2020	99/99/9999						
55150-0196-99	J2795			10/31/2016	99/99/9999	INJECTION, ROPIVACAIN HYDROCHLORIDE, 1 MG	ROPIVACAIN HCL (SDV,PF,LATEX-FREE) 2 MG/1 ML	100 ML		BO	U	ML	1 MG		2	10/31/2016	99/99/9999						
55150-0292-01	KO	J7643	KO	01/08/2019	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1 ML		VL	U	ML	1 MG		0.2	01/08/2019	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
55289-0226-10		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	10 EA	BO	PO		EA	25 MG		1	01/01/2002	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	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	10 EA	BO	PO		EA	25 MG		2	01/01/2014	99/99/9999						
55289-0373-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO		EA	5 MG		1	01/01/2002	12/31/2015						
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						
55390-0121-01		J2405		12/28/2006	03/14/2016	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20 ML	VL	U		ML	1 MG		2	12/28/2006	03/14/2016						
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						
00115-1695-49		J0171		02/10/2017	99/99/9999	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	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						
00143-9296-01		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						
00143-9376-01		J9181		03/09/2020	99/99/9999	INJECTION, ETOPOSID, 10 MG	ETOPOSID NOVAPLUS (MDV,USP,LATEX-FREE) 20 MG/1 ML	5 ML	VL	IV		ML	10 MG		2	03/09/2020	99/99/9999						
00169-3204-15		J1815		09/29/2017	99/99/9999	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	99/99/9999						
00172-6406-59	KO	J7631	KO	01/01/2002	10/05/2016	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	10/05/2016						
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						
00264-3183-11		J2185		09/15/2015	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM 500 MG	24 EA	FC	IV		EA	100 MG		5	09/15/2015	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						
00338-9147-30		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						
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						
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						
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						
00781-3338-70		J0690		08/23/2004	99/99/9999	INJECTION, CEFZAZOLIN SODIUM, 500 MG	CEFZAZOLIN SODIUM (1X10ML,VIAL) 500 MG	1 EA	VL	U		EA	500 MG		1	08/23/2004	99/99/9999						
00781-3829-96	KO	J7643	KO	08/15/2019	99/99/9999	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	99/99/9999						
00781-5022-07		J7509		04/04/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIT OF USE) 4 MG	21 EA	DP	PO		EA	4 MG		1	04/04/2003	99/99/9999						
00781-7157-29	KO	J7644	KO	09/09/2011	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	PC	IH		ML	1 ML		0.2	09/09/2011	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	U		EA	500 MG		0.5	02/01/2006	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						
00944-2850-03		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (20M,PF,LATEX-FREE) 20%	10 ML	VL	SC		ML	100 MG		2	01/01/2018	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						
00990-7973-07		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						
00990-8004-15		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						
03221-0208-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS	VERITAS COLLAGEN MATRIX (2CMX8CM)	1 EA	NA	IP		EA	1 EA		1	01/01/2008	99/99/9999						
13411-0183-01		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	10 EA	BO	PO		EA	1 EA		1	08/23/2006	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	U		ML	10 MG		4	10/20/2020	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						
16729-0310-08		J2501		03/15/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MG	PARICALCITOL (SDV) 0.002 MG/1 ML	1 ML	VL	IV		ML	1 MCG		2	03/15/2016	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						
17478-9002-90		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						
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						
51927-1601-00	KO	J7604	KO	01/01/2008	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA		GM	1 GM		1	01/01/2008	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						
51927-1776-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (USP (6))	1 EA	BO	NA		GM	1 EA		1	09/08/2003	99/99/9999						
51927-2762-00		J8340		09/08/2003	99/99/9999	INJECTION, THOTEPA, 15 MG	TRIETHYLENETHIOPHOSPHORAMIDE/T	1 EA	BO	NA		GM	15 MG		66.66666	09/08/2003	99/99/9999						
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						
52959-0126-07		J7506		11/06/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	7 EA	BO	PO		EA	5 MG		2	11/06/2002	12/31/2015						
52959-0126-12		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42 EA	BO	PO		EA	5 MG		2	01/01/2002	12/31/2015						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-7515-87		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	0.25	08/20/2015	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	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	0.25	08/23/2019	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	0.6	04/08/2021	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	4	03/20/2007	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 (50MG W/DILUENT) 1 MG	1 EA	VL	IV		EA	10 MG	0.1	0.1	05/01/2014	99/99/9999						
00990-7930-09		J7799		10/16/2020	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTRASE (112X1000ML) USP 10%	1000 ML	FC	IV		ML	1 EA	1	1	10/16/2020	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	33.33333	09/01/2003	99/99/9999						
51552-0775-04		J7699		09/01/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (1 X25GM) USP	1 EA	BO	NA		GM	1 EA	1	1	09/01/2003	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	500	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	1000	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	0.02	12/04/2003	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	1000	09/08/2003	99/99/9999						
51927-1742-00		J3370		09/08/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	JR	NA		GM	500 MG	2	2	09/08/2003	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	3.33333	01/01/2007	99/99/9999						
51991-0064-98		J3489		10/30/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (1X100ML SINGLE USE) 5 MG/100 ML	100 ML	BO	IV		ML	1 MG	0.05	0.05	10/30/2017	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	BO	PO		EA	4 MG	5.2	5.2	02/06/2018	99/99/9999						
52959-0053-06		Q0163		01/01/2002	07/16/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	6 EA	BO	PO		EA	50 MG	1	1	01/01/2002	07/16/2019						
53270-3000-01		J2792		06/01/2010	12/31/2016	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (SDV) 15000 IU	1 ML	VL	IV		ML	100 IU	150	150	06/01/2010	12/31/2016						
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	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	10	01/01/2016	12/31/2018						
54569-0331-07		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO		EA	5 MG	2	2	01/01/2002	12/31/2015						
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	10	01/01/2016	12/31/2018						
54569-5445-00	KO	J7614	KO	04/01/2008	12/31/2018	LEVABUTEROL, 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	0.84	04/01/2008	12/31/2018						
54868-0908-01		J7506		11/10/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	10 EA	BO	PO		EA	5 MG	10	10	11/10/2005	12/31/2015						
54869-2489-01		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL 100 MG/ML	2 ML	VL	IJ		ML	100 MG	1	1	01/01/2004	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	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	1	11/16/2020	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	3	01/18/2021	99/99/9999						
62991-1095-01		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P., B.P.)	1 EA	BO	NA		GM	10 MG	100	100	01/01/2004	99/99/9999						
62991-1206-02		J7506		12/31/2015	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P. MICRONIZED)	1 EA	BO	NA		GM	5 MG	200	200	01/01/2002	12/31/2015						
63271-0385-02		J3490		09/01/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA		GM	1 EA	1	1	09/01/2002	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	100	01/01/2015	05/31/2021						
63323-0348-61		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (BULK PACKAGE,1X100ML) 10 GM	1 EA	VL	IV		EA	250 MG	40	40	02/16/2006	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	8	05/12/2006	99/99/9999						
63323-0415-10		J2710		02/18/2015	99/99/9999	INJECTION, NEOSTIGMINE METHYL SULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYL SULFATE (MDV, USP) 1 MG/ML	10 ML	VL	IV		ML	0.5 MG	2	2	02/18/2015	99/99/9999						
63323-0455-01		J2270		05/23/2018	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 5 MG/1 ML	1 ML	VL	IJ		ML	10 MG	0.5	0.5	05/23/2018	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	0.2	10/02/2019	99/99/9999						
63323-0870-10		J7042		04/27/2021	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTRASE-SODIUM CHLORIDE (20X500ML,USP,PF) 5%-0.9%	500 ML	FC	IV		ML	500 ML	0.002	0.002	04/27/2021	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	1	01/01/2002	99/99/9999						
00310-0950-36		J8202		05/05/2003	04/05/2018	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	ZOLADEX (SAFESYSTEM SRN) 3.6 MG	1 EA	SR	SC		EA	3.6 MG	1	1	05/05/2003	04/05/2018						
00338-0125-03		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	LACTATED RINGERS AND 5% DEXTROSE (VIABLEX)	500 ML	FC	IV		ML	1000 ML	0.001	0.001	01/01/2016	99/99/9999						
00338-1055-48		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE 500 MG/100 ML	100 ML	FC	IV		ML	1 EA	1	1	01/01/2002	99/99/9999						

NDC	NDC Mod	NCPCS	NCPCS Mod	Relationship Start Date	Relationship End Date	NCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	NCPCS Amount #1	NCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00378-7734-93		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 (USP) 8 MG	30 EA	BO	PO		EA	1 MG		8	01/01/2012	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						
00378-9690-52	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						
00990-7118-07	A4216	J7060		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						
00990-7923-13	J7060			06/24/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LATEX-FREE) 5%	500 ML	FC	IV		ML	500 ML		0.002	06/24/2020	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						
00990-7985-02	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						
08881-5701-29	A4216			07/01/2006	01/01/2017	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	MONOJECT PREFILL ADVANCED (120X10ML,PF,LATEX-FREE) 0.9%	10 ML	SR	IV		ML	10 ML		0.1	07/01/2006	01/01/2017						
08881-5901-21	J1642			03/14/2002	05/01/2017	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 100 U/ML (10ML 180S)	10 ML	SR	IV		U	10 U		10	03/14/2002	05/01/2017						
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						
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						
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						
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						
16729-0525-08	J0461			01/01/2020	99/99/9999	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	99/99/9999						
17478-0380-20	J1230			11/13/2017	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL, 10 MG/1 ML	20 ML	VL	IJ		ML	10 MG		1	11/13/2017	99/99/9999						
48102-0051-01	J8540			06/01/2021	99/99/9999	INJECTION, DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE, 4 MG	100 EA	BO	PO		EA	0.25 MG		16	06/01/2021	99/99/9999						
49348-0564-04	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	VALU-DRYL ALLERGY 25 MG	24 EA	BO	PO		EA	50 MG		0.5	01/01/2002	99/99/9999						
49452-2460-02	J1094			06/01/2015	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P.,MICRONIZED)	25 GM	BO	NA		GM	1 MG		1000	06/01/2015	99/99/9999						
49452-2612-02	J1160			06/01/2015	10/17/2016	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1 GM	BO	NA		GM	0.5 MG		2000	06/01/2015	10/17/2016						
49452-2702-03	J3520			06/01/2015	10/17/2016	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	125 GM	BO	NA		GM	150 MG		6.66666	06/01/2015	10/17/2016						
49884-0290-04	J8999			01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	250 EA	BO	PO		EA	1 EA		1	01/01/2002	99/99/9999						
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						
50742-0519-02	J8070			07/30/2020	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (PF) 200 MG/1 ML	2.5 ML	VL	IV		ML	100 MG		2	07/30/2020	99/99/9999						
51079-0525-01	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	1 EA	BP	PO		EA	1 MG		8	01/01/2012	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						
51552-0026-04	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						
51552-0028-02	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						
51552-0033-03	KO	J7694	KO	09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 180 MICROGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA		GM	1 MG		1000	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						
51552-0175-02	J7699			09/01/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X5GM,SDV)	1 EA	BO	NA		GM	1 EA		1	09/01/2003	99/99/9999						
51754-1240-03	J2710			05/01/2021	99/99/9999	INJECTION, NEOSTIGMINE METHYL SULFATE, 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						
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						
51927-1895-00	J0760			09/08/2003	12/31/2016	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	1 EA	BO	NA		GM	1 MG		1000	09/08/2003	12/31/2016						
51927-2895-00	J1600			09/08/2003	99/99/9999	INJECTION, GOLD SODIUM THIOMLATE, UP TO 50 MG	GOLD SODIUM THIOMLATE	1 EA	BO	NA		GM	50 MG		20	09/08/2003	99/99/9999						
55566-0302-01	J0795			01/01/2006	99/99/9999	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	ACTHREL (S.D.V.) 0.1 MG	1 EA	VL	IV		EA	1 MCG		100	01/01/2006	99/99/9999						
55566-1902-01	J2941			09/26/2018	99/99/9999	INJECTION, SOMATROPIN, 1 MG	ZOMACTON WITH VIAL ADAPTER (LYOPHILIZED) 10 MG	1 EA	VL	SC		EA	1 MG		10	09/26/2018	99/99/9999						
58864-0424-20	J7512			01/01/2016	99/99/9999	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	99/99/9999						
58864-0424-30	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						
59730-6502-01	J1556			12/19/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN (BIGAM), 500 MG	BIGAM (LATEX-FREE) 100 MG/ML	50 ML	VL	IV		ML	500 MG		0.2	12/19/2012	99/99/9999						
59746-0172-10	J7506			08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 5 MG	1000 EA	BO	PO		EA	5 MG		1	08/03/2007	12/31/2015						
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						
59923-0711-05	None			01/25/2019	99/99/9999	TEMZOLOMIDE, 20 MG, ORAL	TEMZOLOMIDE 180 MG	5 EA	BO	PO		EA	20 MG		9	01/25/2019	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
54868-1119-01		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 1 MG	100	EA	BO	PO	EA	5 MG		0.2	01/01/2002	12/31/2015						
54868-1183-08		J7506		08/19/2003	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	10	EA	BO	PO	EA	5 MG		4	08/19/2003	12/31/2015						
54868-1323-01		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	10	EA	BO	PO	EA	12.5 MG		2	01/01/2014	99/99/9999						
54868-1729-00		J1000		01/01/2002	99/99/9999	DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	DEPO-ESTRADIOL (VIAL) 5 MG/ML	5	ML	VL	IM	ML	5 MG/ML		1	01/01/2002	99/99/9999						
54868-1963-00		Q0174		02/11/2003	02/03/2016	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TORECAN 10 MG	15	EA	BO	PO	EA	10 MG		1	02/11/2003	02/03/2016						
54868-2048-01		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50 MG		1	01/01/2002	02/03/2016						
54868-2464-00		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	30	EA	BO	PO	EA	5 MG		5	01/01/2014	99/99/9999						
54868-3509-00		Q0162		01/01/2012	02/03/2016	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 (1X3 DAILY PACK) 8 MG	3	EA	BX	PO	EA	1 MG		8	01/01/2012	02/03/2016						
54868-3694-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	BREVITAL SODIUM (M.D.V.) 500 MG	1	EA	VL	IV	EA	1 EA		1	01/01/2002	02/03/2016						
54868-3996-00		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
54868-4078-00		Q0144		01/01/2002	02/03/2016	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	02/03/2016						
54868-4751-01		J2175		07/03/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE 100 MG/ML	1	ML	AM	IJ	ML	100 MG		1	07/03/2003	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						
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						
60219-1707-01		J7512		10/06/2021	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON (USP, UNCOATED) 10 MG	100	EA	BO	PO	EA	1 MG		10	10/06/2021	99/99/9999						
60429-0846-60		J8499		11/12/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANICLOVIR HYDROCHLORIDE 450 MG	60	EA	BO	PO	EA	1 MG		1	11/12/2018	99/99/9999						
60505-6149-04		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (10X20ML CRYSTALLINE) 2 GM	10	EA	VL	IJ	EA	250 MG		8	06/23/2017	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						
60505-6160-04		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						
60505-6179-00		J7643		05/19/2020	99/99/9999	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	99/99/9999						
60842-0023-01		J0171		01/19/2017	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	AUVI-Q 0.3 MG/0.3 ML	2	EA	BX	IJ	EA	0.1 MG		3	01/19/2017	99/99/9999						
60977-0115-74		J2274		01/01/2015	02/03/2016	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	INFUMORPH 500 (PF) 25 MG/ML	1	ML	NA	IJ	ML	10 MG		2.5	01/01/2015	02/03/2016						
60977-0155-54	KO	J7643	KO	05/05/2007	02/03/2016	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	5	ML	VL	IJ	ML	1 MG		0.2	05/05/2007	02/03/2016						
61553-0181-02		J2270		02/02/2004	99/99/9999	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	99/99/9999						
61553-0436-48		J3475		01/01/2016	12/31/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE-SODIUM CHLORIDE (VIAFLEX BAG,PF) 2 GM-0.9%	100	ML	FC	IV	ML	500 MG		0.04	01/01/2016	12/31/2016						
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						
63323-0981-21		J2543		09/10/2019	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	VL	IV	EA	1.125 GM		2	09/10/2019	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						
00603-5338-15		J7506		03/06/2003	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON (DOSE PACK) 10 MG	21	EA	DP	PO	EA	5 MG		2	03/06/2003	12/31/2015						
00603-5438-32		Q0169		01/01/2014	01/09/2017	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 HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	12.5 MG		2	01/01/2014	01/09/2017						
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						
00641-6146-25		J1100		01/20/2017	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	DEXAMETHASONE SODIUM PHOSPHATE 4 MG/1 ML	5	ML	VL	IJ	ML	1 MG		4	01/20/2017	99/99/9999						
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						
00703-3249-11		J9045		11/17/2005	05/24/2016	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (AQUEOUS SOLUTION) 10 MG/ML	60	ML	VL	IV	ML	50 MG		0.2	11/17/2005	05/24/2016						
00703-4434-11		J9206		02/28/2008	05/02/2018	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML SINGLE DOSE) 20 MG/ML	5	ML	VL	IV	ML	20 MG		1	02/28/2008	05/02/2018						
00703-5051-03		J2597		01/01/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (VIAL) 4 MCG/ML	1	ML	VL	IJ	ML	1 MCG		4	01/01/2002	99/99/9999						
00703-5653-01		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V. POLYMER) 20 MG/ML	5	ML	VL	IV	ML	10 MG		2	01/01/2002	99/99/9999						
00703-7021-03		I1631		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00703-7023-01		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	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (10X1ML) 50 MG/1 ML	1 ML	VL	IM	ML	50 MG	1	12/04/2019	99/99/9999								
00703-7123-01		J1631		04/15/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV) 50 MG/1 ML	5 ML	VL	IM	ML	50 MG	1	04/15/2020	99/99/9999								
00781-1048-01		Q0175		01/01/2014	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 8 MG	100 EA	BO	PO	EA	4 MG	2	01/01/2014	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								
00781-3447-95		J0583		03/18/2020	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	ANGIOMAX (LYOPHILIZED) 250 MG	10 EA	VL	IV	EA	1 MG	250	03/18/2020	99/99/9999								
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								
00781-6153-95		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	PENICILLIN G SODIUM (VIAL) 5 Million IU	1 EA	VL	IV	EA	1 EA	1	01/01/2002	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	VL	PO	ML	1 GM	0.04	04/10/2018	99/99/9999								
43066-0014-01		J9263		02/23/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	INJECTION, OXALIPLATIN (PF) 5 MG/1 ML	10 ML	VL	IV	ML	0.5 MG	10	02/23/2018	99/99/9999								
43547-0544-25		J7643		12/09/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2 ML	VL	U	ML	1 MG	0.2	12/09/2019	99/99/9999								
43598-0636-52		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (1X1 00ML, INNER PACK) 10 MG/1 ML	100 ML	BG	IV	ML	10 MG	1	06/13/2018	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								
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								
47335-0892-72	None	J9218		07/11/2018	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE (3X5,SINGLE DOSE) 100 MG	15 EA	ST	PO	EA	100 MG	1	07/11/2018	99/99/9999								
47335-0936-40		J9218		03/02/2015	99/99/9999	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (MDV) 5 MG/1 ML	1 EA	BX	SC	EA	1 MG	5	03/02/2015	99/99/9999								
47781-0589-91		J2250		08/21/2017	99/99/9999	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MDAZOLAM HCL (LATEX-FREE) 5 MG/1 ML	10 ML	VL	U	ML	1 MG	5	08/21/2017	99/99/9999								
47781-9824-07		J8895		04/26/2018	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP,PF,LATEX-FREE) 2 GM	1 EA	VL	U	EA	500 MG	4	04/26/2018	99/99/9999								
49452-0534-10		J1756		11/01/2008	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	VENOFER (SDV,10X5ML) 20 MG/1ML	5 ML	VL	IV	ML	1 MG	200	11/01/2008	99/99/9999								
49452-0001-03		J0133		06/01/2015	10/17/2016	INJECTION, ACYLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	25 GM	BO	NA	GM	5 MG	200	06/01/2015	10/17/2016								
49452-0022-02		J0745		06/01/2015	10/17/2016	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	25 GM	BO	NA	GM	30 MG	33.333333	06/01/2015	10/17/2016								
49452-1309-04		J0945		09/01/2015	10/17/2016	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	5 GM	BO	NA	GM	10 MG	100	09/01/2015	10/17/2016								
49452-5780-02		J3480		06/01/2015	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	2500 GM	BO	NA	GM	2 MEQ	6.711411	06/01/2015	10/17/2016								
49452-5980-03		J7510		06/01/2015	10/17/2016	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (U.S.P.,MICRONIZED)	100 GM	BO	NA	GM	5 MG	200	06/01/2015	10/17/2016								
49452-8201-05		J1960		09/01/2015	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	0.5 GM	BO	NA	GM	2 MG	500	09/01/2015	99/99/9999								
50242-0041-10		J2897		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								
50242-0105-01		J8309		01/01/2020	99/99/9999	INJECTION, POLATUZUMAB VEDOTIN-PHQ, 1 MG	POLVY (PF,LATEX-FREE) 140 MG	1 EA	VL	IV	EA	1 MG	140	01/01/2020	99/99/9999								
54868-2299-00		J1940		09/29/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (ABOJECT) 10 MG/ML	250 ML	VL	U	ML	20 MG	0.5	09/29/2005	99/99/9999								
54868-3004-05		J8999		04/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	30 EA	BO	PO	EA	1 EA	1	04/13/2006	99/99/9999								
54868-3407-00		J7811		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								
54868-3566-00		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 2 MG/ML	10 ML	VL	U	ML	2 MG	1	01/01/2002	99/99/9999								
54868-3619-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R 100 U/ML	10 ML	VL	U	ML	5 U	20	01/01/2003	99/99/9999								
54868-3998-02		J8499		03/05/2003	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	15 EA	BO	PO	EA	1 EA	1	03/05/2003	02/03/2016								
54868-4139-05		Q0166		01/05/2006	02/03/2016	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	KYTRIL 1 MG	20 EA	BO	PO	EA	1 MG	1	01/05/2006	02/03/2016								
54868-4339-00		None		08/16/2005	02/03/2016	MELPHALAN, 2 MG, ORAL	ALKERAN (FILM-COATED) 2 MG	4 EA	BO	PO	EA	2 MG	1	08/16/2005	02/03/2016								
54868-4409-00	KO	J7614	KO	04/01/2008	99/99/9999	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	99/99/9999								
54868-4748-00		J7510		02/28/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG/5 ML	120 ML	BO	PO	ML	5 MG	0.2	02/28/2003	99/99/9999								
54868-5327-00		J1815		06/09/2005	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVLOG 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								
54868-5440-00		J1650		09/29/2005	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 40 MG/4.0 ML	0.4 ML	SR	SC	ML	10 MG	10	09/29/2005	99/99/9999								
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								
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								
61703-0339-22		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								
62559-0931-01	None	J0710		07/01/2020	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	100 EA	BO	PO	EA	50 MG	1	07/01/2020	99/99/9999								
62856-0250-10		J1645		08/26/2007	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (10X0.2ML,PF) 2500 IU/0.2 ML	0.2 ML	SR	SC	ML	2500 IU	5	06/26/2007	03/31/2015								
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								
62991-1041-63		J7838		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								
62991-1051-04		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								
62991-1133-02		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	01/01/2002	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								
62991-2031-04		J1630		01/01/2002	99/99/9999	INJECTION,																	

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0274-03	J3370			01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500 MG			2	01/01/2002	99/99/9999					
00378-3096-85	J7527			09/10/2020	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 2.5 MG	28	EA	BO	PO	EA	0.25 MG			10	09/10/2020	99/99/9999					
00378-7734-97	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 (USP) 8 MG	10	EA	BO	PO	EA	1 MG			8	01/01/2012	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					
00409-0801-01	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					
00409-1180-69	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					
00409-1201-20	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					
00409-1281-33	J1642			10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,25X3ML) 100 UNITS	3	ML	CR	IV	ML	10 U			10	10/01/2009	99/99/9999					
00409-1316-25	J1644			10/29/2007	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (10X0.5ML,W/ LUER LOCK) 5000 IU/0.5 ML	0.5	ML	SR	U	ML	1000 U			10	10/29/2007	99/99/9999					
00409-1560-29	J3490			08/05/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	30	ML	VL	U	ML	1 EA			1	08/05/2005	99/99/9999					
00409-1582-29	J3490			08/04/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (10X30ML,LATEX-FREE) 0.75%	30	ML	VL	U	ML	1 EA			1	08/04/2005	99/99/9999					
00409-3382-25	J3490			10/19/2005	10/25/2021	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (USP,10X5ML) 50 MCG/ML	5	ML	VL	U	ML	1 EA			1	10/19/2005	10/25/2021					
00409-3715-01	J3490			01/01/2018	10/25/2021	UNCLASSIFIED DRUGS	NAFCLLIN (PF,LATEX-FREE) 10 GM	10	EA	VL	IV	EA	1 EA			1	01/01/2018	10/25/2021					
00409-4277-01	J2001			06/13/2005	99/99/9999	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	99/99/9999					
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					
00409-7338-20	J0696			02/28/2018	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE NOVAPLUS (USP) 500 MG	10	EA	U	IV	EA	250 MG			2	02/28/2018	99/99/9999					
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					
00409-7941-03	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						
00463-1015-30	J3420			01/01/2002	02/03/2016	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	02/03/2016					
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	BO	PO	EA	50 MG			0.5	01/01/2002	06/27/2019					
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					
38779-0043-04	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					
38779-0051-01	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					
38779-0142-04	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					
38779-0150-08	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					
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					
38779-0405-01	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					
38779-0405-03	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					
38779-0731-06	J1170			01/01/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4 MG			250	01/01/2002	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					
38779-1784-03	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					
38779-1905-05	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					
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	U	ML	120 MG		0.541667	01/10/2020	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					
42747-0761-01	J9204			10/01/2019	99/99/9999	INJECTION, MOGAMULIZUMAB-KPKC, 1 MG	POTELIGE0 (PF) 4 MG/1 ML	5	ML	VL	IV	ML	1 MG			4	10/01/2019	99/99/9999					
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					
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					
43975-0255-05	None			08/02/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20 MG			7	08/02/2016	99/99/9999					
52959-0126-15	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5 MG			2	01/01/2002	12/31/2015					
52959-0126-45	J7506			09/19/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	45	EA	NA	PO	EA	5 MG			2	09/19/2006	12/31/2015					
52959-0547-11	J8540			01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	11	EA	BO	PO	EA	0.25 MG			16	01/01/2006	99/99/9999					
53270-0052-01	J1573			08/01/2010	12/31/2016	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	HEPAGAM B (1X1ML->312IU/ML,SDV)	1	ML	VL	U	ML	0.5 ML			2	08/01/2010	12/31/2016					
53270-3300-01	J2792			06/01/2010	12/31/2016	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN	WINRHO SDF (1X1.3ML,SDV) 1500 IU	1	ML	VL	IV	ML	100 IU			15	06/01/2010	12/31/2016					
54569-0331-01	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5 MG			2	01/01/2002	12/31/2015					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-2353-05		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						
54569-4026-04	J7506			08/24/2010	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	40	EA	TAB	PO	EA	5	MG	1	08/24/2010	12/31/2015						
54569-5630-00	J3490			11/10/2004	02/03/2016	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL) 10 MCG/ML	1	ML	VL	IM	ML	1	EA	1	11/10/2004	02/03/2016						
54569-5720-00	J0696			07/26/2005	12/31/2018	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	ML	U	EA	EA	250	MG	1	07/26/2005	12/31/2018						
58864-0423-15	J7506			01/01/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2005	12/31/2015						
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						
59746-0007-10	J7512			01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	1000	EA	NA	PO	EA	1	MG	5	01/01/2016	02/03/2016						
59923-0717-05	J3490			08/01/2019	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE FISIOPHARMA, 0.25%	5	ML	AM	U	ML	1	EA	1	08/01/2019	99/99/9999						
60505-0688-01	J2543			10/06/2015	99/99/9999	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	99/99/9999						
60505-0749-04	J0690			09/19/2005	05/26/2016	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 1 GM	1	EA	VL	U	EA	500	MG	2	09/19/2005	05/26/2016						
60505-0760-05	J0694			01/23/2006	08/01/2019	INJECTION, CEFIXITIN SODIUM, 1 GM	CEFIXITIN 2 GM	1	EA	VL	U	EA	1	GM	2	01/23/2006	08/01/2019						
60505-6152-04	J0696			06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (CRYSTALLINE) 500 MG	1	EA	VL	U	EA	250	MG	2	06/23/2017	99/99/9999						
60505-6177-08	J0594			07/19/2019	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (SDV) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	07/19/2019	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						
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						
55289-0373-30	J7512			01/01/2016	10/02/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	10/02/2018						
00378-0014-50	None			02/23/1998	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	5000	EA	BO	PO	EA	2.5	MG	1	02/23/1998	99/99/9999						
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						
00378-3266-94	None			10/19/2001	99/99/9999	ETOPOSID, 50 MG, ORAL	ETOPOSID (BLISTER PACK,SOFTGEL) 50 MG	20	EA	BX	PO	EA	50	MG	1	10/19/2001	99/99/9999						
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						
00409-1036-30	J0670			03/21/2006	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE 1%	30	ML	VL	U	ML	10	ML	0.1	03/21/2006	99/99/9999						
00409-1158-01	J3490			07/27/2005	11/01/2016	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,5X30ML,LATEX-FREE) 0.25%	30	ML	AM	U	ML	1	EA	1	07/27/2005	11/01/2016						
00409-1162-01	J3490			03/08/2006	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (25X10ML) 0.5%	10	ML	VL	U	ML	1	EA	1	03/08/2006	99/99/9999						
00409-1163-01	J3490			03/30/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,FLUPTOP,LATEX-FREE) 0.5%	50	ML	VL	U	ML	1	EA	1	03/30/2005	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						
00409-1754-10	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						
00409-1782-69	J2310			09/29/2005	99/99/9999	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	99/99/9999						
00409-2308-49	J2250			12/29/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FLUPTOP VIAL,PF) 5 MG/ML	1	ML	VL	U	ML	1	MG	5	12/29/2005	99/99/9999						
00409-3726-01	J0290			08/01/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 1 GM	10	EA	VL	U	EA	500	MG	2	08/01/2017	99/99/9999						
00409-4275-01	J2001			12/30/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL, FLUPTOP) 0.5%	50	ML	VL	U	ML	10	MG	0.5	12/30/2005	99/99/9999						
00409-4278-01	J2001			06/29/2005	99/99/9999	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	99/99/9999						
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						
00409-5921-01	J0280			04/25/2005	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (VIAL,FLUPTOP,25X10ML) 25 MG/ML	10	ML	VL	IV	ML	250	MG	0.1	04/25/2005	99/99/9999						
00409-6730-13	J3475			04/03/2006	99/99/9999	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	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						
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	U	ML	500	MG	0.2	10/01/2014	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	BO	U	EA	15	U	1	04/20/2018	99/99/9999						
16729-0049-54	None			02/28/2017	99/99/9999	TEMZOLOMIDE, 20 MG, ORAL	TEMZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	02/28/2017	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						
16729-0472-08	J7643			12/01/2020	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (25X2ML,SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	U	ML	1	MG	0.2	12/01/2020	99/99/9999						
16729-0500-08	J1940			04/01/2021	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (25X2ML,SDV,USP,PF) 10 MG/1 ML	2	ML	VL	U	ML	20	MG	0.5	04/01/2021	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						
17478-0174-24	J7614			10/20/2015	99/99/9999	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	99/99/9999						
17478-0538-02	J2360			10/01/2006	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (10X2ML) 30 MG/ML	2	ML	VL	U	ML	60	MG	0.5	10/01/2006	99/99/9999						
23155-0521-41	J1940			08/01/2015	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	PREMIERPRO RX FUROSEMIDE (SDV) 10 MG/ML	2	ML	VL	U	ML	20	MG	0.5	08/01/2015	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
25021-0241-10		J0594		06/19/2017	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN 6 MG/1 ML	10 ML	ML	VL	IV	ML	1 MG		6	06/19/2017	99/99/9999						
49452-5290-01		J7799		06/01/2015	10/17/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	5 GM	GM	BO	NA	GM	1 GM		1	06/01/2015	10/17/2016						
49452-5290-02		J7799		06/01/2015	10/17/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	25 GM	GM	BO	NA	GM	1 GM		1	06/01/2015	10/17/2016						
50242-0080-01		J2778		01/01/2008	04/30/2018	INJECTION, RANIBIZUMAB, 0.1 MG	LUCENTIS (INTRAVITREAL INJECTION) 0.5 MG/0.05 ML	0.05 ML	ML	VL	IO	ML	0.1 MG		1	01/01/2008	04/30/2018						
50242-0140-01		J8999		01/31/2012	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ERIVEDGE 150 MG	28 EA	EA	BO	PO	EA	1 MG		1	01/31/2012	99/99/9999						
50458-0309-11		J2794		04/23/2020	99/99/9999	INJECTION, RISPERIDONE (RISPERDAL CONSTA), 0.5 MG	RISPERDAL CONSTA 12.5 MG	1 EA	EA	VL	IM	EA	0.5 MG		25	04/23/2020	99/99/9999						
50742-0485-05		J2469		09/25/2020	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (SDV) 0.05 MG/1 ML	5 ML	ML	VL	IV	ML	25 MCG		2	09/25/2020	99/99/9999						
51224-0013-25		J1953		12/10/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (SINGLE-USE) 100 MG/1 ML	5 ML	ML	VL	IV	ML	10 MG		10	12/10/2018	99/99/9999						
51224-0222-30		Q0144		08/15/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP FILM-COATED) 600 MG	30 EA	EA	BO	PO	EA	1 GM		0.6	08/15/2019	99/99/9999						
51552-0030-01		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.)	1 GM	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	GM	BO	NA	GM	1 EA		1	01/01/2015	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	EA	BO	NA	GM	1 MG		1000	09/01/2003	99/99/9999						
51552-0139-04		J3230		09/01/2003	99/99/9999	INJECTION, CHLORPROPAMAZINE HCL, UP TO 50 MG	CHLORPROPAMAZINE HCL (U.S.P.,N.F.)	1 EA	EA	BO	NA	GM	50 MG		20	09/01/2003	99/99/9999						
51552-0613-04		J0475		09/01/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (1X25GM)	1 EA	EA	JR	NA	GM	10 MG		100	09/01/2003	99/99/9999						
51552-0729-05		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X1000G/USP)	1 EA	EA	NA	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	EA	BO	NA	GM	500 MG		2	09/01/2003	99/99/9999						
51552-0883-09	KO	J7622	KO	09/01/2003	99/99/9999	BECLMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLMETHASONE DIPROPIONATE (1X250MG/USP)	1 EA	EA	BO	NA	GM	1 MG		1000	09/01/2003	99/99/9999						
51552-0920-05		J1935		09/01/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X100GM)	1 EA	EA	BO	NA	GM	50 MG		20	09/01/2003	99/99/9999						
51962-0087-14		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14 EA	EA	BO	PO	EA	20 MG		9	11/18/2016	09/30/2019						
51927-1027-00		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED (U.S.P., SOY, CII)	1 GM	GM	JR	NA	GM	1 EA		1	01/01/2015	99/99/9999						
55289-0352-20		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
55289-0438-36		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	36 EA	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
55289-0438-60		J7506		03/05/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	EA	BO	PO	EA	5 MG		2	03/05/2002	12/31/2015						
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	EA	BO	PO	EA	250 MG		1.2	05/09/2006	99/99/9999						
55390-0481-02		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2 ML	ML	VL	IM	ML	15 MG		2	01/01/2002	99/99/9999						
55513-0005-01		J0861		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.1 MG/ML	1 ML	ML	VL	U	ML	1 MCG		100	09/11/2006	99/99/9999						
55553-0056-50		J2001		01/01/2004	02/10/2016	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	ANESTACAINE (VIAL) 2%	50 ML	ML	VL	U	ML	10 MG		2	01/01/2004	02/10/2016						
55553-0092-05		J1094		01/01/2003	02/03/2016	INJECTION, DEXAMETHASONE ACETATE, 1 MG	CORTASTAT LA (VIAL) 8 MG/ML	5 ML	ML	VL	U	ML	1 MG		8	01/01/2003	02/03/2016						
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 PRE FILLED SYRINGES, PF) 50 MG/1 ML	1 ML	ML	CT	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 PRE FILLED CARTRIDGE) 50 MG/1 ML	1 ML	ML	CT	SC	ML	25 MG		2	08/05/2019	99/99/9999						
58468-0040-01		J0180		01/01/2005	99/99/9999	INJECTION, AGALSIDASE BETA, 1 MG	FABRAZYME (PF) 35 MG	1 EA	EA	VL	IV	EA	1 MG		35	01/01/2005	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	EA	BO	PO	EA	50 MG		0.5	06/17/2003	99/99/9999						
51552-0652-02		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (1X5GM)	1 EA	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
51552-0671-01		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	EA	BO	NA	GM	5 MG		200	01/01/2006	99/99/9999						
51552-1025-04		J3360		09/01/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X25GM/USP)	1 EA	EA	BO	NA	GM	5 MG		200	09/01/2003	99/99/9999						
51754-6001-04		J7643		09/10/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYRX-PF (SDV,PF) 0.2 MG/1 ML	2 ML	ML	VL	U	ML	1 MG		0.2	09/10/2018	99/99/9999						
51962-0083-51		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 5MG, ORAL	TEMOZOLOMIDE 5 MG	5 EA	EA	BO	PO	EA	5 MG		1	11/18/2016	09/30/2019						
51927-1012-00		J0592		09/08/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.,CII)	1 EA	EA	JR	NA	GM	0.1 MG		10000	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	EA	BO	NA	GM	10 MG		100	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	GM	JR	NA	GM	1 EA		1	01/01/2015	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	EA	BO	NA	GM	2 MEQ		6.71411	12/04/2003	99/99/9999						
54868-0597-00		J2550		01/01/2002	02/03/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN (AMP) 25 MG/ML	1 ML	ML	AM	U	ML	50 MG		0.5	01/01/2002	02/03/2016						
54868-0622-02		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPAZINE 25 MG	6 EA	EA	BO	BU	EA	1 EA		1	01/01/2006	02/03/2016						
54868-0954-00		J7510		12/16/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	ORAPRED (DYE-FREE, GRAPE) 15 MG/5 ML	237 ML	ML	BO	PO	ML	5 MG		0.6	12/16/2003	99/99/9999						
54868-1119-04		J7506		06/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	15 EA	EA	BO	PO	EA	5 MG		0.2	06/01/2004	12/31/2015						
54868-1183-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
54868-1786-01		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (M.D.V.) 2%	10 ML	ML	VL	U	ML	10 MG		2	01/01/2004	99/99/9999						
54868-2219-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	RECOMBINAX HB (3 DOSE VIAL, TAX INCL) 10 MCG/ML	3 ML	ML	VL	IM	ML	1 EA		1	01/01/2002	02/03/2016						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-2687-02		Q0175		01/01/2014	02/03/2016	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	60	EA	BO	PO	EA	4 MG		2	01/01/2014	02/03/2016						
54868-3429-00		J0698		01/01/2002	02/03/2016	INJECTION, CEFOTAXIME SODIUM, PER MG	CLAFORAN (VIAL) 1 GM	1	EA	VL	U	EA	1 GM		1	01/01/2002	02/03/2016						
54868-3873-00		J1800		12/11/2006	99/99/9999	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	99/99/9999						
54868-3998-03		J8499		12/08/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	20	EA	BO	PO	EA	1 EA		1	12/08/2003	99/99/9999						
54868-4082-01		J7644		01/01/2002	99/99/9999	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	99/99/9999						
54868-4142-04		None		03/23/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	40	EA	BO	PO	EA	20 MG		1	03/23/2006	99/99/9999						
55513-0209-10		J1442		08/08/2000	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (26X5/8",0.8MLX10,PF) 480 MCG/0.8 ML	0.8	ML	SR	U	ML	1 MCG		600	08/08/2000	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						
58864-0655-14		Q0144		02/01/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	14	EA	BO	PO	EA	1 GM		0.25	02/01/2005	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						
59353-0010-01		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						
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						
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						
59762-1002-01		J7520		10/27/2014	99/99/9999	SIROLUMUS, ORAL, 1 MG	SIROLUMUS 1 MG	100	EA	BO	PO	EA	1 MG		1	10/27/2014	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						
59923-0724-30		J8999		05/01/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BO	PO	EA	1 EA		1	05/01/2020	99/99/9999						
60505-6105-01		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						
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						
60505-6147-04		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,SDV) 2 GM	10	EA	VL	U	EA	500 MG		4	04/03/2017	99/99/9999						
63323-0121-10		J9250		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	10	ML	VL	U	ML	5 MG		5	01/01/2002	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						
63323-0165-05		J1100		01/01/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	5	ML	VL	U	ML	1 MG		4	01/01/2002	99/99/9999						
63323-0193-05		J9206		02/05/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML SINGLE DOSE) 20 MG/ML	5	ML	VL	IV	ML	20 MG		1	02/05/2008	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						
63323-0471-05		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						
63323-0471-51		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL AMERINET CHOICE (VIAL,FLIP-TOP) 100 MG/ML	1	ML	VL	IM	ML	50 MG		2	01/01/2002	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						
63323-0607-98		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	U	ML	10 MG		10	05/13/2020	99/99/9999						
63323-0751-01		J2370		06/24/2019	99/99/9999	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	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						
63323-0842-02		J0500		10/03/2019	99/99/9999	INJECTION, DICLOFENAC HCL, UP TO 20 MG	DICLOFENAC HCL 10 MG/1 ML	2	ML	VL	IM	ML	20 MG		0.5	10/03/2019	99/99/9999						
63323-0870-74		J7042		04/27/2021	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE-SODIUM CHLORIDE (10X100ML,USP,PF) 5%-0.9%	1000	ML	FC	IV	ML	500 ML		0.002	04/27/2021	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						
63402-0301-01	KO	J7643	KO	02/16/2018	99/99/9999	GLYCOPHYROLATE, 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	99/99/9999						
63629-1587-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	15	EA	NA	PO	EA	1 MG		20	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						
63629-1856-01		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	HYDROXYZINE PAMOATE 25 MG	30	EA	NA	PO	EA	25 MG		1	11/01/2004	99/99/9999						
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	HYDROXYZINE PAMOATE 25 MG	60	EA	NA	PO	EA	25 MG		1	11/01/2004	99/99/9999						
63874-0327-28		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	28	EA	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
64380-0883-04		J0604		06/10/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30	EA	BO	PO	EA	1 MG		30	06/10/2020	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						
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						
66267-0171-15		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66267-0172-15	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA	5 MG			4	01/01/2002	12/31/2015						
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						
00409-1893-01	J7050			07/20/2005	99/99/9999	INJECTION, 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						
00409-1894-01	J2274			01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 15 MG/ML	1 ML	SR	IV	ML	10 MG			1.5	01/01/2015	99/99/9999						
00409-1866-07	A4216			04/05/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (VIAL,FLUPTOP PLASTIC) 0.9%	30 ML	VL	IV	ML	10 ML			0.1	04/05/2005	99/99/9999						
00409-2308-50	J2250			11/18/2005	99/99/9999	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MDAZOLAM HCL NOVATION (VIAL,FLUPTOP,PF) 5 MG/ML	2 ML	VL	U	ML	1 MG			5	11/18/2005	99/99/9999						
00409-2689-11	J0295			07/01/2007	99/99/9999	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	99/99/9999						
00409-4051-01	J3490			05/31/2005	09/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL,FLUPTOP,LATEX-FREE) 150 MG/ML	4 ML	VL	U	ML	1 EA			1	05/31/2005	09/02/2015						
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						
00409-4348-35	J0282			09/27/2006	08/01/2015	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE (3MLX10,SINGLE-DOSE) 50 MG/ML	3 ML	AM	IV	ML	30 MG			1.66666	09/27/2006	08/01/2015						
00409-6648-02	J7799			03/29/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTRROSE (VIAL,FLUPTOP,ADDITIVE) 50%	50 ML	VL	IV	ML	1 EA			1	03/29/2005	99/99/9999						
00409-6779-02	J2060			01/05/2006	10/25/2021	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL, FLUPTOP) 4 MG/ML	10 ML	VL	U	ML	2 MG			2	01/05/2006	10/25/2021						
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						
00409-7714-03	J7799			08/30/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (LATEX-FREE) 15%	500 ML	FC	IV	ML	1 EA			1	08/30/2005	99/99/9999						
00409-7808-24	J1265			01/01/2006	09/01/2017	INJECTION, DOPAMINE HCL, 40 MG	DEXTRROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-80 MG/100 ML	500 ML	FC	IV	ML	40 MG			0.02	01/01/2006	09/01/2017						
00409-7811-37	J3490			09/22/2005	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (LIFECARE,QUAD PACK) 500 MG/100 ML	100 ML	FC	IV	ML	1 EA			1	09/22/2005	99/99/9999						
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						
00463-1073-10	J3490			01/01/2015	02/03/2016	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (VIAL) 100 MG/ML	10 ML	VL	IM	ML	1 EA			1	01/01/2015	02/03/2016						
00463-1108-20	J3250			01/01/2002	01/01/2016	INJECTION, TRIMETHOZAMIDE HCL, UP TO 200 MG	BENZACOT (VIAL) 100 MG/ML	20 ML	VL	IM	ML	200 MG			0.5	01/01/2002	01/01/2016						
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						
00469-1330-50	J7507			03/08/2019	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 1 MG	50 EA	PA	PO	EA	1 MG			1	03/08/2019	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	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML	1 MG			0.2	02/25/2020	99/99/9999						
47335-0890-80	None			02/13/2014	99/99/9999	DME, UNIT DOSE FORM, PER MILLIGRAM	TEMOZOLOMIDE (HARD GELATIN) 5 MG	5 EA	BO	PO	EA	5 MG			1	02/13/2014	99/99/9999						
47781-0563-68	J1885			10/10/2017	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	10/10/2017	99/99/9999						
49452-0027-03	J0745			06/01/2015	10/17/2016	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	5 GM	JR	NA	GM	30 MG			33.33333	06/01/2015	10/17/2016						
49452-0028-02	J2270			06/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (U.S.P.)	25 GM	JR	NA	GM	10 MG			100	06/01/2015	99/99/9999						
49452-1753-03	J1955			09/01/2015	10/17/2016	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE FREE BASE	5 GM	BO	NA	GM	1 GM			1	09/01/2015	10/17/2016						
49452-3175-02	J9190			06/01/2015	10/17/2016	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	5 GM	BO	NA	GM	500 MG			2	06/01/2015	10/17/2016						
49452-5780-01	J3480			06/01/2015	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	500 GM	BO	NA	GM	2 MEQ			6.71141	06/01/2015	10/17/2016						
49452-6053-05	Q0164			02/01/2016	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	02/01/2016	99/99/9999						
49452-6087-01	J2550			06/01/2015	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	25 GM	BO	NA	GM	50 MG			20	06/01/2015	10/17/2016						
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						
49884-0907-38	J8999			01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	240 ML	BO	PO	ML	1 EA			1	01/01/2002	99/99/9999						
49999-0008-05	J7506			05/16/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	5 EA	NA	PO	EA	5 MG			1	05/16/2008	12/31/2015						
49999-0090-05	Q0169			01/01/2014	12/31/2016	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	5 EA	BO	PO	EA	12.5 MG			2	01/01/2014	12/31/2016						
49999-0110-06	J7506			08/27/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	6 EA	BO	PO	EA	5 MG			4	08/27/2002	12/31/2015						
50090-3418-09	None			06/08/2018	99/99/9999	METHOTREXATE,2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36 EA	BO	PO	EA	2.5 MG			1	06/08/2018	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						
50242-2043-14	J2941			05/10/2002	12/31/2016	INJECTION, SOMATROPIN, 1 MG	NUTROPIN AQ PEN CARTRIDGE 5 MG/ML	2 ML	CT	SC	ML	1 MG			5	05/10/2002	12/31/2016						
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						
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						
54569-4168-00	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						
54569-5589-01	Q0173			09/02/2005	12/31/2018	TRIMETHOZAMIDE 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	TRIMETHOZAMIDE HCL 300 MG	6 EA	BO	PO	EA	250 MG			1.2	09/02/2005	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						
54569-5784-00	J2792			01/12/2006	12/31/2018	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN,	HYPERRHO S/D (FULL DOSE)	1 ML	SR	IM	ML	100 IU			15	01/12/2006	12/31/2018						
54569-5840-00	J7506			10/10/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA	5 MG			2	10/10/2006	12/31/2015						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-5874-00		J2405		01/12/2007	03/14/2016	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (5X2ML,SDV) 2 MG/ML	2 ML	VL	U	ML		1 MG		2	01/12/2007	03/14/2016						
54868-0026-00		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						
54868-0026-07		Q0163		06/29/2006	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	80 EA	BO	PO	EA		50 MG		0.5	06/29/2006	99/99/9999						
54868-0163-02		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	25 EA	BO	PO	EA		1 EA		1	01/01/2002	02/03/2016						
54868-0218-03		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	3 EA	BO	PO	EA		0.25 MG		16	01/01/2006	99/99/9999						
54868-1126-01		J8999		11/22/2005	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	30 EA	BO	PO	EA		1 EA		1	11/22/2005	02/03/2016						
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						
59762-7529-02		J9206		02/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML,SDV) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	02/27/2008	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						
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						
60505-0798-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 150 MG/1 ML	1 ML	SY	IV	ML		10 MG		15	01/16/2019	99/99/9999						
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						
60505-6130-05		J2405		04/28/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON 2 MG/1 ML	2 ML	VL	U	ML		1 MG		2	04/28/2016	99/99/9999						
60505-6148-00		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (CRYSTALLINE) 1 GM	1 EA	EA	U	EA		250 MG		4	06/23/2017	99/99/9999						
60505-6237-06		J0895		11/03/2021	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (SDV:USP,AF,PF,5F) 2 GM	4 EA	VL	U	EA		500 MG		4	11/03/2021	99/99/9999						
61289-0410-20		J8181		02/01/2020	99/99/9999	INJECTION, ETOPOSIDO, 10 MG	ETOPOPHOS (PF,LYOPHILIZED) 100 MG	1 EA	VL	IV	EA		10 MG		10	02/01/2020	99/99/9999						
54868-4721-03		Q0164		06/04/2007	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	06/04/2007	99/99/9999						
90338-0017-31		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML - 1 UNIT)	DEXTROROSE (MULTI PACK, MINI-BAG) 5%	50 ML	FC	IV	ML		500 ML		0.002	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						
00338-0049-18		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						
00338-0049-38		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						
00338-0050-47		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						
90338-0117-02		J7120		01/01/2002	99/99/9999	RINGER'S LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S	250 ML	FC	IV	ML		1000 ML		0.001	01/01/2002	99/99/9999						
00378-9681-44		J7614		03/15/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME,	LEVALBUTEROL (2X12,PF) 0.63 MG/3 ML	3 ML	PC	IH	ML		0.5 MG		0.42	03/15/2013	99/99/9999						
00406-6838-06		J3480		01/01/2002	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1 EA	BO	NA	GM		2 MEQ		6.71141	01/01/2002	10/17/2016						
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						
00703-4246-01		J8045		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						
00703-5657-01		J8181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDO, 10 MG	ETOPOSIDO (M.D.V.) 20 MG/ML	50 ML	VL	IV	ML		10 MG		2	01/01/2002	99/99/9999						
00703-7226-03		J2405		11/22/2006	10/08/2018	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP,10X20ML) 2 MG/ML	20 ML	VL	U	ML		1 MG		2	11/22/2006	10/08/2018						
00781-1048-13		Q0175		01/01/2014	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 8 MG	100 EA	BX	PO	EA		4 MG		2	01/01/2014	99/99/9999						
00781-1049-01		Q0175		01/01/2014	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 16 MG	100 EA	BO	PO	EA		4 MG		4	01/01/2014	99/99/9999						
00781-3101-95		J2700		07/02/2004	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (VAL PIGGYBACK) 2 GM	1 EA	VL	U	EA		250 MG		8	07/02/2004	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	U	EA		500 MG		4	12/01/2005	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	U	EA		500 MG		2	03/20/2007	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						
00781-3831-95	KO	J7643	KO	08/15/2019	99/99/9999	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	99/99/9999						
00781-9224-92		J3490		09/18/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFICILLIN (USP,ADD-VANTAGE) 1 GM	1 EA	VL	IV	EA		1 EA		1	09/18/2006	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						
38779-0142-06		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						
38779-0165-08		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						
38779-0194-03		J0515		01/01/2002	10/17/2016	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	10/17/2016						
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						
38779-0873-08		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						
38779-0927-08		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						
38779-1943-08		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
39822-2100-02		J9120		08/09/2019	99/99/9999	INJECTION, DACTINOMYCIN, 0.5 MG PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	DACTINOMYCIN (SDV,LYOPHILIZED) 0.5 MG	1 EA	BO	IV	EA		0.5 MG		1	08/09/2019	99/99/9999						
42291-0769-01	J7512			04/24/2020	99/99/9999		PREDNISONE (USP) 5 MG	100 EA	BO	PO	EA		1 MG		5	04/24/2020	99/99/9999						
43066-0018-01	J9283			02/23/2018	99/99/9999		OXALAPLATIN (PF) 5 MG/1 ML	20 ML	VL	IV	ML		0.5 MG		10	02/23/2018	99/99/9999						
47335-0235-43	None			12/01/2017	99/99/9999		METHOTREXATE, 2.5 MG, ORAL	100 EA	BO	PO	EA		2.5 MG		1	12/01/2017	99/99/9999						
49452-0032-01	J3010			08/01/2015	99/99/9999		FENTANYL CITRATE, 0.1 MG	1 GM	BO	NA	GM		0.1 MG		10000	06/01/2015	99/99/9999						
49452-2697-02	J0600			09/01/2015	99/99/9999		EDETATE CALCIUM DISODIUM, UP TO 1000 MG	500 GM	BO	NA	GM		1000 MG		1	04/01/2018	99/99/9999	09/01/2015	10/17/2016			1	
49452-3544-02	J0360			09/01/2015	10/17/2016	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	25 MG	BO	NA	GM		20 MG		50	09/01/2015	10/17/2016						
49452-3652-02	J3410			06/01/2015	99/99/9999		INJECTION, HYDROXYZINE HCL, UP TO 25 MG	25 MG	BO	NA	GM		25 MG		40	06/01/2015	99/99/9999						
49452-4050-03	J2001			06/01/2015	99/99/9999		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	500 GM	BO	NA	GM		10 MG		100	06/01/2015	99/99/9999						
49452-8253-02	J0592			06/01/2015	10/17/2016	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	0.5 GM	JR	NA	GM		0.1 MG		10000	06/01/2015	10/17/2016						
49452-9201-01	J1960			06/01/2015	10/17/2016	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE	5 GM	BO	NA	GM		2 MG		500	06/01/2015	10/17/2016						
54868-0821-00	J7510			04/11/2007	02/03/2016	PREDNISOLONE ORAL, PER 5 MG	ORAPRED ODT 15 MG	48 EA	BX	PO	EA		5 MG		3	04/11/2007	02/03/2016						
54868-1720-00	J7510			01/01/2002	99/99/9999		PREDNISOLONE ORAL, PER 5 MG	120 ML	BO	PO	ML		5 MG		0.2	01/01/2002	99/99/9999						
54868-2184-04	J8499			01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	50 EA	BO	PO	EA		1 EA		1	01/01/2002	02/03/2016						
54868-3341-00	J9214			07/02/2003	02/03/2016	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A 50 million IU	1 EA	VL	U	EA		1 MU		50	07/02/2003	02/03/2016						
54868-3998-07	J8499			07/23/2004	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500 EA	BO	PO	EA		1 EA		1	07/23/2004	02/03/2016						
54868-5036-00	J3490			03/31/2004	02/03/2016	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEIN) 150 MCG	1 EA	BX	MR	EA		1 EA		1	03/31/2004	02/03/2016						
54868-5350-04	None			03/23/2006	99/99/9999		TEMODAR, 100 MG, ORAL	30 EA	BO	PO	EA		100 MG		1	03/23/2006	99/99/9999						
54868-5501-00	J1652			01/11/2006	99/99/9999		INJECTION, FONDAPARINUX SODIUM, 0.5 MG	0.6 ML	SR	SC	ML		0.5 MG		25	01/11/2006	99/99/9999						
54868-5511-00	J3535			10/21/2008	99/99/9999		DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	12.9 GM	PC	IH	GM		1 MG		0.017	10/21/2008	99/99/9999						
54868-5717-01	J1250			01/02/2007	99/99/9999		INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	40 ML	VL	IV	ML		250 MG		0.05	01/02/2007	99/99/9999						
54868-5774-00	KO	J7626	KO	06/01/2007	99/99/9999		BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINSTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	2 ML	PC	IH	ML		0.25 MG		0.5	06/01/2007	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	30 EA	BO	PO	EA		1 MG		8	01/01/2012	99/99/9999						
55150-0310-01	J1729			05/21/2019	99/99/9999		INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	5 ML	VL	IM	ML		10 MG		25	05/21/2019	99/99/9999						
61703-0341-09	J9390			11/07/2005	03/30/2018		INJECTION, VINORELBINE TARTRATE, 10 MG	5 ML	VL	IV	ML		10 MG		1	11/07/2005	03/30/2018						
61953-0004-01	J1572			01/01/2008	99/99/9999		INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	10 ML	VL	IV	ML		500 MG		0.1	01/01/2008	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	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	100 ML	VL	IV	ML		500 MG		0.1	01/01/2008	99/99/9999						
62332-0252-09	Q0144			09/22/2020	99/99/9999		AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	9 EA	DP	PO	EA		1 GM		0.5	09/22/2020	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	30 EA	SL	NA	EA		8 MG		1	01/22/2018	99/99/9999						
62991-1108-01	J2760			01/01/2002	99/99/9999		INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	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	1 EA	BO	NA	GM		5 MG		200	09/15/2003	99/99/9999						
62991-1422-02	J0736			09/15/2003	99/99/9999		INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	1 EA	BO	NA	GM		1 MG		1000	09/15/2003	99/99/9999						
90085-1136-02	J1327			08/18/2014	01/01/2021		INJECTION, EPTIFibatide, 5 MG	100 ML	VL	IV	ML		5 MG		0.15	08/18/2014	01/01/2021						
00085-1168-01	J9214			01/01/2002	99/99/9999		INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	3 ML	VL	U	ML		1 MU		6	01/01/2002	99/99/9999						
00085-1417-02	None			12/05/2012	99/99/9999		TEMODAR, 250 MG, ORAL	5 EA	BX	PO	EA		250 MG		1	12/05/2012	99/99/9999						
00085-1425-04	None			12/05/2012	99/99/9999		TEMODAR, 20 MG, ORAL	14 EA	BX	PO	EA		20 MG		7	12/05/2012	99/99/9999						
00088-1208-06	J1260			12/15/2003	99/99/9999		INJECTION, DOLASETRON MESYLATE, 10 MG	0.625 ML	VL	IV	ML		10 MG		2	12/15/2003	99/99/9999						
00093-4145-56	KO	J7614	KO	12/14/2018	99/99/9999		LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINSTERED THROUGH DME, UNIT DOSE, 0.5 MG	3 ML	PC	IH	ML		0.5 MG		0.20666	12/14/2018	99/99/9999						
00093-4146-64	J7614			04/29/2013	02/15/2019		LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINSTERED THROUGH DME, UNIT DOSE, 0.5 MG	3 ML	PC	IH	ML		0.5 MG		0.42	04/29/2013	02/15/2019						
00093-7485-12	Q0166			01/02/2008	11/12/2018		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	2 EA	BX	PO	EA		1 MG		1	01/02/2008	11/12/2018						
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	100 EA	EA	PO	EA		25 MG		1	04/23/2018	99/99/9999						
00143-9085-01	J9000			06/21/2021	99/99/9999		INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	10 ML	VL	IV	ML		10 MG		0.2	06/21/2021	99/99/9999						
00781-3400-95	J0290			05/12/2004	99/99/9999		INJECTION, AMPICILLIN SODIUM, 500 MG	1 EA	VL	U	EA		500 MG		0.25	05/12/2004	99/99/9999						
00781-3420-80	J3285			02/27/2019	99/99/9999		INJECTION, TREPROSTINIL, 1 MG	20 ML	VL	U	ML		1 MG/1 ML		1	02/27/2019	99/99/9999						
00781-3481-92	J3243			11/30/2017	99/99/9999		INJECTION, TIGECYCLINE, 1 MG	10 EA	VL	IV	EA		1 MG		50	11/30/2017	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
00781-7146-64		J7620		07/30/2013	03/14/2017	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	VL	IH	ML	3	MG	0.33333	07/30/2013	03/14/2017						
00781-9338-95		J0690		02/27/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	NOVAPLUS CEFAZOLIN (USP) 500 MG	1	EA	VL	IU	EA	500	MG	1	02/27/2006	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	IU	EA	500	MG	4	01/24/2006	99/99/9999						
00904-7074-61		J7517		03/08/2021	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (10X10)USP/HARD GELATIN 250 MG	100	EA	CT	PO	EA	250	MG	1	03/08/2021	99/99/9999						
10019-0934-01		J9206		02/21/2008	02/03/2016	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SDV AMBER GLASS) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	02/21/2008	02/03/2016						
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						
10106-3343-01		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						
16571-0695-81		Q0144		05/01/2020	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	05/01/2020	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	IU	ML	25	MCG	8	08/01/2019	99/99/9999						
49999-0110-14		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	14	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
50486-0616-16		Q0163		12/04/2002	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	SLEEPNAL 50 MG	16	EA	NA	PO	EA	50	MG	1	12/04/2002	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						
51224-0012-20		J2760		01/31/2018	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	1	EA	VL	IU	EA	5	MG	1	01/31/2018	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						
51552-0304-04		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						
51552-0324-06		J3480		09/01/2003	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ	6.71141	09/01/2003	10/17/2016						
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						
51552-0480-01		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						
51552-0496-01		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						
51552-0564-04		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						
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						
51927-1029-00		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE MICRONIZED (MICRONIZED, CII)	1	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51927-3408-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	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						
52959-0126-45		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	45	EA	NA	PO	EA	1	MG	10	01/01/2016	99/99/9999						
52959-0127-15		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						
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						
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						
63275-9100-05		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						
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						
63323-0148-05		J9390		06/22/2005	99/99/9999	INJECTION, VINOURELBINE TARTRATE, 10 MG	VINOURELBINE TARTRATE (USP,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	06/22/2005	99/99/9999						
63323-0203-26		J3370		05/02/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	PREMIERPRO RX VANCOMYCIN HCL 750 MG	10	EA	VL	IV	EA	500	MG	1.5	05/02/2018	99/99/9999						
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						
63323-0377-01		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	IU	ML	25	MCG	20	04/13/2006	99/99/9999						
63323-0454-01		J2270		05/23/2018	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 4 MG/1 ML	1	ML	VL	IU	ML	10	MG	0.4	05/23/2018	99/99/9999						
63323-0513-02		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE PEDIATRIC (PEDIATRIC M.D.V.,PF) 10 MG/ML	2	ML	VL	IU	ML	80	MG	0.125	01/01/2002	99/99/9999						
63323-0533-83		J1650		11/11/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (MEDIUM BLUE LABEL,PF) 30 MG/0.3 ML	0.3	ML	SR	IU	ML	10	MG	10	11/11/2019	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						
63323-0690-44	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% HYDROMORPHONE HCL (PF,LATEX-FREE) 4 MG/1 ML	30	ML	VL	IH	ML	1	GM	0.2	10/02/2019	99/99/9999						
63323-0854-10		J1710		06/19/2018	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (PF,LATEX-FREE) 4 MG/1 ML	1	ML	VL	IU	ML	4	MG	1	06/19/2018	99/99/9999						
66794-0155-02		J0475		04/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (1X20ML,SINGLE USE) 0.5 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.05	04/01/2018	99/99/9999						
67457-0523-45		J2543		06/02/2016	99/99/9999	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	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						
67457-0594-06		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						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
67877-0504-30		J0604		06/17/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30	EA	BO	PO	EA	1 MG		60	06/17/2019	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	PO	EA	1 MG		1	03/23/2021	99/99/9999							
00172-7312-46		J7502		04/14/2005	05/02/2017	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (USP,MODIFIED,SOFTGEL) 100 MG	30	EA	BX	PO	EA	100 MG		1	04/14/2005	05/02/2017							
00185-0648-01		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							
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	PULMOCORT RESPULES (5X6) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.25 MG		0.5	01/01/2002	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	PULMOCORT RESPULES (30X2ML) 1 MG/2 ML	2	ML	PC	IH	ML	0.5 MG		1	08/27/2007	99/99/9999							
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							
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	
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							
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							
00378-5110-01		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							
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							
00781-5175-05		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							
00781-7157-29		J7644		09/09/2011	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	PC	IH	ML	1 ML		0.2	09/09/2011	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							
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							
00904-7073-93		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							
00944-2850-04		J7799		09/26/2016	12/31/2017	THROUGH DME	CUVITRU (2GM, INNER PACK NDC,PF) 20%	10	ML	VL	SC	ML	1 GM		2	09/26/2016	12/31/2017							
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							
00990-7715-02		J2150		09/09/2020	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (LATEX-FREE) 20%	250	ML	FC	IV	ML	50 ML		0.016	09/09/2020	99/99/9999							
08166-1110-03		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZJE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE,PF) 10 U/ML	3	ML	NA	IV	ML	10 U		1	01/01/2002	99/99/9999							
08290-0330-05		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							
10019-0179-39		J2270		05/05/1999	02/03/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X1ML,SDV, USP) 15MG/ML	1	ML	VL	IJ	ML	10 MG		1.5	05/05/1999	02/03/2016							
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							
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							
16714-0001-01		J9000		01/19/2021	99/99/9999	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	99/99/9999							
16714-0020-30	KO	J7626	KO	01/25/2021	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) 1 MG/2 ML	2	ML	PC	IH	ML	0.5 MG		1	01/25/2021	99/99/9999							
16714-0180-01		J0153		02/19/2021	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	02/19/2021	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							
16714-0221-30		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							
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							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0544-30		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA	EA	1 EA		1	01/01/2002	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	EA	1 EA		1	10/07/2003	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	EA	ML	60 MG		0.5	07/09/2021	99/99/9999						
54569-2580-00		J1000		01/01/2002	10/17/2016	INJECTION, DEPO-ESTRADIOL CYPONATE, UP TO 5 MG	DEPO-ESTRADIOL 5 MG/ML	5 ML	VL	IM	ML	ML	5 MG		1	01/15/2004	10/17/2016	01/01/2002	01/31/2003		1		
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	ML	1 GM		0.02	01/01/2002	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	EA	5 MG		19	10/24/2005	12/31/2018						
54868-0836-07		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA	EA	5 MG		2	01/01/2002	12/31/2015						
54868-0908-02		J7506		02/16/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	3 EA	BO	PO	EA	EA	5 MG		10	02/16/2006	12/31/2015						
54868-1183-09		J7506		08/15/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	25 EA	BO	PO	EA	EA	5 MG		4	08/15/2005	12/31/2015						
54868-1323-00		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	PROMETHAZINE HCL 25 MG	100 EA	BO	PO	EA	EA	12.5 MG		2	01/01/2014	99/99/9999						
54868-2523-01		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	ML	1000 U		10	01/01/2006	99/99/9999						
54868-3004-01		J8999		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	120 EA	BO	PO	EA	EA	1 EA		1	01/01/2002	02/03/2016						
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	ML	1000 U		4	01/01/2019	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	ML	1 EA		1	11/17/2004	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	EA	EA	0.25 MG		0.4	01/01/2006	99/99/9999						
60506-6993-05		J0690		09/10/2012	05/31/2018	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN NOVAPLUS (USP) 1 GM	25 EA	VL	U	ML	ML	500 MG		2	09/10/2012	05/31/2018						
60506-6110-00		J3489		10/04/2013	08/21/2019	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5 ML	VL	IV	ML	ML	1 MG		0.8	10/04/2013	08/21/2019						
60506-6113-06		J9201		02/23/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 38 MG/1 ML	5.26 ML	VL	IV	ML	ML	200 MG		0.19	02/23/2018	99/99/9999						
60506-6142-00		J0690		08/07/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (INNER PACK) 1 GM	1 EA	VL	U	EA	EA	500 MG		2	08/07/2017	99/99/9999						
60506-6156-00		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	EA	1.125 GM		2	02/15/2019	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	ML	1 MCG		600	07/20/2018	99/99/9999						
61553-0114-02		J3010		02/02/2004	02/17/2015	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (PUMP BAG) 1 MG/100 ML-0.9%	250 ML	BG	IV	ML	ML	0.1 MG		0.1	02/02/2004	02/17/2015						
61553-0681-76		J1170		11/21/2007	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (5X60ML, BD SYRINGES) 0.2 MG/ML-0.9%	60 ML	SR	IV	ML	ML	4 MG		0.05	11/21/2007	99/99/9999						
61553-0791-68		J3010		12/01/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X300ML PCA VIAL) 10 MCG/ML-0.9%	30 ML	VL	IV	ML	ML	0.1 MG		100	12/01/2006	99/99/9999						
63874-0327-42		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42 EA	BO	PO	EA	EA	5 MG		2	05/10/2004	12/31/2015						
63874-0392-28		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	28 EA	BO	PO	EA	EA	5 MG		4	01/15/2006	12/31/2015						
63874-0444-30		J8540		01/01/2006	02/03/2016	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	30 EA	BO	PO	EA	EA	0.25 MG		3	01/01/2006	02/03/2016						
63874-0490-60		Q0164		01/01/2014	02/03/2016	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	EA	5 MG		2	01/01/2014	02/03/2016						
63874-0757-21		Q0177		01/01/2014	02/03/2016	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	21 EA	BO	PO	EA	EA	25 MG		2	01/01/2014	02/03/2016						
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	ML	0.1 MG		10000	09/01/2003	99/99/9999						
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	U	EA	EA	100 MG		1	01/01/2002	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	EA	1 EA		1	01/01/2002	99/99/9999						
00054-3542-58		J8999		04/11/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON LIME) 40 MG/ML	240 ML	BO	PO	ML	ML	1 EA		1	04/11/2002	99/99/9999						
00069-0983-01		J9315		01/04/2018	07/02/2020	INJECTION, ROMIDEPIN, 1 MG	ROMIDEPIN (W/DILUENT) 10 MG	1 EA	VL	IV	EA	EA	10 MG		10	01/04/2018	07/02/2020						
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	ML	1 GM		0.04	01/01/2002	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	EA	3.75 MG		3	08/15/2011	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 (5X5ML,SDA,PF)	5 ML	PC	IH	ML	ML	300 MG		0.2	04/01/2008	99/99/9999						
00078-0648-81		J2353		04/10/2015	12/05/2016	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1 1/2"X20G) 30 MG	1 EA	BX	IM	EA	EA	1 MG		30	04/10/2015	12/05/2016						
00078-0679-19		Q0162		08/30/2017	10/17/2018	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	ZOFRAN ODT (3X10) 4 MG	30 EA	ST	PO	EA	EA	1 MG		4	08/30/2017	10/17/2018						
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	EA	1 MG		10	07/11/2017	99/99/9999						
00093-0784-06		J8999		02/20/2003	07/17/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	60 EA	BO	PO	EA	EA	1 EA		1	02/20/2003	07/17/2016						
00093-4147-19	KO	J7614	KO	12/11/2014	99/99/9999	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL (INNER PACK,PF) 1.25 MG/0.5 ML	1 EA	PC	IH	EA	EA	0.5 MG		2.5	12/11/2014	99/99/9999						
00143-9209-10		J2400		09/28/2017	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (400MG/20ML, SDV, USP PF) 2%	20 ML	VL	IJ	ML	ML	30 ML		0.03333	09/28/2017	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00143-9245-10		J8130		07/20/2020	99/99/9999	DACARBAZINE, 100 MG	10 EA	VL	IV	EA	100 MG			2	07/20/2020	99/99/9999						
00143-9275-01		J9000		08/10/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	1 EA	VL	IV	EA	10 MG			1	08/10/2018	99/99/9999						
00143-9549-10		J9000		11/04/2016	03/10/2019	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	5 ML	VL	IV	ML	10 MG			0.2	11/04/2016	03/10/2019						
00173-0821-02		J9302		01/05/2016	02/10/2016	INJECTION, OFATUMUMAB, 10 MG	5 ML	VL	IV	ML	10 MG			2	01/05/2016	02/10/2016						
00264-7520-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	500 ML	FC	IV	ML	1 EA			1	01/01/2002	99/99/9999						
00781-3222-95		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	1 EA	VL	U	EA	500 MG			2	04/14/2008	99/99/9999						
00781-3223-95		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	1 EA	VL	U	EA	500 MG			4	04/14/2008	99/99/9999						
00781-3476-12		J1652		11/20/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	0.8 ML	SR	SC	ML	0.5 MG			25	11/20/2020	99/99/9999						
00781-3827-96		J7643		08/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	2 ML	VL	U	ML	1 MG			0.2	08/15/2019	99/99/9999						
00781-7157-64	KO	J7644	KO	09/09/2011	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	2.5 ML	PC	IH	ML	1 MG			0.2	09/09/2011	99/99/9999						
00781-7171-56		J7682		07/08/2014	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	5 ML	PC	IH	ML	300 MG			0.2	07/08/2014	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	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	2 ML	AM	IH	ML	0.5 MG			1	07/27/2015	99/99/9999						
00781-9225-20		J3490		02/01/2007	99/99/9999	UNCLASSIFIED DRUGS	1 EA	VL	IV	EA	1 EA			1	02/01/2007	99/99/9999						
00781-9407-78		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	1 EA	VL	U	EA	500 MG			1	01/24/2006	99/99/9999						
00781-9409-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	1 EA	VL	U	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	1 EA	VL	U	EA	500 MG			2	02/01/2007	99/99/9999						
00904-6785-04		J7518		12/24/2018	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	30 EA	BX	PO	EA	180 MG			1	12/24/2018	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	20 EA	BX	PO	EA	50 MG			1	01/01/2002	99/99/9999						
00944-2513-02		J7799		10/06/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	210 ML	VL	SC	ML	1 ML			1	10/06/2014	12/31/2015						
00990-7923-36		J7060		04/17/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	50 ML	FC	IV	ML	500 ML			0.002	04/17/2020	99/99/9999						
00990-7972-08		A4217		09/27/2019	99/99/9999	STERILE WATER/SALINE, 500 ML	3000 ML	PC	IR	ML	500 ML			0.002	09/27/2019	99/99/9999						
08290-0331-05		A4216		01/01/2004	10/17/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	5 ML	SR	IV	ML	10 ML			0.1	01/01/2004	10/17/2016						
10019-0030-12		J1885		05/05/2007	10/17/2016	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	1 ML	VL	U	ML	15 MG			2	05/05/2007	10/17/2016						
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	100 EA	BX	PO	EA	50 MG			0.5	10/30/2017	99/99/9999						
51079-0818-20		J7507		11/01/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	100 EA	BX	PO	EA	1 MG			1	08/06/2013	99/99/9999	11/01/2010	07/13/2012				1
51552-0006-07		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	1 EA	BO	NA	GM	50 MG			20	09/01/2003	99/99/9999						
51552-0033-02	KO	J7684	KO	09/01/2003	99/99/9999	TRAMACINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0147-01		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	1 EA	JR	NA	GM	50 MG			20	01/01/2002	99/99/9999						
51552-0464-02		J1320		09/01/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	1 EA	BO	NA	GM	20 MG			50	09/01/2003	99/99/9999						
51552-0676-04		J1240		09/01/2003	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	1 EA	BO	NA	GM	50 MG			20	09/01/2003	99/99/9999						
51552-0737-02		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS	1 EA	BO	NA	GM	1 EA			1	09/01/2003	99/99/9999						
51754-1000-04		J3475		04/24/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	10 ML	VL	U	ML	500 MG			1	04/24/2018	99/99/9999						
51754-1220-03		J2710		11/15/2021	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	10 ML	VL	IV	ML	0.5 MG			2	11/15/2021	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	1 EA	BO	NA	GM	1 MG			1000	09/08/2003	99/99/9999						
52544-0154-02		J3315		12/30/2004	03/12/2017	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	1 EA	VL	IM	EA	3.75 MG			3	12/30/2004	03/12/2017						
54868-5749-01		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 TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	15 EA	BO	PO	EA	1 MG			8	01/01/2012	99/99/9999						
55150-0376-01		J0894		11/16/2021	99/99/9999	INJECTION, DECITABINE, 1 MG	1 EA	VL	IV	EA	1 MG			50	11/16/2021	99/99/9999						
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	20 EA	BO	PO	EA	50 MG			1	05/07/2019	04/12/2021	01/01/2002	02/03/2016				

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0310-04		Q0144		01/01/2002	08/06/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO		EA	1 GM		0.25	01/01/2002	08/06/2018						
55289-0352-09		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	9 EA	BO	PO		EA	1 MG		20	01/01/2016	03/08/2017						
55390-0077-10		J0780		07/22/2004	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (U.S.P.,M.D.V.) 5 MG/ML	2 ML	VL	U		ML	10 MG		0.5	07/22/2004	99/99/9999						
55513-0098-01		J0881		03/16/2015	99/99/9999	INJECTION, DARBEPOETHIN 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						
55513-0144-01		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						
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						
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						
60506-0759-05		J0694		01/23/2006	99/99/9999	INJECTION, CEFOTIXIM SODIUM, 1 GM	CEFOTIXIM 1 GM	1 EA	VL	IV		EA	1 GM		1	01/23/2006	99/99/9999						
60339-0705-41		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						
60378-5261-14		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14 EA	BO	PO		EA	20 MG		1	06/29/2016	99/99/9999						
00378-6992-52	KO	J7613	KO	11/02/2009	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	EA	IH		ML	1 MG		0.1466	11/02/2009	99/99/9999						
00409-4053-03		J3490		05/11/2005	06/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (ADVANTAGE 25X3ML) 150 MG/ML	2 ML	VL	U		ML	1 EA		1	05/11/2005	09/02/2015						
00409-6635-01		J3480		09/21/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FTV,25X5ML,10ML VIAL) 2 MEQ/3 ML	5 ML	VL	IV		ML	2 MEQ		1	09/21/2005	99/99/9999						
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						
00409-7111-09		J7120		08/05/2005	12/19/2019	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXLACT. RINGERS/POTASSIUM CHL (12X100ML,LATEX-FREE)	1000 ML	FC	IV		ML	1000 ML		0.001	08/05/2005	12/19/2019						
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						
00409-7925-09		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						
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	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						
00487-4301-50		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						
00517-4605-25	KO	J7643	KO	01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	5 ML	VL	U		ML	1 MG		0.2	01/01/2002	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						
00591-2737-23		J7614		08/07/2014	99/99/9999	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	3 ML	PC	IH		ML	0.5 MG		0.42	08/07/2014	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						
00603-5339-28		J7506		09/10/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	500 EA	BO	PO		EA	5 MG		4	09/10/2003	12/31/2015						
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	U		ML	10 MG		1	01/01/2015	99/99/9999						
00703-0405-02		J1955		01/01/2002	05/02/2017	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (VIAL) 200 MG/ML	12.5 ML	VL	IV		ML	1 GM		0.2	01/01/2002	05/02/2017						
38779-0154-08		J7506		08/26/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA		GM	5 MG		200	08/26/2002	12/31/2015						
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						
38779-0324-03		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						
38779-0468-03		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						
38779-0660-04		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						
42023-0214-10		J2370		07/17/2019	99/99/9999	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	99/99/9999						
43066-0001-01		J9171		02/23/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X32ML,MV) 10 MG/1 ML	2 ML	VL	IV		ML	1 MG		10	02/23/2018	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	U		ML	1 MG		5	10/19/2020	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						
43975-0253-05		None		08/02/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5 EA	BO	PO		EA	20 MG		1	08/02/2016	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) 0.63MG/3 ML	3 ML	PC	IH		ML	1 MG		0.83	09/02/2021	99/99/9999						
47335-0939-40		J9171		12/10/2020	99/99/9999	DOCETAXEL INJECTION	DOCETAXEL (USP,SDV) 20 MG/1 ML	8 ML	VL	IV		ML	1 MG		20	12/10/2020	99/99/9999						
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						
49348-0044-10		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	VALI-DRYL ALLERGY 25 MG	100 EA	BO	PO		EA	50 MG		0.5	01/01/2002	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						
49452-2697-01		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	

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
49452-4036-02		J0640		06/01/2015	10/17/2016	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (U.S.P.)	1	GM	BO	NA	GM	50 MG		20	06/01/2015	10/17/2016							
49452-5770-03		J3480		06/01/2015	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	12000	GM	BO	NA	GM	2 MEQ		6.71141	06/01/2015	10/17/2016							
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							
54868-1183-03		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							
54868-2062-00		J2310		01/01/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (AMP) 0.4 MG/ML	1	ML	AM	U	ML	1 MG		0.4	01/01/2002	99/99/9999							
54868-2429-01		J6515		01/01/2002	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	COGENTIN (AMP) 1 MG/ML	2	ML	AM	U	ML	1 MG		1	01/01/2002	99/99/9999							
54868-2472-01		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%	3	ML	PC	IH	ML	1 MG		5	04/01/2008	99/99/9999							
54868-2686-00		Q0175		01/01/2002	02/03/2016	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	30	EA	BO	PO	EA	4 MG		1	01/01/2002	02/03/2016							
54868-2687-01		Q0175		01/01/2014	02/03/2016	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	02/03/2016							
54868-2777-00		J1817		05/07/2007	02/03/2016	PER 50 UNITS	NOVOLOG 100 U/ML	10	ML	VL	SC	ML	50 U		2	05/07/2007	02/03/2016							
54868-3134-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	30	ML	VL	U	ML	1 EA		1	01/01/2002	02/03/2016							
54868-3157-00		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	10	EA	BO	PO	EA	0.25 MG		8	01/01/2006	99/99/9999							
54868-3894-00		J2001		01/01/2004	02/03/2016	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (AMP) 2%	5	ML	AM	U	ML	10 MG		2	01/01/2004	02/03/2016							
54868-3996-05		J8499		08/06/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	60	EA	BO	PO	EA	1 EA		1	08/06/2007	99/99/9999							
54868-3998-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	50	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999							
54868-4139-01		Q0166		06/28/2005	02/03/2016	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	KYTRIL 1 MG	10	EA	BO	PO	EA	1 MG		1	06/28/2005	02/03/2016							
54868-4139-03		Q0166		10/14/2005	02/03/2016	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	KYTRIL 1 MG	8	EA	BO	PO	EA	1 MG		1	10/14/2005	02/03/2016							
54868-4143-03		None		05/19/2006	99/99/9999	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	28	EA	BO	PO	EA	150 MG		1	05/19/2006	99/99/9999							
54868-4508-00		J1720		01/01/2002	02/03/2016	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF (ACT-O-VIAL) 1 GM	1	EA	VL	U	EA	100 MG		10	01/01/2002	02/03/2016							
54868-4749-01		J7510		05/25/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	480	ML	BO	PO	ML	5 MG		0.6	05/25/2004	99/99/9999							
54868-5089-02		Q0162		01/01/2012	02/03/2016	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 ODT 8 MG	10	EA	BX	PO	EA	1 MG		8	01/01/2012	02/03/2016							
54868-5112-00		J1650		07/28/2004	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10 MG		10	07/28/2004	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							
62991-1156-02	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							
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	08/11/2019							
00093-6723-74		J7620		01/03/2008	06/04/2018	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	VL	IH	ML	3 MG		0.33333	01/03/2008	06/04/2018							
00093-7334-01		J7517		05/06/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250 MG		1	05/06/2009	99/99/9999							
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							
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							
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							
00143-9204-01		J9171		04/19/2021	99/99/9999	DOCETAXEL INJECTION	DOCETAXEL (USP,SDV,LATEX-FREE) 20 MG/1 ML	1	ML	VL	IV	ML	1 MG		20	04/19/2021	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	ML	250 MG		0.02	11/20/2018	99/99/9999							
00143-9335-10		J3490		12/06/2021	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (PF,LATEX-FREE) 0.75%	30	ML	VL	U	ML	1 EA		1	12/06/2021	99/99/9999							
00603-5337-15		J7506		08/20/2003	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE (DOSE PACK) 5 MG	21	EA	DP	PO	EA	5 MG		1	08/20/2003	12/31/2015							
00641-6028-25		J3010		07/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X5ML,USP,SDV,PF) 0.05 MCG/ML	25	ML	VL	U	ML	0.1 MG		0.5	07/25/2012	99/99/9999							
00641-6073-25		J2270		02/08/2012	09/16/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (S.D.V.) 5 MG/ML	25	ML	VL	U	ML	5 MG/ML		0.5	02/08/2012	09/16/2015							
00703-0045-01		J1030		10/31/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (MDV,USP) 40 MG/ML	10	ML	VL	U	ML	40 MG		1	10/31/2006	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	
55150-0282-09		J1335		05/03/2019	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM NOVAPLUS (LATEX-FREE, LYOPHILIZED) 1 GM	10 EA	VL	U	EA	500 MG			2	05/03/2019	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	U	ML	10 MG			5	01/01/2015	99/99/9999							
00409-1582-10		J3490		07/22/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (10X10ML, S.D.V.) 0.75%	1 EA	VL	U	ML	1			1	07/22/2005	99/99/9999							
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							
00409-2287-22		J1885		06/22/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (10X2ML) 30 MG/ML	2 ML	ML	CT	U	ML	15 MG		2	06/22/2007	99/99/9999							
00409-2305-49		J2250		08/02/2005	06/20/2016	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (10X2ML,PF) 1 MG/ML	2 ML	VL	U	ML	1 MG			1	08/02/2005	06/20/2016							
00409-2306-62		J2250		03/10/2005	10/25/2021	INJECTION, MDAZOLAM 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							
00409-2337-25		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							
00409-2346-32		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							
00409-3356-01		J1170		09/21/2005	07/02/2020	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (10X1ML, USP) 2 MG/ML	1 ML	AM	U	ML	4 MG			0.5	09/21/2005	07/02/2020							
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							
00409-4265-01		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (25X10ML) 80 MG/ML	10 ML	VL	IV	ML	40 MG			2	01/01/2006	99/99/9999							
00409-4856-05		J1720		06/27/2006	06/15/2017	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	A-HYDROCORT (SINGLE-DOSE) 100 MG	10 EA	VL	U	EA	100 MG			1	06/27/2006	06/15/2017							
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							
00409-6629-02		J0330		04/25/2005	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	QUELICIN (VIAL FLIPOP) 20 MG/ML	10 ML	VL	IV	ML	20 MG			1	04/25/2005	99/99/9999							
00409-7385-01		J0280		12/29/2005	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (AMP, LATEX-FREE) 25 MG/ML	10 ML	AM	IV	ML	250 MG			0.1	12/29/2005	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							
00409-7761-03		J1644		07/22/2005	99/99/9999	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	99/99/9999							
00463-1080-30		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	TRUXADRYL (VIAL) 10 MG/ML	30 ML	VL	U	ML	50 MG			0.2	01/01/2002	02/03/2016							
25021-0236-04		J9351		01/01/2015	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG	TOPOTECAN HCL (1X4ML, PF) 1 MG/ML	4 ML	VL	IV	ML	0.1 MG			10	01/01/2015	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							
37205-0565-26		Q0163		01/01/2002	09/19/2017	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	COMPLETE ALLERGY (AF, CHERRY) 12.5 MG/5 ML	118 ML	BO	PO	ML	50 MG			0.05	01/01/2002	09/19/2017							
38779-0082-09		J2001		10/01/2012	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1000 GM	JR	NA	GM	10 MG			100	10/01/2012	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							
38779-0183-08		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							
38779-0195-03		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							
38779-0282-08		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							
38779-0364-03		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							
38779-0405-05	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							
38779-0660-05		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							
38779-0944-07		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							
39822-0615-01		J0770		01/01/2002	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM (VIAL, STERILE) 150 MG	1 EA	VL	U	EA	150 MG			1	01/01/2002	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							
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	VL	IV	ML	10 MG			0.2	03/26/2018	99/99/9999							
45963-0611-59		J9263		01/13/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SDV, PF, LYOPHILIZED) 100 MG	1 EA	VL	IV	EA	0.5 MG			200	01/13/2015	99/99/9999							
45963-0734-52		J9171		01/13/2015	12/21/2016	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SINGLE-USE VIAL, PF) 20 MG/ML	4 ML	VL	IV	ML	1 MG			20	01/13/2015	12/21/2016							
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							
54838-0154-40		Q0163		01/01/2002	03/01/2018	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	SILPHEN 12.5 MG/5 ML	119 ML	BO	PO	ML	50 MG			0.05	01/01/2002	03/01/2018							
54868-0007-00		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL (VIAL) 50 MG/ML	10 ML	AM	U	ML	50 MG			1	01/01/2002	02/03/2016							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-0026-06		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 25 MG	20	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
54868-0186-00		J0595		01/01/2004	02/03/2016	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL (MLD.V.) 2 MG/ML	10	ML	VL	U	ML	1	MG	2	01/01/2004	02/03/2016						
54868-0258-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	55	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
54868-0762-01		J3420		09/18/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/ML	1	ML	VL	IM	ML	1000	MCG	1	09/18/2003	99/99/9999						
54868-0836-00		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						
54868-1367-00		J8999		08/08/2003	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDREA 500 MG	100	EA	BO	PO	EA	1	EA	1	08/08/2003	02/03/2016						
54868-2219-01		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL) 10 MCG/ML	1	ML	VL	IM	ML	1	EA	1	01/01/2002	02/03/2016						
54868-2825-00		J1950		03/10/2003	02/03/2016	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT 3.75 MG	1	EA	BX	IM	EA	3.75	MG	1	03/10/2003	02/03/2016						
54868-3429-01		J0698		01/01/2002	02/03/2016	INJECTION, CEFOTAXIME SODIUM, PER MG	CLAFORAN (VIAL) 1 GM	1	EA	VL	U	EA	1	GM	1	01/01/2002	02/03/2016						
54868-3566-02		J2060		01/10/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 2 MG/ML	25	ML	VL	U	EA	2	MG	1	01/10/2007	99/99/9999						
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						
60505-6146-04		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,SDV) 1 GM	10	EA	VL	U	EA	500	MG	2	04/03/2017	99/99/9999						
60505-6179-00	KO	J7643	KO	05/19/2020	99/99/9999	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	05/19/2020	99/99/9999						
61269-0450-20		J1570		10/01/2019	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	CYTOVENE IV (LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	500	MG	1	10/01/2019	99/99/9999						
61553-0187-75		J2270		02/02/2004	99/99/9999	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	99/99/9999						
61570-0260-10		J2770		06/27/2003	99/99/9999	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	SYNERCID (PF) 350 MG-150 MG	1	EA	VL	IV	EA	500	MG	1	06/27/2003	99/99/9999						
62756-0356-64		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 8 MG	30	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999						
62756-0591-42		J0207		03/26/2008	99/99/9999	INJECTION, AMIFOSTINE, 500 MG	AMIFOSTINE (USP) 500 MG	1	EA	VL	IV	EA	500	MG	1	03/26/2008	99/99/9999						
62756-0968-88		J8499		09/29/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CALCIROL 0.5 MCG	100	EA	BO	PO	EA	1	EA	1	09/29/2020	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						
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						
00338-0411-02		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTRROSE/LIDOCAINE HCL 5%-0.8%	250	ML	FC	IV	ML	10	MG	0.8	01/01/2004	99/99/9999						
00338-1019-48		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM(GALAXY,PREMIX) 1 GM/50 ML	100	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-9143-30		J7060		03/03/2021	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTRROSE (30X50ML,MLINBAG PLUS) 5%	50	ML		IV	ML	500	ML	0.002	03/03/2021	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						
00378-9671-58		J7620		09/26/2013	01/27/2016	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,5 VIALS/POUCH) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	09/26/2013	01/27/2016						
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						
00409-0212-03		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						
00409-0528-15		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						
00409-1140-01		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						
00409-1283-05		J1170		10/22/2012	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,SECURE SINGLE-DOSE) 1 MG/ML	0.5	ML	SR	U	ML	4	MG	0.25	10/22/2012	99/99/9999						
00409-1522-02		J7060		03/09/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTRROSE (12X250ML) 5%	250	ML	GC	U	ML	500	ML	0.002	03/09/2005	99/99/9999						
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						
00409-2308-01		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						
00409-2999-14		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						
00409-3213-12		J3360		10/01/2007	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X10ML,USP,MDV,FLIPTOP) 5 MG/ML	10	ML	VL	U	ML	5	MG	1	10/01/2007	99/99/9999						
00409-3365-10		J1170		06/14/2021	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (10X1ML,SD,LATEX-FREE) 2 MG/1 ML	1	ML	VL	U	ML	4	MG	0.5	06/14/2021	99/99/9999						
00409-3578-01		J3260		11/02/2004	99/99/9999	INJECTION, TOBRAMYCN SULFATE, UP TO 80 MG	TOBRAMYCN SULFATE (VIAL,FLIPTOP) 40 MG/ML	2	ML	VL	U	ML	80	MG	0.5	11/02/2004	99/99/9999						
00409-3795-49		J1885		09/21/2005	04/01/2016	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVATION (FTV,25X1ML,2ML, VIAL) 30 MG/ML	1	ML	VL	U	ML	15	MG	2	09/21/2005	04/01/2016						
00409-4197-01		J3490		03/31/2005	09/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCN PHOSPHATE (VIAL,BULK,LATEX-FREE) 150 MG/ML	60	ML	VL	U	ML	1	EA	1	03/31/2005	09/02/2015						
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						
00990-7985-09		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	U	EA	1	EA	1	08/24/2020	99/99/9999						
03221-0415-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS	VERTIS COLLAGEN MATRIX (4CMX15CM)	1	EA	NA	IP	EA	1	EA	1	01/01/2008	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						
10019-0953-62		J9209		05/05/2007	99/99/9999	INJECTION, MESNA, 200 MG	MESNA 100 MG/ML	1	ML	VL	U	ML	200	MG	0.5	05/05/2007	99/99/9999						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10135-0151-50		Q0153		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 THE 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						
10454-0710-10		J0587		08/01/2005	99/99/9999	INJECTION, RIBAVIRIN/ALUMINUM HYDROXIDE, 100 UNITS	MYOBLOC (PF) 2500 U/0.5 ML	0.5 ML	VL	IM		ML	100 U		50	08/01/2005	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						
13533-0701-01		J0256		09/01/2015	99/99/9999	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	09/01/2015	99/99/9999						
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						
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						
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						
42291-0406-90		Q0177		04/13/2018	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	90 EA		PO		EA	25 MG		1	04/13/2018	99/99/9999						
42291-0753-01		J7507		03/23/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 1 MG	100 EA	BO	PO		EA	1 MG		1	03/23/2020	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						
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						
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						
43598-0410-25		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) 0.63 MG/3 ML	3 ML	PC	IH		ML	0.5 MG		0.42	09/16/2014	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						
43598-0948-11		J1453		07/01/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGGLUMINE (LYOPHILIZED) 150 MG	1 EA	VL	IV		EA	1 MG		150	07/01/2020	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						
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						
44567-0401-10		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						
49452-0970-01		J3490		06/01/2015	10/17/2016	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	125 GM	BO	NA		GM	1 EA		1	06/01/2015	10/17/2016						
49452-0970-02		J3490		06/01/2015	10/17/2016	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	500 GM	BO	NA		GM	1 EA		1	06/01/2015	10/17/2016						
49452-2400-04		J3420		09/01/2015	10/17/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	25 GM	BO	NA		GM	1000 MCG		1000	09/01/2015	10/17/2016						
49452-4836-03		J2310		06/01/2015	10/17/2016	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	1 GM	JR	NA		GM	1 MG		1000	06/01/2015	10/17/2016						
49452-5290-03		J7799		06/01/2015	10/17/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	100 GM	BO	NA		GM	1 GM		1	06/01/2015	10/17/2016						
49452-5344-01		J1165		09/01/2015	10/17/2016	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	25 GM	BO	NA		GM	50 MG		20	09/01/2015	10/17/2016						
49502-0501-20		A4218		01/01/2006	99/99/9999	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	SODIUM CHLORIDE (NEBU-SOLUSTR DOSE DSPNS) 0.9%	120 ML	EA	IH		ML	10 ML		0.1	01/01/2006	99/99/9999						
54868-5000-00		J8999		02/19/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ARIMDEX 1 MG	30 EA	BO	PO		EA	1 EA		1	02/19/2004	99/99/9999						
54868-5089-00		Q0162		01/01/2012	02/03/2016	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 ODT 8 MG	2 EA	BO	PO		EA	1 MG		8	01/01/2012	02/03/2016						
54868-5096-00		J9015		05/22/2006	02/03/2016	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL	PROLEUKIN 22 Million IU	1 EA	VL	IV		EA	1 VIAL		1	05/22/2006	02/03/2016						
54868-5717-02		J1250		06/28/2007	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE 12.5 MG/ML	200 ML	VL	IV		ML	250 MG		0.05	06/28/2007	99/99/9999						
55150-0181-09		J0282		05/04/2018	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 30 MG/1 ML	9 ML	VL	IV		ML	30 MG		1.66666	05/04/2018	99/99/9999						
55150-0295-20	KO	J7643	KO	01/08/2019	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	20 ML	VL	U		ML	1 MG		0.2	01/08/2019	99/99/9999						
55289-0224-04		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 10 MG	4 EA	BO	PO		EA	5 MG		2	01/01/2014	99/99/9999						
55289-0352-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	40 EA	BO	PO		EA	5 MG		4	01/01/2002	12/31/2015						
55289-0438-42		J7506		03/18/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	42 EA	BO	PO		EA	5 MG		2	03/18/2008	12/31/2015						
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						
00063-7766-24		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		100	06/10/2020	99/99/9999						
00121-0902-04		J7510		05/13/2021	99/99/9999	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	99/99/9999						
00143-1473-10		J7512		03/01/2016	06/15/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	1000 EA	BO	PO		EA	1 MG		10	03/01/2016	06/15/2016						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00143-1475-10	J7512			01/01/2016	06/15/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	1 MG		5	01/01/2016	06/15/2016						
00143-9270-01	J9200			09/21/2018	99/99/9999	INJECTION, FLOXURIDINE, 500 MG	FLOXURIDINE (LYOPHILIZED) 0.5 GM	1	EA	VL	U	EA	500 MG		1	09/21/2018	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						
00143-9358-01	J3370			04/29/2019	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PKG,PF) 5 GM	1	EA	BO	IV	EA	500 MG		10	04/29/2019	99/99/9999						
00169-3685-12	J1815			02/10/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MX 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5 U		20	02/10/2003	99/99/9999						
00173-0446-00	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	ZOFRAN 4 MG	30	EA	BO	PO	EA	1 MG		4	01/01/2012	99/99/9999						
00409-4699-30	J3490			03/22/2006	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (FLIPTOP VIAL) 10 MG/ML	20	ML	VL	IV	ML	1 EA		1	03/22/2006	99/99/9999						
00409-4713-02	J2001			11/21/2005	99/99/9999	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	99/99/9999						
00409-4902-34	J7799			12/08/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTRROSE (LIFESHIELD, 18G1-1/2) 50%	1	ML	SR	IV	ML	1 EA		1	12/08/2005	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/ML		1	01/01/2006	99/99/9999						
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						
00409-6534-49	J3370			06/10/2005	05/01/2015	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVATION (ADV-VANTAGE,10X10) 500 MG	1	EA	VL	IV	EA	500 MG		1	06/10/2005	05/01/2015						
00409-9093-32	J3010			11/14/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (10X2ML,LATEX-FREE) 0.05 MG/ML	2	ML	AM	U	ML	0.1 MG		0.5	11/14/2005	99/99/9999						
00463-6155-10	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNICOT 5 MG	1000	EA	NA	PO	EA	5 MG		1	01/01/2002	12/31/2015						
00469-8234-14	J0153			01/01/2015	99/99/9999	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	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						
00487-9501-60	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						
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						
00527-2935-37	J7512			10/21/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	100	EA	BO	PO	EA	1 MG		50	10/21/2019	99/99/9999						
14789-0010-02	J0500			02/13/2019	99/99/9999	INJECTION, DICYCLIMINE HCL, UP TO 20 MG	DICYCLIMINE HCL (SDV) 10 MG/1 ML	2	ML	VL	IM	ML	20 MG		0.5	02/13/2019	99/99/9999						
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						
15054-0043-01	J9205			10/16/2017	99/99/9999	INJECTION, IRINOTECAN LIPOSOME, 1 MG	ONIVYDE (SDV) 4.3 MG/0.1 ML	10	ML	VL	IV	ML	1 MG		4.3	10/16/2017	99/99/9999						
16714-0015-01	J2597			09/29/2020	99/99/9999	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	99/99/9999						
16714-0927-01	J8025			06/03/2019	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE 100 MG	1	EA	VL	U	EA	1 MG		100	06/03/2019	99/99/9999						
16729-0442-15	J0604			06/01/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	90	EA	BO	PO	EA	1 MG		90	06/01/2020	99/99/9999						
17478-0987-12	J1270			09/21/2015	10/21/2016	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (2MLX10, SDV) 2 MCG/1 ML	2	ML	VL	IV	ML	1 MCG		2	09/21/2015	10/21/2016						
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	U	ML	100 MG		2.5	04/01/2021	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	U	ML	100 MG		2.5	06/15/2016	99/99/9999						
25021-0315-01	J2370			11/12/2020	99/99/9999	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	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						
33358-0367-03	Q0144			07/10/2007	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 1 GM/Package	1	EA	BX	PO	EA	1 GM		1	07/10/2007	04/01/2020						
36000-0298-24	J0744			12/23/2019	99/99/9999	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	99/99/9999						
37205-0555-34	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	COMPLETE ALLERGY (AF,CHERRY) 12.5 MG/5 ML	240	ML	BO	PO	ML	50 MG		0.05	01/01/2002	99/99/9999						
38779-0006-04	J3490			01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	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						
38779-0163-09	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						
38779-0180-04	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						
38779-0185-05	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						
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						
54569-0330-03	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
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						

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
54569-0333-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	8 EA	BO	PO	EA	EA	5 MG			10	01/01/2002	12/31/2015						
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	EA	1 MG			50	01/01/2016	12/31/2018						
54569-3043-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	6 EA	BO	PO	EA	EA	5 MG			4	11/17/2003	12/31/2015	01/01/2002	06/10/2003		4		
54569-3043-06		J7506		11/07/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	25 EA	BO	PO	EA	EA	5 MG			4	11/07/2006	12/31/2015						
54569-3900-00		J7811		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	ML	1 MG			5	04/01/2008	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	EA	1 EA			1	01/01/2002	12/31/2018						
54569-5311-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUG	ENGERIX-B PEDIATRIC (S.D.V.,TAX INCL.,PF) 10 MCG/0.5 ML	0.5 ML	VL	IM	ML	ML	1 EA			1	01/01/2002	02/03/2016						
54569-5744-01		J8498		01/01/2006	12/31/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	6 EA	BX	RC	EA	EA	1 EA			1	01/01/2006	12/31/2018						
54868-0026-04		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	EA	50 MG			0.5	01/01/2002	99/99/9999						
54868-0169-01		Q0177		01/01/2002	02/03/2016	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	EA	25 MG			1	01/01/2002	02/03/2016						
54868-0218-05		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	16 EA	BO	PO	EA	EA	0.25 MG			16	01/01/2006	99/99/9999						
54868-1082-03		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	EA	5 MG			2	01/01/2014	99/99/9999						
54868-1119-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	100 EA	BO	PO	EA	EA	1 MG			1	01/01/2016	99/99/9999						
54868-1323-07		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	60 EA	BO	PO	EA	EA	12.5 MG			2	01/01/2014	99/99/9999						
54868-3509-03		Q0162		01/01/2012	02/03/2016	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	20 EA	BO	PO	EA	EA	1 MG			8	01/01/2012	02/03/2016						
63629-1742-03		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 25 MG	10 EA	BO	PO	EA	EA	12.5 MG			2	01/01/2014	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	ML	10 U			10	01/01/2007	99/99/9999						
63874-0370-10		Q0169		01/01/2014	02/03/2016	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	EA	12.5 MG			2	01/01/2014	02/03/2016						
69097-0517-07	None			01/28/2019	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE (HARD GELATIN) 50 MG	100 EA	PC	PO	EA	EA	50 MG			1	01/28/2019	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	EA	1 EA			1	10/12/2020	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	U	ML	ML	1000 MCG			1	09/27/2021	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	ML	IV	ML	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	ML	IV	ML	ML	0.1 MG			0.1	04/12/2021	99/99/9999						
70092-0293-49		J1170		04/16/2021	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (MONOJECT BARREL,PF) 1 MG/1 ML-0.9%	30 ML	ML	IV	ML	ML	4 MG			0.25	04/16/2021	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	ML	IV	ML	ML	0.1 MG			0.2	04/30/2021	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	ML	1 MG			1	11/06/2017	99/99/9999						
70257-0300-51		J2792		05/01/2020	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (SDV,PF) 15000 IU/13 ML	13 ML	VL	U	ML	ML	100 IU			11.538462	05/01/2020	99/99/9999						
70436-0089-55		J1570		01/10/2019	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	GANCICLOVIR (USP,LYPHILIZED) 500 MG	25 EA	EA	IV	EA	EA	500 MG			1	01/10/2019	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	ML	1 MCG			100	12/02/2019	99/99/9999						
00527-2930-43		J7512		10/21/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 1 MG	1000 EA	BO	PO	EA	EA	1 MG			1	10/21/2019	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	ML	0.5 MG			2	10/10/2017	99/99/9999						
00591-3467-53		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 (25X3ML,PF) 0.021%	3 ML	PC	IH	ML	ML	1 MG			0.21	04/01/2008	99/99/9999						
00591-5442-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000 EA	BO	PO	EA	EA	5 MG			2	01/01/2002	12/31/2015						

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00591-5443-10	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	1000	EA	BO	PO	EA	5	MG		4	01/01/2002	12/31/2015					
00603-1567-56	J7510			07/01/2013	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	240	ML	BO	PO	ML	5	MG	0.6	07/01/2013	99/99/9999						
00603-5337-31	J7506			08/20/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	48	EA	DP	PO	EA	5	MG	1	08/20/2003	12/31/2015						
00641-0367-25	J1100			04/27/1983	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	1	ML	VL	U	ML	1	MG	10	04/27/1983	99/99/9999						
00641-0477-21	J2560			12/08/2004	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	1	ML	VL	U	ML	120	MG	1.08333	12/08/2004	99/99/9999						
00703-0051-04	J1040			03/09/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	1	ML	VL	U	ML	80	MG	1	03/09/2005	99/99/9999						
00703-0241-01	J3301			08/29/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	1	ML	VL	U	ML	10	MG	4	08/29/2019	99/99/9999						
51927-1400-00	J3410			09/08/2003	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	1	EA	JR	NA	GM	25	MG	40	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	1	EA	BO	NA	GM	1	1000	200	01/01/2016	99/99/9999						
51927-2234-00	J2680			09/08/2003	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	1	EA	BO	NA	GM	25	MG	40	09/08/2003	99/99/9999						
51927-2785-00	KO	J7681	KO	09/08/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-9018-00	J2550			09/08/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999						
91991-0380-60	J7527			07/28/2021	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	60	EA	BX	PO	EA	0.25	MG	2	07/28/2021	99/99/9999						
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	100	EA	BO	PO	EA	4	MG	0.5	02/06/2018	99/99/9999						
52959-0126-20	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	20	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015						
52959-0127-37	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	37	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
52959-0220-21	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	21	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
59762-4537-01	J1050			09/27/2004	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	1	ML	VL	IM	ML	1	MG	150	09/27/2004	99/99/9999						
60432-0126-16	J8999			12/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	480	ML	BO	PO	ML	1	EA	1	12/01/2006	99/99/9999						
60505-6180-05	KO	J7643	KO	05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	2	ML	VL	U	ML	1	MG	0.2	05/19/2020	99/99/9999						
60687-0149-94	None			03/11/2016	99/99/9999	CAPECITABINE, 500 MG, ORAL	20	EA	BX	PO	EA	500	MG	1	03/11/2016	99/99/9999						
61553-0701-68	J1170			12/01/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	30	ML	VL	IV	ML	4	MG	0.025	12/01/2006	99/99/9999						
61703-0342-22	J9267			01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	16.7	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999						
62559-0922-51	None			11/16/2020	99/99/9999	TEMZOLOMIDE, 100 MG, ORAL	5	EA	BO	PO	EA	100	MG	1	11/16/2020	99/99/9999						
62559-0923-14	None			11/16/2020	99/99/9999	TEMZOLOMIDE, 20 MG, ORAL	14	EA	BO	PO	EA	20	MG	7	11/16/2020	99/99/9999						
62991-1128-06	J0270			09/15/2003	99/99/9999	ADMINISTERED	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	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	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999						
66794-0204-42	KO	J7643	KO	04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	5	ML	VL	U	ML	1	MG	0.2	04/15/2019	99/99/9999						
66993-0021-27	KO	J7614	KO	08/23/2012	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	24	ML	PC	IH	ML	0.5	MG	0.20667	08/23/2012	99/99/9999						
67457-0348-15	J0295			09/04/2015	11/30/2017	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	1	EA	VL	U	EA	1.5	GM	1	09/04/2015	11/30/2017						
67457-0418-05	J1100			04/15/2020	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	5	ML	VL	U	ML	1	MG	4	04/15/2020	99/99/9999						
67457-0424-10	J9060			05/23/2014	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	100	ML	VL	IV	ML	10	MG	0.1	05/23/2014	99/99/9999						
67457-0553-00	J3475			10/02/2020	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	50	ML	FC	IV	ML	500	MG	0.08	10/02/2020	99/99/9999						
67457-0584-06	J1652			01/01/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	0.6	ML	SR	SC	ML	0.5	MG	25	01/01/2015	99/99/9999						
67857-0809-38	J3030			03/17/2016	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)	0.5	ML	SR	SC	ML	6	MG	1	03/17/2016	99/99/9999						
72266-0121-01	J0641			06/25/2019	99/99/9999	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5 MG	25	ML	IV	IV	ML	0.5	MG	20	06/25/2019	99/99/9999						
72603-0301-01	J9263			07/17/2019	99/99/9999	INJECTION, OXALPLATIN, 0.5 MG	10	ML	VL	IV	ML	0.5	MG	10	07/17/2019	99/99/9999						
72606-0557-01	J8999			11/08/2019	03/05/2021	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	30	EA	BO	PO	EA	1	EA	1	11/08/2019	03/05/2021						
73380-4700-01	J9313			10/01/2020	99/99/9999	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	1	EA	VL	IV	EA	0.01	MG	100	10/01/2020	99/99/9999						
75987-0111-10	J9216			01/15/2018	99/99/9999	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	0.5	ML		SC	ML	3000000	U	1.333333	01/15/2018	99/99/9999						
76045-0003-20	J2250			10/01/2014	99/99/9999	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	2	ML	SR	U	ML	1	MG	5	10/01/2014	99/99/9999						
54868-5389-00	J8999			09/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	240	ML	BO	PO	ML	1	EA	1	09/01/2005	99/99/9999						
54868-5569-00	J2355			04/13/2006	02/03/2016	INJECTION, OPRELVEKIN, 5 MG	1	EA	VL	SC	EA	5	MG	1	04/13/2006	02/03/2016						
54868-5648-02	Q0144			08/03/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	15	ML	BO	PO	ML	1	GM	0.04	08/03/2006	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
54888-5802-00		J0885		08/13/2007	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (SDV,1MLX4) 40000 U/ML	1	ML	VL	IJ	ML	1000 U		40	08/13/2007	99/99/9999						
54888-1082-03		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	NA	PO	EA	5 MG		2	01/01/2014	99/99/9999						
64253-0333-22		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 100 U/ML-0.9%	2	ML	SR	IV	ML	10 U		10	01/01/2002	02/03/2016						
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						
64980-0334-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20 MG		1	05/25/2017	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						
65862-0944-24		J7614		12/07/2017	99/99/9999	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL (2X12 POUCHES,PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5 MG		0.42	12/07/2017	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						
66105-0670-03		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						
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						
66479-0520-01		J0735		06/28/2006	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	DURACLON (SDV,PF) 0.1 MG/ML	10	ML	VL	EP	ML	1 MG		0.1	06/28/2006	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						
72603-0401-01		J3301		01/15/2021	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	01/15/2021	99/99/9999						
75987-0111-11		J8216		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						
76045-0203-10		J7643		03/04/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	SIMPLIST GLYCOPYRROLATE (PF) 0.2 MG/1 ML	1	ML	SR	IJ	ML	1 MG		0.2	03/04/2019	99/99/9999						
76045-0383-30		J2710		05/09/2019	99/99/9999	INJECTION, NEOSTIGMINE METHYL SULFATE, UP TO 0.5 MG	SIMPLIST NEOSTIGMINE METHYL SULFATE 1 MG/1 ML	3	ML	SR	IV	ML	0.5 MG		2	05/09/2019	99/99/9999						
90781-3059-95		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						
90781-3409-95		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						
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						
50242-0215-01		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						
50580-0843-10		Q0163		02/02/2009	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	SIMPLY SLEEP (CAPLET) 25 MG	100	EA	BO	PO	EA	50 MG		0.5	02/02/2009	99/99/9999						
51079-0591-01		Q0144		06/25/2007	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	1	EA	BX	PO	EA	1 GM		0.25	06/25/2007	02/03/2016						
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						
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						
51552-0064-01		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						
51552-0304-01		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						
51552-0423-05	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						
51552-0430-02	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						
51552-0564-07		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						
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						
55150-0243-46		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						
55150-0270-01		J9070		08/31/2021	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,PF,LATEX-FREE) 200 MG/1 ML	2.5	ML	VL	IV	ML	100 MG		2	08/31/2021	99/99/9999						
55150-0301-10		J2370		01/22/2021	99/99/9999	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	99/99/9999						
55289-0438-21		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	1 MG		10	01/01/2016	03/08/2017						
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						
55289-0462-25		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						
55289-0462-35		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						
55289-0479-10		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						
63323-0282-02		J3490		05/11/2007	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (SDV,USP,2MLX25) 150 MG/ML	2	ML	VL	IJ	ML	1 EA		1	05/11/2007	99/99/9999						
63323-0285-73		J2795		09/01/2020	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	PREMIERPRO BX NAROPIN (PF) 2 MG/1 ML	200	ML	GC	IJ	ML	1 MG		2	09/01/2020	99/99/9999						

NDC	NDC Mod	HPPCS	HPPCS Mod	Relationship Start Date	Relationship End Date	HPPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPPCS Amount #1	HPPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
63323-0398-10		J0456		02/27/2006	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (10X10ML,LATEX-FREE) 500 MG	1 EA	VL	IV	EA	ML	500 MG		1	02/27/2006	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	ML	0.5 MG		1	02/18/2015	99/99/9999							
63323-0452-01		J2270		05/23/2018	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 2 MG/1 ML	1 ML	VL	U	ML	ML	10 MG		0.2	05/23/2018	99/99/9999							
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	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	ML	1000 U		1	04/23/2020	99/99/9999							
63323-0578-02		J7643		06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2 ML		U	ML	ML	1 MG		0.2	06/15/2018	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	ML	0.1 MG		0.5	05/15/2019	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	EA	250 MG		4.0	12/10/2020	99/99/9999							
63739-0953-25		J1644		06/13/2014	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X10ML,LATEX-FREE) 5000 U/ML	1 ML	VL	U	ML	ML	1000 U		5	06/13/2014	99/99/9999							
70860-0201-10		J9263		06/29/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (MDV,PF,LATEX-FREE) 5 MG/1 ML	10 ML	VL	IV	ML	ML	0.5 MG		10	06/29/2017	99/99/9999							
70860-0218-05		J9070		01/01/2021	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (MDV,PF,LATEX-FREE) 200 MG/1 ML	5 ML	VL	IV	ML	ML	100 MG		2	01/01/2021	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	ML	10 MG		1	06/13/2018	99/99/9999							
70860-0700-01		J1885		07/01/2017	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 15 MG/1 ML	1 ML	VL	U	ML	ML	15 MG		1	07/01/2017	99/99/9999							
70860-0777-20		J2405		02/01/2017	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV) 2 MG/1 ML	20 ML	VL	U	ML	ML	1 MG		2	02/01/2017	99/99/9999							
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	U	ML	ML	1 MG		2	08/01/2021	99/99/9999							
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	EA	100 MG		10	12/02/2019	04/20/2021							
71288-0407-03	KO	J7643	KO	07/15/2019	99/99/9999	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	ML	1 MG		0.2	07/15/2019	99/99/9999							
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	U	ML	ML	50 MG		1	01/01/2019	99/99/9999							
00024-0590-10		J9263		06/08/2005	11/03/2015	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (S.D.V.,PF) 5 MG/ML	10 ML	VL	IV	ML	ML	0.5 MG		10	06/08/2005	11/03/2015							
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	ML	50 UNITS		2	01/28/2019	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	EA	1 MG		10	01/01/2016	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	EA	0.25 MG		3	01/01/2006	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	EA	1 MG		1	01/01/2016	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	ML	500 ML		0.002	10/11/2019	99/99/9999							
00990-7884-23		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	ML	250 ML		0.004	06/24/2019	99/99/9999							
03221-0407-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS	VERITAS COLLAGEN MATRIX (4CMX7CM)	1 EA	NA	IP	EA	EA	1 EA		1	01/01/2008	99/99/9999							
08881-5801-23		J1642		03/14/2002	01/01/2017	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL ADVANCED HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 100 U/ML (2.5 ML, 185U)	2.5 ML	SR	IV	U	U	10 U		10	03/14/2002	01/01/2017							
10106-0262-01		J9017		01/01/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (REAGENT)	1 EA	BO	NA	GM	GM	1 MG		1000	01/01/2002	99/99/9999							
10106-4206-05		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (I.I.S.P.)	1 EA	BO	NA	GM	GM	40 GM		0.025	01/01/2002	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	U	ML	ML	500 MG		0.2	12/07/2010	99/99/9999							
13925-0515-10		KO	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	U	EA	EA	300 MG		1	03/20/2019	99/99/9999							
16571-0685-03		Q0144		05/01/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	30 EA	BO	PO	EA	EA	1 GM		0.25	05/01/2020	99/99/9999							
51991-0219-98		J9263		09/27/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SINGLE-USE,PF) 100 MG	1 EA	VL	IV	EA	EA	0.5 MG		200	09/27/2017	99/99/9999							
52959-0126-50		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	50 EA	BO	PO	EA	EA	1 MG		10	01/01/2016	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	EA	1 EA		1	01/01/2002	99/99/9999							
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	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	EA	5 MG		2	01/01/2014	99/99/9999							
52959-0479-10		Q0173		01/01/2002	02/03/2016	TRIMETHOENZAMIDE 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	TRIMETHOENZAMIDE HCL 250 MG	10 EA	BO	PO	EA	EA	250 MG		1	01/01/2002	02/03/2016							
52959-0547-30		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	30 EA	BO	PO	EA	EA	0.25 MG		16	01/01/2006	99/99/9999							
54569-0331-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA	EA	5 MG		2	01/01/2002	12/31/2015							
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	EA	1 MG		10	01/01/2016	12/31/2018							
54569-0332-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA	EA	5 MG		4	01/01/2002	12/31/2015							
54569-0332-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA	EA	5 MG		4	01/01/2002	12/31/2015							

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63629-1587-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	NA	PO	EA	1 MG		20	01/01/2016	99/99/9999						
63668-0087-01		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	MEDIPHEDRYL 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
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						
63874-0327-01		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
63874-0373-21		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	1 MG		5	01/01/2016	02/03/2016						
63874-0373-30		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	5 MG		1	01/15/2006	12/31/2015						
63874-0373-33		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	33	EA	BO	PO	EA	1 MG		5	01/01/2016	02/03/2016						
63874-0404-35		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1 EA		1	01/15/2006	02/03/2016						
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						
63874-0490-01		Q0164		01/01/2014	02/03/2016	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	02/03/2016						
63874-0490-06		Q0164		01/01/2014	02/03/2016	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	6	EA	NP	PO	EA	5 MG		2	01/01/2014	02/03/2016						
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						
00143-1477-05		J7512		03/01/2016	06/15/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	1 MG		20	03/01/2016	06/15/2016						
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						
00143-9377-01		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						
00143-9558-01		J0641		08/01/2016	99/99/9999	INJECTION, LEVULEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVULEUCOVORIN CALCIUM (PF, LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	0.5 MG		100	08/01/2016	99/99/9999						
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						
00517-1133-01		J2710		05/11/2018	99/99/9999	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	99/99/9999						
00517-4601-25	KO	J7643	KO	01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	1	ML	VL	U	ML	1 MG		0.2	01/01/2002	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						
00527-2934-37		J7512		10/21/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	100	EA	BO	PO	EA	1 MG		20	10/21/2019	99/99/9999						
00527-2934-41		J7512		10/21/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	500	EA	BO	PO	EA	1 MG		20	10/21/2019	99/99/9999						
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						
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						
00591-0800-01		Q0177		09/18/2006	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	100	EA	BO	PO	EA	25 MG		1	09/18/2006	99/99/9999						
00591-2222-15		J7515		12/23/2008	07/17/2016	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (USP, MODIFIED) 25 MG	30	EA	BX	PO	EA	25 MG		1	12/23/2008	07/17/2016						
16714-0079-01		J0604		07/03/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	30	EA	BO	PO	EA	1 MG		60	07/03/2020	99/99/9999						
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	U	ML	10 MG		4	10/20/2020	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						
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						
16729-0260-03		J1327		02/01/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE 2 MG/1 ML	10	ML	VL	IV	ML	5 MG		0.4	02/01/2018	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						
16729-0391-30		J9201		01/15/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	2	ML	VL	IV	ML	200 MG		0.5	01/15/2018	99/99/9999						
64868-3996-03		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50	EA	BO	PO	EA	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
54868-4287-03		J8999		09/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS ANTIEMETIC DRUG, RECTALSUPPOSITORY, NOT OTHERWISE SPECIFIED	TAMOXIFEN CITRATE (FILM COATED) 20 MG	90 EA	BO	PO	EA	EA	1 EA		1	09/22/2005	99/99/9999						
54868-4686-00	J8498			01/01/2006	02/03/2016	PROMETHEGAN 25 MG	PROMETHEGAN 25 MG	6 EA	BX	RC	EA	EA	1 EA		1	01/01/2006	02/03/2016						
54868-5137-00	J1170			08/13/2004	02/03/2016	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUID (AMP) 4 MG/ML	10 ML	AM	U	ML	EA	4 MG		1	08/13/2004	02/03/2016						
54868-5355-00	None			12/20/2005	02/03/2016	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE 50 MG	20 EA	BX	PO	EA	EA	50 MG		1	12/20/2005	02/03/2016						
54868-5612-00	J0770			06/12/2006	02/03/2016	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE 150 MG	1 EA	VL	U	EA	EA	150 MG		1	06/12/2006	02/03/2016						
54868-5752-00	J0285			01/25/2007	02/03/2016	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B 50 MG	1 EA	VL	IV	EA	EA	50 MG		1	01/25/2007	02/03/2016						
54868-5765-00	J1815			04/04/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	15 ML	EA	CT	SC	ML	5 U		20	04/04/2007	99/99/9999						
54879-0036-64	J9050			05/16/2019	99/99/9999	INJECTION, CARMUSTINE, 100 MG	CARMUSTINE (W/DILUENT LYOPHILIZED) 100 MG	1 EA	VL	IV	EA	EA	100 MG		1	05/16/2019	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	EA	1 MG		1	10/27/2014	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	ML	1 MCG		5	06/04/2019	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	U	ML	ML	50 MG		0.5	08/27/2020	99/99/9999						
55289-0352-14	J7512			01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	14 EA	EA	BO	PO	EA	1 MG		20	01/01/2016	03/08/2017						
55289-0373-46	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	46 EA	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
55289-0438-38	J7512			01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	38 EA	EA	BO	PO	EA	1 MG		10	01/01/2016	03/08/2017						
55289-0462-21	J8499			08/17/2006	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21 EA	EA	BO	PO	EA	1 EA		1	08/17/2006	09/11/2019						
55289-0691-25	J8499			01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	25 EA	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
57896-0002-50	A4217			01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE SALINE 0.9%	500 ML		IR		ML	500 ML		0.002	01/02/2018	99/99/9999						
58406-0445-04	J1438			07/17/2006	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/ML	0.98 ML	SR	SC	ML	ML	25 MG		2	07/17/2006	99/99/9999						
67877-0537-07	None			04/26/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5 EA	EA	BO	PO	EA	5 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	EA	BO	PO	EA	100 MG		1	04/26/2017	99/99/9999						
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	EA	BO	IV	EA	500 MG		10	10/07/2019	11/19/2020						
68001-0437-25	J3489			09/01/2020	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (LATEX-FREE) 4 MG/5 ML	5 ML	EA	VL	IV	ML	1 MG		0.8	09/01/2020	99/99/9999						
68001-0466-63	J3370			04/05/2021	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP, PF, LATEX-FREE) 1 GM	1 EA	EA	CT	IV	EA	500 MG		2	04/05/2021	99/99/9999						
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	ML	0.5 MG		10	02/08/2021	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	EA	PO	EA	EA	0.25 MG		6	08/08/2018	99/99/9999						
68115-0770-02	J3030			01/20/2004	02/03/2016	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 (SRN, PREFILLED, UNIT/USE) 6 MG/0.5 ML	0.5 ML	BX	SC	ML	ML	6 MG		2	01/20/2004	02/03/2016						
68982-0822-04	J1599			07/01/2021	99/99/9999	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	ML	500 MG		0.2	07/01/2021	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	ML	500 MG		0.1	09/15/2015	99/99/9999						
68992-3075-01	J7508			09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG	ENVARUSUS XR 0.75 MG	100 EA	EA	BO	PO	EA	0.1 MG		7.5	09/01/2015	12/31/2015						
69448-0005-12	J9045			02/11/2020	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (PF) 10 MG/1 ML	60 ML	VL	IV	ML	ML	50 MG		0.2	02/11/2020	99/99/9999						
69448-0005-31	J9045			02/11/2020	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (PF) 10 MG/1 ML	5 ML	VL	IV	ML	ML	50 MG		0.2	02/11/2020	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	ML	1 MG		25	06/04/2020	99/99/9999						
76045-0203-10	KO	J7643	KO	03/04/2019	99/99/9999	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	ML	1 MG		0.2	03/04/2019	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	ML	3 MG		0.33333	01/01/2013	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	ML	0.5 MG		0.83333	05/19/2017	99/99/9999						
76388-0713-25	None			06/22/2012	99/99/9999	BUSULFAN, ORAL, 2 MG	MYLERAN (FILM-COATED), 2 MG	25 EA	EA	BO	PO	EA	2 MG		1	06/22/2012	99/99/9999						
78206-0162-01	Q5104			10/01/2021	99/99/9999	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLIXIS), 10 MG	RENFLIXIS (PF, LYOPHILIZED) 100 MG	1 EA	EA	VL	IV	EA	10 MG		10	10/01/2021	99/99/9999						
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	EA	BO	PO	EA	50 MG		1	01/01/2002	07/16/2019						
52959-0126-44	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	44 EA	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
52959-0220-75	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	75 EA	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
52959-0544-01	J8499			01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
61553-0111-48	J3010			02/02/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 1 MG/100 ML-0.9%	100 ML	BG	IV	ML	ML	0.1 MG		0.1	02/02/2004	99/99/9999						
61553-0118-41	J3010			02/02/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (INTRAVIA) 0.05 MG/ML	50 ML	NA	IV	ML	ML	0.1 MG		0.5	02/02/2004	99/99/9999						
61553-0194-48	J3490			02/02/2004	06/30/2017	UNCLASSIFIED DRUGS	SURFACANE/SODIUM CHLORIDE (IPUMP BAG) 0.125%-0.9%	100 ML	BG	IV	ML	ML	1 EA		1	02/02/2004	06/30/2017						
61553-0421-04	J3475			02/01/2005	03/31/2017	INJECTION, MAGNESIUM SULFATE, PER 500 MG	DEXTOSE-MAGNESIUM SULFATE (6X1000ML, VIAFLEX BAG) 5%-20 GM	1000 ML	EA	NA	IV	ML	500 MG		0.04	02/01/2005	03/31/2017						
61703-0332-18	J9040			01/01/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE 15 U	1 EA	EA	VL	U	EA	15 U		1	01/01/2002	99/99/9999						
62559-0924-14	None			11/16/2020	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14 EA	EA	BO	PO	EA	20 MG		9	11/16/2020	99/99/9999						

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62756-0059-40		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								
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								
62991-1685-03		J3490		09/01/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	09/01/2002	99/99/9999								
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								
63323-0088-61		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (MAXIALBULK PACK,PF) 23.4%	100 ML	VL	IV	ML	1 EA	1	01/01/2002	99/99/9999								
63323-0088-63		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (MAXIALBULK PACK,PF) 23.4%	200 ML	VL	IV	ML	1 EA	1	01/01/2002	99/99/9999								
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	U	ML	1 MG	4	01/01/2002	99/99/9999								
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								
63323-0285-68		J2795		09/01/2020	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	PREMERPRO RX NAROPIN (PF) 2 MG/1 ML	100 ML	BO	U	ML	1 MG	2	09/01/2020	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								
63323-0329-30		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								
63323-0344-10		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (S.D.V.) 250 MG	1 EA	VL	U	EA	250 MG	1	02/16/2006	99/99/9999								
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								
63874-0444-01		J8540		01/01/2006	02/03/2016	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE, ORAL, 0.25 MG	100 EA	BO	PO	EA	0.25 MG	3	01/01/2006	02/03/2016								
54868-0089-05		Q0162		01/01/2012	02/03/2016	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 ODT 8 MG	30 EA	BX	PO	EA	1 MG	8	01/01/2012	02/03/2016								
54868-5350-02		None		11/22/2005	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	5 EA	BO	PO	EA	100 MG	1	11/22/2005	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								
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								
55289-0352-12		J7506		05/01/2008	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON (USP) 20 MG	12 EA	BO	PO	EA	5 MG	4	05/01/2008	12/31/2015								
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								
55390-0021-01		J2260		05/31/2015	99/99/9999	INJECTION, MLRNONE LACTATE, 5 MG	MLRNONE LACTATE (S.D.V.) 1 MG/ML	50 ML	VL	IV	ML	5 MG	0.2	05/31/2015	99/99/9999								
55390-0046-01		J1450		07/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE 400 MG/200 ML	200 ML	VL	IV	ML	200 MG	0.01	07/29/2004	99/99/9999								
55390-0226-02		J0278		01/01/2006	01/14/2016	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (S.D.V.,PF) 250 MG/ML	2 ML	VL	U	ML	100 MG	2.5	01/01/2006	01/14/2016								
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								
55513-0209-01		J1442		08/08/2000	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (26GX5/6",PF,SINGLEJECT) 480 MCG/0.8 ML	0.8 ML	SR	U	ML	1 MCG	600	08/08/2000	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								
58468-0127-01		J1270		06/11/2014	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	HECTOROL (50X2ML,MDV) 2 MCG/ML	2 ML	VL	IV	ML	1 MCG	2	06/11/2014	99/99/9999								
58468-1849-04		J3240		01/01/2002	05/31/2016	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	THYROGEN (W/2 VIALS DILUENT) 1.1 MG	1 EA	VL	U	EA	1.1 MG	1	01/01/2002	05/31/2016								
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								
59676-0304-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VIAL) 4000 U/ML	1 ML	VL	U	ML	1000 U	4	01/01/2006	99/99/9999								
60505-0750-00		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (1X10ML) 250 MG	1 EA	VL	U	EA	250 MG	1	08/02/2005	99/99/9999								
60505-0794-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 80 MG/0.8 ML	0.8 ML	SY	U	ML	10 MG	10	01/16/2019	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								
62991-1351-02	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								
62991-2042-03		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								
62991-2562-03		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								
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								
63275-2100-09		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								
63275-9936-02		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								
63275-9974-03		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								
63275-9992-02		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								
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								
63323-0010-20		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	U	ML	80 MG	0.5	01/01/2002	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								
63323-0127-10		J8130		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	DACARBAZINE (S.D.V.) 100 MG	1 EA	VL	IV	EA	100 MG	1	01/01/2002	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								
63323-0572-70		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								
63323-0690-44		J7608		10/02/2019	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	PREMERPRO RX ACETYLCYSTEINE (PF) 20%	30 ML	VL	IH	ML	1 GM	0.2	10/02/2019	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								
63459-0103-10		Q511																					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70710-1759-06		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						
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						
70860-0116-26		J3490		07/31/2018	99/99/9999	UNCLASSIFIED DRUGS	NAFILLIN (PF,LATEX-FREE) 1 GM	10	EA	VL	U	EA	1 MG		1	07/31/2018	99/99/9999						
70860-0700-02		J1885		03/01/2018	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 15 MG/1 ML	1	ML	VL	U	ML	15 MG		1	03/01/2018	99/99/9999						
70860-0778-10		J0780		11/01/2018	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (MDV,LATEX-FREE) 5 MG/1 ML	10	ML	VL	U	ML	10 MG		0.5	11/01/2018	99/99/9999						
71288-0407-03		J7643		07/15/2019	99/99/9999	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	07/15/2019	99/99/9999						
71288-0408-21	KO	J7643	KO	07/15/2019	99/99/9999	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	U	ML	1 MG		0.2	07/15/2019	99/99/9999						
71288-0421-96		J1644		04/15/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMERPRO 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						
72611-0639-25		J3490		10/01/2019	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN 150 MG/1 ML	4	ML	VL	U	ML	1 EA		1	10/01/2019	99/99/9999						
72611-0725-25		J1885		01/17/2020	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	01/17/2020	99/99/9999						
76045-0004-10		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (SINGLE USE,PF) 2 MG/ML	1	ML	SR	U	ML	10 MG		0.2	01/01/2015	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						
54868-0236-04		J7060		12/12/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (48X100ML) 5%	100	ML	FC	IV	ML	500 ML		0.002	12/12/2006	99/99/9999						
54868-0836-03		J7512		01/01/2016	99/99/9999	1 MG PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL,	PREDNISONE 10 MG	50	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
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						
54868-1854-04		Q0177		01/01/2014	02/03/2016	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	02/03/2016						
54868-3686-00		J2300		01/01/2002	06/30/2015	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAN (AMP W/O SULFITE/PARABEN) 10 MG/ML	1	ML	AM	U	ML	10 MG		1	01/01/2002	06/30/2015						
54868-3826-06		None		11/22/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	50	EA	BO	PO	EA	2.5 MG		1	11/22/2004	99/99/9999						
54868-3859-01		J2560		01/01/2002	02/03/2016	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (TUBEX) 30 MG/ML	1	ML	SR	U	ML	120 MG		0.25	01/01/2002	02/03/2016						
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						
54868-4047-00		J0290		01/01/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 500 MG	1	EA	VL	U	EA	500 MG		1	01/01/2002	99/99/9999						
54868-4626-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS (VIAL) 100 U/ML	10	ML	VL	SC	ML	5 U		20	01/01/2003	99/99/9999						
60505-6076-04		J0456		09/02/2010	09/02/2020	INJECTION, AZITHROMYICIN, 500 MG	AZITHROMYICIN (MONOHYDRATE: SINGLE-DOSE) 500 MG	10	EA	VL	IV	EA	500 MG		1	09/02/2010	09/02/2020						
60505-6144-00		J0692		03/15/2018	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME NOVAPLUS 1 GM	1	EA		U	EA	500 MG		2	03/15/2018	99/99/9999						
54838-0135-80		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 THE TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SILADRYL ALLERGY (AF,SP) 12.5 MG/5 ML	473	ML	BO	PO	ML	50 MG		0.05	01/01/2002	99/99/9999						
54868-0183-00		A4216		01/01/2004	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION BACTERIOSTATIC (VIAL)	30	ML	VL	IV	ML	10 ML		0.1	01/01/2004	02/03/2016						
54868-0836-04		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
54868-0908-03		J7506		05/16/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 50 MG	50	EA	BO	PO	EA	5 MG		10	05/16/2006	12/31/2015						
54868-1082-01		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						
54868-2380-01		J1815		07/16/2007	02/03/2016	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N 100 U/ML	10	ML	VL	SC	ML	5 U		20	07/16/2007	02/03/2016						
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	80	EA	BO	PO	EA	2.5 MG		1	01/01/2002	12/30/2019						
54868-3349-00		J0561		01/01/2011	02/03/2016	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	BICILLIN L-A (M.D.V.) 300000 U/ML	10	ML	VL	IM	ML	100000 UNITS		3	01/01/2011	02/03/2016						
54868-3508-00		Q0162		01/01/2012	02/03/2016	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 (1X3 DAILY PACK) 4 MG	3	EA	BX	PO	EA	1 MG		4	01/01/2012	02/03/2016						
54868-3896-01		J1030		05/03/2005	02/03/2016	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL 40 MG/ML	25	ML	VL	U	ML	40 MG		1	05/03/2005	02/03/2016						
54868-3896-02		J1030		02/02/2007	02/03/2016	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL 40 MG/ML	5	ML	VL	U	ML	40 MG		1	02/02/2007	02/03/2016						
60505-6144-04		J0692		03/15/2018	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME NOVAPLUS 1 GM	10	EA	VL	U	EA	500 MG		2	03/15/2018	99/99/9999						
60505-6150-05		J0696		02/28/2019	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (BULK PKG) 10 GM	1	EA	VL	IV	EA	250 MG		40	02/28/2019	99/99/9999						
60505-6181-00	KO	J7643	KO	05/19/2020	99/99/9999	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	05/19/2020	99/99/9999						
60977-0155-17	KO	J7643	KO	05/05/2007	02/03/2016	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	2	ML	VL	U	ML	1 MG		0.2	05/05/2007	02/03/2016						
61553-0166-67		J1170		02/02/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,35 ML) 1 MG/ML-0.9%	25	ML	SR	IV	ML	4 MG		0.25	02/02/2004	99/99/9999						
61553-0193-41		J3490		02/02/2004	03/31/2017	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAIVA) 0.25%-0.9%	50	ML	BR	IV	ML	1 EA		1	02/02/2004	03/31/2017						

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
61703-0342-09		J8267		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						
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						
62856-0509-10		J1645		10/10/2006	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (27GX1/2", 10X0.2ML,PF) 5000 IU/0.2 ML	0.2	ML	SR	SC	ML	2500	IU	10	10/10/2006	03/31/2015						
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						
62991-1533-02		J7516		09/15/2003	99/99/9999	UNCLASSIFIED DRUGS	CYCLOSPORIN, PARENTERAL, 250 MG	1	EA	BO	NA	GM	250	MG	4	09/15/2003	99/99/9999						
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						
63275-9983-08		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						
63275-9990-02		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						
63275-9999-05		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						
63304-0143-01		Q0161		03/08/2021	10/08/2021	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 (USP, COATED) 25 MG	100	EA	BO	PO	EA	5	MG	5	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						
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	U	ML	500	MG	1	01/01/2002	99/99/9999						
63323-0121-40		J9250		03/08/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL,PF) 25 MG/ML	40	ML	VL	U	ML	5	MG	5	03/08/2002	99/99/9999						
72485-0215-04		J9171		01/29/2020	99/99/9999	DOCEAXEL INJECTION	DOCEAXEL (USP,SDV) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	01/29/2020	99/99/9999						
72485-0223-20		J8201		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						
72603-0108-01		J3301		01/15/2021	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (LATEX-FREE) 40 MG/1 ML	1	ML	VL	U	ML	10	MG	4	01/15/2021	99/99/9999						
72611-0749-10		J2250		08/04/2020	99/99/9999	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MDAZOLAM HCL (10X10 MDV,LATEX-FREE) 5 MG/1 ML	10	ML	VL	U	ML	1	MG	5	08/04/2020	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						
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	U	ML	1	MG	2	10/19/2020	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						
43598-0529-36		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						
43598-0636-10		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						
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						
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						
45963-0733-57		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						
45963-0734-54		J9171		01/13/2015	99/99/9999	INJECTION, DOCEAXEL, 1 MG	DOCEAXEL (SINGLE-USE VIAL,PF) 20 MG/ML	1	ML	VL	IV	ML	1	MG	20	01/13/2015	99/99/9999						
47335-0532-49		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						
47335-0929-72	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						
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						
49348-0044-04		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	VALU-DRYL ALLERGY 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
49452-0409-01		J3490		09/01/2015	10/17/2016	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	25	GM	BO	NA	GM	1	EA	1	09/01/2015	10/17/2016						
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						
54868-5260-08	None			01/20/2006	02/03/2016	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	80	EA	BO	PO	EA	500	MG	1	01/20/2006	02/03/2016						
54868-5350-03	None			02/08/2006	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	10	EA	BO	PO	EA	100	MG	1	02/08/2006	99/99/9999						
54868-5444-00		J1438		03/18/2008	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 (4X0.98ML,PF) 50 MG/ML	0.98	ML	SR	SC	ML	25	MG	2	03/18/2008	99/99/9999						
54868-5551-00		J0153		01/01/2015	99/99/9999	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	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						
55150-0220-99		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						
55150-0232-10		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						
55289-0224-06		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	10	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
55289-0310-14		Q0144		01/01/2002	08/06/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	14	EA	BO	PO	EA	1	GM	0.25	01/01/2002	08/06/2018						

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
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						
55289-0568-10	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						
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						
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						
60505-5307-01	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						
60505-6031-04	J0692			04/11/2008	07/19/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	1	EA	VL	U	EA	500 MG		4	04/11/2008	07/19/2019						
61553-0113-02	J3010			02/02/2004	99/99/9999	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	99/99/9999						
61553-0780-68	J1170			12/01/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (10X30ML PCA VIAL) 2 MG/ML	30	ML	VL	IV	ML	4 MG		0.5	12/01/2006	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						
61990-0150-01	J2543			08/01/2019	99/99/9999	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	BO	NA	EA	1.125 GM		36	08/01/2019	99/99/9999						
62991-1198-02	J2763			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						
62991-1124-05	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						
62991-1257-01	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						
62991-1635-02	J1300			09/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40 MG		25	09/01/2002	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						
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						
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	U	ML	1000 U		5	01/01/2002	99/99/9999						
63323-0202-02	J2001			01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (S.D.V.) 2%	2	ML	VL	U	ML	10 MG		2	01/01/2004	99/99/9999						
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	U	ML	1000 U		5	01/14/2020	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						
63323-0311-10	J0610			01/01/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (S.D.V.) 100 MG/ML	10	ML	VL	IV	ML	10 ML		0.1	01/01/2002	99/99/9999						
63323-0404-00	J0290			12/12/2014	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (BULK PACKAGE/LATEX-FREE) 10 GM	1	EA	VL	IV	EA	500 MG		20	12/12/2014	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						
68001-0509-60	J3420			09/20/2021	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (LATEX-FREE) 1000 MCG/1 ML	1	ML	VL	U	ML	1000 MCG		1	09/20/2021	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						
68982-0822-03	J1599			07/01/2021	99/99/9999	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	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						
69639-0102-01	J3490			05/08/2018	12/31/2018	UNCLASSIFIED DRUGS	AKYZEHO (SDV, PF, LYOPHILIZED) 235 MG-0.25 MG	1	EA	VL	IV	EA	1 MG		1	05/08/2018	12/31/2018						
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						
70121-1483-07	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						
70436-0008-04	J0604			03/06/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	30	EA	BO	PO	EA	1 MG		60	03/06/2019	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	U	EA	500 MG		4	11/29/2021	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						
70842-0140-03	J2407			08/25/2018	99/99/9999	INJECTION, ORITAVANCIN, 10 MG	ORBACTIV (PF, LYOPHILIZED) 400 MG	3	EA	VL	IV	EA	10 MG		40	08/25/2018	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						
71288-0501-11	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	EA	0.5 MG		2	06/07/2021	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	ML	100		100	10/01/2019	99/99/9999						
72286-0162-01	J9263			03/30/2020	99/99/9999	INJECTION, OXALPLATIN, 0.5 MG	OXALPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5 MG		10	03/30/2020	99/99/9999						
72485-0214-01	J9171			01/12/2020	99/99/9999	DOCETAXEL INJECTION	DOCETAXEL (USP,SDV) 20 MG/1 ML	1	ML	VL	IV	ML	1 MG		20	01/12/2020	99/99/9999						
72572-0225-25	J7643			11/08/2019	99/99/9999	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	11/08/2019	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	U	ML	1 MG		2	10/22/2019	99/99/9999						
72572-0585-10	J2704			10/21/2020	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (PF) 10 MG/1 ML	100	ML	VL	IV	ML	10 MG		1	10/21/2020	99/99/9999						
72603-0101-01	J9263			07/17/2019	99/99/9999	INJECTION, OXALPLATIN, 0.5 MG	OXALPLATIN (PF, LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5 MG		10	07/17/2019	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						
76075-0101-01	J9047			07/20/2012	99/99/9999	INJECTION, CARFILZOMIB, 1 MG	KYPROLIS 60 MG	1	EA	VL	IV	EA	1 MG		1	07/20/2012	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						
76204-0200-25	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						
76282-0674-30	J0604			08/12/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30	EA	BO	PO	EA	1 MG		30	08/12/2020	99/99/9999						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-2892-00		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						
54868-3134-01		J3490		02/02/2007	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL 0.5%	50	ML	VL	U	ML	1 EA		1	02/02/2007	99/99/9999						
54868-3471-00		J2300		01/01/2002	06/30/2015	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAN (M.D.V.) 10 MG/ML	10	ML	VL	U	ML	10 MG		1	01/01/2002	06/30/2015						
54868-3826-07		None		11/04/2005	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30	EA	BO	PO	EA	2.5 MG		1	11/04/2005	99/99/9999						
54868-3998-00		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
54868-4082-00		J7644		01/01/2002	99/99/9999	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	99/99/9999						
54868-4142-05		None		03/23/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	30	EA	BO	PO	EA	20 MG		1	03/23/2006	99/99/9999						
54868-4339-03		None		04/03/2006	02/03/2016	MELPHALAN, 2 MG, ORAL	ALKERAN 2 MG	28	EA	BO	PO	EA	2 MG		1	04/03/2006	02/03/2016						
54868-4749-00		J7510		02/28/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	24	ML	BO	PO	ML	5 MG		0.6	02/28/2003	99/99/9999						
54868-4997-00		J0725		02/18/2004	99/99/9999	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	99/99/9999						
54868-5201-00		J1815		12/28/2004	99/99/9999	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	99/99/9999						
54868-5310-04		J7500		02/28/2006	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	90	EA	BO	PO	EA	50 MG		1	02/28/2006	99/99/9999						
63874-0404-50		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1 EA		1	01/23/2002	02/03/2016						
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						
64208-8235-07		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						
54868-5478-01		Q0144		12/13/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	30	EA	BO	PO	EA	1 GM		0.25	12/13/2005	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						
55150-0191-83		J1740		09/08/2015	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG/1 ML	IBANDRONATE SODIUM 1 MG/1 ML	3	ML	SR	IV	ML	1 MG		1	09/08/2015	99/99/9999						
55150-0292-01		J7643		01/08/2019	99/99/9999	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	U	ML	1 MG		0.2	01/08/2019	99/99/9999						
55150-0322-25		J1940		06/20/2019	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV,PF,LATEX-FREE) 10 MG/1 ML	2	ML	VL	U	ML	20 MG		0.5	06/20/2019	99/99/9999						
55289-0438-20		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	1 MG		10	01/01/2016	03/08/2017						
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						
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						
62856-0796-01		Q9978		07/01/2015	12/31/2015	NETUPANTAN 300 MG AND PALONOSETRON 0.5 MG, ORAL	AKYZEO (HARD GELATIN) 300 MG-0.5 MG	1	EA	DP	PO	EA	300.5 MG		1	07/01/2015	12/31/2015						
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						
62991-1004-01		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						
62991-1125-04		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						
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						
63275-9999-05	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						
63323-0196-06		J9185		12/07/2007	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (USP) 50 MG	1	EA	VL	IV	EA	50 MG		1	12/07/2007	99/99/9999						
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						
63323-0393-06		J0770		03/10/2008	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (USP,LYOPHILIZED CAKE) 150 MG	1	EA	VL	U	EA	150 MG		1	03/10/2008	99/99/9999						
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						
63323-0530-75		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						
65862-0642-30		Q0144		08/10/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1 GM		0.5	08/10/2018	99/99/9999						
65862-0945-24	KO	J7614	KO	12/07/2017	99/99/9999	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	99/99/9999						
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						
66758-0036-01		J1626		06/30/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4MLMULTI-USE) 1 MG/ML	4	ML	VL	IV	ML	100 MCG		10	06/30/2008	99/99/9999						
66794-0203-42		J7643		04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML	VL	U	ML	1 MG		0.2	04/15/2019	99/99/9999						
66993-0022-27	KO	J7614	KO	08/23/2012	99/99/9999	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	99/99/9999						
66993-0023-27	KO	J7614	KO	08/23/2012	99/99/9999	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	99/99/9999						
67457-0395-25		J9000		12/16/2014	99/99/9999	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	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
67457-0887-99		J1050		10/12/2018	99/99/9999	INJECTION, DEXROXYPROGESTERONE ACETATE, 1 MG	DEXROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML		IM	ML	1 MG		150	10/12/2018	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						
72078-0025-10		J1327		04/01/2021	99/99/9999	EPTIFIBATIDE, 5 MG	EPTIFIBATIDE NOVAPLUS 2 MG/1 ML	10	ML	CT	IV	ML	5 MG		0.4	04/01/2021	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						
72266-0161-01		J9263		03/30/2020	99/99/9999	INJECTION, OXALPLATIN, 0.5 MG	OXALPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5 MG		10	03/30/2020	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	U	ML	20 MG		1	08/27/2020	99/99/9999						
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						
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						
73480-0150-04		Q0163		10/05/2020	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	DIPHEN (USP,CINNAMON/ANISE) 12.5 MG/5 ML	118	ML	BO	PO	ML	50 MG		0.05	10/05/2020	99/99/9999						
76045-0001-20		J2250		10/01/2014	99/99/9999	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MDAZOLAM (PREFILLED, USP,PF) 1 MG/ML	2	ML	SR	U	ML	1 MG		1	10/01/2014	99/99/9999						
76045-0002-10		J2250		10/01/2014	99/99/9999	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MDAZOLAM (PF) 5 MG/ML	1	ML	SR	U	ML	1 MG		5	10/01/2014	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						
76204-0003-24	KO	J7614	KO	02/18/2013	99/99/9999	LEVELBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME,	LEVELBUTEROL HYDROCHLORIDE, 1.25 MG/3ML,(24X3ML,PF)	3	ML	BO	IH	ML	0.5 MG		0.83333	02/01/2013	99/99/9999						
54868-3220-06		J7510		02/03/2016	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PRELONE (CHERRY) 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	01/01/2002	02/03/2016						
54868-3555-00		J7631		03/24/2003	02/03/2016	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM 10 MG/ML	2	ML	PC	IH	ML	10 MG		1	03/24/2003	02/03/2016						
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						
63323-0651-89		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						
63323-0806-05		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	U	ML	0.1 MG		0.5	05/15/2019	99/99/9999						
63323-0817-20		J3010		09/24/2021	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	09/24/2021	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						
63629-1579-03		J7512		01/01/2016	01/30/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	30	EA	NA	PO	EA	1 MG		10	01/01/2016	01/30/2017						
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						
63629-1870-02		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 6.25 MG/5 ML	240	ML	BO	PO	ML	12.5 MG		0.1	01/01/2014	99/99/9999						
63874-0006-14		Q0163		05/10/2004	02/03/2016	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	14	EA	BO	PO	EA	50 MG		1	05/10/2004	02/03/2016						
63874-0382-10		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5 MG		4	01/15/2006	12/31/2015						
63874-0404-60		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	60	EA	BO	PO	EA	1 EA		1	01/23/2002	02/03/2016						
64208-8234-01		J1557		01/01/2012	01/31/2015	INJECTION, IMMUNE GLOBULIN (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID) 500 MG	GAMMAPLEX (1X50ML SINGLE USE) 2.5 GM/50 ML	1	ML	VL	IV	ML	1 EA		0.1	01/01/2012	01/31/2015						
64253-0222-30		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN W/LUER LOCK) 10 UNITS	10	ML	SR	IV	ML	10 U		1	01/01/2002	02/03/2016						
64679-0703-01		J0696		05/18/2007	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (USP) 2 GM	1	EA	VL	U	EA	250 MG		8	05/18/2007	99/99/9999						
54868-1183-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	60	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
54868-1744-00		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						
62991-2004-03		J1320		01/01/2002	99/99/9999	INJECTION, AMTRIPTYLINE HCL, UP TO 20 MG	AMTRIPTYLINE HCL (U.S.P.)	1	EA	BO	PO	EA	20 MG		50	01/01/2002	99/99/9999						
62991-2577-02		J0456		10/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X100MG,USP)	1	EA	NA	NA	GM	500 MG		2	10/01/2007	99/99/9999						
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						
63275-8100-04		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						
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						
63323-0161-01		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 15 MG/ML	1	ML	VL	U	ML	15 MG		1	01/01/2002	99/99/9999						
63323-0201-02		J2001		01/01/2004	99/99/9999	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	99/99/9999						
63323-0208-05		J2001		01/01/2004	99/99/9999	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	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						
63323-0284-20		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VAL,PF) 1 GM	1	EA	VL	IV	EA	500 MG		2	01/01/2002	99/99/9999						
63323-0311-61		J0610		01/01/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (MAXIMAL,BULK PACK,PF) 100 MG/ML	100	ML	VL	IV	ML	10 ML		0.1	01/01/2002	99/99/9999						
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						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0643-13		J1644		08/25/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25X0.5ML,SDV,PF) 5000 UI/0.5 ML	0.5	ML	VL	U	ML	1000 U		10	08/25/2020	99/99/9999						
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						
63323-0734-10		J2430		04/25/2002	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (S.D.V.) 3 MG/ML	10	ML	VL	IV	ML	30 MG		0.1	04/25/2002	99/99/9999						
63323-0806-01		J3010		06/15/2019	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						
63629-1472-01		None		11/01/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30	EA	NA	PO	EA	2.5 MG		1	11/01/2004	99/99/9999						
63629-1742-01		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 25 MG	15	EA	BO	PO	EA	12.5 MG		2	01/01/2014	99/99/9999						
63739-0964-25		J1644		08/13/2014	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 10000 UI/ML	1	ML	VL	U	ML	1000 U		10	06/13/2014	99/99/9999						
66733-0958-23		J9055		06/03/2007	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						
66794-0202-42	KO	J7643	KO	04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML	VL	U	ML	1 MG		0.2	04/15/2019	99/99/9999						
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						
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						
67457-0920-05		J3489		10/12/2020	99/99/9999	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	99/99/9999						
67457-0987-10		J2310		11/15/2019	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL NOVAPLUS (MDV) 0.4 MG/1 ML	10	ML	VL	U	ML	1 MG		0.4	11/15/2019	99/99/9999						
67467-0843-02		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (2.5GM/VIAL, S/D TREATED) 50 MG/ML	1	ML	VL	IV	ML	500 MG		0.1	11/04/2011	09/14/2015						
68001-0391-79		J9280		05/01/2019	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (USP) 40 MG	1	EA	VL	IV	EA	5 MG		8	05/01/2019	99/99/9999						
68382-0756-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 250 MG	5	EA	BO	PO	EA	250 MG		1	06/01/2018	99/99/9999						
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						
69101-0410-01		J7510		06/14/2018	99/99/9999	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	99/99/9999						
69452-0171-04		Q0144		09/17/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X6, USP,FLM-COATED) 250 MG	6	EA	BX	PO	EA	1 GM		0.25	09/17/2019	99/99/9999						
70020-1911-01		J9207		01/01/2016	99/99/9999	INJECTION, IXEMPRA, 1 MG	IXEMPRA (IV/DILUENT) 45 MG	1	EA	VL	IV	EA	1 MG		45	01/01/2016	99/99/9999						
70069-0072-10		J2510		08/09/2017	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (MDV) 0.4 MG/1 ML	10	ML	VL	U	ML	1 MG		0.4	08/09/2017	99/99/9999						
70092-0523-50		J2274		04/30/2021	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE-SODIUM CHLORIDE (PF,SULFITE-FREE) 1 MG/1 ML-0.9%	50	ML	IV	ML	ML	10 MG		0.1	04/30/2021	99/99/9999						
70121-1572-01		J0641		04/19/2019	99/99/9999	INJECTION, LEVULEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVULEUCOVORIN CALCIUM (PF) 10 MG/1 ML	17.5	ML	VL	IV	ML	0.5 MG		20	04/19/2019	99/99/9999						
70121-1577-05		J2370		10/04/2018	99/99/9999	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	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						
70121-1655-01		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						
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						
63874-0327-25		J7512		01/01/2016	10/17/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	25	EA	BO	PO	EA	1 MG		10	01/01/2016	10/17/2016						
63874-0392-06		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	60	EA	BO	PO	EA	5 MG		4	01/15/2006	12/31/2015						
63874-0500-60		J8499		03/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	NA	PO	EA	1 EA		1	03/15/2006	02/03/2016						
64253-0444-25		J1642		10/10/2003	12/08/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML PRE-FILLED SYRINGE) 1 U/ML	5	ML	SR	IV	ML	10 U		0.1	10/10/2003	12/08/2016						
64980-0338-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250 MG		1	05/25/2017	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						
65219-0800-10		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						
65862-0945-24		J7614		12/07/2017	99/99/9999	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	99/99/9999						
66105-0832-01		J8999		09/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	10	EA	BO	PO	EA	1 EA		1	09/13/2006	99/99/9999						
66105-0832-03		J8999		09/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	30	EA	BO	PO	EA	1 EA		1	09/13/2006	99/99/9999						
66267-0208-20		Q0173		01/01/2002	10/17/2016	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 250 MG	20	EA	BO	PO	EA	250 MG		1	01/01/2002	10/17/2016						
66669-0307-08		J7517		02/15/2019	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (BANANA) 200 MG/1 ML	175	ML	BO	PO	ML	250 MG		0.8	02/15/2019	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						
62991-1257-02		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						
62991-2004-02		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						
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						
70710-1788-06		J1850		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70748-0257-60	KO	J7605	KO	06/01/2021	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	PC	IH		ML	15 MCG		0.5	06/01/2021							
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							
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							
60977-0141-01		J2730		12/20/2004	99/99/9999	INJECTION, PRALOXIME CHLORIDE, UP TO 1 GM	PROTOPAM CHLORIDE (S.D.V.) 1 GM	1 EA	VL	U		EA	1 GM		1	12/20/2004							
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							
61553-0732-03		J2590		02/06/2004	12/31/2016	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN-SODIUM CHLORIDE (12X500ML, VIAFLEX BAG) 10 U-0.9%	500 ML	NA	IV		ML	10 U		1	02/06/2004	12/31/2016						
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							
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							
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							
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							
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						
63275-6200-07		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						
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	U		EA	500 MG		1	08/28/2019							
68001-0285-40		J0840		11/23/2016	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 50 MG	10 EA	VL	U		EA	50 MG		1	11/23/2016							
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						
68001-0351-60		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		U		ML	1 MG		0.2	06/15/2018	08/23/2021						
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						
68001-0460-42		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							
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							
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							
68190-0690-01		J1453		09/07/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMETHYLUMINE (SDV,LYOPHILIZED) 150 MG	1 EA	VL	IV		EA	1 MG		150	09/07/2020							
68330-0001-10		J0896		09/15/2007	09/25/2019	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (USP) 250 MG	1 EA	VL	U		EA	250 MG		1	09/15/2007	09/25/2019						
68330-0003-10		J0896		09/15/2007	09/25/2019	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (USP) 1 GM	1 EA	VL	U		EA	250 MG		4	09/15/2007	09/25/2019						
68382-0755-67		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 180 MG	14 EA	BO	PO		EA	20 MG		9	06/01/2018							
68462-0833-35	KO	J7605	KO	06/23/2021	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	VL	IH		ML	15 MCG		0.5	06/23/2021							
68892-0850-05		J1568		02/01/2020	99/99/9999	INJECTION, IMMLINE 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							
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							
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							
69097-0802-37		J1071		03/21/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE 200 MG/1 ML	10 ML	VL	IM		ML	1 MG		200	03/21/2019							
69238-1797-01		J1729		03/08/2019	99/99/9999	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							
59651-0205-08		None		05/24/2019	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120 EA	BO	PO		EA	500 MG		1	05/24/2019							
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							
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							
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							
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							
59923-0723-12		None		05/01/2020	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120 EA	BO	PO		EA	500 MG		1	05/01/2020							
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							
60505-0886-01		J2543		10/06/2015	99/99/9999	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							
63874-0500-40		J8499		03/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40 EA	BO	PO		EA	1 EA		1	03/15/2006	02/03/2016						
63874-0757-90		Q0177		01/01/2014	02/03/2016	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	90 EA	BO	PO		EA	25 MG		2	01/01/2014	02/03/2016						
64293-0222-22		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN.6 ML W/LUER LOCK) 10 U/ML-0.9%	2 ML	SR	IV		ML	10 U		1	01/01/2002	02/03/2016						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
64253-0222-33		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN 12 ML W/LIQUOR LOCK) 10 U/ML-0.9%	3	ML	SR	IV	ML	10	U	1	01/01/2002	02/03/2016							
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							
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							
65219-0427-10		J2704		06/04/2020	99/99/9999	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	99/99/9999							
65757-0404-03		J1944		10/01/2019	99/99/9999	INJECTION, ARIPIRAZOLE LAUROYL, (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							
66105-0832-09		J8999		09/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	90	EA	BO	PO	EA	1	EA	1	09/13/2006	99/99/9999							
66794-0157-02		J0475		04/01/2019	99/99/9999	INJECTION, BACLOFEN, 10 MG	GABLOFEN (1X20ML,SINGLE USE) 2 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.2	04/01/2019	99/99/9999							
66794-0227-41		J2700		04/07/2020	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (USP) 10 GM	10	GM	VL	IV	EA	250	MG	40	04/07/2020	99/99/9999							
66993-0489-83		J9120		12/07/2017	99/99/9999	INJECTION, DACTINOMYCIN, 0.5 MG	DACTINOMYCIN (SDV,PF,LYOPHILIZED) 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	12/07/2017	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							
70257-0310-51		J2792		12/01/2020	99/99/9999	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	99/99/9999							
70257-0562-55		J0476		07/10/2017	99/99/9999	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	LIORAL INTRATHECAL (SCREENING #8563,PF) 0.05 MG/1 ML	1	ML	AM	IN	ML	50	MCG	1	07/10/2017	99/99/9999							
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							
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							
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	PO	ML	1	GM	0.04	08/28/2018	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							
70748-0262-01		J7517		11/30/2020	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	11/30/2020	99/99/9999							
70860-0122-50		J2543		05/01/2019	99/99/9999	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	99/99/9999							
70860-0201-20		J9263		06/29/2017	99/99/9999	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	99/99/9999							
70860-0780-10		J1453		01/05/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMETHYLUMINE (LYOPHILIZED,PF) 150 MG	1	EA	VL	IV	EA	1	MG	150	01/05/2020	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							
63323-0873-10		A4216		04/27/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE-SODIUM CHLORIDE (10X100ML,USP,PF) 5%-0.225%	1000	ML	FC	IV	ML	10	ML	0.1	04/27/2021	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%	500	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999							
00338-0431-03		J1644		01/01/2002	02/03/2016	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	02/03/2016							
00338-1017-41		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (GALAXY,PREMX) 1 GM/50 ML	50	ML	PC	IV	ML	1	EA	1	01/01/2002	99/99/9999							
00338-1021-41		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (GALAXY,PREMX) 1 Million U/50 ML	50	ML	PC	IV	ML	600000	U	0.03333	01/01/2002	99/99/9999							
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							
00378-3547-25		J8999		07/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE (U.S.P.) 50 MG	250	EA	BO	PO	EA	1	EA	1	07/01/2005	99/99/9999							
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							
00378-6196-93		J0604		05/20/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	30	EA	BO	PO	EA	1	MG	60	05/20/2019	99/99/9999							
00378-8712-73		J8499		10/10/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (BANANA) 200 MG/5 ML	473	ML		PO	ML	1	EA	1	10/10/2018	99/99/9999							
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							
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							
00409-1007-01		J2501		01/01/2018	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (LATEX-FREE) 0.002 MG/1 ML	1	ML	VL	IV	ML	1	MCG	2	01/01/2018	99/99/9999							
00409-1260-69		J2270		03/22/2006	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE 8 MG/ML	1	ML	SR	U	ML	10	MG	8	03/22/2006	99/99/9999							
00409-1330-01		J1270		10/21/2019	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (MCG) 2 MCG/1 ML	2	ML	VL	IV	ML	1	MCG	2	10/21/2019	99/99/9999							
00409-1761-02		J3490		06/06/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE SPINAL (AMP,W,DEXTROSE,PF) 0.75%	2	ML	AM	IJ	ML	1	EA	1	06/06/2005	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% SUFENTANIL CITRATE (AMP,10X2ML,LATEX-FREE) 50 MCG/ML	5	ML	VL	IV	ML	10	ML	0.1	01/01/2007	12/05/2019							
00409-3380-32		J3490		11/03/2005	08/01/2015	UNCLASSIFIED DRUGS	50 MCG/ML	2	ML	AM	U	ML	1	EA	1	11/03/2005	08/01/2015							
00409-4031-01		J2150		10/19/2004	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (VIAL, FLIPTOP) 25%	50	ML	VL	IV	ML	50	ML	0.02	10/19/2004	99/99/9999							
00409-4684-02		J1450		03/06/2007	09/01/2015	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X200ML,LATEX-FREE) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	03/06/2007	09/01/2015							
51552-0042-01		J7643		01/01/2002	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (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	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999							
51552-0106-04		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	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							
51552-0156-02	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							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0423-02		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							
51552-0529-02		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P., N.F.)	1 EA	BO	NA	GM	1 EA		1	09/01/2003	99/99/9999							
51552-0688-03		J0745		09/01/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X10MG,USP)	1 EA	BO	NA	GM	30 MG		33.33333	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							
51552-0889-02		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							
51552-1045-09		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							
51754-6015-03	KO	J7643	KO	01/01/2021	99/99/9999	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	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							
51927-1110-00		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							
51927-3163-00		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							
52959-0126-37		J7506		07/18/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	37 EA	BO	PO	EA	5 MG		2	07/18/2007	12/31/2015							
52959-0127-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015							
52959-0158-06		J7669		01/01/2002	02/03/2016	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	ALUPENT (VIAL) 0.6%	2.5 ML	AM	IH	ML	10 MG		0.6	01/01/2002	02/03/2016							
52959-0220-60		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PREDNISONE 1 MG	PREDNISONE 5 MG	60 EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999							
58864-0423-40		J7506		07/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (REDI-SCRIPT) 10 MG	40 EA	BO	PO	EA	5 MG		2	07/01/2004	12/31/2015							
59353-0003-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETAOCRIT) (FOR NON-ESRD USE), 1000 UNITS	RETAOCRIT (PF) 3000 U/1 ML	1 ML	VL	U	ML	1000 U		3	01/01/2019	99/99/9999							
59923-0715-05		J9206		03/01/2019	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	5 ML	VL	IV	ML	20 MG		1	03/01/2019	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							
60505-0681-04		J0692		02/04/2019	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 MG	10 EA	VL	U	EA	500 MG		4	06/19/2007	02/04/2019							
60505-0759-01		J0694		10/06/2015	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM 1 GM	1 EA	VL	IV	EA	1 GM		1	10/06/2015	99/99/9999							
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							
60505-6149-00		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (CRYSTALLINE) 2 GM	1 EA	VL	U	EA	250 MG		8	06/23/2017	99/99/9999							
60505-6159-00		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/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							
60505-6181-00		J7643		05/19/2020	99/99/9999	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	05/19/2020	99/99/9999							
60977-0155-54		J7643		05/05/2007	02/03/2016	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	5 ML	VL	U	ML	1 MG		0.2	05/05/2007	02/03/2016							
61553-0109-72		J3010		02/02/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (SRN,12 ML) 0.5 MG/100 ML-0.5%	10 ML	SR	IV	ML	0.1 MG		0.05	02/02/2004	99/99/9999							
61553-0191-48		J3490		02/02/2004	03/31/2017	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.125%-0.9%	100 ML	BG	IV	ML	1 EA		1	02/02/2004	03/31/2017							
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							
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							
62991-1179-03	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							
62991-1352-04		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							
62991-1635-03		J1030		09/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	40 MG		25	09/01/2002	99/99/9999							
62991-2501-01		J3490		09/15/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P., 24)	1 EA	BO	NA	GM	1 EA		1	09/15/2003	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							
70860-0701-02		J1885		07/01/2017	99/99/9999	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	99/99/9999							
70860-0782-10		J1453		11/11/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMETHYLUMINE (SDV,PF,LATEX-FREE) 150 MG	1 EA	VL	IV	EA	1 MG		150	11/11/2020	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							
54868-5354-00		None		04/13/2006	99/99/9999	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	5 EA	BO	PO	EA	250 MG		1	04/13/2006	99/99/9999							
54868-2347-00		Q0161		01/01/2014	02/03/2016	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 100 MG	100 EA	BO	PO	EA	5 MG		20	01/01/2014	02/03/2016							
54868-3089-00		J7799		12/11/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (10X50ML) 50%	50 ML	SR	IV	ML	1 EA		1	12/11/2006	99/99/9999							
54868-3623-00		J2930		01/01/2002	02/03/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLLU-MEDROL (W/DILUENT) 500 MG	1 EA	VL	U	EA	125 MG		4	01/01/2002	02/03/2016							
54868-4143-02		None		10/19/2005	02/03/2016	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	30 EA	BO	PO	EA	150 MG		1	10/19/2005	02/03/2016							
54868-4628-00		J8999		06/12/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180 EA	BO	PO	EA	1 EA		1	06/12/2002	02/03/2016							
54868-5089-01		Q0162		01/01/2012	02/03/2016	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	ZOFTRAN ODT 8 MG	15 EA	BO	PO	EA	1 MG		8	01/01/2012	02/03/2016							
54868-5260-01		None		06/29/2005	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	60 EA	BO	PO	EA	500 MG		1	06/29/2005	99/99/9999							
54868-5260-03		None		10/07/2005	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	90 EA	BO	PO	EA	500 MG		1	10/07/2005	99/99/9999							
54868-5837-00		J1650		12/04/2007	99/99/9999	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	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	U	EA	500 MG		2	06/27/2018	99/99/9999							

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
63323-0540-13	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							
63323-0626-25	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							
63323-0707-20	J0290			01/05/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 250 MG	10	EA	VL	U	EA	500 MG		0.5	01/05/2017	08/04/2019							
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	U	ML	10 ML		0.1	01/11/2019	99/99/9999							
63459-0177-14	J9262			11/12/2012	99/99/9999	INJECTION, OMACETAXINE MEPEUSUCCINATE, 0.01 MG	SYNRIBO (PF,LYOPHILIZED) 3.5MG	1	EA	VL	SC	EA	0.01 MG		350	11/12/2012	99/99/9999							
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							
63739-0986-25	J1644			06/13/2014	99/99/9999	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	99/99/9999							
63807-0300-35	J1642			04/12/2007	11/25/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (USP,3MLX100,PF) 1 U/ML	3	ML	SR	IV	ML	10 U		0.1	04/12/2007	11/25/2016							
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							
63874-0413-21	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	08/23/2019							
63874-0490-15	Q0164			01/01/2014	02/03/2016	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	02/03/2016							
63874-0490-28	Q0164			01/01/2014	02/03/2016	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	28	EA	BO	PO	EA	5 MG		2	01/01/2014	02/03/2016							
63874-0500-20	J8499			03/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1 EA		1	03/15/2006	02/03/2016							
64011-0247-02	Q9986			07/01/2017	12/31/2017	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	MAKENA 250 MG/1 ML	1	ML	VL	IM	ML	10 MG		25	07/01/2017	12/31/2017							
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							
64253-0333-21	J1642			01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 100 U/ML-0.9%	1	ML	SR	IV	ML	10 U		10	01/01/2002	02/03/2016							
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							
65219-0020-23	J0290			10/03/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (LATEX-FREE) 2 GM	10	EA	VL	U	EA	500 MG		4	10/03/2019	99/99/9999							
71356-1000-01	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							
71754-0001-05	J0171			11/26/2018	99/99/9999	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	99/99/9999							
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							
72572-0570-10	J2370			09/22/2020	99/99/9999	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	99/99/9999							
72611-0765-10	J3370			02/10/2021	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500 MG		2	02/10/2021	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							
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							
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	U	ML	1 GM		0.1	11/07/2016	99/99/9999							
76420-0081-01	J1040			01/01/2020	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	DEPO-MEDROL 80 MG/1 ML	1	ML	VL	U	ML	80 MG		1	01/01/2020	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							
59676-0304-02	J0885			01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VOLUME PACK VIAL) 4000 U/ML	1	ML	VL	U	ML	1000 U		4	01/01/2006	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							
59762-2198-07	Q0144			05/13/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1 GM		0.25	05/13/2019	99/99/9999							
60760-0830-20	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	20	EA	BO	PO	EA	12.5 MG		2	01/01/2014	99/99/9999							
61553-0170-41	J2175			02/02/2004	99/99/9999	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	99/99/9999							
61553-0768-68	J1170			12/01/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.6 MG/ML-0.9%	30	ML	VL	IV	ML	4 MG		0.15	12/01/2006	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							
62559-0930-01	None			07/01/2020	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25 MG		1	07/01/2020	99/99/9999							
62756-0614-60	J9199			01/01/2020	99/99/9999	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	99/99/9999							
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							
62991-1173-02	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				

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-2026-04		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						
62991-2664-03		J7507		10/01/2007	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (1X1)GM	1	EA	NA	NA	GM	1 MG		1000	10/01/2007	99/99/9999						
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						
66105-0653-19		Q0144		09/13/2006	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	9	EA	BO	PO	EA	1 GM		0.5	09/13/2006	02/03/2016						
66267-0007-30		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1 EA		1	04/08/2002	99/99/9999						
66479-0521-01		J0735		06/14/2006	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	DURACLON (SDV,PF) 0.5 MG/ML	10	ML	VL	EP	ML	1 MG		0.5	06/14/2006	99/99/9999						
66993-0022-27		J7614		08/23/2012	99/99/9999	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	99/99/9999						
66993-0195-94		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						
67253-0580-44		None		07/01/2003	09/23/2016	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X4) 2.5 MG	16	EA	DP	PO	EA	2.5 MG		1	07/01/2003	09/23/2016						
67457-0153-09		J0282		11/29/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE (8X10ML) 50 MG/ML	9	ML	VL	IV	ML	30 MG		1.66666	11/29/2005	99/99/9999						
00591-3797-60		KO	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						
00603-1584-58		Q0169		01/01/2014	06/11/2018	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 FLAIN (USP) 6.25 MG/5 ML	473	ML	BO	PO	ML	12.5 MG		0.1	01/01/2014	06/11/2018						
90603-5339-21		J7506		09/10/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5 MG		4	09/10/2003	12/31/2015						
38779-0495-08		KO	J7604	01/01/2008	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM		1	01/01/2008	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						
38779-0891-06		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						
38779-1502-00		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						
38779-1766-03		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						
42023-0191-10		J2185		04/05/2017	12/21/2017	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 500 MG	10	EA	VL	IV	EA	100 MG		5	04/05/2017	12/21/2017						
44087-0016-01		J2941		04/21/2017	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAIZEN SAIZENPREP CARTRIDGE (W/DILUENT) 8.8 MG	1	EA	CT	IU	EA	1 MG		8.8	04/21/2017	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						
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						
47335-0706-49		KO	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						
47781-0595-07		J9267		01/23/2018	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	50	ML	VL	IV	ML	1 MG		6	01/23/2018	99/99/9999						
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	IU	EA	500 MG		1	04/26/2018	10/23/2019						
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	IU	ML	40 MG		1	01/15/2004	12/31/2018	01/01/2002	01/31/2003			1	
54569-3302-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
54569-3302-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
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						
54569-4482-04		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	
54569-5745-01		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						
54868-0258-04		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
54868-0258-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	36	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
54868-0710-06		J7050		01/02/2007	02/03/2016	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (NORMAL SALINE,24X250ML) 0.9%	250	ML	FC	IV	ML	250 ML		0.004	01/02/2007	02/03/2016						
54868-0908-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	50	EA	BO	PO	EA	1 MG		50	01/01/2016	99/99/9999						
54868-0921-04		J7500		01/01/2002	02/03/2016	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	50	EA	BO	PO	EA	50 MG		1	01/01/2002	02/03/2016						
54868-2064-00		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (M.D.V.) 2%	50	ML	VL	IU	ML	10 MG		2	01/01/2004	99/99/9999						
54868-2527-00		A4216		06/28/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (150X5ML) 0.9%	5	ML	SR	IV	ML	10 ML		0.1	06/28/2007	02/03/2016						
54868-2844-00		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	PROMETHAZINE HCL 50 MG	60	EA	BO	PO	EA	12.5 MG		4	01/01/2014	99/99/9999						
54868-3188-00		J2820		05/23/2006	02/03/2016	INJECTION, SARGAMOSTIM (GM-CSF), 50 MCG	LEUKINE 500 MCG/ML	5	ML	VL	IV	ML	50 MCG		10	05/23/2006	02/03/2016						
54868-3889-00		J2597		01/01/2002	02/03/2016	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP (VAL) 4 MCG/ML	10	ML	VL	IU	ML	1 MCG		4	01/01/2002	02/03/2016						
54868-4142-06		None		05/16/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	20	EA	BO	PO	EA	20 MG		1	05/16/2006	99/99/9999						
54868-4464-00		A4216		01/01/2004	99/99/9999	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	99/99/9999						
54868-5218-00		None		02/10/2005	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25 MG		1	02/10/2005	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
63629-1335-01		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						
63629-1587-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	40	EA	NA	PO	EA	1 MG		20	01/01/2016	99/99/9999						
63629-1676-01		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1 EA		1	11/01/2004	99/99/9999						
63874-0327-02		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
63874-0370-08		Q0169		01/01/2014	02/03/2016	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	8	EA	BO	PO	EA	12.5 MG		2	01/01/2014	02/03/2016						
63874-0405-30		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1 EA		1	01/15/2006	02/03/2016						
63874-0444-12		J8540		01/01/2006	02/03/2016	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	12	EA	BO	PO	EA	0.25 MG		3	01/01/2006	02/03/2016						
63874-0490-20		Q0164		01/01/2014	02/03/2016	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	02/03/2016						
64380-0885-04		J0604		06/10/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30	EA	BO	PO	EA	1 MG		90	06/10/2020	99/99/9999						
64980-0467-99		J1071		01/14/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (SDV) 200 MG/1 ML	1	ML	VL	IM	ML	1 MG		200	01/14/2019	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						
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						
66267-0080-30		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						
66267-0172-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
66794-0212-42		J0696		08/15/2019	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PF,LATEX-FREE) 500 MG	25	EA	VL	IJ	EA	250 MG		2	08/15/2019	99/99/9999						
66794-0215-15		J0696		08/15/2019	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PF,LATEX-FREE) 10 GM	1	EA	VL	IV	EA	250 MG		40	08/15/2019	99/99/9999						
66794-0218-41		J2543		04/08/2020	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/1.25 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	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						
55513-0078-01		J9999		10/29/2015	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IMLYGIC (PF) 1000000 PFU/1 ML	1	ML	VL	IJ	ML	1 UJ		1	10/29/2015	99/99/9999						
55513-0740-10		J0606		10/09/2017	99/99/9999	INJECTION, ETELICALCETIDE, 0.1 MG	PARSABV (PF) 2.5 MG/0.5 ML	0.5	ML	VL	IV	ML	0.1 MG		50	10/09/2017	99/99/9999						
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						
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						
62991-1072-02		J7699		09/01/2002	99/99/9999	DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	09/01/2002	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						
62991-2068-04		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						
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						
63275-9998-05		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						
54868-2889-01		J1631		01/01/2002	02/03/2016	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALDOL DECANOATE (AMP) 50 MG/ML	1	ML	AM	IM	ML	50 MG		4	01/01/2002	02/03/2016						
54868-2913-00		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						
54868-3392-00		J2001		01/01/2004	02/03/2016	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (VIAL) 0.5%	50	ML	VL	IJ	ML	10 MG		0.5	01/01/2004	02/03/2016						
54868-3998-05		J8499		06/09/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1 EA		1	06/09/2004	99/99/9999						
54868-4287-01		J8999		01/17/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	10	EA	BO	PO	EA	1 EA		1	01/17/2005	99/99/9999						
54868-4287-02		J8999		02/14/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	100	EA	BO	PO	EA	1 EA		1	02/14/2005	99/99/9999						
54868-4651-00		J0690		09/15/2003	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (VIAL,PF) 500 MG	1	EA	VL	IJ	EA	500 MG		1	09/15/2003	99/99/9999						
54868-5213-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	48	EA	DP	PO	EA	1 MG		5	01/01/2016	99/99/9999						
54868-5709-00	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 (30X3ML) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	04/01/2008	99/99/9999						
54868-5774-00		J7826		06/01/2007	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 0.25 MG/2 ML	2	ML	PC	IH	ML	0.25 MG		0.5	06/01/2007	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						
55150-0300-25		J2370		02/07/2021	99/99/9999	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	99/99/9999						
55150-0378-01		J9171		08/11/2021	99/99/9999	DOCETAXEL INJECTION	DOCETAXEL (SDV,PF,LATEX-FREE) 10 MG/1 ML	2	ML	VL	IV	ML	1 MG		10	08/11/2021	99/99/9999						
55154-8226-05		J2370		07/07/2018	99/99/9999	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	99/99/9999						
55289-0330-07		J7506		09/16/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	7	EA	BO	PO	EA	5 MG		10	09/16/2008	12/31/2015						
55289-0352-05		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	5	EA	BO	PO	EA	1 MG		20	01/01/2016	03/08/2017						

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
63868-0611-32		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	NIGHT TIME SLEEP AID 25 MG	32 EA		BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
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						
63874-0006-20		Q0163		01/01/2002	02/03/2016	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	02/03/2016						
63874-0327-60		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA		BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
63874-0373-20		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	20 EA		BO	PO	EA	1 MG		5	01/01/2016	02/03/2016						
63874-0392-24		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	24 EA		BO	PO	EA	1 MG		20	01/01/2016	02/03/2016						
63874-0757-60		Q0177		01/01/2014	02/03/2016	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	60 EA		BO	PO	EA	25 MG		2	01/01/2014	02/03/2016						
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						
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
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						
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						
66215-0402-01		J1325		10/01/2012	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	VELETRI (SINGLE DOSE/LYPHILIZED) 1.5 MG	1 EA		VL	IV	EA	0.5 MG		3	10/01/2012	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						
66267-0171-42		J7506		04/04/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42 EA		BO	PO	EA	5 MG		2	04/04/2002	12/31/2015						
66267-0173-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	30 EA		BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
66267-0173-42		J7506		03/24/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	42 EA		BO	PO	EA	5 MG		1	03/24/2003	12/31/2015						
66758-0043-02		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (USP,1X16.7ML,MULTI-DOSE) 6 MG/ML	16.7 ML		VL	IV	ML	1 MG		6	01/01/2015	99/99/9999						
66758-0043-03		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (USP,1X50ML,MULTI-DOSE) 6 MG/ML	50 ML		VL	IV	ML	1 MG		6	01/01/2015	99/99/9999						
66794-0204-42		J7643		04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	5 ML		VL	U	ML	1 MG		0.2	04/15/2019	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						
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	U	ML	0.1 MG		0.5	11/08/2019	99/99/9999						
72572-0226-25	KO	J7643	KO	11/17/2020	99/99/9999	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	11/17/2020	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						
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						
55390-0125-10		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 1 MG/ML	10 ML		VL	U	ML	1 MG		1	01/01/2002	99/99/9999						
55513-0075-30		J0604		04/05/2004	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	SENSIPAR (FILM COATED) 90 MG	30 EA		BO	PO	EA	1 MG		90	04/05/2004	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						
55513-0148-01		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						
55553-0091-30		J3420		01/01/2002	02/03/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITA #12 (VIAL) 1000 MCG/ML	30 ML		VL	IM	ML	1000 MCG		1	01/01/2002	02/03/2016						
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						
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						
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						
63323-0317-01		J1626		12/14/2007	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (10X1ML,S.D.V,PF) 0.1 MG/ML	1 ML		VL	IV	ML	100 MCG		1	12/14/2007	99/99/9999						
63323-0578-11	KO	J7643	KO	07/31/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PREMERPRO RX GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1 ML		VL	U	ML	1 MG		0.2	07/31/2018	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						
63323-0651-02		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						
63323-0651-30		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						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	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						
63323-0734-35		J2430		07/20/2004	02/03/2016	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM OTN (S.D.V.,LATEX-FREE) 3 MG/ML	10 ML	VL	IV		ML	30 MG		0.1	07/20/2004	02/03/2016						
63629-1343-03		Q0163		11/01/2004	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	DIPHENHYDRAMINE 25 MG	42 EA	BO	PO		EA	50 MG		0.5	11/01/2004	99/99/9999						
63629-1587-01		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	NA	PO		EA	5 MG		4	11/01/2004	12/31/2015						
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						
63807-0100-33		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10	SYREX (PF,LATEX-FREE) 0.9%	2.5 ML	BX	IJ		ML	10 ML		0.1	01/01/2007	99/99/9999						
10158-0043-04		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	NYTOL QUICKCAPS 25 MG	32 EA	BX	PO		EA	50 MG		0.5	01/01/2002	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						
16714-0078-01		J0604		07/03/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30 EA	BO	PO		EA	1 MG		30	07/03/2020	99/99/9999						
16714-0929-01		J1453		05/22/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LATEX-FREE) 150 MG	1 EA	VL	IV		EA	1 MG		150	05/22/2020	99/99/9999						
16729-0049-53		None		02/28/2017	99/99/9999	TEMZOLOMIDE, 20 MG, ORAL	TEMZOLOMIDE 20 MG	5 EA	BO	PO		EA	20 MG		1	02/28/2017	99/99/9999						
16729-0073-29		None		06/15/2015	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120 EA	BO	PO		EA	500 MG		1	06/15/2015	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	IJ		ML	0.1 MG		10	07/01/2020	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						
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						
23155-0649-41		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						
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						
25021-0221-60		J9245		04/21/2017	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	MELPHALAN HYDROCHLORIDE (W/10ML DILUENT,PF) 50 MG	1 EA	VL	IV		EA	50 MG		1	04/21/2017	99/99/9999						
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						
33358-0300-30		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						
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						
38779-0017-06	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						
38779-0051-03		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						
38779-0071-05		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						
38779-0150-05		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						
54868-2064-01		J2001		06/23/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL 2%	1250 ML	VL	IJ		ML	10 MG		2	06/23/2006	99/99/9999						
54868-3555-00	KO	J7631	KO	03/24/2003	02/03/2016	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM 10 MG/ML	2 ML	PC	IH		ML	10 MG		1	03/24/2003	02/03/2016						
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						
54868-4419-00		J1805		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						
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						
54868-5089-03		Q0162		01/01/2012	02/03/2016	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	ZOFRAN ODT 8 MG	3 EA	BO	PO		EA	1 MG		8	01/01/2012	02/03/2016						
54868-5260-05		None		01/12/2006	99/99/9999	TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	XELODA 500 MG	28 EA	BO	PO		EA	500 MG		1	01/12/2006	99/99/9999						
54868-5261-00		J8999		06/29/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	AROMASIN 25 MG	30 EA	BO	PO		EA	1 EA		1	06/29/2005	99/99/9999						
54868-5325-00		J8501		06/24/2005	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND (COMBO PACK 1 125MG/2 80MG)	3 EA	PG	PO		EA	5 MG		19	06/24/2005	99/99/9999						
54868-5621-00		J7626		07/17/2007	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 0.5 MG/2 ML	60 ML	PC	IH		ML	0.5 MG		0.5	07/17/2007	99/99/9999						
54868-5670-00	KO	J7608	KO	08/10/2007	99/99/9999	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	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						
63323-0451-01		J2270		05/23/2018	99/99/9999	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	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
63323-0458-01		J2270		05/23/2018	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 8 MG/1 ML	1 ML	VL	VL	U	ML	10 MG		0.8	05/23/2018	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						
63323-0915-01		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						
63807-0900-31		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						
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						
63874-0006-07		Q0163		05/10/2004	02/03/2016	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	7 EA	BO	PO		EA	50 MG		1	05/10/2004	02/03/2016						
63874-0373-60		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	BO	PO		EA	5 MG		1	01/15/2006	12/31/2015						
63874-0392-14		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	14 EA	BO	PO		EA	1 MG		20	01/01/2016	02/03/2016						
63874-0404-20		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	20 EA	BO	PO		EA	1 EA		1	01/23/2002	02/03/2016						
63874-0490-12		Q0164		01/01/2014	02/03/2016	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	02/03/2016						
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						
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						
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						
70594-0085-02		J0290		11/29/2021	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 500 MG	10 EA	VL	U		EA	500 MG		1	11/29/2021	99/99/9999						
70655-0109-95		J2700		06/19/2018	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 2 GM	10 EA	VL	U		EA	250 MG		8	06/19/2018	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						
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						
70860-0200-05		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						
70860-0210-51		J3489		05/10/2019	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (PF,LATEX-FREE) 4 MG/100 ML	100 ML	VL	IV		ML	1 MG		0.4	05/10/2019	99/99/9999						
70860-0218-03		J9070		01/01/2021	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (MDV,PF,LATEX-FREE) 200 MG/1 ML	2.5 ML	VL	IV		ML	100 MG		2	01/01/2021	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	U		ML	1000 U		5	08/19/2019	99/99/9999						
71288-0808-76		J2370		06/22/2020	99/99/9999	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	99/99/9999						
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	U		ML	1000 U		1	10/22/2019	99/99/9999						
72572-0370-25		J2001		11/12/2019	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X5ML,PF) 1%	5 ML	VL	U		ML	10 MG		1	11/12/2019	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						
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						
76204-0100-25	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						
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						
52959-0544-12		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	12 EA	BO	PO		EA	1 EA		1	01/01/2002	99/99/9999						
52959-0544-21		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21 EA	BO	PO		EA	1 EA		1	01/01/2002	99/99/9999						
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						
54569-0331-01		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						
54569-1555-00		J2930		01/01/2002	12/31/2018	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLLU-MEDROL (ACT-O-VIAL) 125 MG	1 EA	VL	U		EA	125 MG		1	05/23/2007	12/31/2018	01/01/2002	01/31/2003			1	
54569-4026-04		J7512		01/01/2016	12/31/2018	1 MG	PREDNISONE 5 MG	40 EA	TAB	PO		EA	1 MG		5	01/01/2016	12/31/2018						
54766-0149-23		J0630		08/31/2015	09/15/2016	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	MICALCIN 200 IU/1 ML	2 ML	VL	U		ML	400 U		0.5	08/31/2015	09/15/2016						
54868-0296-02		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						
54868-0901-02		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTALSUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
54868-1119-02		J7506		12/09/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	90 EA	BO	PO		EA	5 MG		0.2	12/09/2002	12/31/2015						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-2882-04		Q0177		10/11/2005	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 DOSEAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25 MG		1	10/11/2005	99/99/9999						
54868-3481-00		J0290		01/01/2002	02/03/2016	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 1 GM	1	EA	VL	U	EA	500 MG		2	01/01/2002	02/03/2016						
54868-3738-01		J3010		01/01/2002	02/03/2016	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP) 0.05 MG/ML	2	ML	AM	U	ML	0.1 MG		0.5	01/01/2002	02/03/2016						
54868-3826-04		None		08/25/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	28	EA	BO	PO	EA	2.5 MG		1	08/25/2003	99/99/9999						
54868-5213-00		J7506		01/25/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	48	EA	DP	PO	EA	5 MG		1	01/25/2005	12/31/2015						
54868-5459-00		J7614		04/01/2008	99/99/9999	LEVABUTEROL, 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	99/99/9999						
54868-5908-00		J2175		08/21/2007	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (1MLX10) 50 MG/ML	1	ML	SR	U	ML	100 MG		0.5	08/21/2007	99/99/9999						
54868-5980-00		None		01/26/2009	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 180 MG	14	EA	BO	PO	EA	20 MG		9	01/26/2009	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						
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		U	ML	1000 MCG		1	10/18/2000	99/99/9999						
63323-0108-01		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE-DEXTOSE (FREEFLEX BAG,LATEX-FREE) 5%-1 GM/100 ML	100	ML	FC	IV	ML	500 MG		0.02	06/03/2016	99/99/9999						
63323-0122-50		J9260		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 50 MG	METHOTREXATE SODIUM (S.D.V.,PF) 1 GM	1	EA	VL	U	EA	50 MG		20	01/01/2002	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						
63323-0526-87		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						
63323-0616-03		J0282		08/02/2002	99/99/9999	INJECTION, AMODARONE HYDROCHLORIDE, 30 MG	AMODARONE HCL (S.D.V.) 50 MG/ML	3	ML	VL	IV	ML	30 MG		1.66666	08/02/2002	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						
63323-0750-20		J9263		12/17/2015	99/99/9999	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	99/99/9999						
63323-0853-25		J1170		06/19/2018	99/99/9999	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	99/99/9999						
63629-1587-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	NA	PO	EA	1 MG		20	01/01/2016	99/99/9999						
63629-1605-05		J7506		11/01/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	15	EA	NA	PO	EA	5 MG		1	11/01/2004	12/31/2015						
63629-1862-01		J7510		11/01/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	60	ML	NA	PO	ML	5 MG		0.6	11/01/2004	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						
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	U	ML	20 MG		1	04/10/2019	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						
70092-0495-50		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						
70092-0519-48		J2274		04/22/2021	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE-SODIUM CHLORIDE (PF,SULFITE-FREE) 1 MG/1 ML-0.9%	30	ML		IV	ML	10 MG		0.1	04/22/2021	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						
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						
70700-0903-23		J7643		11/05/2021	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE NOVAPLUS (10X20ML,MDV,USP) 0.2 MG/1 ML	20	ML	VL	U	ML	1 MG		0.2	11/05/2021	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						
70756-0816-22		None		10/13/2020	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500 MG		1	10/13/2020	99/99/9999						
70801-0003-01		J3304		01/01/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	ZILETTA (W/DILUENT) 32 MG	1	EA	VL	U	EA	1 MG		32	01/01/2019	99/99/9999						
71288-0005-20		J0295		01/07/2019	99/99/9999	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	99/99/9999						
71288-0117-54		J8201		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						
71288-0403-11		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	U	ML	1000 U		5	08/19/2019	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						
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	U	EA	500 MG		2	12/22/2020	99/99/9999						
72572-0226-25		J7643		11/17/2020	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (25X1ML,USP,SDV) 0.2 MG/1 ML	1	ML	VL	U	ML	1 MG		0.2	11/17/2020	99/99/9999						
72606-0569-01		J1453		03/30/2020	10/30/2021	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMETHYLUMINE (SDV,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1 MG		150	03/30/2020	10/30/2021						
52959-0126-05		J7506		11/06/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	5	EA	BO	PO	EA	5 MG		2	11/06/2002	12/31/2015						
52959-0126-44		J7506		03/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	44	EA	BO	PO	EA	5 MG		2	03/01/2004	12/31/2015						
52959-0127-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	25	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
52959-0479-20		Q0173		01/01/2002	02/03/2016	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 DOSEAGE REGIMEN	TRIMETHOBENZAMIDE HCL 250 MG	20	EA	BO	PO	EA	250 MG		1	01/01/2002	02/03/2016						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0517-35		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35 EA	BO	PO	EA	EA	1 EA		1	01/01/2002	99/99/9999						
59676-0966-01		Q2050		07/24/2017	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	10 ML	VL	IV	ML	ML	10 MG		0.2	07/24/2017	99/99/9999						
59746-0007-06		J7512		01/01/2016	02/03/2016	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	100 EA	NA	PO	EA	EA	1 MG		5	01/01/2016	02/03/2016						
59746-0171-06		J7506		10/21/2005	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 1 MG	100 EA	BO	PO	EA	EA	5 MG		0.2	10/21/2005	12/31/2015						
59762-2198-03		Q0144		05/13/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	18 EA	BO	PO	EA	EA	1 GM		0.25	05/13/2019	99/99/9999						
59762-3060-01		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6 EA	DP	PO	EA	EA	1 GM		0.25	11/14/2005	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	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1486-01		J9190		08/17/2011	99/99/9999	FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 GM	BO	NA	GM	GM	500 MG		2	08/17/2011	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	GM	5 MG		200	01/01/2002	99/99/9999						
63275-9960-02		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1 EA	BO	NA	GM	GM	200 MG		5	05/01/2004	99/99/9999						
63275-9983-09		J3490		01/01/2015	05/31/2021	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED	1000 GM	JR	NA	GM	GM	1 EA		1	01/01/2015	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	GM	1 MG		1000	12/04/2002	05/31/2021						
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	U	ML	ML	500 MG		1	11/02/2018	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	ML	10 MG		0.2	08/06/2007	99/99/9999						
63323-0105-10		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (VIAL,PF) 500 MG	1 EA	VL	IV	EA	EA	5 MG		100	01/01/2006	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	ML	500 MG		0.1	01/01/2002	99/99/9999						
63323-0311-66		J0610		03/26/2015	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (PHARMACY BULK, 2X20.PF) 100 MG/ML	100 ML	VL	IV	ML	ML	10 ML		0.1	03/26/2015	99/99/9999						
63323-0360-61		J0610		08/31/2017	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (PF,LATEX-FREE) 100 MG/1 ML	100 ML	VL	IV	ML	ML	10 ML		0.1	08/31/2017	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	EA	1 MG		500	04/11/2018	99/99/9999						
63323-0469-51		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL AMERINET CHOICE (VIAL,FLIP-TOP) 50 MG/ML	1 ML	VL	IM	ML	ML	50 MG		1	01/01/2002	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	ML	1 GM		0.1	07/14/2014	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	ML	5 MG		0.15	01/11/2021	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	U	EA	EA	500 MG		0.5	11/29/2021	99/99/9999						
70655-0143-06		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE NOVAPLUS (PF,LATEX-FREE) 200 MG/100 ML	100 ML		IV	ML	ML	200 MG		0.01	08/31/2018	99/99/9999						
70748-0219-01		J7507		11/16/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP) 0.5 MG	100 EA	EA	PO	EA	EA	1 MG		0.5	11/16/2020	99/99/9999						
70860-0302-10		J1940		10/01/2021	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,PF,LATEX-FREE) 10 MG/1 ML	10 ML	VL	U	ML	ML	20 MG		0.5	10/01/2021	99/99/9999						
70954-0059-20		J7512		11/18/2019	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON (USP) 10 MG	1000 EA	BO	PO	EA	EA	1 MG		10	11/18/2019	99/99/9999						
70954-0061-10		J7512		11/18/2019	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON (USP) 50 MG	100 EA	BO	PO	EA	EA	1 MG		50	11/18/2019	99/99/9999						
70954-0090-02		J0692		11/29/2021	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (SDV,PF,LATEX-FREE) 2 GM	10 EA		U	EA	EA	500 MG		4	11/29/2021	99/99/9999						
71225-0104-01		J1729		01/02/2019	99/99/9999	OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (MULTI-DOSE VIAL) 250 MG/1 ML	5 ML	ML	IM	ML	ML	10 MG		25	01/02/2019	99/99/9999						
71288-0008-15		J0692		01/07/2019	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (SDV,PF,LATEX-FREE) 1 GM	10 EA	VL	U	EA	EA	500 MG		2	01/07/2019	99/99/9999						
71288-0408-06		J7643		07/15/2019	99/99/9999	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	ML	1 MG		0.2	07/15/2019	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	EA	250 MG		2	03/18/2019	99/99/9999						
72647-0331-01		J7509		11/12/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA	EA	4 MG		1	11/12/2019	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	ML	1 MG		0.83	02/01/2012	99/99/9999						
76204-0800-24		J7614		04/22/2016	99/99/9999	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	ML	0.5 MG		0.42	04/22/2016	99/99/9999						
76310-0017-50		J0207		01/01/2020	99/99/9999	INJECTION, AMIFOSTINE, 500 MG	ETHYOL 500 MG	3 EA	VL	IV	EA	EA	500 MG		1	01/01/2020	99/99/9999						
59746-0173-06		J7506		08/03/2007	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON (USP) 10 MG	100 EA	BO	PO	EA	EA	5 MG		2	08/03/2007	12/31/2015						
69505-0751-04		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X10ML) 500 MG	1 EA	VL	U	EA	EA	250 MG		2	08/02/2005	99/99/9999						
60505-0792-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 40 MG/0.4 ML	0.4 ML	SY	U	ML	ML	10 MG		10	01/16/2019	99/99/9999						
60505-0796-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 120 MG/0.8 ML	0.8 ML	SY	U	ML	ML	10 MG		15	01/16/2019	99/99/9999						
60505-6180-00	KO	J7643	KO	05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	2 ML	VL	U	ML	ML	1 MG		0.2	05/19/2020	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	ML	1 MG		0.83	12/26/2018	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	ML	500 MG		0.1	01/01/2008	99/99/9999						
64011-0247-02		J1726		01/01/2018	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	MAKENA 250 MG/1 ML	1 ML	VL	IM	ML	ML	10 MG		25	01/01/2018	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	EA	250 MG		2	05/01/2014	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	EA	250 MG		40	04/20/2018	99/99/9999						
64980-0335-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5 EA	BO	PO	EA	EA	100 MG		1	05/25/2017	99/99/9999						
65219-0014-10		J0290		08/05/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (LATEX-FREE) 250																

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66267-0980-60		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 25 MG	60 EA	BO	PO	EA	50 MG			0.5	01/01/2002	99/99/9999						
66267-0171-20		J7506		04/04/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA	5 MG			2	04/04/2002	12/31/2015						
66267-0173-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA	5 MG			1	01/01/2002	12/31/2015						
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						
66794-0205-41		J7643		04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	20 ML	VL	U	ML	1 MG			0.2	04/15/2019	99/99/9999						
67253-0101-10		J8499		10/01/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA	1 EA			1	10/01/2003	99/99/9999						
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	U	ML	25 MG			1	09/28/2018	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						
67457-0822-99		J3370		08/31/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (LYOPHILIZED) 250 MG	10 EA	VL	IV	EA	500 MG			0.5	08/31/2018	99/99/9999						
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						
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						
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						
68462-0682-01		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						
55390-0183-01		J0595		01/01/2004	99/99/9999	INJECTION, BUTORPHANOL TARRATE, 1 MG	BUTORPHANOL TARRATE (S.D.V.) 1 MG/ML	1 ML	VL	U	ML	1 MG			1	01/01/2004	99/99/9999						
58864-0702-01		Q0164		06/15/2006	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	15 EA	BO	PO	EA	5 MG			1	06/15/2006	99/99/9999						
63323-0735-35		J2430		09/11/2003	02/03/2016	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM OTN (S.D.V.) 9 MG/ML	10 ML	VL	IV	ML	30 MG			0.3	09/11/2003	02/03/2016						
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						
54868-1183-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	60 EA	BO	PO	EA	1 MG			20	01/01/2016	99/99/9999						
54868-1227-00		Q0163		02/23/2006	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 (AF) 12.5 MG/5 ML	473 ML	BO	PO	ML	50 MG			0.05	02/23/2006	99/99/9999						
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						
54868-3637-01		J2930		01/01/2002	02/03/2016	125 MG	SOLU-MEDROL (ACT-O-VIAL) 125 MG	1 EA	VL	U	EA	125 MG			1	01/01/2002	02/03/2016						
54868-3826-03		None		08/25/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	20 EA	BO	PO	EA	2.5 MG			1	08/25/2003	99/99/9999						
54868-4143-01		None		08/08/2007	02/03/2016	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	120 EA	BO	PO	EA	150 MG			1	08/08/2007	02/03/2016						
54868-4488-00		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	BENICILLIN G POTASSIUM (VIAL-PHARMACY BOTTLE) 20 Million U	1 EA	VL	IV	EA	600000 U			33.33333	01/01/2002	99/99/9999						
54868-5471-00		Q0144		11/16/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (PAK) 250 MG	6 EA	DP	PO	EA	1 GM			0.25	11/16/2005	99/99/9999						
54868-5501-02		J1652		11/13/2006	02/03/2016	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA 7.5 MG/0.6 ML	0.6 ML	SR	SC	ML	0.5 MG			25	11/13/2006	02/03/2016						
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						
60505-0634-01		J0692		11/02/2015	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME 1 GM	1 EA	VL	U	EA	500 MG			2	11/02/2015	03/18/2019						
60505-4831-03		J7515		12/06/2019	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (6XS,LSP,MODIFIED PF,SF) 50 MG	30 EA	BX	PO	EA	25 MG			2	12/06/2019	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						
60505-6156-04		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						
60977-0155-63		J7643		05/05/2007	02/03/2016	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (MDV) 0.2 MG/ML	20 ML	VL	U	ML	1 MG			0.2	05/05/2007	02/03/2016						
61553-0183-48		J2270		02/02/2004	99/99/9999	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	99/99/9999						
61553-0190-48		J3490		02/02/2004	06/30/2017	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (PUMP BAG) 0.0625%-0.9%	100 ML	BG	IV	ML	1 EA			1	02/02/2004	06/30/2017						
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						
61990-0411-02		J1110		05/04/2020	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE 1 MG/1 ML	1 ML	AM	U	ML	1 MG			1	05/04/2020	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						
63874-0757-15		Q0177		01/01/2014	02/03/2016	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	15 EA	BO	PO	EA	25 MG			2	01/01/2014	02/03/2016						
63874-0757-28		Q0177		01/01/2014	02/03/2016	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	28 EA	BO	PO	EA	25 MG			2	01/01/2014	02/03/2016						

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
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						
66794-0208-15		J0295		04/15/2019	99/99/9999	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	99/99/9999						
67457-0396-10		J9000		11/07/2014	99/99/9999	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	99/99/9999						
67457-0519-20		J9280		02/28/2018	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (SDV,PF,LYOPHILIZED) 20 MG	1	EA	VL	IV	EA	5	MG	4	02/28/2018	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						
67877-0503-30		J0604		06/17/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30	EA	BO	PO	EA	1	MG	30	06/17/2019	99/99/9999						
67877-0570-60		Q0167		09/22/2017	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	09/22/2017	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						
68001-0284-25		J9206		08/17/2016	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						
68001-0313-56		J8025		08/16/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (PF,LATEX-FREE) 100 MG	1	EA	VL	U	EA	1	MG	100	08/16/2017	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						
68982-0820-06		J1599		11/12/2018	99/99/9999	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	99/99/9999						
69097-0439-35		J2469		03/25/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/25/2019	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						
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	VL	IV	ML	500	ML	0.002	01/01/2018	99/99/9999						
69448-0005-38		J9045		08/12/2020	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (PF) 10 MG/1 ML	100	ML	VL	IV	ML	50	MG	0.2	08/12/2020	99/99/9999						
70069-0361-10		J3490		10/14/2019	99/99/9999	UNCLASSIFIED DRUGS	SULFAMETHOXAZOLE/TRIMETHOPRIM 80 MG/1 ML-16 MG/1 ML	5	ML	VL	IV	ML	1	EA	1	10/14/2019	99/99/9999						
70092-0290-49		J1170		04/16/2021	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.5 MG/1 ML-0.9%	30	ML	VL	IV	ML	4	MG	0.125	04/16/2021	99/99/9999						
70594-0036-01		J2248		06/03/2021	99/99/9999	INJECTION, MCAFUNGIN SODIUM, 1 MG	MCAFUNGIN SODIUM (SDV,PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	06/03/2021	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						
70746-0220-01		J7507		11/16/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP) 1 MG	100	EA	BO	PO	EA	1	MG	1	11/16/2020	99/99/9999						
70756-0815-60		None		10/13/2020	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	10/13/2020	99/99/9999						
70860-0302-04		J1940		10/01/2021	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,PF,LATEX-FREE) 10 MG/1 ML	4	ML	VL	U	ML	20	MG	0.5	10/01/2021	99/99/9999						
71266-1040-02		J1100		09/01/2019	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (PF) 10 MG/1 ML	2	ML	VL	U	ML	1	MG	10	09/01/2019	99/99/9999						
71288-0422-96		J1644		04/15/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMERPRO 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						
72485-0201-01		J9025		10/25/2018	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV) 100 MG	1	EA	VL	U	EA	1	MG	100	10/25/2018	99/99/9999						
72572-0584-20		J2704		10/21/2020	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (PF) 10 MG/1 ML	50	ML	VL	IV	ML	10	MG	1	10/21/2020	99/99/9999						
63874-0327-15		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015						
63874-0327-18		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	18	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015						
63874-0327-19		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	19	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016						
63874-0327-24		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	24	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016						
63874-0373-15		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	15	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015						
63874-0404-14		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	14	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016						
63874-0442-25		Q0177		05/11/2004	02/03/2016	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	25	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						
63874-0442-28		Q0177		05/11/2004	02/03/2016	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	28	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						
63874-0442-45		Q0177		05/11/2004	02/03/2016	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	45	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						
69746-0007-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000	EA	NA	PO	EA	5	MG	1	01/01/2002	12/31/2015						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60505-0042-06		J8499		03/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 200 MG	100	EA	BO	PO	EA	1 EA			03/01/2006	99/99/9999						
60505-0753-04		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X20ML) 2 GM	1	EA	VL	U	EA	250 MG		1	08/02/2005	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	U	EA	500 MG		4	04/03/2017	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	U	EA	250 MG		1	06/23/2017	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						
60687-0405-83		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						
60977-0114-74		J2274		01/01/2015	02/03/2016	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	INFUMORPH 200 (PF) 10 MG/ML	1	ML	NA	U	ML	10 MG		1	01/01/2015	02/03/2016						
61553-0172-48		J2175		02/02/2004	99/99/9999	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	99/99/9999						
61553-0173-48		J2175		02/02/2004	06/30/2017	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL/SODIUM CHLORIDE (PUMP BAG) 1 GM/100 ML-0.9%	100	ML	BG	IV	ML	100 MG		0.1	02/02/2004	06/30/2017						
61553-0228-02		J3490		11/21/2007	03/31/2017	UNCLASSIFIED DRUGS	ROPVACAINE HYDROCHLORIDE-SODIUM CHLORIDE 0.2%-0.9%	250	ML	NA	EP	ML	1 EA		1	11/21/2007	03/31/2017						
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						
61703-0356-18		J2430		12/15/2006	08/31/2015	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	NOVAPLUS PAMIDRONATE DISODIUM (SDV) 9 MG/ML	10	ML	VL	IV	ML	30 MG		0.3	12/15/2006	08/31/2015						
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						
62332-0252-30		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						
68982-0820-05		J1599		11/12/2018	99/99/9999	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	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						
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						
69656-0101-02		Q9981		07/01/2016	12/31/2016	ROLAPITANT, ORAL, 1 MG	VARUBI (FILM COATED) 90 MG	2	EA	DP	PO	EA	1 MG		90	07/01/2016	12/31/2016						
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	U	ML	1000 MCG		1	01/02/2019	99/99/9999						
69794-0001-01		J3490		11/15/2017	12/31/2018	UNCLASSIFIED DRUGS	MEPSEVI (PF) 2 MG/1 ML	5	ML	VL	IV	ML	1 MG		1	11/15/2017	12/31/2018						
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						
70092-0166-48		J1170		04/06/2021	99/99/9999	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	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						
70257-0560-02		J0475		01/25/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORAL INTRATHECAL REFILL KIT 0.5 MG/1 ML	20	ML	AM	IN	ML	10 MG		0.05	01/25/2018	99/99/9999						
70436-0007-04		J0604		03/06/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30	EA	BO	PO	EA	1 MG		30	03/06/2019	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						
70504-3500-02		J2792		01/01/2017	04/30/2020	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN,	WINRHO SDF (1X2,2ML,SDV) 2500 IU	2.2	ML	VL	IV	ML	100 IU		11.36363	01/01/2017	04/30/2020						
70720-0950-36		J9202		04/06/2018	99/99/9999	SOVENT DETERGENT, 100 IU	ZOLADEX (SAFESYSTEM SRN) 3.6 MG	1	EA	SR	SC	EA	3.6 MG		1	04/06/2018	99/99/9999						
70860-0206-50		J9060		09/15/2017	99/99/9999	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	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						
71225-0105-01		J1729		03/25/2019	99/99/9999	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	99/99/9999						
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						
71288-0402-02		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (SDV,LATEX-FREE) 1000 IU/1 ML	1	ML	VL	U	ML	1000 U		1	08/19/2019	99/99/9999						
63874-0373-36		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36	EA	BO	PO	EA	5 MG		1	01/15/2006	12/31/2015						
63874-0373-40		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	40	EA	BO	PO	EA	1 MG		5	01/01/2016	02/03/2016						
63874-0404-30		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1 EA		1	01/23/2002	02/03/2016						
63874-0442-60		Q0177		05/11/2004	02/03/2016	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	05/11/2004	02/03/2016						
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/LUJER LOCK) 100 U/ML-0.9%	5	ML	SR	IV	ML	10 U		10	01/01/2002	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						
64980-0337-05		None		05/25/2017	99/99/9999	TEMZOLOMIDE, 20 MG, ORAL	TEMZOLOMIDE 180 MG	5	EA	BO	PO	EA	20 MG		9	05/25/2017	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	
65862-0943-24	KO	J7614	KO	12/07/2017	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	12/07/2017	99/99/9999								
65862-0944-24	KO	J7614	KO	12/07/2017	99/99/9999	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	99/99/9999								
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								
71297-0127-27	J8540			03/17/2017	03/21/2018	DEXAMETHASONE, ORAL, 0.25 MG	LOCORT (7-DAY) 1.5 MG	27 EA	ST	PO	EA	0.25 MG		6	03/17/2017	03/21/2018								
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								
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								
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								
72572-0461-24	J2710			11/08/2019	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	11/08/2019	99/99/9999								
72603-0106-01	J1453			10/02/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,PF,LATEX-FREE) 150 MG	1 EA	VL	IV	EA	1 MG		150	10/02/2020	99/99/9999								
72611-0642-25	J3490			10/01/2019	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN 150 MG/1 ML	6 ML	VL	U	ML	1 EA		1	10/01/2019	99/99/9999								
76045-0010-11	J1170			07/12/2019	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	SIMPLIST DALAUID (MICROVAULT,PF) 2 MG/1 ML	1 ML	VL	U	ML	4 MG		0.5	07/12/2019	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								
76204-0600-60	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								
76204-0700-25	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								
76420-0018-10	J3490			01/01/2020	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (PF,LATEX-FREE) 0.25%	10 ML	VL	U	ML	1 EA		1	01/01/2020	99/99/9999								
66993-0039-01	J1729			08/09/2018	99/99/9999	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	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								
67457-0384-99	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								
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								
38779-0126-04	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								
38779-0150-09	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								
38779-0164-05	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								
38779-0198-05	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								
38779-0216-05	J1165			01/01/2002	99/99/9999	INJECTION, PHENTON SODIUM, PER 50 MG	PHENTON SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999								
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								
54868-0218-04	J8540			01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	30 EA	BO	PO	EA	0.25 MG		16	01/01/2006	99/99/9999								
54868-0721-00	Q0169			01/01/2002	02/03/2016	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	PHENERGAN 12.5 MG	12 EA	BO	PO	EA	12.5 MG		1	01/01/2002	02/03/2016								
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								
54868-2184-00	J8499			01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	100 EA	BO	PO	EA	1 EA		1	01/01/2002	02/03/2016								
54868-2913-01	J7509			01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	30 EA	BO	PO	EA	4 MG		1	01/01/2002	99/99/9999								
54868-3608-00	J2300			01/01/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL 10 MG/ML	1 ML	AM	U	ML	10 MG		1	01/01/2002	99/99/9999								
54868-3618-01	J1071			01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE 200 MG/ML	1 ML	VL	IM	ML	1 MG		200	01/01/2015	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								
54868-4629-00	J3490			10/07/2003	02/03/2016	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V.) 10 MG/ML	20 ML	VL	IV	ML	1 EA		1	10/07/2003	02/03/2016								
54868-4773-03	J8999			07/14/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	60 EA	BO	PO	EA	1 EA		1	07/14/2005	99/99/9999								
54868-5310-02	J7500			09/22/2005	02/03/2016	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100 EA	BO	PO	EA	50 MG		1	09/22/2005	02/03/2016								
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	U	ML	1000 MCG		1	05/17/2021	99/99/9999								
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						
55289-0373-01	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015								
55289-0373-42	J7512			01/01/2016	10/02/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	42 EA	BO	PO	EA	1 MG		5	01/01/2016	10/02/2018								
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								
65390-0004-01	J1610			01/01/2002	04/08/2015	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGEN DIAGNOSTIC KIT (VAL W/STERILE WATER) 1 MG	1 EA	VL	U	EA	1 MG		1	01/01/2002	04/08/2015								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55563-0055-50		J2001		01/01/2004	02/10/2016	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	ANESTACAINE (VIAL) 1%	50	ML	VL	EP	ML	10 MG		1	01/01/2004	02/10/2016						
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						
63323-0278-10		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						
63323-0285-64		J2795		09/01/2020	99/99/9999	INJECTION, ROPIVACAIN HYDROCHLORIDE, 1 MG	NAROPIN (PF) 2 MG/1 ML	200	ML	VL	U	ML	1 MG		2	09/01/2020	99/99/9999						
63323-0319-04		J1626		06/25/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML/ML) 1 MG/ML	4	ML	VL	IV	ML	100 MCG		10	06/25/2008	99/99/9999						
63323-0345-10		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 500 MG	1	EA	VL	U	EA	250 MG		2	02/16/2006	99/99/9999						
63323-0370-62		J0295		11/08/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP-PHARMACY BULK PKG) 10 GM-5 GM	1	EA	VL	IV	EA	1.5 GM		10	11/08/2006	99/99/9999						
63323-0383-10		J2710		01/01/2002	99/99/9999	INJECTION, NEOSTIGMINE METHYL SULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYL SULFATE (M.D.V. AMBER) 1 MG/ML	1	ML	VL	U	ML	0.5 MG		2	01/01/2002	99/99/9999						
63323-0412-10		J2250		01/01/2002	99/99/9999	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MDAZOLAM HCL (M.D.V.) 5 MG/ML	10	ML	VL	U	ML	1 MG		5	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						
63323-0545-05		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						
63323-0568-83		J1650		04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (MED BLUE LABEL PF) 30 MG/3.3 ML	0.3	ML	SR	SC	ML	10 MG		10	04/01/2015	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	U	ML	50 MG		1	06/12/2002	99/99/9999						
63323-0721-10		J9044		01/01/2019	99/99/9999	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	99/99/9999						
63629-1605-04		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	21	EA	NA	PO	EA	1 MG		5	01/01/2016	99/99/9999						
63629-1676-02		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1 EA		1	11/01/2004	99/99/9999						
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						
64370-0532-01		J9390		06/23/2008	99/99/9999	INJECTION, VIORELBINE TARTRATE, 10 MG	NAVELBINE (1X1ML SINGLE USE,PF) 10 MG/ML	1	ML	VL	IV	ML	10 MG		1	06/23/2008	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						
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						
65757-0404-03		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						
66105-0832-06		J8999		09/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	80	EA	BO	PO	EA	1 EA		1	09/13/2006	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						
66267-0171-20		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 10 MG	20	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
66267-0171-40		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	40	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
66267-0171-42		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 10 MG	42	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
66268-1100-01		J0690		10/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 100 GM	1	EA	FC	U	GM	500 MG		2	10/01/2002	99/99/9999						
66490-0041-01		J1110		12/31/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	D.H.E. 45 (AMP) 1 MG/ML	1	ML	AM	U	ML	1 MG		1	12/31/2002	99/99/9999						
66658-0501-01		J9210		01/01/2002	99/99/9999	INJECTION, EMAPALLUMAB-LZSG, 1 MG	GAMFANT (PF) 5 MG/1 ML	2	ML	VL	IV	ML	1 MG		5	01/01/2002	99/99/9999						
66658-0510-01		J9210		01/11/2021	99/99/9999	INJECTION, EMAPALLUMAB-LZSG, 1 MG	GAMFANT (PF) 5 MG/1 ML	20	ML	VL	IV	ML	1 MG		5	01/11/2021	99/99/9999						
66794-0222-41		J0290		03/05/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 1 GM	10	EA	VL	U	EA	500 MG		2	03/05/2020	99/99/9999						
67253-0102-10		J8499		03/03/2015	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1 MG		1	03/03/2015	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	U	EA	50 MG		2	07/23/2019	99/99/9999						
67457-0831-50		J0637		09/29/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (SDV,PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	5 MG		10	09/29/2017	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	U	ML	500 MG		1	06/08/2018	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						
45963-0623-57		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						
48879-0003-02		A4216		01/01/2006	99/99/9999	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	99/99/9999						
49452-0735-02		J9017		06/01/2015	10/17/2016	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (A.C.S.,REAGENT)	500	GM	BO	NA	GM	1 MG		1000	06/01/2015	10/17/2016						
49452-2460-03		J1094		06/01/2015	10/17/2016	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P.MICRONIZED)	1	GM	BO	NA	GM	1 MG		1000	06/01/2015	10/17/2016						
49452-2702-02		J3520		09/01/2015	10/17/2016	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DHYDRATE (U.S.P.)	2500	GM	BO	NA	GM	150 MG		6.66666	09/01/2015	10/17/2016						
49452-4888-02		J1030		06/01/2015	10/17/2016	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P.MICRONIZED)	5	GM	BO	NA	GM	40 MG		25	06/01/2015	10/17/2016						
49452-7660-03		J1071		06/01/2015	10/17/2016	INJECTION, TESTOSTERONE CYPIONATE, 1MG	TESTOSTERONE CYPIONATE (U.S.P.)	100	GM	BO	NA	GM	1 MG		1000	06/01/2015	10/17/2016						
49999-0003-15		Q0163		07/11/2002	06/01/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE 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	07/11/2002	06/01/2018						
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						
51224-0012-10		J2760		03/15/2018	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	10	EA	VL	U	EA	5 MG		1	03/15/2018	99/99/9999						
61552-0067-04		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0233-01		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						
51552-0313-05		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				09/01/2003	99/99/9999						
54868-4773-00		J8999		04/10/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	30 EA	BO	PO	EA	1 EA	1			04/10/2003	99/99/9999						
54868-5230-00		J7512		01/01/2016	99/99/9999	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	99/99/9999						
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						
54868-5459-00	KO	J7614	KO	04/01/2008	99/99/9999	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	99/99/9999						
54868-5648-00		Q0144		08/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	30 ML	BO	PO	ML	1 GM	0.04			08/01/2006	99/99/9999						
54868-5801-01		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 4 MG	15 EA	BO	PO	EA	1 MG	4			01/01/2012	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						
55150-0266-05		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						
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 THE 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				
55289-0273-10		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						
55289-0273-30		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						
55289-0564-48		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						
55390-0077-01		J0780		07/22/2004	06/14/2016	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (U.S.P., M.D.V.) 5 MG/ML	10 ML	VL	U	ML	10 MG	0.5			07/22/2004	06/14/2016						
55390-0613-20		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (PF) 1000 MG	1 EA	VL	IV	ML	5 MG	200			01/01/2006	99/99/9999						
55513-0074-30		J0604		04/05/2004	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	SENSIPAR (FILM COATED) 60 MG	30 EA	BO	PO	EA	1 MG	60			04/05/2004	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						
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						
59676-0340-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (PF) 4000 U/ML	1 ML	VL	U	ML	1000 U	40			01/01/2006	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						
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						
61990-0212-02		J2370		09/21/2000	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (PF,LATEX-FREE) 10 MG/1 ML	5 ML	VL	IV	ML	1 ML	1			09/21/2000	99/99/9999						
62559-0540-15		Q9895		07/01/2017	12/31/2017	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE 250 MG/1 ML	5 ML	VL	IM	ML	10 MG	25			07/01/2017	12/31/2017						
62559-0925-51		None		11/16/2020	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5 EA	BO	PO	EA	250 MG	1			11/16/2020	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						
62856-0796-01		J8655		01/01/2016	03/31/2017	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG, ORAL	AKYZEO (HARD GELATIN) 300 MG-0.5 MG	1 EA	DP	PO	EA	300.5 MG	1			01/01/2016	03/31/2017						
62927-0621-04		Q0177		01/01/2002	12/17/2015	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 (BANANA) 25 MG/5 ML	120 ML	EA	PO	ML	25 MG	0.2			01/01/2002	12/17/2015						
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						
62991-1173-04		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	200			01/01/2002	99/99/9999	01/01/2002	09/01/2004	20			
62991-1206-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM	5 MG	200			01/01/2002	12/31/2015						
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						
62991-2026-03		J3520		01/01/2002	99/99/9999	EDTATE DISODIUM, PER 150 MG	EDTATE DISODIUM (U.S.P.N.F.)	1 EA	BO	NA	GM	150 MG	6.66666			01/01/2002	99/99/9999						
63275-0981-05		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						
63275-9883-04		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						
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						
63323-0024-25		J2150		01/01/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (FLUPOFF TOP,PF) 25%	50 ML	VL	IV	ML	50 ML	0.02			01/01/2002	99/99/9999						
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						
63323-0132-10		J9293		03/17/2006	99/99/9999	INJECTION, MITOXANTHONE HYDROCHLORIDE, PER 5 MG	MITOXANTHONE (USP PF,LATEX-FREE) 2 MG/ML	10 ML	VL	IV	ML	5 MG	0.4			03/17/2006	99/99/9999						
63323-0142-10		J9208		07/25/2002	99/99/9999	INJECTION, IFOSAMIDE, 1 GRAM	IFOSAMIDE (S.D.V.) 1 GM	1 EA	VL	IV	EA	1 GM	1			07/25/2002	99/99/9999						
68180-0611-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1 EA	VL	U	EA	250 MG	1			07/20/2005	99/99/9999						
68180-0611-10		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1 EA	VL	U	EA	250 MG	1			07/20/2005	99/99/9999						
68180-0622-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1 EA	NA	U	EA	250 MG	2			07/20/2005	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						
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						
68462-0862-01		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
69097-0410-02		J0604		03/04/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30	EA	BO	PO	EA	1 MG		30	03/04/2019	99/99/9999							
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							
69097-0614-37		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							
38779-0814-05		J1243		02/05/2002	01/17/2016	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	02/05/2002	01/17/2016							
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							
38779-0927-04		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							
38779-2087-03		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							
38779-2087-06		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							
42023-0129-89		J2680		06/15/2018	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	PREMERPRO RX FLUPHENAZINE DECANOATE (LATEX-FREE) 25 MG/1 ML	5	ML		U	ML	25 MG		1	06/15/2018	99/99/9999							
42023-0213-25		J2370		07/17/2019	99/99/9999	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	99/99/9999							
42023-0229-10		J2248		10/25/2021	99/99/9999	INJECTION, MCAFUNGIN SODIUM, 1 MG	MCAFUNGIN (SDV,PF,LATEX-FREE) 50 MG	10	EA	VL	IV	EA	1 MG		50	10/25/2021	99/99/9999							
42023-0230-10		J2248		10/25/2021	99/99/9999	INJECTION, MCAFUNGIN SODIUM, 1 MG	MCAFUNGIN (SDV,PF,LATEX-FREE) 100 MG	10	EA	VL	IV	EA	1 MG		100	10/25/2021	99/99/9999							
42291-0459-30		J0604		07/27/2021	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30	EA	BO	PO	EA	1 MG		30	07/27/2021	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							
51927-1715-00		J7399		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							
51991-0381-60		J7527		07/28/2021	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (EX10) 0.75 MG	60	EA	BO	PO	EA	0.25 MG		3	07/28/2021	99/99/9999							
51991-0922-98		J9263		07/19/2017	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	07/19/2017	99/99/9999							
51991-0923-98		J9263		07/19/2017	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	07/19/2017	99/99/9999							
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							
52959-0126-30		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							
52959-0127-07		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	7	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999							
52959-0127-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015							
52959-0127-37		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	37	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015							
52959-0220-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015							
52959-0220-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	20	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999							
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							
54569-1754-00		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							
54569-5312-01		J2001		11/08/2007	12/31/2018	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (5X5ML) 2%	5	ML	SR	U	ML	10 MG		2	11/08/2007	12/31/2018							
54569-5629-00		J3490		11/10/2004	02/03/2016	UNCLASSIFIED DRUGS	RECOMBIVAX HB PEDIATRIC/ADOLESCENT (S.D.V.,TAX INCL,PF) 5 MC/0.5 ML	0.5	ML	VL	IM	ML	1 EA		1	11/10/2004	02/03/2016							
54868-0908-04		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	60	EA	BO	PO	EA	1 MG		50	01/01/2016	02/03/2016							
54868-0923-01		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	DELTAONE 5 MG	30	EA	BO	PO	EA	1 MG		5	01/01/2016	02/03/2016							
54868-1867-00		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	PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5 MG		0.1	01/01/2014	99/99/9999							
62991-2684-01		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							
63275-9874-01		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							
63275-9979-04		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							
63275-9998-01	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							
63275-9998-04	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							
63323-0090-20		J7131		06/09/2021	99/99/9999	HYPERTONIC SALINE SOLUTION, 1 ML	SODIUM CHLORIDE (PF) 14.8%	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) 14.8%	40	ML	VL	IV	ML	1 ML		1	06/09/2021	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							
63323-0284-21		J3370		01/22/2016	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500 MG		2	01/22/2016	99/99/9999							
63323-0347-20		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 2 GM	1	EA	VL	IV	EA	250 MG		8	02/16/2006	99/99/9999							
63323-0368-20		J0295		11/30/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM 1 GM-0.5 GM	1	EA	VL	U	EA	1.5 GM		1	11/30/2005	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							
63323-0568-90		J1650		04/01/2015	99/99/9999	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	99/99/9999							
63323-0578-01		J7643		06/15/2018	99/99/9999	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	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	
63323-0578-20		J7643		06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	20 ML			U	ML	1 MG		0.2	06/15/2018	99/99/9999							
63323-0585-15		J0878		08/14/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 350 MG	1 EA	VL	IV	EA	1 MG			350	08/14/2019	99/99/9999							
63323-0461-09		J0282		12/16/2003	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (S.D.V.) 50 MG/ML	9 ML	VL	IV	EA	30 MG			1.66666	12/16/2003	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							
63323-0751-10		J2370		06/24/2019	99/99/9999	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	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	EA	IV	EA	500 ML			0.002	01/01/2018	99/99/9999							
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							
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							
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							
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	EA	IV	ML	0.1 MG			0.5	04/06/2021	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							
70594-0026-02		J3490		01/07/2019	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (LYOPHILIZED) 50000 U	10 EA	VL	IM	EA	1 EA			1	01/07/2019	99/99/9999							
70594-0035-02		J3243		08/04/2020	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (PF,LYOPHILIZED) 50 MG	10 EA	VL	IV	EA	1 MG			50	08/04/2020	99/99/9999							
70655-0099-95		J2700		06/19/2018	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 1 GM	10 EA	VL	U	EA	250 MG			4	06/19/2018	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			0.4	08/28/2018	99/99/9999							
70860-0209-10		J9209		01/10/2018	99/99/9999	INJECTION, MESNA, 200 MG	MESNA 100 MG/1 ML	10 ML	VL	IV	ML	200 MG			0.5	01/10/2018	99/99/9999							
70860-0217-10		J9017		01/21/2021	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	01/21/2021	99/99/9999							
60505-0753-03		J0696		11/02/2015	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV, USP,CRYSTALLINE) 2 GM	1 EA	VL	U	EA	250 MG			8	11/02/2015	99/99/9999							
55289-0373-36		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36 EA	BO	PO	EA	5 MG			1	01/01/2002	12/31/2015							
55289-0373-42		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	42 EA	BO	PO	EA	5 MG			1	01/01/2002	12/31/2015							
55289-0373-72		J7512		01/01/2016	10/02/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	72 EA	BO	PO	EA	1 MG			5	01/01/2016	10/02/2018							
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							
55289-0464-15		Q0169		01/01/2014	04/12/2018	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 HCL 25 MG	15 EA	BO	PO	EA	12.5 MG			2	01/01/2014	04/12/2018							
55289-0559-06		Q0162		01/01/2012	08/06/2018	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 (USP,STRAWBERRY) 4 MG	6 EA	BO	PO	EA	1 MG			4	01/01/2012	08/06/2018							
55553-0807-05		J1100		01/01/2002	02/03/2016	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	CORTASTAT (VIAL) 4 MG/ML	5 ML	VL	U	ML	1 MG			4	01/01/2002	02/03/2016							
57896-0001-50		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE WATER	500 ML	EA	IR	ML	500 ML			0.002	01/02/2018	99/99/9999							
58463-0016-01		J8540		04/18/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DECADRON 4 MG	100 EA	EA	PO	EA	0.25 MG			16	04/18/2018	99/99/9999							
63323-0186-20		A4216		01/01/2004	99/99/9999	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							
63323-0285-65		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							
63323-0311-59		J0610		03/26/2015	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (SDV,PF,LATEX-FREE) 100 MG/ML	50 ML	VL	IV	ML	10 ML			0.1	03/26/2015	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	U	ML	25 MCG			4	04/13/2006	99/99/9999							
63323-0385-10		J3490		08/13/2007	99/99/9999	UNCLASSIFIED DRUGS	CEFOTETAN 1 GM	1 EA	VL	U	EA	1 EA			1	08/13/2007	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							
63323-0559-93		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							
63323-0588-87		J1650		04/01/2015	99/99/9999	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	99/99/9999							
63323-0578-02	KO	J7643	KO	06/15/2018	99/99/9999	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	99/99/9999							
63323-0617-20		J2260		05/14/2002	99/99/9999	INJECTION, MILRNONE LACTATE, 5 MG	MILRNONE LACTATE (S.D.V.) 1 MG/ML	20 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)	DEXTROROSE (FREEFLEX BAG,LATEX-FREE) 5%	50 ML	FC	IV	ML	500 ML			0.002	11/19/2019	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							
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							
63739-0920-25		J1644		06/13/2014	99/99/9999	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	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							
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							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0005-45		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						
63874-0373-21		J7506		01/19/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	5 MG		1	01/15/2006	12/31/2015						
63874-0404-10		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	10	EA	BO	PO	EA	1 EA		1	01/23/2002	02/03/2016						
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		U	ML	1 MG		2	04/02/2019	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						
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						
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						
72611-0645-55		J3490		10/01/2019	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN 150 MG/1 ML	60	ML	VL	U	ML	1 EA		1	10/01/2019	99/99/9999						
72611-0761-10		J3370		01/21/2021	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500 MG		1	01/21/2021	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						
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						
54868-5749-00		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 ODT 8 MG	10	EA	BX	PO	EA	1 MG		8	01/01/2012	99/99/9999						
54868-5775-00		J2780		06/06/2007	02/03/2016	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC 25 MG/ML	40	ML	VL	U	ML	25 MG		1	06/06/2007	02/03/2016						
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						
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						
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						
55150-0233-10		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						
55150-0244-47		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						
62991-1095-03		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2004	99/99/9999						
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						
62991-1685-01		J3490		09/01/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	09/01/2002	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						
62991-2700-01		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						
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						
63275-9982-09		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						
63304-0505-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
63304-0652-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
63323-0123-02		J9250		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL) 25 MG/ML	2	ML	VL	U	ML	5 MG		5	01/01/2002	99/99/9999						
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						
63323-0164-74		J7120		07/23/2019	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (FREEFLEX BAG)	250	ML	BG	IV	ML	1000 ML		0.001	07/23/2019	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						
68382-0754-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 140 MG	5	EA	BO	PO	EA	20 MG		7	06/01/2018	99/99/9999						
68982-0820-02		J1599		11/12/2018	99/99/9999	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	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						
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						
52959-0126-12		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	12	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
52959-0126-21		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						
54868-4339-01		None		11/22/2005	02/03/2016	MELPHALAN, 2 MG, ORAL	ALKERAN 2 MG	50	EA	BO	PO	EA	2 MG		1	11/22/2005	02/03/2016						
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						
54868-4890-00		J0270		08/28/2003	02/03/2016	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 20 MCG	1	EA	BX	IC	EA	1.25 MCG		16	08/28/2003	02/03/2016						
54868-5089-04		Q0162		01/01/2012	02/03/2016	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 ODT 8 MG	20	EA	BO	PO	EA	1 MG		8	01/01/2012	02/03/2016						
54868-5231-01		J8501		08/03/2006	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 80 MG	6	EA	BX	PO	EA	5 MG		16	08/03/2006	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
54868-5348-00		None		10/20/2005	02/03/2016	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	25 EA	EA	NA	PO	EA	5 MG		1	10/20/2005	02/03/2016						
54868-5350-00		None		10/31/2007	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	15 EA	EA	BO	PO	EA	100 MG		1	10/31/2007	99/99/9999						
54868-5487-00		Q0144		12/13/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	6 EA	EA	BO	PO	EA	1 GM		0.5	12/13/2005	99/99/9999						
54868-5670-00		J7608		08/10/2007	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	30 ML	ML	VL	IH	ML	1 GM		0.2	08/10/2007	99/99/9999						
54868-5738-00		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 8 MG	10 EA	EA	BO	PO	EA	1 MG		8	01/01/2012	99/99/9999						
55150-0271-01		J9070		08/31/2021	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,PF,LATEX-FREE) 200 MG/1 ML	5 ML	ML	VL	IV	ML	100 MG		2	08/31/2021	99/99/9999						
55150-0323-25		J1940		06/20/2019	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV,PF,LATEX-FREE) 10 MG/1 ML	4 ML	ML	VL	U	ML	20 MG		0.5	06/20/2019	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	ML	VL	IV	ML	0.5 MG		10	07/14/2020	99/99/9999						
60505-6098-01		J3243		04/02/2019	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (PF,LYOPHILIZED) 50 MG	10 EA	EA	VL	IV	EA	1 MG		50	04/02/2019	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	ML	VL	IV	ML	0.5 MG		10	09/16/2020	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	EA	VL	U	EA	250 MG		2	06/23/2017	99/99/9999						
60505-6160-00		J1267		12/12/2016	08/01/2019	INJECTION, DORIPENEM, 10 MG	DORIPENEM 250 MG	1 EA	EA	VL	IV	EA	10 MG		25	12/12/2016	08/01/2019						
60505-6182-00		J7643		05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	20 ML	ML	VL	U	ML	1 MG		0.2	05/19/2020	99/99/9999						
60687-0149-11		None		03/11/2016	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (INNER NDC,FILM-COATED) 500 MG	1 EA	EA	BP	PO	EA	500 MG		1	03/11/2016	99/99/9999						
61553-0710-68		J1170		12/01/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 1 MG/ML-0.9%	30 ML	ML	VL	IV	ML	4 MG		0.25	12/01/2006	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	ML	VL	IV	ML	50 MG		0.2	06/28/2006	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	ML	VL	IO	ML	1 MG		40	12/03/2019	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	ML	SR	IM	ML	1 MG		150	08/26/2021	99/99/9999						
62856-0750-10		J1645		02/06/2007	02/02/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED) 7500 IU/0.3 ML	0.3 ML	ML	SR	SC	ML	2500 IU		10	02/06/2007	02/02/2015						
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	GM	BO	NA	GM	1 GM		1	10/31/2011	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	EA	VL	U	EA	250 MG		8	12/10/2020	99/99/9999						
63402-0911-30	KO	J7605	KO	01/01/2008	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	BROVANA 15 MCG/2 ML	2 ML	ML	PC	IH	ML	15 MCG		0.5	01/01/2008	99/99/9999						
63459-0920-59		J1447		09/04/2018	99/99/9999	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	GRANIX (PF) 480 MCG/1.6 ML	1.6 ML	ML	VL	SC	ML	1 MCG		300	09/04/2018	99/99/9999						
63629-1605-02		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	78 EA	EA	NA	PO	EA	5 MG		1	11/01/2004	12/31/2015						
63629-1605-03		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36 EA	EA	NA	PO	EA	5 MG		1	11/01/2004	12/31/2015						
63739-0900-26		J1644		06/13/2014	04/30/2018	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X2ML,PF) 1000 U/ML	2 ML	ML	VL	U	ML	1000 U		1	06/13/2014	04/30/2018						
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	EA	BO	PO	EA	50 MG		0.5	05/10/2004	04/01/2020						
63874-0327-14		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	14 EA	EA	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
63874-0327-15		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	15 EA	EA	BO	PO	EA	1 MG		10	01/01/2016	02/03/2016						
63874-0370-01		Q0169		01/01/2014	02/03/2016	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	EA	BO	PO	EA	12.5 MG		2	01/01/2014	02/03/2016						
63874-0370-20		Q0169		01/01/2014	02/03/2016	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	EA	BO	PO	EA	12.5 MG		2	01/01/2014	02/03/2016						
63874-0392-01		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	EA	BO	PO	EA	5 MG		4	01/15/2006	12/31/2015						
69918-0700-26		J0330		10/16/2019	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	PREMIERPRO RX SUCCINYLCHOLINE CHLORIDE (MDV) 20 MG/1 ML	10 ML	ML	VL	U	ML	20 MG		1	10/16/2019	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	ML	VL	IV	ML	0.5 MG		2	04/01/2021	99/99/9999						
70092-0520-49		J2274		04/22/2021	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE-SODIUM CHLORIDE (MONOJECT BARREL, PF) 1 MG/1 ML-0.9%	30 ML	ML	VL	IV	ML	10 MG		0.1	04/22/2021	99/99/9999						
70121-1076-05		J1940		04/19/2017	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/1 ML	10 ML	ML	VL	U	ML	20 MG		0.5	04/19/2017	99/99/9999						
70121-1479-07		J2710		12/20/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10 ML	ML	VL	IV	ML	0.5 MG		2	12/20/2018	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	ML	VL	PO	ML	1 GM		0.04	08/28/2018	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	ML	SR	SC	ML	0.5 MG		10	01/13/2020	99/99/9999						
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	EA	VL	IV	EA	50 MG		1	08/08/2019	99/99/9999						
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	ML	VL	SC	ML	1 MG		1	06/12/2017	08/28/2020						
71288-0006-30		J0295		01/07/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (USP,PF,LATEX-FREE) 2 GM-1 GM	10 EA	EA	VL	U	EA	1.5 GM		2	01/07/2019	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
72485-0213-15		J9206		09/08/2020	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X15ML,SDV) 20 MG/1 ML	15	EA	VL	IV	EA	20	MG	1	09/08/2020	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	U	EA	250	MG	4	03/24/2020	99/99/9999						
54868-3890-00		J1790		01/01/2002	02/03/2016	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (AMP) 2.5 MG/ML	1	ML	AM	U	ML	5	MG	0.5	01/01/2002	02/03/2016						
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 DIFROPIONATE (U.S.P.,MICRONIZED)	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						
62991-1095-04		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	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						
62991-2501-02		J3490		09/15/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P., 24)	1	EA	BO	NA	GM	1	EA	1	09/15/2003	99/99/9999						
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						
63275-9963-04		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						
69143-9398-10		J1335		08/16/2021	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (SDV,LATEX-FREE) 1 GM	10	EA	VL	U	EA	500	MG	2	08/16/2021	99/99/9999						
00143-9719-10		J2260		02/23/2011	99/99/9999	INJECTION, MLRINONE LACTATE, 5 MG	MLRINONE 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						
00185-0833-30		J7502		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (SOFTGEL) 100 MG	30	EA	BO	PO	EA	100	MG	1	01/01/2002	99/99/9999						
00264-7751-00		J7120		01/01/2002	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5%/LACTATED RINGERS (EXCEL)	1000	ML	FC	IV	EA	1000	ML	0.0005	01/01/2002	12/31/2015						
00270-0556-15		J2805		01/01/2006	99/99/9999	INJECTION, SINALDIDE, 5 MICROGRAMS	KINEVAC (VIAL) 5 MCG	1	EA	VL	IV	EA	5	MCG	1	01/01/2006	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						
00338-0049-31		A4216		01/01/2004	99/99/9999	ML	SODIUM CHLORIDE (MULTI PACK, MINI-BAG) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00338-0719-13		J7799		01/01/2002	10/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,USP) 70%	500	ML	PC	IV	ML	1	EA	1	01/01/2002	10/31/2015						
00338-1013-41		J2700		01/01/2002	99/99/9999	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	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						
00338-9159-30		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	ML	500	ML	0.002	09/10/2018	99/99/9999						
00378-2250-01		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250MG	100	EA	BO	PO	EA	250	MG	1	05/04/2009	99/99/9999						
00378-6991-52	KO	J7613	KO	11/02/2009	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	EA	IH	ML	1	MG	0.21	11/02/2009	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						
00409-1626-51		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						
00409-1941-01		J3070		11/18/2005	03/01/2018	INJECTION, PENTAZOCINE, 30 MG	TALWIN LACTATE (UNI-AMP,LATEX-FREE) 30 MG/ML	1	ML	AM	U	ML	30	MG	1	11/18/2005	03/01/2018						
00409-3713-01		J3490		01/01/2018	10/25/2021	UNCLASSIFIED DRUGS	NAFOLLIN (PF,LATEX-FREE) 1 GM	10	EA	VL	U	EA	1	GM	1	01/01/2018	10/25/2021						
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						
45963-0621-51		J9185		03/02/2017	99/99/9999	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	99/99/9999						
45963-0734-74		J9171		01/13/2015	05/31/2016	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SINGLE-USE VIAL,PF) 20 MG/ML	7	ML	VL	IV	ML	1	MG	20	01/13/2015	05/31/2016						
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						
48102-0045-01		J8540		06/08/2018	12/31/2020	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	100	EA	PO	EA	EA	0.25	MG	2	06/08/2018	12/31/2020						
49452-2588-02		J1212		09/01/2015	10/17/2016	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (U.S.P.)	4000	ML	BO	NA	ML	50	%	0.02	09/01/2015	10/17/2016						
49452-4410-02		J3430		06/01/2015	10/17/2016	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	MENADIOL (U.S.P.)	100	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016						
49452-4900-03		J2300		06/01/2015	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL	5	GM	BO	NA	GM	10	MG	100	06/01/2015	99/99/9999						
49452-5770-02		J3490		06/01/2015	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	2500	GM	BO	NA	GM	2	MEQ	6.7144	06/01/2015	10/17/2016						
49452-5880-01		J7510		06/01/2015	10/17/2016	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	5	MG	200	06/01/2015	10/17/2016						
49452-5880-02		J7510		06/01/2015	10/17/2016	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	5	MG	200	06/01/2015	10/17/2016						
49452-6087-02		J2550		06/01/2015	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	100	GM	BO	NA	GM	50	MG	20	06/01/2015	10/17/2016						
49452-6109-03		J2720		09/01/2015	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (U.S.P.)	100	GM	BO	NA	GM	10	MG	100	09/01/2015	99/99/9999						
49999-0003-20		Q0163		02/24/2005	06/01/2017	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 25 MG	20	EA	BO	PO	EA	50	MG	0.5	02/24/2005	06/01/2017						
50090-2345-09		None		06/08/2018	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/08/2018	99/99/9999						
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						
50742-0446-15		J9045		01/29/2018	99/99/9999	INJECTION, CARBOPLATIN, 10 MG	CARBOPLATIN (PF) 10 MG/1 ML	15	ML	VL	IV	ML	50	MG	0.2	01/29/2018	99/99/9999						
51079-0066-20		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 (10X10) 50 MG	100	EA	BX	PO	EA	50	MG	1	01/01/2002	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						
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						
64868-0311-00		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-4880-00		J2250		01/01/2002	02/03/2016	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MDAZOLAM HCL (VIAL,PF) 5 MG/ML	5	ML	VL	U	ML	1	MG	5	01/01/2002	02/03/2016						
54868-4721-02		Q0164		06/09/2005	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	60	EA	BO	PO	EA	5	MG	1	06/09/2005	99/99/9999						
54868-4804-00		J2270		05/30/2003	06/30/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (22G,SLIM PKLATEX-FREE) 10 MG/ML	1	ML	EA	U	ML	10	MG	1	05/30/2003	06/30/2015						
54868-4952-00		J7509		10/30/2003	02/03/2016	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 2 MG	30	EA	BO	PO	EA	4	MG	0.5	10/30/2003	02/03/2016						
54868-5319-00		J1170		05/31/2005	09/28/2016	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (25X1ML) 2 MG/ML	1	ML	VL	U	ML	4	MG	0.5	05/31/2005	09/28/2016						
54868-5670-01		J7608		08/10/2007	02/03/2016	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (3X30ML) 20%	30	ML	VL	IH	ML	1	GM	0.2	08/10/2007	02/03/2016						
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						
55150-0294-05	KO	J7643	KO	01/08/2019	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	U	ML	1	MG	0.2	01/08/2019	99/99/9999						
55289-0006-35		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
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						
55289-0352-07		J7506		03/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	7	EA	BO	PO	EA	5	MG	4	03/01/2004	12/31/2015						
55289-0352-20		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	03/08/2017						
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 THE 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						
55289-0964-14		Q0144		02/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	14	EA	BO	PO	EA	1	GM	0.25	02/01/2006	99/99/9999						
55390-0184-01		J0595		01/01/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1	ML	VL	U	ML	1	MG	2	01/01/2004	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	U	ML	1	MCG	25	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	U	ML	1	MCG	500	09/11/2006	99/99/9999						
55513-0150-01		J7799		12/16/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	BLINCYTO (INNER VIAL,ND,PCF) 35 MCG	1	EA	VL	IV	EA	1	MCG	1	12/16/2014	12/31/2015						
67457-0953-10		J1644		04/30/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (25X10ML) 1000 U/1 ML	10	ML	VL	U	ML	1000	UNITS	1	04/30/2019	99/99/9999						
67457-0956-30		J1644		03/20/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (MDV,NOT FOR LOCK FLUSH) 1000 U/1 ML	30	ML	VL	U	ML	1000	U	1	03/20/2019	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						
68001-0282-27		J9201		06/07/2016	08/27/2018	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (SINGLE-USE,USP) 2 GM	1	EA	VL	IV	EA	200	MG	10	06/07/2016	08/27/2018						
54868-5260-06		None		01/11/2006	02/03/2016	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	42	EA	BO	PO	EA	500	MG	1	01/11/2006	02/03/2016						
54868-5350-01		None		10/20/2005	02/03/2016	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	25	EA	BO	PO	EA	100	MG	1	10/20/2005	02/03/2016						
54868-5501-01		J1652		02/03/2016	02/03/2016	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA 7.5 MG/0.6 ML	0.6	ML	SR	SC	EA	0.5	MG	25	01/11/2006	02/03/2016						
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						
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						
55150-0299-01		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						
55289-0006-25		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						
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						
64679-0096-01		J9025		12/23/2016	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV) 100 MG	1	EA	VL	U	EA	1	MG	100	12/23/2016	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						
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						
66794-0206-41		J0295		04/15/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (USP, SDV,PF,LATEX-FREE) 1 GM-0.5 GM	10	EA	VL	U	EA	1.5	GM	1	04/15/2019	99/99/9999						
67457-0379-25		J2501		12/21/2018	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL 0.002 MG/1 ML	1	ML	VL	IV	ML	1	MCG	2	12/21/2018	99/99/9999						
67457-0532-08		J9171		09/28/2018	99/99/9999	DOCETAXEL INJECTION	DOCETAXEL (USP,MULTI-USE VIAL) 10 MG/1 ML	8	ML	IV	IV	ML	1	MG	10	09/28/2018	99/99/9999						
67457-0592-10		J1652		05/06/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (SRN, PREFL,27GX12',PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	05/06/2015	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						
67457-0949-01		J1644		02/21/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM 5000 U/1 ML	1	ML	VL	U	ML	1000	U	5	02/21/2019	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						
68001-0283-32		J9060		09/12/2016	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV,LATEX-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.1	09/12/2016	99/99/9999						
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	U	ML	20	MG	1	09/21/2020	10/28/2021						
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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
68382-0753-67		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100 MG		1	06/01/2018	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							
68382-0997-10		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							
68992-3040-01		J7508		09/01/2015	99/99/9999	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG	ENVARUS XR 4 MG	100	EA	BO	PO	EA	0.1 MG		40	09/01/2015	12/31/2015							
69097-0807-37		J0878		09/24/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,L.YOPHILIZED) 500 MG	1	EA	VL	IV	EA	1 MG		500	09/24/2019	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							
58160-0815-11		J3490		08/06/2007	08/07/2017	UNCLASSIFIED DRUGS	TWINRIX (TAX INCLUDED,1MLX10,PF) 720 EL U/ML-20 MCG/ML	1	ML	VL	IM	ML	1 EA		1	08/06/2007	08/07/2017							
58281-0561-02		J0475		01/01/2002	01/24/2018	INJECTION, BACLOFEN, 10 MG	LIORESAL INTRATHECAL REFILL KIT (2X5 ML AMP) 2 MG/ML	5	ML	BX	IN	EA	10 MG		2	01/01/2002	01/24/2018							
63463-0015-01		J8540		04/16/2016	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DECADRON 0.75 MG	100	EA	BO	PO	EA	0.25 MG		3	04/16/2016	99/99/9999							
58864-0424-14		J7506		03/02/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (REDI-SCRIPT) 20 MG	14	EA	BO	PO	EA	5 MG		4	03/02/2004	12/31/2015							
58864-0602-30		J8499		03/02/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (REDI-SCRIPT) 400 MG	30	EA	BO	PO	EA	1 EA		1	03/02/2004	99/99/9999							
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							
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							
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							
63323-0306-02		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							
63323-0386-20		J3490		08/13/2007	99/99/9999	UNCLASSIFIED DRUGS	CEFOTETAN 2 GM	1	EA	VL	U	EA	1 EA		1	08/13/2007	99/99/9999							
63323-0542-01		J1644		01/01/2002	99/99/9999	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	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							
63323-0721-10		J9041		11/17/2017	12/31/2019	INJECTION, BORTEZOMIB, 0.1 MG	BORTEZOMIB, (SDV,LATEX-FREE) 3.5 MG	1	EA	VL	IV	EA	0.1 MG		35	11/17/2017	12/31/2018							
63874-0392-20		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	1 MG		20	01/01/2016	02/03/2016							
63874-0392-40		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	40	EA	BO	PO	EA	1 MG		20	01/01/2016	02/03/2016							
63874-0442-04		Q0177		05/11/2004	02/03/2016	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	05/11/2004	02/03/2016							
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							
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							
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			
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							
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							
70069-0303-03		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							
70069-0301-10		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	U	ML	20 MG		1	04/06/2020	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							
70121-1574-05		J1040		07/07/2020	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (SDV,USP) 80 MG/1 ML	1	ML	VL	U	ML	80 MG		1	07/07/2020	99/99/9999							
70594-0057-02		J3370		09/07/2020	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (FLEXIBLE BAG) 1.25 GM/250 ML	250	ML	FC	IV	ML	500 MG		0.01	09/07/2020	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							
70655-0002-10		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							
70655-0088-06		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							
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							
70710-1531-01		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							
70860-0454-10		J2597		01/04/2021	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (1X10ML.MDV,LATEX-FREE) 4 MCG/1 ML	10	ML	VL	U	ML	1 MCG		4	01/04/2021	99/99/9999							
61314-0304-01		Q5101		04/01/2018	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	04/01/2018	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							
60505-6130-00		J2405		04/28/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON 2 MG/1 ML	2	ML	VL	U	ML	1 MG		2	04/28/2016	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	U	EA	U	500 MG		2	08/07/2017	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	U	EA	U	500 MG		4	03/15/2018	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							
60687-0394-83		J7644		12/28/2018	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	12/28/2018	99/99/9999							
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	09/28/2002		4	03/01/2006	09/01/2007	4

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61553-0185-02		J2270		02/02/2004	99/99/9999	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	99/99/9999						
61553-0602-48		J3010		02/02/2004	99/99/9999	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	99/99/9999						
61553-0702-68		J1170		12/01/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.2 MG/ML-0.9%	30	ML	VL	IV	ML	4 MG		0.05	12/01/2006	99/99/9999						
61553-0795-68		J3010		12/01/2006	99/99/9999	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	99/99/9999						
63874-0327-18		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	18	EA	BO	PO	EA	1 MG		10	01/01/2016	02/03/2016						
63874-0370-40		Q0169		01/01/2014	02/03/2016	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	40	EA	BO	PO	EA	12.5 MG		2	01/01/2014	02/03/2016						
63874-0373-15		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	15	EA	BO	PO	EA	1 MG		5	01/01/2016	02/03/2016						
63874-0442-14		Q0177		05/11/2004	02/03/2016	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	14	EA	BO	PO	EA	25 MG		1	05/11/2004	02/03/2016						
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						
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						
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						
65549-0231-41		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						
68105-0832-10		J8999		09/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	100	EA	BO	PO	EA	1 EA		1	09/13/2006	99/99/9999						
68267-0080-15		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						
68794-0202-42		J7643		04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML	VL	U	ML	1 MG		0.2	04/15/2019	99/99/9999						
68993-0084-88		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						
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						
67877-0458-60		None		05/01/2019	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150 MG		1	05/01/2019	99/99/9999						
68001-0442-26		J9070		11/30/2020	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV;USP) 500 MG	1	EA	VL	IV	EA	100 MG		5	11/30/2020	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						
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						
68382-0592-01		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						
68982-0822-06		J1599		07/01/2021	99/99/9999	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	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						
60505-0750-01		J0696		11/02/2015	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV, USP,CRYSTALLINE) 250 MG	1	EA	VL	U	EA	250 MG		1	11/02/2015	99/99/9999						
60505-0751-00		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X10ML) 500 MG	1	EA	VL	U	EA	250 MG		2	08/02/2005	99/99/9999						
63323-0221-10		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,PF) 500 MG	1	EA	VL	IV	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	U	EA	500 MG		2	01/01/2002	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						
63323-0300-30		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						
63323-0369-20		J0295		11/30/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM 2 GM-1 GM	1	EA	VL	U	EA	1.5 GM		2	11/30/2005	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						
63323-0533-83		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						
63323-0542-13		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						
63323-0564-97		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						
63323-0578-05	KO	J7643	KO	06/15/2018	99/99/9999	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	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
63402-0513-24	KO	J7614	KO	04/01/2008	10/21/2015	LEVULBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME,	XOPENEX (PF) 1.25 MG/3 ML	3 ML	PC	IH	ML	0.5 MG	0.83333		04/01/2008	10/21/2015							
63629-1472-02		None		02/01/2009	99/99/9999	UNIT DOSE, 0.5 MG	METHOTREXATE SODIUM 2.5 MG	12 EA	BO	PO	EA	2.5 MG			02/01/2009	99/99/9999							
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								
70121-1579-01		J2370		01/09/2019	99/99/9999		PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	10 ML	VL	IV	ML	1 ML	1	01/09/2019	99/99/9999								
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								
70377-0015-11		J7507		12/15/2020	99/99/9999		TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	100 EA	BO	PO	EA	1 MG	1	12/15/2020	99/99/9999								
70700-0902-25		J7643		11/05/2021	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE NOVAPLUS (25X94L MDV/USP) 0.2 MG/1 ML	5 ML	VL	U	ML	1 MG	0.2	11/05/2021	99/99/9999								
70710-1463-05		J1631		01/13/2020	99/99/9999		HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1 ML	VL	IM	ML	50 MG	2	01/13/2020	99/99/9999								
70710-1761-06		J1650		07/23/2021	99/99/9999		ENOXAPARIN SODIUM (SINGLE-DOSE,PF) 100 MG/1 ML	1 ML	SR	SC	ML	10 MG	10	07/23/2021	99/99/9999								
70860-0117-26		J3490		07/31/2018	99/99/9999		UNCLASSIFIED DRUGS	10 EA	VL	U	EA	1 EA	1	07/31/2018	99/99/9999								
70860-0802-82		J3489		01/01/2020	99/99/9999		ZOLEDRONIC ACID, 1 MG	100 ML	BG	IV	ML	1 MG	0.05	01/01/2020	99/99/9999								
71288-0404-02		J1644		08/19/2019	99/99/9999		HEPARIN SODIUM, PER 1000 UNITS	1 ML	VL	U	ML	1000 U	10	08/19/2019	99/99/9999								
71288-0408-06	KO	J7643	KO	07/15/2019	99/99/9999	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	07/15/2019	99/99/9999								
71300-6624-02		J0171		08/06/2021	99/99/9999		EPINEPHRINE (PF) 0.1 MG/0.1 ML	0.2 ML	SR	U	ML	0.1 MG	10	08/06/2021	99/99/9999								
71930-0018-52		Q0162		02/12/2020	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 (FILM-COATED) 8 MG	500 EA	BO	PO	EA	1 MG	8	02/12/2020	99/99/9999								
72205-0046-01		J9340		04/01/2020	99/99/9999		THIOTEPA (SDV,LYOPHILIZED) 100 MG	100 GM	VL	U	EA	15 MG	6.66667	04/01/2020	99/99/9999								
49452-2460-01		J1094		06/01/2015	10/17/2016		DEXAMETHASONE ACETATE ANHYDROUS (U.S.P.MICRONIZED)	5 GM	BO	NA	GM	1 MG	1000	06/01/2015	10/17/2016								
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								
49452-4300-03		J3475		06/01/2015	10/17/2016		MAGNESIUM SULFATE, PER 500 MG	12000 GM	BO	NA	GM	500 MG	2	06/01/2015	10/17/2016								
54868-1323-06		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	30 EA	BO	PO	EA	12.5 MG	2	01/01/2014	99/99/9999								
54868-2523-00		J0885		01/01/2006	99/99/9999		PROCRIT (S.D.V.) 10000 U/ML	1 ML	VL	U	ML	1000 U	10	01/01/2006	99/99/9999								
54868-2913-02		J7509		07/29/2003	99/99/9999		METHYLPREDNISOLONE ORAL, PER 4 MG	60 EA	BO	PO	EA	4 MG	1	07/29/2003	99/99/9999								
54868-3230-01		J2175		01/01/2002	02/03/2016		DEMEROL HYDROCHLORIDE (UNI-AMP) 50 MG/ML	25 ML	AM	U	ML	100 MG	0.5	01/01/2002	02/03/2016								
54868-4886-01		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								
54868-4773-02		J8999		07/07/2005	99/99/9999		HYDROXYUREA 500 MG	50 EA	BO	PO	EA	1 EA	1	07/07/2005	99/99/9999								
54868-5260-04		None		01/12/2006	02/03/2016		CAPECITABINE, 500 MG, ORAL	14 EA	BO	PO	EA	500 MG	1	01/12/2006	02/03/2016								
54868-5282-01		J8999		05/23/2005	02/03/2016		MERCAPTOPURINE 50 MG	25 EA	BO	PO	EA	1 EA	1	05/23/2005	02/03/2016								
54868-5310-01		J7500		05/23/2005	02/03/2016		AZATHIOPRINE, ORAL, 50 MG	120 EA	BO	PO	EA	50 MG	1	05/23/2005	02/03/2016								
54868-5355-02		None		01/30/2006	02/03/2016		ETOPOSIDE, 50 MG, ORAL	1 EA	BO	PO	EA	50 MG	1	01/30/2006	02/03/2016								
54868-5522-00		J7502		02/10/2006	99/99/9999		CYCLOSPORINE, ORAL, 100 MG	30 EA	BO	PO	EA	100 MG	1	02/10/2006	99/99/9999								
54868-5714-00		A4216		12/11/2006	02/03/2016		STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	20 ML	VL	IV	ML	10 ML	0.1	12/11/2006	02/03/2016								
54868-5722-00		J0282		12/11/2006	99/99/9999		SODIUM CHLORIDE (20X25ML) 0.9%	3 ML	VL	IV	ML	30 MG	1.66666	12/11/2006	99/99/9999								
54868-5741-00		Q0173		01/05/2007	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	100 EA	BO	PO	EA	250 MG	1.2	01/05/2007	99/99/9999								
55111-0652-07		J0583		05/31/2017	99/99/9999		BIVALIRUDIN (SINGLE-USE,LYOPHILIZED) 250 MG	1 EA	VL	IV	EA	1 MG	250	05/31/2017	99/99/9999								
55135-0132-01		J9317		01/01/2021	99/99/9999		TRODELVY (PF,LYOPHILIZED) 180 MG	1 EA	VL	IV	EA	2.5 mg	72	01/01/2021	99/99/9999								
55150-0201-20		J2795		10/31/2016	99/99/9999		ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 10 MG/1 ML	20 ML	VL	U	ML	1 MG	10	10/31/2016	99/99/9999								
55289-0564-15		J8499		01/01/2002	99/99/9999		ZOVIRAX 800 MG	15 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
55390-0004-10		J1610		01/01/2002	04/08/2015		GLUCAGON (VIAL) 1 MG	1 EA	VL	U	EA	1 MG	1	01/01/2002	04/08/2015								
60977-0001-43		J2550		05/05/2007	10/17/2016		PHENERGAN 25 MG/ML	1 ML	AM	U	ML	50 MG	0.5	05/05/2007	10/17/2016								
60977-0002-43		J2550		05/05/2007	10/17/2016		PHENERGAN 50 MG/ML	1 ML	AM	U	ML	50 MG	1	05/05/2007	10/17/2016								

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
61553-0178-48		J2270		02/02/2004	06/30/2017	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (PUMP BAG) 100 MG/100 ML-0.9%	100	ML	BG	IV	ML	10 MG		0.1	02/02/2004	06/30/2017							
61703-0245-22		J2405		12/26/2006	10/17/2016	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (M.D.V., USP) 2 MG/ML	20	ML	VL	U	ML	1 MG		2	12/26/2006	10/17/2016							
61703-0325-18		J2430		01/27/2003	09/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (PF) 6 MG/ML	10	ML	VL	IV	ML	30 MG		0.2	01/27/2003	09/99/9999							
61703-0242-50		J9267		01/01/2015	09/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (M.D.V.) 6 MG/ML	50	ML	VL	IV	ML	1 MG		6	01/01/2015	09/99/9999							
62175-0381-37		J7507		09/28/2012	09/99/9999	INJECTION, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1 MG		1	09/28/2012	09/99/9999							
62756-0974-60		J9199		01/01/2020	09/99/9999	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	09/99/9999							
62856-0101-10		J1645		11/20/2006	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (27GX1/2"W/NDLUGARD) 10000 IU/ML	1	ML	SR	SC	ML	2500 IU		4	11/20/2006	03/31/2015							
62991-1038-03	KO	J7632	KO	01/01/2008	09/99/9999	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	09/99/9999							
62991-1051-03		J1435		09/15/2003	09/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/15/2003	09/99/9999							
62991-1133-04		J3490		01/01/2002	09/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	09/99/9999							
62991-1156-02		J7684		01/01/2002	09/99/9999	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	09/99/9999							
62991-1486-02		J9190		09/15/2003	09/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	09/15/2003	09/99/9999							
62991-1635-05		J1030		09/15/2003	09/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40 MG		25	09/15/2003	09/99/9999							
62991-1707-01		J1071		01/01/2015	09/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	5	GM	BO	NA	GM	1 MG		1000	01/01/2015	09/99/9999							
62991-2022-04		J7638		01/01/2002	09/99/9999	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	09/99/9999							
62991-2516-01		J7640		01/01/2006	09/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12 MG		83333.33	01/01/2006	09/99/9999							
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	20 MG		500	12/03/2002	05/31/2021							
69339-0136-32		J3360		03/22/2019	09/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X2ML) 5 MG/1 ML	2	ML	SR	U	ML	5 MG		1	03/22/2019	09/99/9999							
69680-0121-05		J3420		03/05/2020	09/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	30	ML	VL	U	ML	1000 MCG		1	03/05/2020	09/99/9999							
70069-0005-10		J3420		07/28/2016	09/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V., 25X1ML) 1000 MCG/1 ML	1	ML	VL	U	ML	1000 MCG		1	07/28/2016	09/99/9999							
70069-0301-25		J0330		02/10/2020	09/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE 20 MG/1 ML	10	ML	VL	U	ML	20 MG		1	02/10/2020	09/99/9999							
70121-1573-05		J1030		07/07/2020	09/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP;SDV) 40 MG/1 ML	1	ML	VL	U	ML	40 MG		1	07/07/2020	09/99/9999							
70121-1652-01		J3301		12/28/2018	09/99/9999	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	09/99/9999							
70362-0702-39		J8540		03/15/2019	09/99/9999	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	09/99/9999							
70436-0019-82		J0456		12/17/2018	09/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (LYOPHILIZED) 500 MG	10	EA	VL	IV	EA	500 MG		1	12/17/2018	09/99/9999							
70700-0186-23		J9190		08/06/2021	09/99/9999	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	09/99/9999							
70710-1515-06		J1652		01/13/2020	09/99/9999	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	09/99/9999							
70860-0112-15		J0290		08/01/2018	09/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP;PF;LATEX-FREE) 250 MG	10	EA	VL	U	EA	500 MG		0.5	08/01/2018	09/99/9999							
70860-0113-15		J0290		08/01/2018	09/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP;PF;LATEX-FREE) 500 MG	10	EA	VL	U	EA	500 MG		1	08/01/2018	09/99/9999							
70860-0200-50		J9267		06/29/2017	09/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV;PF;LATEX-FREE) 6 MG/1 ML	50	ML	VL	IV	ML	1 MG		6	06/29/2017	09/99/9999							
70954-0058-10		J7512		11/18/2019	09/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	1 MG		5	11/18/2019	09/99/9999							
70954-0059-30		J7512		11/25/2019	09/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BX	PO	EA	1 MG		10	11/25/2019	09/99/9999							
71127-1200-01		A4216		10/01/2020	09/99/9999	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	09/99/9999							
71288-0402-11		J1644		08/19/2019	09/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (LATEX-FREE) 1000 U/1 ML	10	ML	VL	U	ML	1000 U		1	08/19/2019	09/99/9999							
71288-0404-05		J1644		08/19/2019	09/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV;LATEX-FREE) 10000 U/1 ML	4	ML	VL	U	ML	1000 U		10	08/19/2019	09/99/9999							
71288-0407-04		J7643		07/15/2019	09/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (SDV;LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	U	ML	1 MG		0.2	07/15/2019	09/99/9999							
60793-0130-10		J2510		09/14/2007	09/99/9999	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	PENICILLIN G PROCAINE (21GX1&1/2,1MLX10) 600000 IU/ML	1	ML	SR	IM	ML	600000 U		1	09/14/2007	09/99/9999							
51552-0983-02	KO	J7622	KO	09/01/2003	09/99/9999	BECLMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLMETHASONE DIPROPIONATE (1X5GM;USP)	1	EA	BO	NA	GM	1 MG		1000	09/01/2003	09/99/9999							
51759-0202-22		J3031		01/19/2021	09/99/9999	INJECTION, FREMANEZUMAB-IFRM, 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	FE	SC	ML	1 MG		150	01/19/2021	09/99/9999							
51927-1317-00		J3520		12/04/2003	09/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (USP; DIHYDRATE)	1	EA	BO	NA	GM	150 MG		6.66666	12/04/2003	09/99/9999							
51927-1573-00	KO	J7609	KO	01/01/2007	09/99/9999	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	09/99/9999							
51927-1603-00		J1320		09/08/2003	09/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	JR	NA	GM	20 MG		50	09/08/2003	09/99/9999							
51927-1662-00		J3420		12/04/2003	09/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (USP)	1	EA	BO	NA	GM	1000 MCG		1000	12/04/2003	09/99/9999							
51927-1794-00		J7641		09/08/2003	09/99/9999	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	09/99/9999							
51927-1950-00		J0945		09/08/2003	09/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	09/08/2003	09/99/9999							
51927-2101-00		J0770		09/08/2003	09/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM (USP)	1	EA	BO	NA	GM	150 MG		6.66666	09/08/2003	09/99/9999							
51927-3634-00		J3490		01/04/2008	09/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HYDROCHLORIDE (USP)	1	EA	BO	NA	GM	1 EA		1	01/04/2008	09/99/9999							

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
52959-0126-05	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	5 EA	BO	PO	EA	1 MG			10	01/01/2016	99/99/9999						
52959-0126-25	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	25 EA	BO	PO	EA	5 MG			2	01/01/2002	12/31/2015						
61703-0339-50	J9045			04/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	45 ML	VL	IV	EA	50 MG			0.2	04/14/2004	99/99/9999						
61990-0130-01	J2543			08/01/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUMTAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 4 GM/0.5 GM	1 EA	EA	IV	EA	1.125 GM			4	08/01/2019	99/99/9999						
62064-0122-02	J1746			01/01/2019	99/99/9999	INJECTION, IBALIZUMAB-IYIY, 10 MG	TROGARZO (PF) 150 MG/1 ML	1.33 ML	VL	IV	ML	10 MG			15	01/01/2019	99/99/9999						
62756-0102-60	J9199			01/01/2020	99/99/9999	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	99/99/9999						
62756-0181-01	J2405			12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (5X2ML,SDA,USP) 2 MG/ML	2 ML	AM	U	ML	1 MG			2	12/27/2006	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						
62991-2150-02	J3490			01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED (U.S.P.)	25 GM	BO	NA	EA	1			1	01/01/2015	99/99/9999						
63275-9936-05	J1320			01/01/2007	05/31/2021	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X100MG, USP)	1 EA	BO	NA	GM	20 MG			50	01/01/2007	05/31/2021						
63275-9936-08	J1320			01/01/2007	05/31/2021	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X500MG, USP)	1 EA	BO	NA	GM	20 MG			50	01/01/2007	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						
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						
63323-0142-12	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						
63323-0151-25	J9178			12/07/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (1X25ML,PF) 2 MG/ML	25 ML	VL	IV	ML	2 MG			1	12/07/2007	99/99/9999						
63323-0229-15	J2720			01/07/2008	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	NOVAPLUS PROTAMINE SULFATE (25X5ML,SDV,FLTP,OP,USP) 10 MG/ML	5 ML	VL	IV	ML	10 MG			1	01/07/2008	99/99/9999						
63323-0295-61	J3370			01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (BULK PACKAGE,PF) 5 GM	1 EA	VL	IV	GM	500 MG			2	01/01/2002	99/99/9999						
63323-0311-50	J0610			01/01/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (S.D.V.) 100 MG/ML	50 ML	VL	IV	ML	10 ML			0.1	01/01/2002	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						
63323-0542-14	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						
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						
68992-3040-01	J7503			01/01/2016	99/99/9999	INJECTION, ENVARSIUS XR, ORAL, 0.25 MG	ENVARSIUS XR 4 MG	100 EA	BO	PO	EA	0.25 MG			16	01/01/2016	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						
69097-0840-87	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						
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						
70069-0802-10	J2370			10/05/2021	99/99/9999	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	99/99/9999						
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						
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						
70515-2061-10	J1160			01/01/2020	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN 0.25 MG/1 ML	2 ML	VL	U	ML	0.5 MG			0.5	01/01/2020	99/99/9999						
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						
70594-0046-02	J3370			11/06/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,LATEX-FREE) 1 GM	10 EA	VL	IV	EA	500 MG			2	11/06/2018	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						
63323-0731-01	J0636			03/17/2003	04/30/2015	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL 1 MCG/ML	1 ML	AM	IV	ML	0.1 MCG			10	03/17/2003	04/30/2015						
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						
63323-0871-15	J0878			08/30/2016	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1 EA	VL	IV	EA	1 MG			500	08/30/2016	99/99/9999						
63323-0882-54	J2543			02/02/2021	08/08/2021	INJECTION, PIPERACILLIN SODIUMTAZOBACTAM 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						
63402-0301-01	J7643			02/16/2018	99/99/9999	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	99/99/9999						
63402-0512-24	J7614			04/01/2008	12/14/2015	LEVABUTEROL, 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	04/01/2008	12/14/2015						
63629-1343-02	Q0163			11/01/2004	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	DIPHENHYDRAMINE 25 MG	20 EA	BO	PO	EA	50 MG			0.5	11/01/2004	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						
63874-0006-02	Q0163			01/01/2002	02/03/2016	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	02/03/2016						
70710-1516-09	J1682			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						

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
64679-0983-02		J0696		05/26/2006	99/99/9999	INJECTION, CEFTRIAOXONE SODIUM, PER 250 MG	CEFTRIAOXONE (USP) 1 GM	1 EA	VL	U	EA	EA	250 MG		4	05/26/2006	99/99/9999							
64980-0333-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5 EA	BO	PO	EA	EA	5 MG		1	05/25/2017	99/99/9999							
65162-0843-06		None		03/10/2017	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60 EA	BO	PO	EA	EA	150 MG		1	03/10/2017	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	EA	1 MG		25	04/15/2021	99/99/9999							
66267-0172-20		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	20 EA	BO	PO	EA	EA	1 MG		20	01/01/2016	99/99/9999							
66267-0173-20		J7506		04/04/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	20 EA	BO	PO	EA	EA	5 MG		1	04/04/2002	12/31/2015							
66267-0173-60		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	60 EA	BO	PO	EA	EA	1 MG		5	01/01/2016	99/99/9999							
66758-0035-01		J1626		06/30/2008	99/99/9999	INJECTION, GRANISERTRON HYDROCHLORIDE, 100 MCG	GRANISERTRON HYDROCHLORIDE (1X1ML,SINGLE-USE) 1 MG/ML	1 ML	VL	IV	ML	ML	100 MCG		10	06/30/2008	99/99/9999							
66794-0221-41		J0290		03/05/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 500 MG	10 EA	VL	U	EA	EA	500 MG		1	03/05/2020	99/99/9999							
66794-0224-15		J0290		03/05/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PHARMACY BULK,PF) 10 GM	1 EA	VL	IV	EA	EA	500 MG		20	03/05/2020	99/99/9999							
58864-0362-56		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON (U.S.P.,REDI-SCRIPT) 5 MG	56 EA	BO	PO	EA	EA	1 MG		5	01/01/2016	99/99/9999							
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	EA	30 MCG		1	04/01/2015	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	ML	1000 U		2	01/01/2006	99/99/9999							
63304-0504-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA	EA	1 EA		1	01/01/2002	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	ML	500 MG		0.08	06/03/2016	99/99/9999							
63323-0164-75		J7120		07/23/2019	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (FREEFLEX BAG)	500 ML	BG	IV	ML	ML	1000 ML		0.001	07/23/2019	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	U	ML	ML	25 MCG		40	05/12/2006	99/99/9999							
55289-0352-21		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	21 EA	BO	PO	EA	EA	5 MG		4	01/01/2002	12/31/2015							
55390-0123-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (VIAL,30 ML) 800 MG	1 EA	VL	IV	EA	EA	1 EA		1	01/01/2002	99/99/9999							
55390-0480-01		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 15 MG/ML	1 ML	VL	U	ML	ML	15 MG		1	01/01/2002	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	U	ML	ML	1 MCG		40	09/11/2006	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	ML	1000 U		2	01/01/2006	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	ML	1 MCG		4	05/10/2015	99/99/9999							
57894-0054-27		J3357		09/27/2016	12/31/2016	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	STELARA (SDV,PF) 5 MG/1 ML	26 ML	VL	IV	ML	ML	1 MG		5	09/27/2016	12/31/2016							
57896-0001-12		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE WATER	120 ML	IR	IR	ML	ML	500 ML		0.002	01/02/2018	99/99/9999							
63323-0568-84		J1650		04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (BLACK LABEL,PF) 100 MG/ML	1 ML	SR	SC	ML	ML	10 MG		10	04/01/2015	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	SR	U	ML	ML	10 MG		15	03/05/2020	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	U	ML	ML	10 MG		15	10/15/2019	99/99/9999							
63323-0735-10		J2430		04/25/2002	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (S.D.V.) 9 MG/ML	10 ML	VL	IV	ML	ML	30 MG		0.3	04/25/2002	99/99/9999							
63629-1579-02		J7506		11/01/2004	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	40 EA	NA	PO	EA	EA	5 MG		2	11/01/2004	12/31/2015							
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	EA	50 MG		0.5	01/01/2002	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	EA	50 MG		0.5	05/10/2004	04/01/2020							
63874-0327-25		J7506		05/10/2004	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	25 EA	BO	PO	EA	EA	5 MG		2	05/10/2004	12/31/2015							
63874-0392-06		J7512		01/01/2016	02/03/2016	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	60 EA	BO	PO	EA	EA	1 MG		20	01/01/2016	02/03/2016							
63874-0392-10		J7512		01/01/2016	02/03/2016	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	10 EA	BO	PO	EA	EA	1 MG		20	01/01/2016	02/03/2016							
63874-0392-21		J7506		01/15/2006	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	21 EA	BO	PO	EA	EA	5 MG		4	01/15/2006	12/31/2015							
63874-0442-90		Q0177		05/11/2004	02/03/2016	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	BO	PO	EA	EA	25 MG		1	05/11/2004	02/03/2016							
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	ML	12.5 MG		0.1	01/01/2014	04/01/2020							
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	ML	500 MG		0.2	04/01/2017	99/99/9999							
64253-0111-33		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML W/LUER LOK,PF) 0.9%	3 ML	SR	IV	ML	ML	10 ML		0.1	01/01/2007	02/03/2016							
65162-0804-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140MG	14 EA	BO	PO	EA	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	EA	20 MG		7	05/26/2015	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	
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							
66689-0342-16		J8499		09/24/2021	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	09/24/2021	99/99/9999							
68001-0465-62		J3370		03/01/2021	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP-PF LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500	MG	1	03/01/2021	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		U	ML	5	MG	1	01/01/2018	99/99/9999							
70655-0144-06		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE NOVAPLUS (PF LATEX-FREE) 400 MG/200 ML	200	ML		IV	ML	200	MG	0.01	08/31/2018	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							
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							
70748-0186-01		J7517		09/16/2019	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	09/16/2019	99/99/9999							
70748-0257-60		J7605		06/01/2021	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	PC	IH	ML	15	MCG	0.5	06/01/2021	99/99/9999							
70748-0262-02		J7517		11/30/2020	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	500	EA	BO	PO	EA	250	MG	2	11/30/2020	99/99/9999							
70860-0219-20		J0894		11/01/2021	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV, PF, LATEX-FREE) 50 MG	1	EA	VL	IV	EA	1	MG	50	11/01/2021	99/99/9999							
70860-0454-01		J2597		01/04/2021	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (10X1ML USP SDV) 4 MCG/1 ML	1	ML	VL	U	ML	1	MCG	4	01/04/2021	99/99/9999							
71288-0003-31		J2543		08/31/2020	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	08/31/2020	99/99/9999							
71288-0004-51		J2543		08/31/2020	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	08/31/2020	99/99/9999							
71288-0009-20		J0692		01/07/2019	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (SDV, PF, LATEX-FREE) 2 GM	10	EA	VL	U	EA	500	MG	4	01/07/2019	99/99/9999							
71288-0407-04	KO	J7643	KO	07/15/2019	99/99/9999	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	07/15/2019	99/99/9999							
71930-0017-30		Q0162		07/18/2018	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 HCL (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	07/18/2018	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							
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	U	ML	50	MG	1	05/28/2019	99/99/9999							
72572-0025-10		J3490		01/27/2020	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (LATEX-FREE LYOPHILIZED) 50000 U	10	EA	VL	IM	EA	1	EA	1	01/27/2020	99/99/9999							
73042-0201-01		J8348		07/01/2021	99/99/9999	INJECTION, NAXITAMAB-GOQK, 1 MG	DANYLZA (PF) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	4	07/01/2021	99/99/9999							
54868-1082-05		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 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999							
58281-0563-01		J0475		10/21/2003	07/23/2017	INJECTION, BACLOFEN, 10 MG	LORESAL INTRATHECAL REFILL KIT (1X20ML AMP) 2 MG/ML	20	ML	BX	MR	EA	10	MG	4	10/21/2003	07/23/2017							
58406-0445-01		J1438		07/17/2006	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/ML	0.98	ML	SR	SC	ML	25	MG	2	07/17/2006	99/99/9999							
58864-0423-30		J7512		01/01/2016	99/99/9999	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	99/99/9999							
59618-0199-33		Q0163		01/01/2002	02/03/2016	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	DIPHENYL ELIXIR 12.5 MG/5 ML	120	ML	EA	PO	ML	50	MG	0.05	01/01/2002	02/03/2016							
59741-0119-16		Q0163		01/01/2002	02/03/2016	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	480	ML	BO	PO	ML	50	MG	0.05	01/01/2002	02/03/2016							
59762-1003-01		J7520		10/27/2014	99/99/9999	SIRIOLIMUS, ORAL, 1 MG	SIRIOLIMUS 2 MG	100	EA	BO	PO	EA	1	MG	2	10/27/2014	99/99/9999							
59762-4537-02		J1050		09/27/2004	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	09/27/2004	99/99/9999							
59923-0706-14	None			01/25/2019	99/99/9999	TEMZOLOMIDE, 20 MG, ORAL	TEMZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	01/25/2019	99/99/9999							
60505-6114-00		J9201		02/23/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 38 MG/1 ML	26.3	ML	VL	IV	ML	200	MG	0.19	02/23/2018	99/99/9999							
60505-6180-00		J7643		05/19/2020	99/99/9999	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	05/19/2020	99/99/9999							
61553-0112-48		J3010		02/02/2004	06/30/2017	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (PUMP BAG) 1 MG/100 ML-0.9%	100	ML	BG	IV	ML	0.1	MG	0.1	02/02/2004	06/30/2017							
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					
55289-0352-15		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	1	MG	20	01/01/2016	03/08/2017							

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
55289-0373-46		J7512		01/01/2016	10/02/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	46 EA	BO	PO	EA	EA	1 MG		5	01/01/2016	10/02/2018						
55289-0373-55		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	50 EA	BO	PO	EA	EA	5 MG		1	01/01/2002	12/31/2015						
55289-0373-60		J7512		01/01/2016	10/02/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	60 EA	BO	PO	EA	EA	1 MG		5	01/01/2016	10/02/2018						
55292-0702-54		J1640		07/01/2017	99/99/9999	INJECTION, HEMIN, 1 MG	PANHEMATIN (PF, LYOPHILIZED) 350 MG	1 EA	VL	IV	EA	EA	1 MG		350	07/01/2017	99/99/9999						
55390-0029-10		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V., PF) 10 MG/ML	2 ML	VL	IV	ML	EA	1 EA		1	01/01/2002	99/99/9999						
55390-0137-05		J2250		01/01/2002	99/99/9999	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MDAZOLAM HCL (VIAL,PF) 1 MG/ML	5 ML	VL	U	ML	ML	1 MG		1	01/01/2002	99/99/9999						
55566-5030-01		J2597		01/01/2002	08/31/2018	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (AMP,PF) 4 MCG/ML	1 ML	AM	U	ML	ML	1 MCG		4	01/01/2002	08/31/2018						
63629-1343-01		Q0163		11/01/2004	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	DIPHENHYDRAMINE 25 MG	30 EA	BO	PO	EA	EA	50 MG		0.5	11/01/2004	99/99/9999						
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	EA	50 MG		0.5	05/10/2004	04/01/2020						
63874-0327-12		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	12 EA	BO	PO	EA	EA	1 MG		10	01/01/2016	02/03/2016						
63874-0327-40		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA	EA	5 MG		2	05/10/2004	12/31/2015						
63874-0373-20		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	BO	PO	EA	EA	5 MG		1	01/15/2006	12/31/2015						
63874-0392-15		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	15 EA	BO	PO	EA	EA	1 MG		20	01/01/2016	02/03/2016						
63874-0405-01		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA	EA	1 EA		1	01/15/2006	02/03/2016						
63874-0442-10		Q0177		05/11/2004	02/03/2016	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	EA	25 MG		1	05/11/2004	02/03/2016						
64019-0750-85		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1 EA	BO	NA	GM	GM	10 MG		100	01/01/2002	99/99/9999						
64208-8234-05		J1557		07/26/2013	01/31/2015	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAPLEX (1X50ML SINGLE USE) 2.5 GM/50ML	50 ML	VL	IV	ML	ML	500 MG		0.1	07/26/2013	01/31/2015						
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	EA	1.125 GM		4	06/12/2017	99/99/9999						
65862-0943-24		J7614		12/07/2017	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	ML	0.5 MG		0.20666	12/07/2017	99/99/9999						
66105-0653-01		Q0144		09/13/2006	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	10 EA	BO	PO	EA	EA	1 GM		0.5	09/13/2006	02/03/2016						
66105-0653-03		Q0144		09/13/2006	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	30 EA	BO	PO	EA	EA	1 GM		0.5	09/13/2006	02/03/2016						
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	EA	1 MG		10	01/01/2016	99/99/9999						
66267-0172-20		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA	EA	5 MG		4	01/01/2002	12/31/2015						
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	EA	1 MG		20	01/01/2016	99/99/9999						
66267-0173-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	20 EA	BO	PO	EA	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	EA	1 MG		5	01/01/2016	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	U	EA	EA	500 MG		4	08/28/2019	99/99/9999						
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	EA	100 MG		0.5	01/01/2006	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	EA	1 MG		5	11/12/2020	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	EA	1 MG		50	05/01/2018	01/06/2020						
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	VL	U	ML	ML	1 MG		0.2	06/15/2018	08/23/2021						
68330-0004-10		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (USP) 2 GM	1 EA	VL	U	EA	EA	250 MG		8	09/15/2007	09/25/2019						
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	EA	12.5 MG		2	01/01/2014	99/99/9999						
68982-0820-84		J1599		11/12/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	PANZYGA (INNER PACK,PF) 100 MG/1 ML	10 ML	BO	IV	ML	ML	500 MG		0.2	11/12/2018	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	U	ML	ML	1 MG		2	10/11/2019	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	IV	ML	0.1 MG		0.5	04/22/2021	99/99/9999						
70121-1240-01		J9070		06/12/2018	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 2 GM	1 EA	VL	IV	EA	EA	100 USP		20	06/12/2018	99/99/9999						
70121-1631-01		J9340		09/11/2017	99/99/9999	INJECTION, THIOTEPA, 15 MG	TEPADINA 100 MG	1 EA	VL	U	EA	EA	15 MG		6.66666	09/11/2017	99/99/9999						
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	EA	1 MG		50	08/09/2019	99/99/9999						
70436-0027-10		J1327		08/26/2019	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 0.75 MG/1 ML	100 ML	VL	IV	ML	ML	5 MG		0.15	08/26/2019	99/99/9999						
70515-0260-10		J1160		01/17/2018	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN 0.25 MG/1 ML	2 ML	AM	U	ML	ML	0.5 MG		0.5	01/17/2018	99/99/9999						
70594-0026-04		J3490		11/15/2019	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN NOVAPLUS 50000 U	10 EA	VL	IM	EA	EA	1 EA		1	11/15/2019	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	ML	50 MG		1	01/13/2020	99/99/9999						
70710-1530-01		Q2050		08/29/2020	99/99/9999	OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	10 ML	VL	IV	ML	ML	10 MG		0.2	08/29/2020	99/99/9999						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70860-0107-10		J0637		03/01/2018	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LATEX-FREE) 70 MG	1 EA	VL	IV	EA		5 MG		14	03/01/2018	99/99/9999						
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						
54868-3084-02		Q0167		01/27/2006	02/03/2016	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	90 EA	BO	PO	EA		2.5 MG		1	01/27/2006	02/03/2016						
54868-3277-00		J1950		01/01/2002	10/17/2016	INJECTION, LEUPROLIDE ACETATE (FOR DEPOUT SUSPENSION), PER 3.75 MG	LUPRON DEPOUT (S.D.V.) 3.75 MG	1 EA	BX	IM	EA		3.75 MG		1	01/01/2002	10/17/2016						
54868-3844-00		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (M.D.V.) 10 MG/ML	30 ML	VL	U	ML		50 MG		0.2	01/01/2002	02/03/2016						
54868-3997-02		J8499		09/25/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20 EA	BO	PO	EA		1 EA		1	09/25/2003	99/99/9999						
54868-3998-04		J8499		01/28/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	40 EA	BO	PO	EA		1 EA		1	01/28/2004	99/99/9999						
54868-5070-00		J1610		05/24/2004	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT 1 MG	1 EA	BX	U	EA		1 MG		1	05/24/2004	99/99/9999						
54868-5242-00		J7510		03/03/2005	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	03/03/2005	99/99/9999						
54868-5260-09		None		08/16/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	20 EA	BO	PO	EA		500 MG		1	08/16/2006	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						
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						
63323-0012-01		J2590		01/01/2002	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (VIAL,P.C.) 10 U/ML	1 ML	VL	IV	U		10 U		1	01/01/2002	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	U	ML		50 MG		1	07/01/2004	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	ML	VL	U	ML	1000 U		3	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						
55513-0924-01		J1442		08/08/2000	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (2G6X5/8),SINGLE-USE) 300 MCG/0.5 ML	0.5 ML	SR	U	ML		1 MCG		600	08/08/2000	99/99/9999						
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						
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						
59923-0704-14		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						
59923-0720-10		J3490		08/01/2019	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE FISIOPHARMA 0.5%	10 ML	AM	U	ML		1 EA		1	08/01/2019	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						
60505-0773-00		J2543		09/21/2009	99/99/9999	INJECTION, PIPERACILLIN SODIUMTAZOBACTAM 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	99/99/9999						
63868-0087-24		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	MEDIPHEDRYL 25 MG	24 EA	BO	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
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 RE8T SIMPLY (CAPLET) 25 MG	24 EA	BX	PO	EA		50 MG		0.5	11/01/2003	03/02/2020						
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						
63874-0327-28		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	28 EA	BO	PO	EA		1 MG		10	01/01/2016	02/03/2016						
63874-0327-50		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	50 EA	BO	PO	EA		1 MG		10	01/01/2016	02/03/2016						
63874-0392-30		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	01/15/2006	12/31/2015						
65219-0259-45		J2543		08/09/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUMTAZOBACTAM 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						
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	BO	PO	EA		1 GM		0.25	08/09/2018	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						
66658-0505-01		J9210		01/01/2020	99/99/9999	INJECTION, EMAPALLUMAB-LZSG, 1 MG	GAMFANT (PF) 5 MG/1 ML	10 ML	VL	IV	ML		1 MG		5	01/01/2020	99/99/9999						
67974-0207-41		J2395		04/15/2019	99/99/9999	INJECTION, AMPICILLIN SODIUMSULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (USP, SDV,PF,LATEX-FREE) 2 GM-1 GM	10 EA	VL	U	EA		1.5 GM		2	04/15/2019	99/99/9999						
67253-0580-45		None		07/01/2003	09/23/2016	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X5) 2.5 MG	20 EA	DP	PO	EA		2.5 MG		1	07/01/2003	09/23/2016						
67457-0351-10		J0290		09/12/2016	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,CRYSTALLINE) 1 GM	10 EA	VL	U	EA		500 MG		2	09/12/2016	99/99/9999						
67457-0373-99		J1644		06/14/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 20000 U/1 ML	1 ML	VL	U	ML		1000 U		20	06/14/2018	99/99/9999						
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						
67457-0452-20		J9100		02/26/2014	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (SDV,PF,LATEX-FREE) 100 MG/ML	20 ML	VL	U	ML		100 MG		1	02/26/2014	99/99/9999						
67457-0889-10		J1453		09/05/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMELGUMINE (PF,LATEX-FREE) 150 MG	1 EA	VL	IV	EA		1 MG		150	09/05/2019	99/99/9999						
67467-0843-01		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (1GMVIAL S/D TREATED) 500 MG/ML	1 ML	VL	IV	ML		500 MG		0.1	11/04/2011	09/14/2015						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
67877-0539-14		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						
55150-0293-02	J7643			01/08/2019	99/99/9999	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	01/08/2019	99/99/9999						
55150-0294-05	J7643			01/08/2019	99/99/9999	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	U	ML	1 MG		0.2	01/08/2019	99/99/9999						
55150-0331-01	J9263			07/14/2020	99/99/9999	INJECTION, OXALPLATIN, 0.5 MG	OXALPLATIN (SDV,PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5 MG		10	07/14/2020	99/99/9999						
55289-0352-10	J7512			01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	1 MG		20	01/01/2016	03/08/2017						
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						
63275-9999-04	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						
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	U	ML	100 MG		1	01/01/2004	99/99/9999						
63323-0064-50	J3475			01/01/2002	05/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.) 500 MG/ML	500	ML	VL	U	ML	500 MG		1	01/01/2002	05/17/2016						
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	U	ML	100 MG		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						
63323-0259-30	A4216			01/01/2004	99/99/9999	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	99/99/9999						
63323-0265-30	J2930			10/27/2004	99/99/9999	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	99/99/9999						
63323-0280-04	J1940			01/01/2002	99/99/9999	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	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						
63323-0982-52	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						
63402-0201-00	J7643			02/16/2018	99/99/9999	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	99/99/9999						
63402-0515-30	J7612			04/01/2008	06/21/2015	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	0.5	ML	PC	IH	ML	0.5 MG		5	04/01/2008	06/21/2015						
68001-0359-37	J9201			05/01/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE 100 MG/1 ML	20	ML		IV	ML	200 MG		0.5	05/01/2018	99/99/9999						
68001-0407-75	J3370			10/07/2019	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PACKAGE) 10 GM	1	EA	BO	IV	EA	500 MG		20	10/07/2019	99/99/9999						
68001-0446-31	J2185			10/01/2020	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 500 MG	10	EA	VL	IV	EA	100 MG		5	10/01/2020	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						
68382-0827-01	J8999			03/23/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM-COATED) 20 MG	100	EA	BO	PO	EA	1 EA		1	03/23/2018	99/99/9999						
69097-0537-31	J1071			08/19/2018	10/30/2020	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP,SDV) 200 MG/1 ML	1	ML	VL	IM	ML	1 MG		200	06/19/2018	10/30/2020						
69238-1423-01	None			02/20/2019	08/14/2019	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	100	EA	BO	PO	EA	2.5 MG		1	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						
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						
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						
70092-0118-50	J1170			04/06/2021	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFATE-FREE) 1 MG/1 ML/0.9%	50	ML		IV	ML	4 MG		0.25	04/06/2021	99/99/9999						
70092-0125-48	J2270			05/28/2021	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE-SODIUM CHLORIDE 1 MG/1 ML-0.9%	30	ML		IV	ML	10 MG		0.1	05/28/2021	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						
62991-1024-01	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						
62991-1179-03	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						
51991-0458-01	J7506			01/16/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.) 1 MG	100	EA	BO	PO	EA	5 MG		0.2	01/16/2006	12/31/2015						
51991-0797-98	J9025			09/25/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (PF,LYOPHILIZED) 100 MG	1	EA	VL	U	EA	1 MG		100	09/25/2017	99/99/9999						
55566-1501-01	J0725			01/01/2002	99/99/9999	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	99/99/9999						
57664-0883-31	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						
57896-0001-01	A4217			01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE WATER	100	ML		IR	ML	500 ML		0.002	01/02/2018	99/99/9999						
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						
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						
60505-6025-05	J0694			02/27/2008	02/22/2018	INJECTION, CEFOXITIN SODIUM, 1 GM	NOVAPLUS CEFOXITIN (USP) 1 GM	1	EA	VL	IV	EA	1 GM		1	02/27/2008	02/22/2018						
61553-0423-02	J3475			07/11/2005	12/31/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE IN DEXTROSE (24X250ML) 5%-8 GM/100 ML	250	ML	NA	IV	ML	500 MG		0.16	07/11/2005	12/31/2016						
61703-0359-59	J9178			08/08/2007	06/05/2017	INJECTION, EPIDUBICIN HCL, 2 MG	EPIDUBICIN HYDROCHLORIDE (PF) 2 MG/ML	100	ML	VL	IV	ML	2 MG		1	08/08/2007	06/05/2017						
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						
62927-0621-16	Q0177			01/01/2002	12/17/2015	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 (BANANA) 25 MG/5 ML	480	ML	EA	PO	ML	25 MG		0.2	01/01/2002	12/17/2015						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1128-02		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						
62991-2002-01		J0278		10/31/2011	99/99/9999	INJECTION, AMKACIN SULFATE, 100 MG	AMKACIN SULFATE (U.S.P.)	5 GM	BO	NA	GM		100 MG		10	10/31/2011	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	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						
62991-2577-01		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						
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						
63275-9992-04		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						
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						
67457-0860-50		J0456		07/01/2019	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (PF,LATEX-FREE) 500 MG	10 EA	VL	IV	EA		500 MG		1	07/01/2019	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						
67457-0950-01		J1644		04/17/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMERPRO RX HEPARIN SODIUM (SDV) 10000 U/1 ML	1 ML	VL	U	ML		1000 UNITS		10	04/17/2019	99/99/9999						
68001-0282-26		J9201		06/07/2016	99/99/9999	INJECTION, GEMCITABINE (SINGLE-USE,USP) 1 GM	GEMCITABINE (SINGLE-USE,USP) 1 GM	1 EA	VL	IV	EA		200 MG		5	06/07/2016	99/99/9999						
68001-0283-27		J9060		09/12/2016	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV,LATEX-FREE) 1 MG/1 ML	50 ML	VL	IV	ML		10 MG		0.1	09/12/2016	99/99/9999						
68001-0284-34		J9206		08/17/2016	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						
68001-0353-72		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		U	ML		1 MG		0.2	06/15/2018	08/23/2021						
68001-0466-64		J3370		04/05/2021	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 1 GM	10 EA	VL	IV	EA		500 MG		2	04/05/2021	99/99/9999						
68001-0594-54		J9025		08/02/2021	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV,PF,LATEX-FREE) 100 MG	1 EA	VL	U	EA		1 MG		100	08/02/2021	99/99/9999						
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						
68180-0962-56		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						
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						
72205-0083-01		J1453		06/22/2021	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	PREMERPRO RX FOSAPREPITANT DIMEGLUMINE (SDV,LYOPHILIZED) 150 MG	1 EA	VL	IV	EA		1 MG		150	06/22/2021	99/99/9999						
72603-0326-01		J9070		05/07/2020	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 1 GM	1 EA	VL	IV	EA		100 MG		10	05/07/2020	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						
75137-0212-15		Q0163		01/01/2002	02/16/2016	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	COMPOZ NIGHTTIME SLEEP AID (GELCAPLET) 50 MG	16 EA	BO	PO	EA		50 MG		1	01/01/2002	02/16/2016						
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						
54868-4419-01		J1885		10/17/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	2 ML	VL	IM	ML		15 MG		2	10/17/2005	99/99/9999						
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						
63323-0373-02		J2405		12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,25X2ML,PF) 2 MG/ML	2 ML	VL	U	ML		1 MG		2	12/27/2006	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						
63323-0399-23		J0290		01/01/2002	01/04/2017	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VAL) 2 GM	1 EA	VL	U	EA		500 MG		4	01/01/2002	01/04/2017						
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						
63323-0576-11		J7643		07/31/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PREMERPRO RX GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1 ML		U	ML		1 MG		0.2	07/31/2018	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						
63323-0867-10		A4216		04/27/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTRROSE/SODIUM CHLORIDE (FREEFLEX,PF,LATEX-FREE) 5%-0.3%	1000 ML	FC	IV	ML		10 ML		0.1	04/27/2021	99/99/9999						
63323-0883-30		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						
63323-0963-44		J0132		10/02/2019	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG	PREMERPRO RX ACETYLCYSTEINE (SDV,PF,LATEX-FREE) 200 MG/1 ML	30 ML	VL	IV	ML		100 MG		2	10/02/2019	99/99/9999						
63323-0972-10		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						
63323-0983-53		J2543		09/23/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1:125 GRAMS)	PREMERPRO 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						
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						
68382-0827-06		J8999		03/23/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM-COATED) 20 MG	30 EA		PO	EA		1 EA		1	03/23/2018	99/99/9999						
69097-0820-96		J0291		05/01/2020	99/99/9999	INJECTION, PLAZOMICIN, 5 MG	ZEMDR (SDV,PF) 50 MG/1 ML	10 ML	VL	IV	ML		5 MG		10	05/01/2020	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	U	ML		5 MG		1	11/02/2020	99/99/9999						
69639-0105-01		J1454		06/08/2020	99/99/9999	INJECTION, FOSNETUPITANT 235 MG AND PALONSETRON 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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
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							
70069-0801-25		J2370		10/05/2021	99/99/9999	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	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	IV	ML	0.5	MG	2	04/16/2021	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							
54868-3598-00		J1815		06/30/2005	02/03/2016	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R 100 U/ML	10	ML	VL	IJ	ML	5	U	20	06/30/2005	02/03/2016							
54868-3826-05		None		07/20/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	07/20/2004	99/99/9999							
54868-3826-08		None		06/29/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	40	EA	BO	PO	EA	2.5	MG	1	06/29/2010	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							
54868-4103-00		J1580		02/12/2003	02/03/2016	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (FIPTOP VIAL) 40 MG/ML	2	ML	VL	IJ	ML	80	MG	0.5	02/12/2003	02/03/2016							
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							
54868-4444-02		Q0144		06/01/2005	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	06/01/2005	02/03/2016							
54868-5282-00		J8999		05/23/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE 50 MG	60	EA	BO	PO	EA	1	EA	1	05/23/2005	99/99/9999							
61990-0140-01		J2543		08/01/2019	99/99/9999	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	BO	IV	EA	1.125	GM	12	08/01/2019	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							
62991-1179-05	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	1 MG	PREDNISON (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	1	MG	1000	01/01/2016	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							
62991-2150-01		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							
62991-2150-03		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							
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							
63275-9883-05		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							
63275-9999-04	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							
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							
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							
63323-0132-12		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							
63323-0314-68		J3370		10/26/2017	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	500	MG	20	10/26/2017	99/99/9999							
63323-0325-20		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (S.D.V.) 50 MG/ML	20	ML	VL	IV	ML	5	MG	10	01/01/2006	99/99/9999							
63323-0360-59		J0610		08/31/2017	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (PF,LATEX-FREE) 100 MG/1 ML	50	ML	VL	IV	ML	10	ML	0.1	08/31/2017	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							
63323-0537-84		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	IJ	ML	10	MG	15	11/19/2019	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	IJ	ML	1000	U	1	01/14/2020	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	IV	ML	0.1	MG	0.5	04/06/2021	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	IV	ML	0.5	MG	2	04/16/2021	99/99/9999							
70092-0517-43		J2274		04/22/2021	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE-SODIUM CHLORIDE (PF,SULFITE-FREE) 1 MG/1 ML-0.9%	1	ML	IV	IV	ML	10	MG	0.1	04/22/2021	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	IJ	ML	10	MG	4	12/12/2017	99/99/9999							
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							
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							
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							
70710-1514-06		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							
70710-1757-06		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							
70748-0217-16		J7518		04/01/2020	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 180 MG	120	EA	BO	PO	EA	180	MG	1	04/01/2020	99/99/9999							
70860-0216-10		J0594		03/19/2019	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (PF,LATEX-FREE) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	03/19/2019	99/99/9999							
71288-0408-21		J7643		07/15/2019	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (MDV, UPS,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	99/99/9999							
72205-0054-01		J1453		05/25/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,L,YOVALIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	05/25/2020	99/99/9999							
72439-0500-10		J3480		08/29/2018	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (AMPULE) 2 MEQ/1 ML	1	ML	AM	IV	ML	2	MEQ	1	08/29/2018	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							
72572-0571-25		J2370		09/22/2020	99/99/9999	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	99/99/9999							
72694-0515-01		J9118		10/04/2019	99/99/9999	INJECTION, CALASPARGASE PEGOL-MKNL, 1																		

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
76204-0003-24		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							
55150-0309-01		J1729		05/21/2019	99/99/9999	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	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							
55289-0006-50		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							
55289-0352-15		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015							
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							
55513-0478-10		J0895		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	IU	ML	1000	IU	20	01/01/2006	99/99/9999							
55566-1901-01		J2941		05/18/2015	99/99/9999	INJECTION, SOMATROPIN, 1 MG	ZOMACTON (VAL W/DILUENT) 10 MG	1	EA	VL	SC	EA	1	MG	10	05/18/2015	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							
58160-0856-35		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (TI,LOK,23GX1,TAX INC,PF) 10 MCG/0.5 ML	0.5	ML	SR	IM	ML	1	EA	1	01/01/2002	02/03/2016							
58261-0562-01		J0478		01/01/2002	07/10/2017	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	LIORESAL INTRATHECAL SCREENING KIT (1X1 ML AMP) 0.05 MG/ML	1	ML	AM	IN	EA	50	MCG	1	01/01/2002	07/10/2017							
58864-0424-20		J7506		01/01/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (REDI-SCRIPT) 20 MG	20	EA	BO	PO	EA	5	MG	4	01/01/2005	12/31/2015							
58864-0424-30		J7506		03/02/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	03/02/2004	12/31/2015							
59627-0333-04		J1826		04/01/2015	99/99/9999	INJECTION, INTERFERON BETA-1A, 30 MCG	AVONEX PEN (SINGLE USE,250.5/8") 30 MCG/0.5 ML	1	EA	BX	MR	EA	30	MCG	1	04/01/2015	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							
63323-0578-01	KO	J7643	KO	06/15/2018	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (SDV) 0.2 MG/1 ML	1	ML	IU	IU	ML	1	MG	0.2	06/15/2018	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							
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							
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							
00990-7922-25		J7060		06/09/2020	99/99/9999	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	99/99/9999							
00990-7925-09	A4216	J7120		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							
00990-7953-02		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							
00990-7984-06	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							
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							
08166-1109-05	A4216			01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	5	ML	NA	IV	ML	10	ML	0.1	01/01/2007	02/03/2016							
10019-0106-71	J2060			05/05/2007	02/03/2016	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM 4 MG/ML	1	ML	VL	IU	ML	2	MG	2	05/05/2007	02/03/2016							
10019-0334-79	J9206			02/21/2008	02/03/2016	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML,SDV,INNER NDC) 20 MG/ML	5	ML	VL	IU	ML	20	MG	1	02/21/2008	02/03/2016							
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							
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							
50383-0801-16	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 (CHERRY) 6.25 MG/5 ML	473	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	99/99/9999							
51079-0434-01	J8999			01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP) 20 MG	1	EA	BX	PO	EA	1	EA	1	01/01/2002	99/99/9999							
51552-0028-04	J7506			09/01/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	12/31/2015							
51552-0180-05	J2765			09/01/2003	10/03/2017	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	10/03/2017							
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							
51552-0682-01	J1170			09/01/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (1X1GM,USP)	1	EA	BO	NA	GM	4	MG	250	09/01/2003	99/99/9999							
51552-0829-03	J2675			09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X100MG,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 (1X500MG,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999							
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							
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							
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							
62991-1513-02	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							
62991-1635-06	J1030			09/15/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40	MG	25	09/15/2003	99/99/9999							
62991-2002-02	J0278			10/31/2011	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	25	MG	BO	NA	GM	100	MG	10	10/31/2011	99/99/9999							
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							
63275-9998-01	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							
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							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
63323-021-04		J9250		01/01/2002	02/03/2016	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	4	ML	VL	IJ	ML	5 MG		5	01/01/2002	02/03/2016							
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							
63323-0201-10		J2001		01/01/2004	99/99/9999	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	99/99/9999							
70748-0218-16		J7518		04/01/2020	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 360 MG	120	EA	BO	PO	EA	180 MG		2	04/01/2020	99/99/9999							
70748-0257-30	KO	J7605	KO	06/01/2021	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	06/01/2021	99/99/9999							
70860-0104-10		J3370		02/01/2017	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF) 500 MG	10	EA	VL	IV	EA	500 MG		1	02/01/2017	99/99/9999							
70860-0205-50		J9201		10/11/2017	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (SDV, USP,PF,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	200 MG		5	10/11/2017	99/99/9999							
70860-0208-05		J9000		12/15/2017	99/99/9999	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	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							
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							
71839-0106-24		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							
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							
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							
68982-0820-04		J1599		11/12/2018	99/99/9999	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	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 (2.5GMVIAL/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 (5GMVIAL/S/D TREATED) 50 MG/1 ML	100	ML	VL	IV	ML	500 MG		0.1	09/15/2015	99/99/9999							
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							
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							
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							
13411-0183-10		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1 EA		1	08/23/2006	99/99/9999							
16714-0019-30	KO	J7626	KO	01/25/2021	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) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5 MG		0.5	01/25/2021	99/99/9999							
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	IJ	ML	10 MG		10	01/08/2020	99/99/9999							
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	IJ	ML	10 MG		10	01/08/2020	99/99/9999							
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							
16714-0999-01		J1050		04/22/2020	99/99/9999	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	99/99/9999							
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							
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							
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							
51552-0726-04		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							
51552-0741-04		J0500		09/01/2003	99/99/9999	INJECTION, DICLOFENAC HCL, UP TO 20 MG	DICLOFENAC HYDROCHLORIDE (USP)	1	EA	BO	NA	GM	20 MG		50	09/01/2003	99/99/9999							
51552-0779-04		J7501		09/01/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (1X25MG)	1	EA	BO	NA	GM	100 MG		10	09/01/2003	99/99/9999							
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							
51862-0642-60		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							
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							
51991-0941-17		J3370		07/06/2017	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500 MG		2	07/06/2017	99/99/9999							
52609-4504-06		J0895		05/23/2018	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE 2 GM	4	EA	VL	IV	EA	500 MG		500	05/23/2018	99/99/9999							
52959-0126-00		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							
52959-0126-12		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015							
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							
62991-1156-03	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							
62991-1351-03	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							
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							
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							
63323-0104-25		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSID, 10 MG	ETOPOSID (M.D.V.) 20 MG/ML	25	ML	VL	IJ	ML	10 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	
63323-0106-26		J3475		03/14/2017	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	PREMERPRO RX MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	50 ML	BG	IV	ML	ML	500 MG		0.08	03/14/2017	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	ML	10 ML		0.1	01/01/2004	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	EA	500 MG		1	01/10/2018	08/08/2021							
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	EA	1 EA		1	10/12/2020	99/99/9999							
70092-0613-79		J2274		04/30/2021	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE-SODIUM CHLORIDE (PF,SULFITE-FREE) 1 MG/1 ML-0.9%	30 ML		IV	ML	ML	10 MG		0.1	04/30/2021	99/99/9999							
70121-1478-07		J2710		12/20/2018	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	ML	0.5 MG		1	12/20/2018	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	ML	1 MG		2	09/10/2021	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	U	EA	EA	150 MG		1	01/16/2019	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	U	EA	EA	500 MG		2	11/29/2021	99/99/9999							
70700-0902-25	KO	J7643	KO	11/05/2021	99/99/9999	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	U	ML	ML	1 MG		0.2	11/05/2021	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	U	ML	ML	25 MG		1	07/10/2019	04/02/2020							
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	ML	10 MG		10	07/23/2021	99/99/9999							
70860-0114-15		J0290		08/01/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 1 GM	10 EA	VL	U	EA	EA	500 MG		2	08/01/2018	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	ML	1 MG		6	06/29/2017	99/99/9999							
83874-0500-01		J8499		03/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA	EA	1 EA		1	03/15/2006	02/03/2016							
84208-8235-01		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	ML	500 MG		0.2	04/01/2017	99/99/9999							
84253-0020-30		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	U	ML	ML	10 ML		0.1	07/06/2020	99/99/9999							
84253-0111-21		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML,W/LUER LOCK,PF) 0.9%	1 ML	SR	IV	ML	ML	10 ML		0.1	01/01/2007	02/03/2016							
16729-0419-03		J8201		01/15/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	10 ML	VL	IV	ML	ML	200 MG		0.5	01/15/2018	99/99/9999							
16729-0473-03		J7643		12/01/2020	99/99/9999	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	U	ML	ML	1 MG		0.2	12/01/2020	99/99/9999							
23155-0485-51		J8499		06/23/2021	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (BANANA) 200 MG/5 ML	473 ML	BO	PO	ML	ML	1 EA		1	06/23/2021	99/99/9999							
23535-0608-88		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE	1 EA	NA	NA	GM	GM	500 MG		2	01/01/2002	99/99/9999							
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	EA	1 MG		20	01/01/2016	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	U	ML	ML	40 MG		1	01/22/2004	12/31/2018	01/01/2002	01/31/2003				1	
54569-5721-00		J0696		07/26/2005	12/31/2018	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1 EA	VL	U	EA	EA	250 MG		2	07/26/2005	12/31/2018							
54838-0135-40		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 THE 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	ML	50 MG		0.05	01/01/2002	99/99/9999							
54868-0234-00		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	ML	10 MG		1	01/01/2002	99/99/9999							
54868-0908-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	30 EA	EA	PO	EA	EA	5 MG		10	01/01/2002	12/31/2015							
54868-1082-00		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 10 MG	15 EA	BO	PO	EA	EA	5 MG		2	01/01/2014	99/99/9999							
54868-3112-01		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTALSUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6 EA	BX	RC	EA	EA	1 EA		1	01/01/2006	99/99/9999							
54868-3508-02		Q0162		01/01/2012	02/03/2016	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	ZOFTRAN 4 MG	10 EA	BO	PO	EA	EA	1 MG		4	01/01/2012	02/03/2016							
54868-3615-00		J1642		01/01/2002	06/30/2015	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (VIAL,DOSETTE,PF) 100 U/ML	1 ML	VL	IV	ML	ML	10 U		10	01/01/2002	06/30/2015							
54868-3826-09		None		09/13/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	2 EA	BO	PO	EA	EA	2.5 MG		1	09/13/2010	99/99/9999							
63275-9999-04		J7609		01/01/2007	05/31/2021	ALBUTEROL INHALATION SOLUTION, COMPOUNDED PRODUCT, FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM	GM	1 MG		1000	01/01/2007	05/31/2021							
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	ML	500 MG		0.1	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	EA	50 MG		3	04/01/2004	99/99/9999							
63323-0255-03		J2920		09/22/2004	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	METHYLPREDNISOLONE SODIUM SUCCINATE 40 MG	1 EA	VL	U	EA	EA	40 MG		1	09/22/2004	99/99/9999							
63323-0311-19		J0610		03/26/2015	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (SDV,PF,LATEX-FREE) 100 MG/ML	10 ML	VL	IV	ML	ML	10 ML		0.1	03/26/2015	99/99/9999							
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	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	U	ML	ML	1 MG		1	01/01/2002	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	U	ML	ML	1 MG		5	01/01/2002	99/99/9999							
63323-0739-12		J3490		05/14/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V.) 10 MG/ML	2 ML	VL	IV	ML	ML	1 EA		1	05/14/2002	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
63323-0750-10		J9263		07/30/2015	99/99/9999	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	99/99/9999						
63323-0874-10		A4216		04/27/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTRROSE-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						
70436-0162-80		J1327		01/11/2021	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	PREMERPRO RX EPTIFIBATIDE (SDV) 2 MG/1 ML	10	ML	VL	IV	ML	5 MG		0.4	01/11/2021	99/99/9999						
70594-0023-01		J0770		01/16/2019	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE 150 MG	1	EA	VL	U	EA	150 MG		1	01/16/2019	99/99/9999						
70700-0174-22		J9171		08/13/2021	99/99/9999	DOCETAXEL INJECTION	DOCETAXEL (SD,USP,PF,LATEX-FREE) 10 MG/1 ML	2	ML	CT	IV	ML	1 MG		10	08/13/2021	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	2	ML	VL	IM	ML	50 MG		1	01/13/2020	99/99/9999						
70860-0600-02		J2250		02/01/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV) 1 MG/1 ML	5	ML	VL	U	ML	1 MG		1	02/01/2017	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						
71288-0106-10		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						
71288-0115-30		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						
71288-0410-83		J1650		04/20/2020	99/99/9999	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	99/99/9999						
71288-0424-96		J1644		06/01/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMERPRO RX HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 10000 U/1 ML	1	ML	VL	U	ML	1000 U		10	06/01/2020	99/99/9999						
72205-0006-60		None		10/01/2018	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (FILM COATED) 150 MG	60	EA	BO	PO	EA	150 MG		1	10/01/2018	99/99/9999						
72485-0204-60		None		05/06/2019	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150 MG		1	05/06/2019	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						
72572-0805-01		J3370		09/20/2019	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	500 MG		20	09/20/2019	99/99/9999						
72603-0107-01		J0894		01/04/2021	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (LATEX-FREE,LYPHILIZED) 50 MG	1	EA	VL	IV	EA	1 MG		50	01/04/2021	99/99/9999						
76045-0206-10	KO	J7643	KO	08/23/2021	99/99/9999	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	99/99/9999						
76310-0110-01		J1190		08/31/2020	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	TOTECT (LYOPHYLIZED) 500 MG	1	EA	VL	IV	EA	250 MG		2	08/31/2020	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	U	ML	10 ML		0.1	01/01/2020	99/99/9999						
68001-0447-57		J2185		10/01/2020	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 1 GM	10	EA	VL	IV	EA	100 MG		10	10/01/2020	99/99/9999						
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						
64253-0111-25		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML,WL,UER LOCK,PF) 0.9%	5	ML	SR	IV	ML	10 ML		0.1	01/01/2007	02/03/2016						
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,WL,UER LOCK) 10 U/ML-0.9%	5	ML	SR	IV	ML	10 U		1	01/01/2002	99/99/9999						
64980-0337-14		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20 MG		9	05/25/2017	99/99/9999						
65219-0160-10		J0594		11/27/2019	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SDV) 6 MG/1 ML	10	ML	VL	IV	ML	1 MG		6	11/27/2019	99/99/9999						
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						
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						
65862-0642-64		Q0144		08/10/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3	EA	BO	PO	EA	1 GM		0.5	08/10/2018	99/99/9999						
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						
66621-0790-02		J3490		10/30/2018	12/31/2018	UNCLASSIFIED DRUGS	ANAVIP (LYOPHYLIZED) (10ML,VL) 24 MG/1 ML	1	EA	VL	IV	EA	1 MG		1	10/30/2018	12/31/2018						
66794-0210-41		J0692		04/15/2019	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (SDV,PF,LATEX-FREE) 2 GM	10	EA	VL	U	EA	500 MG		4	04/15/2019	99/99/9999						
68993-0084-79		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						
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				
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						
67457-0440-22		J2405		12/22/2014	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HCL (25X2ML; SDV;USP,PF) 2 MG/ML	2	ML	VL	U	ML	1 MG		2	12/22/2014	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						
67457-0887-01		J1050		10/12/2018	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML	VL	IM	ML	1 MG		150	10/12/2018	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						
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						
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						
70436-0021-82		J3370		10/15/2020	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP-STERILE,LYPHILIZED) 1 GM	10	EA	VL	IV	EA	500 MG		2	10/15/2020	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						
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						
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	U	ML	1 MG		5	02/01/2017	99/99/9999						
70860-0701-04		J1885		03/01/2019	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 30 MG/1 ML	2	ML	VL	IM	ML	15 MG		2	03/01/2019	99/99/9999						
71288-0113-10		J8201		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						
71288-0114-50		J8201		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						
71288-0411-81		J1650		04/20/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PURPLE;10X0.8ML,PF)																

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
72572-0100-01	J0878			09/20/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILZED) 350 MG	1	EA	VL	IV	EA	1 MG		350	09/20/2019	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						
72572-0750-10	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						
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						
72606-0559-02	J0594			02/03/2020	03/05/2021	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10MLSDV) 6 MG/1 ML	10	ML	VL	IV	ML	1 MG		6	02/03/2020	03/05/2021						
72611-0702-01	J0637			11/30/2020	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (SDV,PF,LATEX-FREE) 70 MG	1	EA	VL	IV	EA	5 MG		14	11/30/2020	99/99/9999						
72611-0722-25	J1885			01/17/2020	99/99/9999	INJECTION, KETOROLAC TROMETHAMNE, PER 15 MG	KETOROLAC TROMETHAMNE (SDV,25X1ML,PF) 30 MG/1 ML	1	ML	VL	U	ML	15 MG		2	01/17/2020	99/99/9999						
60977-0155-81	J7643			05/05/2007	02/03/2016	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	1	ML	VL	U	ML	1 MG		0.2	05/05/2007	02/03/2016						
61553-0242-52	J1170			04/01/2016	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (LIFECARE BAG,LATEX-FREE) 1 MG/1 ML-0.9%	100	ML	FC	IV	ML	4 MG		0.25	04/01/2016	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						
61990-0411-01	J1110			05/04/2020	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE 1 MG/1 ML	1	ML	AM	U	ML	1 MG		1	05/04/2020	99/99/9999						
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						
62756-0239-20	None			11/14/2019	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500 MG		1	11/14/2019	99/99/9999						
62756-0581-40	J0207			03/26/2008	99/99/9999	INJECTION, AMFOSTINE, 500 MG	AMFOSTINE (USP) 500 MG	1	EA	VL	IV	EA	500 MG		1	03/26/2008	99/99/9999						
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						
62991-1023-03	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						
62991-1041-03	CO	J7638	CO	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						
62991-1133-01	J3490			01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	99/99/9999						
66758-0016-03	J2370			03/04/2011	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (USP,PF) 10 MG/ML	5	ML	VL	U	ML	1 ML		1	03/04/2011	99/99/9999						
67457-0843-30	J2020			07/31/2018	99/99/9999	INJECTION, LINEZOLID, 200 MG	LINEZOLID (10X300ML BAGS,PF) 600 MG/300 ML	300	ML	BG	IV	ML	200 MG		0.01	07/31/2018	99/99/9999						
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						
67877-0459-12	None			05/01/2019	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500 MG		1	05/01/2019	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						
68180-0962-56	CO	J7682	CO	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						
68209-0843-03	J1568			03/21/2012	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGRAM (PF,SUCROSE-FREE) 50MG/ML	100	ML	VL	IV	ML	500 MG		0.1	03/21/2012	09/14/2015						
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						
68462-0685-01	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						
68462-0833-65	CO	J7605	CO	06/23/2021	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	VL	IH	ML	15 MCG		0.5	06/23/2021	99/99/9999						
68992-3075-03	J7503			01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL, 0.25 MG	ENVARUS XR 0.75 MG	30	EA	BO	PO	EA	0.25 MG		3	01/01/2016	99/99/9999						
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						
69097-0316-02	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						
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						
70092-0405-50	J1170			04/16/2021	99/99/9999	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	99/99/9999						
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						
70594-0048-01	J3370			12/14/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	500 MG		20	12/14/2018	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						
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						
83874-0370-12	Q0169			01/01/2014	02/03/2016	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	02/03/2016						
83874-0500-30	J8499			03/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1 EA		1	03/15/2006	02/03/2016						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
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							
64253-0111-22		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK) PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2007	02/03/2016							
64253-0333-23		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 100 U/ML-0.9%	3	ML	SR	IV	ML	10	U	10	01/01/2002	02/03/2016							
64980-0277-12		None		03/15/2017	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	03/15/2017	99/99/9999							
64980-0334-14		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	05/25/2017	99/99/9999							
65757-0500-03		J1943		10/01/2019	99/99/9999	INJECTION, ARIPIRAZOLE LAUROYL, (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							
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							
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							
55289-0940-06		J8498		05/09/2006	02/05/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	6	EA	BX	RC	EA	1	EA	1	05/09/2006	02/05/2018							
55390-0138-02		J2250		01/01/2002	99/99/9999	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MDAZOLAM HCL (VAL,PF) 5 MG/ML	2	ML	VL	IJ	ML	1	MG	5	01/01/2002	99/99/9999							
55513-0160-01		J7799		12/16/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	BLUNCYTO (W/ SOLN STABILIZER,PF) 35 MCG	1	EA	VL	IV	EA	1	MCG	1	12/16/2014	12/31/2015							
55513-0741-01		J0606		10/09/2017	99/99/9999	INJECTION, ETELICALCETIDE, 0.1 MG	PARSABV (PF) 5 MG/1 ML	1	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999							
55566-1801-01		J2941		05/18/2015	99/99/9999	INJECTION, SOMATROPIN, 1 MG	ZOMACTON (VAL,W/DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	05/18/2015	99/99/9999							
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							
63874-0327-20		J7512		01/01/2016	02/03/2016	1 MG	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016							
63874-0373-30		J7512		01/01/2016	02/03/2016	1 MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016							
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							
65219-0018-10		J0290		12/12/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (VAL,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	12/12/2019	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)	PREMERPRO 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							
66267-0081-20		Q0163		04/05/2002	10/17/2016	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	04/05/2002	10/17/2016							
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							
66267-0928-06		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							
66302-0105-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPOTINIL, 1 MG	REMODULIN (M.D.V.) 5 MG/ML	20	ML	VL	IJ	ML	1	MG	5	01/01/2006	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							
67457-0441-20		J2405		12/22/2014	99/99/9999	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	99/99/9999							
67457-0886-05		J1729		09/22/2017	99/99/9999	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	99/99/9999							
67457-0996-20		J9280		08/24/2020	99/99/9999	INJECTION, MITOMYCIN, 5 MG	PREMERPRO RX MITOMYCIN (USP,SDV,PF,LYOPHILIZED) 20 MG	1	EA	VL	IV	EA	5	MG	4	08/24/2020	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							
67877-0505-30		J0604		06/17/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30	EA	BO	PO	EA	1	MG	90	06/17/2019	99/99/9999							
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							
68001-0480-35		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							
68382-0751-67		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 5 MG	14	EA	BO	PO	EA	5	MG	1	06/01/2018	99/99/9999							
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				
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							
63402-0511-24		J7614		04/01/2008	04/20/2016	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX PEDIATRIC 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	04/01/2008	04/20/2016							
63868-0823-54		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	ALLERGY CHILDRENS (AF CHERRY) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	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
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						
63874-0005-25		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						
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						
69448-0005-33		J9045		02/11/2020	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (PF) 10 MG/1 ML	15	ML	VL	IV	ML	50	MG	0.2	02/11/2020	99/99/9999						
69794-0205-60		J7631		10/18/2017	99/99/9999	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	99/99/9999						
70020-1910-01		J9207		01/01/2016	99/99/9999	INJECTION, IXABEPILONE, 1 MG	IXEMPRO (W/DILUENT) 15 MG	1	EA	VL	IV	EA	1	MG	15	01/01/2016	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	IU	ML	1	MG	10	04/30/2018	99/99/9999						
70092-0435-46		J0131		04/16/2021	99/99/9999	INJECTION, ACETAMINOPHEN, 10 MG	ACETAMINOPHEN (PF,SULFITE-FREE) 10 MG/1 ML	10	ML		IV	ML	10	MG	1	04/16/2021	99/99/9999						
70092-0475-50		A4216		05/06/2021	99/99/9999	ML	DEXTROSE (PF,SULFITE-FREE) 50%	50	ML		IV	ML	10	ML	0.1	05/06/2021	99/99/9999						
70515-0262-10		J1160		01/17/2018	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN PEDIATRIC 0.1 MG/1 ML	1	ML	AM	IU	ML	0.5	MG	0.2	01/17/2018	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	IU	ML	20	MG	1	07/18/2018	99/99/9999						
70860-0120-20		J2543		05/01/2019	99/99/9999	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	1.25	GM	2	05/01/2019	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						
72078-0027-10		J1327		04/01/2021	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE NOVAVIUS 2 MG/1 ML	100	ML	CT	IV	ML	5	MG	0.4	04/01/2021	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	IU	ML	250	MG	1	05/18/2007	99/99/9999						
65293-0201-01		J0583		01/01/2004	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	ANGIOMAX (VIAL,GLASS) 250 MG	1	EA	VL	IV	EA	1	MG	250	01/01/2004	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						
66267-0171-15		J7512		01/01/2016	99/99/9999	1 MG	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL,	15	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
66669-0681-55		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						
66758-0017-01		J2370		01/08/2004	03/31/2016	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (USP, BULK PACKAGE,PF) 10 MG/ML	10	ML	VL	IU	ML	1	ML	1	01/08/2004	03/31/2016						
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						
67457-0299-10		J2310		09/14/2016	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL 0.4 MG/1 ML	10	ML	VL	IU	ML	1	MG	0.4	09/14/2016	99/99/9999						
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	IU	ML	25	MG	1	08/17/2018	04/20/2020						
67457-0619-10		J3489		05/19/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID 5 MG/100 ML	100	ML	VL	IU	ML	1	MG	0.05	05/19/2017	99/99/9999						
67457-0705-75		J3370		08/31/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (LYOPHILIZED) 750 MG	10	EA	VL	IV	EA	500	MG	1.5	08/31/2018	99/99/9999						
67457-0833-06		Q5108		07/09/2018	99/99/9999	INJECTION, PEGFILGRASTIM-JMOB, 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						
67457-0863-01		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						
67457-0948-01		J1644		02/21/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (25X1ML) 1000 U/1 ML	1	ML	VL	IU	ML	1000	IU	1	02/21/2019	99/99/9999						
67467-0843-03		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (5GM/VIAL,S/D TREATED) 50 MG/ML	1	ML	VL	IV	ML	500	MG	0.1	11/04/2011	09/14/2015						
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						
63629-1870-01		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 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	99/99/9999						
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						
63874-0327-19		J7506		05/10/2004	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	19	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015						
63874-0327-24		J7506		05/10/2004	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	24	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015						
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						
65162-0805-51		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						
65162-0914-46	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						
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						
67896-0002-10		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE SALINE 0.9%	1000	ML		IR	ML	500	ML	0.002	01/02/2018	99/99/9999						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58406-0032-04		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						
58406-0425-41		J1438		01/01/2002	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 (S.D. TRAY,PF) 25 MG	1 EA	BX	SC	EA		25 MG		1	01/01/2002	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						
59741-0119-20		Q0163		01/01/2002	02/03/2016	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	3840 ML	BO	PO	ML		50 MG		0.05	01/01/2002	02/03/2016						
59746-0008-06		J7506		01/01/2002	12/31/2015	PRESCRIPTION DRUG, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	NA	PO	EA		5 MG		2	01/01/2002	12/31/2015						
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						
59923-0718-05		J3490		08/01/2019	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE FISIOPHARMA 0.5%	5 ML	AM	U	ML		1 EA		1	08/01/2019	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						
60505-6151-01		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV,CRYSTALLINE) 250 MG	10 EA	VL	U	EA		250 MG		1	06/23/2017	99/99/9999						
61553-0107-02		J3010		02/02/2004	99/99/9999	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	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						
61703-0360-50		J9045		06/28/2006	01/31/2016	INJECTION, CARBOPLATIN, 50 MG	NOVAPLUS CARBOPLATIN (MDV) 10 MG/ML	45 ML	VL	IV	ML		50 MG		0.2	06/28/2006	01/31/2016						
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						
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						
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						
68001-0286-38		J0640		11/23/2016	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	11/23/2016	99/99/9999						
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						
68001-0352-71		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		U	ML		1 MG		0.2	06/15/2018	08/23/2021						
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						
68001-0463-42		J1850		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						
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						
69448-0001-05		J8280		09/25/2017	99/99/9999	INJECTION, MTOMYCIN, 5 MG	MUTAMYCIN 5 MG	1 EA	VL	IV	EA		5 MG		1	09/25/2017	99/99/9999						
69448-0005-34		J9045		02/11/2020	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (PF) 10 MG/1 ML	45 ML	VL	IV	ML		50 MG		0.2	02/11/2020	99/99/9999						
69452-0154-20		J7507		06/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100 EA	BO	PO	EA		1 MG		1	06/10/2016	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						
70092-0505-79		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						
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						
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						
70748-0221-01		J7507		11/16/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (USP) 5 MG	100 EA	BO	PO	EA		1 MG		5	11/16/2020	99/99/9999						
70748-0257-30		J7605		06/01/2021	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	06/01/2021	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						
71288-0018-10		J0878		07/19/2021	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	1 EA	VL	IV	EA		1 MG		500	07/19/2021	99/99/9999	01/27/2020	07/05/2021				
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						
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						
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	U	ML		15 MG		2	03/18/2019	99/99/9999						
72572-0415-10		J2185		08/27/2020	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 500 MG	100 EA	VL	IV	EA		100 MG		5	08/27/2020	99/99/9999						
75987-0111-01		J9216		01/15/2018	99/99/9999	INJECTION, INTERFERON, GANMA 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						
76045-0004-11		J2274		04/03/2020	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	SIMPLUST MORPHINE SULFATE MICROVAULT (PF) 2 MG/1 ML	1 ML	SR	U	ML		10 MG		0.2	04/03/2020	99/99/9999						
76204-0000-25	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						
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						
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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0005-10		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						
63874-0370-60		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						
63874-0392-02		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	1 MG		20	01/01/2016	02/03/2016						
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	IJ	EA	500 MG		2	11/01/2021	99/99/9999						
72572-0225-25	KO	J7643	KO	11/08/2019	99/99/9999	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	99/99/9999						
72572-0450-25		J2310		10/22/2019	99/99/9999	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	99/99/9999						
72572-0550-10		J3490		08/27/2020	99/99/9999	UNCLASSIFIED DRUGS	TRIAMCINOLONE (LATEX-FREE) 40 MG	10	EA	VL	IV	EA	1 EA		1	08/27/2020	99/99/9999						
72603-0202-01		J3301		01/15/2021	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	01/15/2021	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						
76329-3302-01		A4216		11/15/2021	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTRROSE (SD-LUERJET,PF) 50%	50	ML	SR	IV	ML	10 ML		0.1	11/15/2021	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						
63629-1349-03		Q0163		11/01/2004	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	DIPHENHYDRAMINE 50 MG	30	EA	BO	PO	EA	50 MG		1	11/01/2004	99/99/9999						
63629-1587-04		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	NA	PO	EA	5 MG		4	11/01/2004	12/31/2015						
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						
63629-1678-01		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						
63629-1742-02		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 25 MG	30	EA	BO	PO	EA	12.5 MG		2	01/01/2014	99/99/9999						
63629-1841-01		Q0164		11/01/2004	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	20	EA	NA	PO	EA	5 MG		1	11/01/2004	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						
63874-0370-30		Q0169		01/01/2014	02/03/2016	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	02/03/2016						
63874-0392-02		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	5 MG		4	01/15/2006	12/31/2015						
63874-0442-05		Q0177		05/11/2004	02/03/2016	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	5	EA	BO	PO	EA	25 MG		1	05/11/2004	02/03/2016						
63874-0444-15		J8540		01/01/2006	02/03/2016	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	15	EA	BO	PO	EA	0.25 MG		3	01/01/2006	02/03/2016						
63874-0500-21		J8499		03/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21	EA	BO	PO	EA	1 EA		1	03/15/2006	02/03/2016						
63874-0757-24		Q0177		01/01/2014	02/03/2016	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	24	EA	BO	PO	EA	25 MG		2	01/01/2014	02/03/2016						
64011-0301-03		J1726		02/14/2018	99/99/9999	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	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						
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
64980-0276-06		None		03/15/2017	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	80	EA	BO	PO	EA	150 MG		1	03/15/2017	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						
65549-0241-41		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
76204-0600-05		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						
76204-0900-01		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						
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	IU		ML	6 MG		1	08/16/2021	99/99/9999						
70069-0071-10		J2310		08/09/2017	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (SINGLE-DOSE) 0.4 MG/1 ML	1 ML	VL	IU		ML	1 MG		0.4	08/09/2017	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	IU		ML	10 ML		0.1	09/12/2017	99/99/9999						
70092-0532-43		J1170		04/30/2021	99/99/9999	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	99/99/9999						
70121-1002-01		J1327		12/14/2016	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 2 MG/1 ML	10 ML	VL	IU		ML	5 MG		0.4	12/14/2016	99/99/9999						
70121-1644-01		J0894		01/28/2020	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,LYOPHILIZED) 50 MG	1 EA	VL	IV		EA	1 MG		50	01/28/2020	99/99/9999						
70594-0037-01		J2248		06/03/2021	99/99/9999	INJECTION, MCAFUNGIN SODIUM, 1 MG	MCAFUNGIN SODIUM (SDV,PF,LYOPHILIZED) 100 MG	1 EA	VL	IV		EA	1 MG		100	06/03/2021	99/99/9999						
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						
70710-1516-06		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						
70710-1762-06		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						
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						
71288-0410-89		J1650		04/20/2020	99/99/9999	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	99/99/9999						
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	IU		ML	1000 U		1	04/15/2020	99/99/9999						
71288-0802-03		J1270		07/01/2020	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (50X2ML,MDV,LATEX-FREE) 2 MCG/1 ML	2 ML	VL	IV		ML	1 MCG		2	07/01/2020	99/99/9999						
71715-0001-01		J0121		10/01/2019	99/99/9999	INJECTION, OMADACLYLINE, 1 MG	NUZYRA (LYOPHILIZED) 100 MG	1 EA	VL	IV		EA	1 MG		100	10/01/2019	99/99/9999						
72485-0216-08		J8171		01/29/2020	99/99/9999	INJECTION, DOCETAXEL INJECTION	DOCETAXEL (USP,SDV) 20 MG/1 ML	8 ML	VL	IV		ML	20 MG		20	01/29/2020	99/99/9999						
72572-0062-25		J0696		03/24/2020	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (USP) 2 GM	25 EA	VL	IU		EA	250 MG		8	03/24/2020	99/99/9999						
72611-0634-25		J3490		10/01/2019	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN 150 MG/1 ML	2 ML	VL	IU		ML	1 EA		1	10/01/2019	99/99/9999						
67457-0350-10		J0290		09/12/2016	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,CRYSTALLINE) 500 MG	10 EA	VL	IU		EA	500 MG		1	09/12/2016	99/99/9999						
67457-0389-25		J2501		12/21/2018	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL 0.005 MG/1 ML	2 ML	VL	IV		ML	1 MCG		5	12/21/2018	99/99/9999						
67457-0951-01		J1644		06/05/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (LATEX-FREE) 20000 U/1 ML	1 ML	VL	IU		ML	1000 U		20	06/05/2019	99/99/9999						
67877-0748-01		J7520		03/23/2021	99/99/9999	INJECTION, SIROLIMUS, ORAL, 1 MG	SIROLIMUS (FILM-COATED) 2 MG	100 EA	VL	PO		EA	1 MG		2	03/23/2021	99/99/9999						
63020-0049-01		J9041		01/01/2005	99/99/9999	INJECTION, BORTEZOMIB (VELCADE), 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						
63275-9992-05		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						
63275-9998-02	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						
63323-0025-10		J0725		01/01/2002	99/99/9999	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	99/99/9999						
63323-0104-50		J8181		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						
63323-0118-05		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	IU		ML	1000 U		10	07/09/2019	99/99/9999						
63323-0203-20		J3370		10/03/2016	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (FLIP TOP VIAL) 750 MG	10 EA	VL	IV		EA	500 MG		1.5	10/03/2016	99/99/9999						
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						
63323-0262-26		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	IU		ML	1000 U		5	04/24/2020	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						
63323-0371-10		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						
63323-0387-10		J0290		01/01/2002	01/04/2017	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 250 MG	1 EA	VL	IU		EA	500 MG		0.5	01/01/2002	01/04/2017						
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						
68001-0443-27		J9070		11/30/2020	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP) 1 GM	1 EA	VL	IV		EA	100 MG		10	11/30/2020	99/99/9999						
69097-0285-37		J0894		11/17/2017	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1 EA	VL	IV		EA	1 MG		50	11/17/2017	99/99/9999						
69097-0537-37		J1071		08/19/2018	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						
69097-0949-03		None		08/01/2018	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (FILM COATED) 150 MG	60 EA	BO	PO		EA	150 MG		1	08/01/2018	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						
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						
70069-0362-10		J3490		10/14/2019	99/99/9999	UNCLASSIFIED DRUGS	SULFAMETHOXAZOLE/TRIMETHOPRIM 80 MG/1 ML-16 MG/1 ML	10 ML	VL	IV		ML	1 EA		1	10/14/2019	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						
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	IU		ML	10 MG		4	12/28/2018	99/99/9999						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70377-0014-11		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						
70436-0009-04		J0604		03/06/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30	EA	BO	PO	EA	1 MG		90	03/06/2019	99/99/9999						
70569-0151-11		J8540		04/22/2019	99/99/9999	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	99/99/9999						
70700-0176-22		J9171		08/13/2021	99/99/9999	DOCETAXEL INJECTION	DOCETAXEL (MDV, USP, PF, LATEX-FREE) 10 MG/1 ML	16	ML	CT	IV	ML	1 MG		10	08/13/2021	99/99/9999						
70748-0186-02		J7517		08/16/2019	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	BO	PO	EA	250 MG		1	09/16/2019	99/99/9999						
70860-0778-02		J0780		11/02/2018	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (LATEX-FREE) 5 MG/1 ML	2	ML	VL	U	ML	10 MG		0.5	11/02/2018	99/99/9999						
71288-0002-31		J2543		08/31/2020	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	08/31/2020	99/99/9999						
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						
71288-0716-10		J2800		01/21/2019	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (PF, LATEX-FREE) 100 MG/1 ML	10	ML	VL	U	ML	10 ML		0.1	01/21/2019	99/99/9999						
63323-0237-65		J0690		01/01/2002	10/17/2016	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (P, B, PF) 1 GM	1	EA	VL	U	EA	500 MG		2	01/01/2002	10/17/2016						
63323-0258-03		J2930		08/23/2004	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE 125 MG	1	EA	VL	U	EA	125 MG		1	08/23/2004	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	U	ML	500 MG		1	05/18/2016	99/99/9999						
63323-0729-12		J2248		08/09/2021	99/99/9999	INJECTION, MCAFUNGIN SODIUM, 1 MG	PREMIERPRO RX MCAFUNGIN (SDV, PF, LATEX-FREE) 100 MG	10	EA	VL	IV	EA	1 MG		100	08/09/2021	99/99/9999						
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	U	ML	20 MG		1	05/20/2021	99/99/9999						
63481-0624-10		J2410		05/07/2007	04/11/2018	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	OPANA (1MLX10, PARABEN-FREE) 1 MG/ML	1	ML	AM	U	ML	1 MG		1	05/07/2007	04/11/2018						
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						
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						
69097-0850-67		J0878		03/18/2021	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV, PF, LATEX-FREE) 350 MG	1	EA	CT	IV	EA	1 MG		350	03/18/2021	99/99/9999						
69097-0948-08		None		08/01/2018	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (FILM COATED) 500 MG	120	EA	BO	PO	EA	500 MG		1	08/01/2018	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						
70092-0153-46		J2001		04/06/2021	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (PF, SULFITE-FREE) 2%	10	ML		U	ML	10 MG		2	04/06/2021	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						
70121-1001-05		J2930		02/28/2017	99/99/9999	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	99/99/9999						
70121-1239-01		J9070		06/12/2018	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV, USP, PF) 1 GM	1	EA	VL	IV	EA	100 MG		10	06/12/2018	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						
70121-1653-01		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						
70700-0903-23	KO	J7643	KO	11/05/2021	99/99/9999	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	U	ML	1 MG		0.2	11/05/2021	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						
70860-0211-30		J2543		05/01/2019	99/99/9999	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	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						
71288-0200-50		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						
71288-0808-77		J2370		06/22/2020	99/99/9999	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	99/99/9999						
71297-0211-41		J8540		03/17/2017	03/21/2018	DEXAMETHASONE, ORAL, 0.25 MG	LOCORT (11-DAY) 1.5 MG	41	EA	ST	PO	EA	0.25 MG		6	03/17/2017	03/21/2018						
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						
67457-0513-99		J9120		01/01/2018	02/27/2018	INJECTION, DACTINOMYCIN, 0.5 MG	DACTINOMYCIN (PF, LYOPHILIZED) 0.5 MG	12	EA	VL	IV	EA	0.5 MG		1	01/01/2018	02/27/2018						
67457-0518-05		J9280		02/28/2018	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (PF, LYOPHILIZED) 5 MG	1	EA	VL	IV	EA	5 MG		1	02/28/2018	99/99/9999						
67457-0399-25		J3420		07/06/2017	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	10	ML	VL	U	ML	1000 MCG		1	07/06/2017	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						
67457-0567-00		J3475		10/13/2020	99/99/9999	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	99/99/9999						
67457-0645-02		J2310		01/20/2020	99/99/9999	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	99/99/9999						
67457-0876-30		J2795		05/23/2019	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	05/23/2019	99/99/9999						
67877-0569-60		Q0167		09/22/2017	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	09/22/2017	99/99/9999						
68001-0348-36		J9201		05/01/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	10	ML	VL	IV	ML	200 MG		0.5	05/01/2018	99/99/9999						
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						
68001-0390-77		J9280		05/01/2019	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (USP) 20 MG	1	EA	VL	IV	EA	5 MG		4	05/01/2019	99/99/9999						
68001-0444-32		J9070		11/30/2020	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV, USP) 2 GM	1	EA	VL	IV	EA	100 MG		20	11/30/2020	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				
68094-0518-62		J8999		11/28/2006	04/30/2015	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (30X20ML, LEMON-LIME) 40 MG/ML	20	ML	CP	PO	ML	1 EA										

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
63323-0108-26		J3475		03/14/2017	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	PREMERPRO RX MAGNESIUM SULFATE-DEXTRROSE (FREEFLEX BAG,LATEX-FREE) 5%-1 GM/100 ML	100	ML	BG	IV	ML	500	MG	0.02	03/14/2017	99/99/9999							
63323-0269-27		J3490		01/15/2008	09/07/2016	UNCLASSIFIED DRUGS	NOVAPLUS DIPRIVAN (25X20ML) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	01/15/2008	09/07/2016							
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							
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							
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							
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	MG	0.5	05/06/2019	99/99/9999							
69794-0102-01		J0584		01/01/2019	99/99/9999	INJECTION, BUROSUMAB-TWZA 1 MG	CRYSVITA (PF) 10 MG/1 ML	1	ML	VL	SC	ML	1	MG	10	01/01/2019	99/99/9999							
70092-0114-50		J1170		04/06/2021	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.2 MG/1 ML-0.9%	50	ML	IV	IV	ML	4	MG	0.05	04/06/2021	99/99/9999							
70092-0169-46		J2001		04/12/2021	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (PF,SULFITE-FREE) 1%	10	ML	U	U	ML	10	MG	1	04/12/2021	99/99/9999							
70121-1238-01		J9070		06/12/2018	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 500 MG	1	EA	VL	IV	EA	100	MG	5	06/12/2018	99/99/9999							
70257-0560-01		J0475		01/25/2018	99/99/9999	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	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) 1500 IU	13	ML	VL	IV	ML	100	IU	11.53846	01/01/2017	04/30/2020							
70594-0034-02		J0878		06/18/2021	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	PREMERPRO RX DAPTOMYCIN (SDV,PF,L.YOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	06/18/2021	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							
70710-1525-09		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							
70860-0106-10		J0637		03/01/2018	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	5	MG	10	03/01/2018	99/99/9999							
70860-0119-99		J3490		10/02/2018	99/99/9999	UNCLASSIFIED DRUGS	NAFOLLIN (PF,LATEX-FREE) 10 GM	1	EA	VL	IV	EA	1	EA	1	10/02/2018	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							
71754-0001-01		J0171		11/26/2018	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE CONVENIENCE KIT (1 CONVENIENCE KIT) 1 MG/1 ML	1	EA	VL	U	EA	0.1	MG	10	11/26/2018	99/99/9999							
72266-0125-10		J9263		02/15/2019	99/99/9999	INJECTION, OXALPLATIN, 0.5 MG	OXALPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	02/15/2019	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							
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							
67457-0400-05		J3420		07/06/2017	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	30	ML	VL	U	ML	1000	MCG	1	07/06/2017	99/99/9999							
67457-0434-51		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 1 MG/ML	50	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999							
67457-0922-30		J3490		10/12/2020	99/99/9999	UNCLASSIFIED DRUGS	SULFAMETHOXAZOLE/TRIMETHOPRIM NOVAPLUS 80 MG/1 ML-16 MG/1 ML	30	ML	VL	IV	ML	1	EA	1	10/12/2020	99/99/9999							
67850-0031-10		J3490		08/28/2019	99/99/9999	UNCLASSIFIED DRUGS	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	10	EA	VL	U	EA	1	EA	1	08/28/2019	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	8	03/20/2012	99/99/9999							
68180-0633-10		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE 1 GM	10	EA	VL	U	EA	250	MG	4	07/20/2005	99/99/9999							
68382-0826-14		J8999		03/23/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM-COATED) 10 MG	60	EA	PO	PO	EA	1	EA	1	03/23/2018	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							
68982-0820-01		J1599		11/12/2018	99/99/9999	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	99/99/9999							
63323-0412-25		J2250		01/07/2004	99/99/9999	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MDAZOLAM HCL (M.D.V.) 5 MG/ML	1	ML	VL	U	ML	1	MG	5	01/07/2004	99/99/9999							
68982-0820-03		J1599		11/12/2018	99/99/9999	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	99/99/9999							
68992-3010-03		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL, 0.25 MG	ENVARUS XR 1 MG	30	EA	BO	PO	EA	0.25	MG	4	01/01/2016	99/99/9999							
68992-3040-03		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL, 0.25 MG	ENVARUS XR 4 MG	30	EA	BO	PO	EA	0.25	MG	16	01/01/2016	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	PO	EA	1	EA	1	08/02/2018	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							
69656-0102-10		J2797		01/01/2019	07/12/2018	INJECTION, ROLAPITANT, 0.5 MG	VARUBI (SDV) 1.5 MG/1 ML	92.5	ML	VL	IV	ML	0.5	MG	3.6	01/01/2019	07/12/2018							
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							
69919-0720-02		J9017		10/17/2019	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (SDV,PF) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	10/17/2019	99/99/9999							
70092-0112-49		J1170		04/06/2021	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (MONOJECT SYRINGE,PF) 0.2 MG/1 ML-0.9%	30	ML	IV	IV	ML	4	MG	0.05	04/06/2021	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	VL	IV	ML	0.1	MG	0.1	04/16/2021	99/99/9999							
70121-1184-05		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							
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							
70436-0026-80		J1327		09/26/2019	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							
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							
59762-4538-01		J1050		01/01/2013	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (PREFILLED SYRINGE,USP) 150 MG/ML	1	ML	SR	IM	ML	1	MG	150	01/01/2013	99/99/9999							
59923-0712-14		None		01/25/2019	99/99/9999	TEMZOLOMIDE, 20 MG, ORAL	TEMZOLOMIDE 180 MG	14																

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60505-0834-04		J0692		06/19/2007	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	10 EA	VL	U	EA	500 MG			2	06/19/2007	03/18/2019						
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						
61703-0360-22		J9045		06/28/2006	10/31/2015	INJECTION, CARBOPLATIN, 50 MG	NOVAPLUS CARBOPLATIN (MDV) 10 MG/ML	15 ML	VL	IV	ML	50 MG			0.2	06/28/2006	10/31/2015						
62756-0438-60		J9199		01/01/2020	99/99/9999	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	99/99/9999						
62756-0533-60		J9199		01/01/2020	99/99/9999	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	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						
62991-1024-02		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						
62991-1038-04	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						
62991-1156-03		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						
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						
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						
67457-0479-53		J9390		09/04/2014	08/31/2016	INJECTION, VINOORELBINE TARTRATE, 10 MG	VINOORELBINE (S.D.V.) 10 MG/ML	5 ML	VL	IV	ML	10 MG			1	09/04/2014	08/31/2016						
67457-0484-30		J1100		04/15/2020	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE NOVAPLUS (25303ML USP-MDV) 4 MG/1 ML	30 ML	VL	U	ML	1 MG			4	04/15/2020	99/99/9999						
67457-0562-20		J0475		12/21/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (SDV) 0.5 MG/1 ML	20 ML	VL	IN	ML	10 MG			0.05	12/21/2018	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						
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						
67457-0855-02		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						
67457-0858-20		J0153		04/15/2020	99/99/9999	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	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						
67877-0279-01		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						
67877-0427-12		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						
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						
68982-0840-05		J1568		09/15/2015	99/99/9999	INJECTION, IMMLINE 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						
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						
72694-0954-01		J9286		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						
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						
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						
76204-0700-24		J7614		04/22/2016	99/99/9999	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	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						
76282-0676-30		J0604		06/12/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	30 EA	BO	PO	EA	1 MG			60	06/12/2020	99/99/9999						
78206-0138-01		J3490		09/27/2021	99/99/9999	UNCLASSIFIED DRUGS	GANRELIX ACETATE 250 MCG/0.5 ML	0.5 ML	SR	SC	ML	1 EA			1	09/27/2021	99/99/9999						
83323-0915-13		J1644		06/26/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MD.V.G.C.,LATEX-FREE) 20000 U/1 ML	1 ML	VL	U	ML	1000 U			20	06/26/2020	99/99/9999						
83629-1676-03		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35 EA	BO	PO	EA	1 EA			1	11/01/2004	99/99/9999						
83807-0102-11		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	10 ML	SR	U	ML	10 ML			0.1	01/01/2007	02/03/2016						
83874-0246-04		Q0144		03/15/2006	04/01/2020	AZITHROMYCIN DHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO	EA	1 GM			0.25	03/15/2006	04/01/2020						
83874-0373-01		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA	5 MG			1	01/15/2006	12/31/2015						
83874-0373-02		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000 EA	BO	PO	EA	5 MG			1	01/15/2006	12/31/2015						
83874-0373-10		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	10 EA	BO	PO	EA	5 MG			1	01/15/2006	12/31/2015						
83874-0373-60		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	60 EA	BO	PO	EA	1 MG			5	01/01/2016	02/03/2016						
83874-0405-10		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	10 EA	BO	PO	EA	1 EA			1	01/15/2006	02/03/2016						
83874-0442-30		Q0177		05/11/2004	02/03/2016	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	05/11/2004	02/03/2016						
83874-0500-25		J8499		03/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA	1 EA			1	03/15/2006	02/03/2016						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68982-0822-01		J1599		07/01/2021	99/99/9999	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	99/99/9999						
68982-0822-02		J1599		07/01/2021	99/99/9999	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	99/99/9999						
68982-0822-05		J1599		07/01/2021	99/99/9999	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	99/99/9999						
68992-3010-01		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL, 0.25 MG	ENVARUS XR 1 MG	100	EA	BO	PO	EA	0.25 MG		4	01/01/2016	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						
69097-0319-53	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						
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						
70092-0113-79		J1170		05/20/2020	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.2 MG/1 ML-0.9%	30	ML	VL	IV	ML	4 MG		0.05	05/20/2020	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	VL	IV	ML	0.1 MG		0.5	04/16/2021	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	VL	IV	ML	0.1 MG		0.5	04/22/2021	99/99/9999						
70257-0350-51		J2792		05/01/2020	99/99/9999	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	99/99/9999						
70257-0563-01		J0475		07/24/2017	99/99/9999	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	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						
76045-0005-11		J2274		04/03/2020	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG	SIMPLIST MORPHINE SULFATE MICROVAULT (PF) 4 MG/1 ML	1	ML	SR	U	ML	10 MG		0.4	04/03/2020	99/99/9999						
76045-0203-20		J7643		03/04/2019	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	SIMPLIST GLYCOPYRRROLATE (PF) 0.2 MG/1 ML	2	ML	SR	U	ML	1 MG		0.2	03/04/2019	99/99/9999						
79043-0200-25		J8540		08/06/2020	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	ZCORT 7-DAY 1.5 MG	25	EA	BO	PO	EA	1.5 MG		6	08/06/2020	99/99/9999						
83323-0262-36		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	U	ML	1000 U		5	04/03/2020	99/99/9999						
83323-0269-50		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						
83323-0282-06		J3490		05/11/2007	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (SDV,USP,6MLX25) 150 MG/ML	6	ML	VL	U	ML	1 EA		1	05/11/2007	99/99/9999						
83323-0356-10		J0637		07/28/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LATEX-FREE) 50 MG	10	EA	VL	U	EA	5 MG		10	07/28/2017	99/99/9999						
83323-0704-08		J0290		06/23/2017	12/11/2019	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 1 GM	10	EA	VL	U	EA	500 MG		2	06/23/2017	12/11/2019						
83323-0924-30		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	U	ML	10 ML		0.1	01/01/2004	99/99/9999						
83629-1579-01		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	NA	PO	EA	5 MG		2	11/01/2004	12/31/2015						
87457-0449-17		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/ML	16.7	ML	VL	IV	ML	1 MG		6	01/01/2015	99/99/9999						
87457-0629-10		J1327		10/01/2016	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 2 MG/1 ML	10	ML	VL	IV	ML	5 MG		0.4	10/01/2016	99/99/9999						
87467-0843-04		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (10GMVIAL,SD TREATED) 50 MG/ML	1	ML	VL	IV	ML	500 MG		0.1	11/04/2011	09/14/2015						
87877-0540-07	None	J1927		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						
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						
68001-0422-37		J0894		11/11/2019	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1 MG		50	11/11/2019	99/99/9999						
68094-0518-69		J8999		07/01/2007	04/30/2015	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (1X20ML,LEMON-LIME) 40 MG/ML	20	ML	CP	PO	ML	1 EA		1	07/01/2007	04/30/2015						
68152-0112-01		J0642		10/01/2019	99/99/9999	INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	KHAPZORY (PF,LYOPHILIZED) 175 MG	1	EA	VL	IV	EA	0.5 MG		350	10/01/2019	99/99/9999						
68382-0910-10		J3490		06/01/2018	99/99/9999	UNCLASSIFIED DRUGS	DOXYCYCLINE (PF,LYOPHILIZED) 100 MG	10	EA	VL	IV	EA	1 EA		1	06/01/2018	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						
63323-0130-11		J3490		10/29/2003	99/99/9999	UNCLASSIFIED DRUGS	DOXY 100 (VIAL,PF) 100 MG	10	EA	VL	IV	EA	1 MG		1	10/29/2003	99/99/9999						
70092-0111-48		J1170		04/06/2021	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.2 MG/1 ML-0.9%	30	ML	VL	IV	ML	4 MG		0.05	04/06/2021	99/99/9999						
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						
70257-0563-02		J0475		07/24/2017	99/99/9999	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	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	U	EA	1.5 GM		2	11/08/2021	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						
70655-0071-25		J2800		04/01/2017	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	04/01/2017	99/99/9999						
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						
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						
71288-0112-30		J9245		08/19/2019	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	MELPHALAN HYDROCHLORIDE (W/10ML DILUENT,PF) 50 MG	1	EA	VL	IV	EA	50 MG		1	08/19/2019	99/99/9999						

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3		
72266-0106-01		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										
72266-0108-01		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										
72572-0171-25		J3010		11/08/2019	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X5ML,USP,SDV,PF) 0.05 MG/1 ML	5 ML	VL	U	ML	0.1 MG	0.5	11/08/2019	99/99/9999										
72572-0583-10		J2704		10/21/2020	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (PF) 10 MG/1 ML	20 ML	VL	IV	ML	10 MG	1	10/21/2020	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										
76329-1911-01		J2270		11/01/2013	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (USP, PUMP-JET) 1 MG/ML	30 ML	SR	U	ML	10 MG	0.1	11/01/2013	99/99/9999										
68330-0004-01		J0696		09/25/2019	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (USP) 2 GM	1 EA	VL	U	EA	250 MG	8	09/25/2019	99/99/9999										
68382-0755-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 180 MG	5 EA	BO	PO	EA	20 MG	9	06/01/2018	99/99/9999										
68462-0833-35		J7605		06/23/2021	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	VL	IH	ML	15 MCG	0.5	06/23/2021	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										
69784-0002-06		J1450		03/11/2021	99/99/9999	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	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	U	ML	1 MG	10	08/19/2019	99/99/9999										
54569-3899-00	KO	J7813	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										
54569-4265-00		J1030		01/01/2002	12/31/2018	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	10 ML	VL	U	ML	40 MG	1	01/15/2004	12/31/2018	01/01/2002	01/31/2003			1					
54868-0258-08		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	60 EA	BO	PO	EA	1 MG	5	01/01/2016	99/99/9999										
54868-0605-00		J1720		01/01/2002	02/03/2016	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF (S.D.V.) 100 MG	1 EA	VL	U	EA	100 MG	1	01/01/2002	02/03/2016										
54868-0636-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	BO	PO	EA	5 MG	2	01/01/2002	12/31/2015										
54868-0908-01		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										
63323-0145-07		J8200		01/01/2002	99/99/9999	INJECTION, FLOXURIDINE, 500 MG	FLOXURIDINE 0.5 GM	1 EA	VL	U	EA	500 MG	1	01/01/2002	99/99/9999										
63323-0282-04		J3490		05/11/2007	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (SDV,USP,4MLX25) 150 MG/ML	4 ML	VL	U	ML	1 EA	1	05/11/2007	99/99/9999										
63323-0382-10		J2710		01/01/2002	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.,AMBER) 0.5 MG/ML	10 ML	VL	U	ML	0.5 MG	1	01/01/2002	99/99/9999										
63323-0388-10		J0290		01/01/2002	11/30/2017	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 500 MG	1 EA	VL	U	EA	500 MG	1	01/01/2002	11/30/2017										
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	U	ML	10 MG	10	10/15/2019	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	U	ML	20 MG	1	01/01/2002	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										
63323-0691-30	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										
63323-0733-11		J8209		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		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.) 10 MG/ML	20 ML	VL	IV	ML	1 EA	1	01/01/2002	99/99/9999										
63323-0852-25		J1170		06/19/2018	99/99/9999	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	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	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										
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	U	EA	1.5 GM	1	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										
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										
70860-0115-26		J0290		07/31/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 2 GM	10 EA	VL	U	EA	500 MG	4	07/31/2018	99/99/9999										
70860-0302-02		J1940		10/01/2021	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,PF,LATEX-FREE) 10 MG/1 ML	2 ML	VL	U	ML	20 MG	0.5	10/01/2021	99/99/9999										
71288-0007-75		J0295		01/07/2019	99/99/9999	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	99/99/9999										
71288-0104-10		J0641		07/24/2020	99/99/9999	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	99/99/9999										
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										
71288-0400-03		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	U	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	U	ML	1000 U	1	08/19/2019	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										
71930-0018-30		Q0162		07/18/2018	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 (FILM-COATED) 8 MG	30 EA	BO	PO	EA	1 MG	8	07/18/2018	99/99/9999										
78420-0084-02		J2001		01/01/2020	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (PF) 1%	2 ML	AM	U	ML	10 MG	1	01/01/2020	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	
63807-0100-92		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (2X10ML,PF,LATEX-FREE) 0.9%	10	ML	SR	IJ	ML	10	ML	0.1	01/01/2007	02/03/2016							
63874-0327-32		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	32	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016							
63874-0392-28		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	28	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016							
63874-0405-20		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	20	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016							
63874-0442-40		Q0177		05/11/2004	02/03/2016	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	05/11/2004	02/03/2016							
63874-0490-10		Q0164		01/01/2014	02/03/2016	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	02/03/2016							
63874-0500-15		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016							
64380-0884-04		J0604		06/10/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	30	EA	BO	PO	EA	1	MG	60	06/10/2020	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							
65757-0403-03		J1944		10/01/2019	99/99/9999	INJECTION, ARIPIRAZOLE LAUROIL, (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							
65862-0832-05		J0604		09/24/2021	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	500	EA	TB	PO	EA	1	MG	60	09/24/2021	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							
67253-0880-43		None		07/01/2003	09/23/2016	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X3) 2.5 MG	12	EA	DP	PO	EA	2.5	MG	1	07/01/2003	09/23/2016							
67457-0476-10		J9263		09/04/2014	99/99/9999	INJECTION, OXALPLATIN, 0.5 MG	OXALPLATIN (PF,LYOPHILIZED) 100 MG	1	EA	VL	IJ	EA	0.5	MG	200	09/04/2014	99/99/9999							
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							
67877-0541-07		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							
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	IJ	ML	10	MG	0.2	07/12/2021	99/99/9999							
69117-0019-01		J8499		08/02/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	08/02/2019	99/99/9999							
69238-1594-03		J7520		10/26/2019	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (PATENT KIT) 1 MG/1 ML	60	EA	BO	PO	ML	1	MG	1	10/26/2019	99/99/9999							
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							
70594-0058-02		J3370		09/07/2020	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (FLEXIBLE BAG) 1.75 GM/350 ML	350	ML	FC	IJ	ML	500	MG	0.01	09/07/2020	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							
60977-0155-17		J7643		05/05/2007	02/03/2016	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBNUL 0.2 MG/ML	2	ML	VL	IJ	ML	1	MG	0.2	05/05/2007	02/03/2016							
61553-0189-48		J3490		02/02/2004	03/31/2017	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.0625%-0.9%	100	ML	BG	IJ	ML	1	EA	1	02/02/2004	03/31/2017							
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	IJ	ML	100	MG	0.2	05/01/2003	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							
66993-0021-27		J7614		08/23/2012	99/99/9999	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	99/99/9999							
67253-0102-50		J8499		03/03/2015	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500	EA	BO	PO	EA	1	MG	1	03/03/2015	99/99/9999							
67457-0273-10		J2800		12/05/2014	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (25X10ML, SDV) 100 MG/ML	10	ML	VL	IJ	ML	10	ML	0.1	12/05/2014	99/99/9999							
67457-0564-20		J0475		12/21/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (SDV) 1 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.1	12/21/2018	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	IJ	ML	10	MG	0.5	04/03/2019	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	IJ	ML	1	MG	3	08/31/2017	99/99/9999							
67457-0921-05		J3490		10/12/2020	99/99/9999	UNCLASSIFIED DRUGS	SULFAMETHOXAZOLE/TRIMETHOPRIM NOVAPLUS 80 MG/1 ML-16 MG/1 ML	5	ML	VL	IJ	ML	1	EA	1	10/12/2020	99/99/9999							
67457-0928-02		J9120		06/20/2019	99/99/9999	INJECTION, DACTINOMYCIN, 0.5 MG	DACTINOMYCIN NOVAPLUS (SDV,LYOPHILIZED) 0.5 MG	1	EA	VL	IJ	EA	0.5	MG	1	06/20/2019	99/99/9999							
67979-0001-01		J9357		10/31/2007	99/99/9999	INJECTION, VALRUBICIN, INTRAVENOUS, 200 MG	VALSTAR (4X35ML,PF) 40 MG/ML	5	ML	VL	IL	ML	200	MG	0.2	06/03/2008	99/99/9999	10/31/2007	03/03/2009				0.2	
68001-0285-37		J0640		11/23/2016	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	11/23/2016	99/99/9999							
68094-0101-10		J2760		12/19/2017	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	10	EA	VL	IJ	EA	5	MG	1	12/19/2017	99/99/9999							
68180-0718-52		J1270		11/25/2019	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (MDV) 2 MCG/1 ML	2	ML	VL	IJ	ML	1	MCG	2	11/25/2019	99/99/9999							
68330-0002-01		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (USP) 500 MG	1	EA	VL	IJ	EA	250	MG	2	09/15/2007	09/25/2019							
68330-0002-10		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (USP) 500 MG	1	EA	VL	IJ	EA	250	MG	2	09/15/2007	09/25/2019							
68330-0003-01		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (USP) 1 GM	1	EA	VL	IJ	EA	250	MG	4	09/15/2007	09/25/2019							
68992-3075-01		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL, 0.25 MG	ENVARUS XR 0.75 MG	100	EA	BO	PO	EA	0.25	MG	3	01/01/2016	99/99/9999							
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	IJ	ML	1	ML	1	05/01/2018	12/31/2019							
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							
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							
62991-2599-01		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 (1X100GM)	1	EA	BO	NA	GM	1	MG	1000	01/01/2006	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																	

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0965-10		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						
63402-0911-64	KO	J7605	KO	01/01/2008	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	VL	IH	ML	15	MCG	0.5	01/01/2008	99/99/9999						
63481-0367-06		J3030		11/09/2015	04/13/2018	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)	SUMAVEL DOSEPRO 6 MG/0.5 ML	0.5	ML	SR	SC	ML	6	MG	2	11/09/2015	04/13/2018						
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						
63874-0006-28		Q0163		05/10/2004	02/03/2016	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	28	EA	BO	PO	EA	50	MG	1	05/10/2004	02/03/2016						
63874-0442-09		Q0177		05/11/2004	02/03/2016	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	9	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						
63874-0757-04		Q0177		01/01/2014	02/03/2016	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	01/01/2014	02/03/2016						
64253-0222-23		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN.6 ML W/LUER LOCK) 10 U/ML-0.9%	3	ML	SR	IV	ML	10	U	1	01/01/2002	02/03/2016						
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						
72572-0430-25		J2250		11/08/2019	99/99/9999	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MDAZOLAM HCL (25X2ML,USP) 1 MG/1 ML	2	ML	VL	IJ	ML	1	MG	1	11/08/2019	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						
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						
69097-0321-87		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						
69097-0805-40		J9025		04/10/2019	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV) 100 MG	1	EA	VL	IJ	EA	1	MG	100	04/10/2019	99/99/9999						
69097-0830-37		J1453		01/06/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,L,YOPHILIZED) 150 MG	1	EA	BO	IV	EA	1	MG	150	01/06/2020	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						
69794-0203-01		J0584		01/01/2019	99/99/9999	INJECTION, BUROSUMAB-TWZA 1 MG	CRYSVITA (PF) 20 MG/1 ML	1	ML	VL	SC	ML	20	MG/1 ML	20	01/01/2019	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						
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						
70092-0117-79		J1170		04/06/2021	99/99/9999	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	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						
70121-1000-05		J2920		02/28/2017	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV,L,YOPHILIZED) 40 MG	25	EA	VL	IJ	EA	40	MG	1	02/28/2017	99/99/9999						
70121-1630-01		J9340		09/11/2017	99/99/9999	INJECTION, THIOTEPA, 15 MG	TEPADINA 15 MG	1	EA	VL	IJ	EA	15	MG	1	09/11/2017	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	IJ	ML	10	MG	4	12/28/2018	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						
70436-0151-58		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						
61553-0624-48		J1170		02/02/2004	06/30/2017	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (PUMP BAG) 20 MG/100 ML-0.9%	100	ML	BG	IV	ML	4	MG	0.05	02/02/2004	06/30/2017						
61703-0359-01		J9178		04/10/2008	11/30/2015	INJECTION, EPIRUBICIN HCL, 2 MG	NOVAPLUS EPIRUBICIN HYDROCHLORIDE (1X25ML, SINGLE USE,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	04/10/2008	11/30/2015						
61990-0110-02		J2543		08/01/2019	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		IV	EA	1.125	GM	2	08/01/2019	99/99/9999						
61990-0120-02		J2543		08/01/2019	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		IV	EA	1.125	GM	3	08/01/2019	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
62033-0204-10		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	02/03/2016						
62756-0219-60		J9199		01/01/2020	99/99/9999	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	99/99/9999						
62756-0356-66		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 8 MG		10 EA	BX	PO	EA	1 MG		8	01/01/2012	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						
63874-0405-25		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG		25 EA	BO	PO	EA	1 EA		1	01/15/2006	02/03/2016						
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			
64679-0964-01		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			
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						
65483-0590-10		J7500		01/01/2002	12/31/2017	AZATHIOPRINE, ORAL, 50 MG	ILURAN 50 MG		100 EA	BO	PO	EA	50 MG		1	01/01/2002	12/31/2017						
66758-0043-01		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (USP,1X5ML,MULTI-DOSE) 6 MG/ML		5 ML	VL	IV	ML	1 MG		6	01/01/2015	99/99/9999						
66794-0205-41	KO	J7643	KO	04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML		20 ML	VL	U	ML	1 MG		0.2	04/15/2019	99/99/9999						
67457-0450-10		J8065		06/12/2014	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE (1X10ML,SDV,PF) 1 MG/ML		10 ML	VL	IV	ML	1 MG		1	06/12/2014	99/99/9999						
67457-0520-40		J8280		03/19/2018	99/99/9999	INJECTION, MTOMYCIN, 5 MG	MTOMYCIN (SDV,PF) 40 MG		1 EA	VL	IV	EA	5 MG		8	03/19/2018	99/99/9999						
67457-0531-02		J9171		09/28/2018	99/99/9999	DOCETAXEL INJECTION	DOCETAXEL (USP,SINGLE-USE VIAL) 10 MG/1 ML		2 ML		IV	ML	1 MG		10	09/28/2018	99/99/9999						
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		U	ML	1 MG		0.2	06/15/2018	08/23/2021						
68001-0488-07	None			04/05/2021	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG		120 EA		PO	EA	500 MG		1	04/05/2021	99/99/9999						
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	U	ML	0.5 MG		0.2	01/01/2020	99/99/9999						
70594-0053-01		J0878		06/01/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 350 MG		1 EA	VL	IV	EA	1 MG		350	06/01/2019	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						
70801-0003-01	Q9993			07/01/2018	12/31/2018	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	ZILETTA (W/DILUENT) 32 MG		1 EA	VL	U	EA	1 MG		32	07/01/2018	12/31/2018						
70860-0402-10		J0563		01/01/2020	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (PF,LATEX-FREE) 250 MG		10 EA	VL	IV	EA	1 MG		250	01/01/2020	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						
70954-0060-20		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						
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						
71288-0401-02		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	U	ML	1000 U		20	04/27/2020	99/99/9999						
71930-0017-52		Q0162		02/12/2020	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 HCL (FILM-COATED) 4 MG		500 EA	BO	PO	EA	1 MG		4	02/12/2020	99/99/9999						
72205-0026-01		J1453		09/05/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMETHYLUMINE (LYOPHILIZED) 150 MG		1 EA	VL	IV	EA	1 MG		150	09/05/2019	99/99/9999						
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		U	ML	1 MG		2	04/02/2019	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						
63323-0162-01		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML		1 ML	VL	U	ML	15 MG		2	01/01/2002	99/99/9999						
63323-0164-76		J7120		07/23/2019	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (FREEFLEX BAG)		1000 ML	BG	IV	ML	1000 ML		0.001	07/23/2019	99/99/9999						
63323-0262-01		J1644		01/13/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.,P.C.) 5000 U/ML		1 ML	VL	U	ML	1000 U		5	01/13/2020	01/13/2020						
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						
63323-0360-19		J0610		08/31/2017	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (PF,LATEX-FREE) 100 MG/1 ML		10 ML	VL	IV	ML	10 ML		0.1	08/31/2017	99/99/9999						
63323-0412-05		J2250		01/01/2002	99/99/9999	INJECTION, MDAZOLAM HYDROCHLORIDE, PER 1 MG	MDAZOLAM HCL (M.D.V.) 5 MG/ML		5 ML	VL	U	ML	1 MG		5	01/01/2002	99/99/9999						
63323-0568-88		J1650		04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (ORANGE LABEL,PF) 60 MG/0.5 ML		0.6 ML	SR	SC	ML	10 MG		10	04/01/2015	99/99/9999						
63323-0569-84		J1650		04/01/2015	99/99/9999	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	99/99/9999						
63323-0569-90		J1650		04/01/2015	99/99/9999	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	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						
63323-0806-02		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						
72572-0801-02		J3370		09/29/2019	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 1 GM		10 EA	VL	IV	EA	500 MG		2	09/29/2019	99/99/9999						
74527-0022-02		J8353		07/01/2021	99/99/9999	INJECTION, MARGETIXIMAB-CMKB, 5 MG	MARGENZA (SDV,PF) 25 MG/1 ML		10 ML	CT	IV	ML	5 MG		5	07/01/2021	99/99/9999						
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						
58864-0194-14		J7512		01/01/2016	99/99/9999	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	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
59572-0984-01		J8315		09/16/2016	99/99/9999	INJECTION, ROMIDEPSIN, 1 MG	ISTODAX (W/DILUENT) 10 MG	1 EA	EA	VL	IV	EA	1 MG		10	09/16/2016	99/99/9999						
59746-0175-10		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	1000 EA	EA	BO	PO	EA	5 MG		4	08/03/2007	12/31/2015						
59762-5091-01		J9178		08/08/2007	09/17/2019	INJECTION, EPRUBICIN HCL, 2 MG	EPRUBICIN HYDROCHLORIDE (SINGLE USE, PF) 2 MG/ML	25 ML	EA	VL	IV	ML	2 MG		1	08/08/2007	09/17/2019						
60219-2043-01		J8540		10/22/2021	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (USP) 4 MG	100 EA	EA	BO	PO	EA	0.25 MG		16	10/22/2021	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) 8.25 MG/5 ML	118 ML	EA	BO	PO	ML	12.5 MG		0.1	01/01/2014	99/99/9999						
60505-0769-00		J0690		06/13/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN 10 GM	1 EA	EA	VL	IV	EA	500 MG		20	06/13/2006	99/99/9999						
63874-0757-10		Q0177		01/01/2014	02/03/2016	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	EA	BO	PO	EA	25 MG		2	01/01/2014	02/03/2016						
64380-0722-06		J7507		09/10/2014	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 5 MG	100 EA	EA	BO	PO	EA	1 MG		5	09/10/2014	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	EA	VL	IV	EA	1.125 GM		3	06/12/2017	99/99/9999						
64679-0962-01		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 600 MG	30 EA	EA	BO	PO	EA	1 GM		0.6	09/11/2015	99/99/9999	02/11/2008	05/31/2014	0.6			
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	EA	BF	PO	EA	1 MG		4	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	EA	BO	PO	EA	1 GM		0.25	08/09/2018	99/99/9999						
65862-0831-30		J0604		07/02/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30 EA	EA	BO	PO	EA	1 MG		30	07/02/2019	99/99/9999						
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	EA	VL	IV	EA	120 MG		2	01/01/2019	99/99/9999						
66993-0038-83		J1729		07/02/2018	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (PF) 250 MG/1 ML	1 ML	EA	VL	IM	ML	10 MG		25	07/02/2018	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	EA	VL	IV	ML	1 MG		20	06/18/2019	99/99/9999						
67457-0879-05		J3030		11/06/2018	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 (PREFILLED,PF,LATEX-FREE) 6 MG/0.5 ML	0.5 ML	EA	SR	SC	ML	6 MG		2	11/06/2018	99/99/9999						
68001-0323-31		J2185		07/14/2017	11/05/2019	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 500 MG	10 EA	EA	VL	IV	EA	100 MG		5	07/14/2017	11/05/2019						
68001-0338-62		J3370		02/15/2018	06/07/2021	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 500 MG	10 EA	EA	VL	IV	EA	500 MG		1	02/15/2018	06/07/2021						
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	EA	SR	SC	ML	10 MG		10	11/23/2020	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,	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2 ML	EA	PC	IH	ML	0.5 MG		0.25	10/06/2020	99/99/9999						
69097-0905-67		J0894		09/10/2021	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1 EA	EA	VL	IV	EA	1 MG		50	09/10/2021	99/99/9999						
69543-0371-10		J2469		09/20/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5 ML	EA	VL	IV	ML	25 MCG		2	09/20/2018	99/99/9999						
69639-0101-01		J8655		04/01/2017	99/99/9999	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG, ORAL	AKYZEO (HARD GELATIN) 300 MG-0.5 MG	1 EA	EA	ST	PO	EA	300.5 MG		1	04/01/2017	99/99/9999						
69794-0304-01		J0584		01/01/2019	99/99/9999	INJECTION, BUROSUMAB-TWZA 1 MG	CRYSVITA (PF) 30 MG/1 ML	1 ML	EA	VL	SC	ML	1 MG		30	01/01/2019	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	EA	BO	PO	EA	250 MG		1.2	10/04/2005	99/99/9999						
54569-0331-04		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	50 EA	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
54569-0332-05		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100 EA	EA	BO	PO	EA	1 MG		20	01/01/2016	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	EA	AM	IV	ML	10 ML		0.1	01/01/2004	12/31/2018						
54569-4482-01		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50 EA	EA	BO	PO	EA	1 EA		1	01/01/2002	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	EA	AM	IJ	ML	10 MG		1	05/12/2006	12/31/2018						
54868-0015-00		J1265		12/11/2006	02/03/2016	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HYDROCHLORIDE 80 MG/ML	125 ML	EA	NA	IV	ML	40 MG		2	12/11/2006	02/03/2016						
60505-6161-00		J1267		12/12/2016	09/01/2019	INJECTION, DORIPENEM, 10 MG	DORIPENEM 500 MG	1 EA	EA	VL	IV	EA	10 MG		50	12/12/2016	09/01/2019						
60505-6177-00		J0594		07/19/2019	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (SDV) 6 MG/1 ML	10 ML	EA	VL	IV	ML	1 MG		6	07/19/2019	99/99/9999						
60505-6179-05		J7643		05/19/2020	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE 0.2 MG/1 ML	1 ML	EA	VL	IJ	ML	1 MG		0.2	05/19/2020	99/99/9999						
60505-6193-01		J2469		09/19/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5 ML	EA	VL	IV	ML	25 MCG		2	09/19/2018	99/99/9999						
61553-0165-41		J1170		02/02/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (INTRAVIA) 50 MG/50 ML-0.9%	50 ML	EA	BG	IV	ML	4 MG		0.25	02/02/2004	99/99/9999						
61553-0712-88		J1170		12/01/2006	06/30/2017	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 1.2 MG/ML-0.9%	30 ML	EA	VL	IV	ML	4 MG		0.3	12/01/2006	06/30/2017						
61553-0794-68		J3010		12/01/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 40 MCG/ML-0.9%	30 ML	EA	VL	IV	ML	0.1 MG		400	12/01/2006	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	EA	VL	IV	ML	20 MG		1	02/27/2008	99/99/9999						
62033-0204-14		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	400 EA	EA	BO	PO	EA	1 EA		1	01/01/2002	02/03/2016						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62756-0238-86		None		11/14/2019	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60 EA	BO	PO	EA	GM	150 MG		1	11/14/2019	99/99/9999						
62991-1021-02		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAMINE (U.S.P./N.F.)	1 EA	BO	NA	GM	GM	1 EA		1	01/01/2002	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	GM	10 MG		100	01/01/2008	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	GM	1000 MCG		1000	01/01/2002	99/99/9999						
62991-1152-01		J7681		01/01/2002	99/99/9999	MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-2562-01		J1835		11/01/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	NA	NA	GM	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	GM	50 MG		20	11/01/2005	99/99/9999						
62991-2707-02		J1956		01/01/2008	99/99/9999	INJECTION, LEVOPLOXACIN, 250 MG	LEVOPLOXACIN	1 EA	BO	NA	GM	GM	250 MG		4	01/01/2008	99/99/9999						
62991-2707-03		J1956		01/01/2008	99/99/9999	INJECTION, LEVOPLOXACIN, 250 MG	LEVOPLOXACIN	1 EA	BO	NA	GM	GM	250 MG		4	01/01/2008	99/99/9999						
63323-0121-08		J9250		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	8 ML	VL	U	ML	ML	5 MG		5	01/01/2002	99/99/9999						
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	EA	1 MG		5	06/10/2016	06/18/2021						
69639-0103-01		J2469		03/12/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	ALOXI (PF,LATEX-FREE) 0.05 MG/1 ML	5 ML	VL	IV	ML	ML	25 MCG		2	03/12/2019	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	U	ML	ML	20 MG		1	08/10/2020	99/99/9999						
70069-0363-01		J3490		10/14/2019	99/99/9999	UNCLASSIFIED DRUGS	SULFAMETHOXAZOLE/TRIMETHOPRIM 80 MG/1 ML-16 MG/1 ML	30 ML	VL	IV	ML	ML	1 EA		1	10/14/2019	99/99/9999						
70257-0330-51		J2792		03/19/2019	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	ML	100 IU		11.538462	03/19/2019	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	EA	180 MG		2	06/21/2021	99/99/9999						
70655-0103-95		J2700		01/02/2019	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 10 GM	10 EA	VL	IV	EA	EA	250 MG		40	01/02/2019	99/99/9999						
70860-0105-20		J3370		02/01/2017	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10 EA	VL	IV	EA	EA	500 MG		2	02/01/2017	99/99/9999						
70860-0208-25		J9000		12/15/2017	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,SDV,PF,LATEX-FREE) 2 MG/1 ML	25 ML	VL	IV	ML	ML	10 MG		0.2	12/15/2017	99/99/9999						
70860-0653-10		J2800		01/02/2019	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (PF,LATEX-FREE) 100 MG/1 ML	10 ML	VL	U	ML	ML	10 ML		0.1	01/02/2019	99/99/9999						
71288-0410-85		J1650		04/20/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (ORANGE,10X0.3ML,PF) 60 MG/0.6 ML	0.6 ML	SR	SC	ML	ML	10 MG		10	04/20/2020	99/99/9999						
71288-0807-02		J2370		06/22/2020	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (SDV,LATEX-FREE) 10 MG/1 ML	1 ML	VL	IV	ML	ML	1 ML		1	06/22/2020	99/99/9999						
72205-0007-92		None		10/01/2018	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (FILM COATED) 500 MG	120 EA	BO	PO	EA	EA	500 MG		1	10/01/2018	99/99/9999						
72266-0120-01		J0641		06/25/2019	99/99/9999	INJECTION, LEVULEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5 MG	LEVULEUCOVORIN CALCIUM (1X17.5ML,SDV,PF) 10 MG/1 ML	17.5 ML	VL	IV	ML	ML	0.5 MG		20	06/25/2019	99/99/9999						
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	ML	20 MG		1	05/06/2019	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	U	ML	ML	1 MG		4	10/22/2019	99/99/9999						
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	ML	0.5 MG		2	06/15/2020	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	EA	1 EA		1	01/27/2021	99/99/9999						
66267-0948-21		J7512		01/01/2016	99/99/9999	1 MG	PREDNISON (DOSEPACK) 5 MG	21 EA	DP	PO	EA	EA	1 MG		5	01/01/2016	99/99/9999						
66794-0214-42		J0696		08/15/2019	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PF,LATEX-FREE) 2 GM	25 EA	VL	U	EA	EA	250 MG		8	08/15/2019	99/99/9999						
67457-0153-18		J0282		11/29/2005	99/99/9999	INJECTION, AMODARONE HYDROCHLORIDE, 30 MG	AMODARONE HYDROCHLORIDE 50 MG/ML	18 ML	VL	IV	ML	ML	30 MG		1.66666	11/29/2005	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	ML	25 MCG		2	09/20/2018	99/99/9999						
67457-0455-52		J9100		07/22/2016	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (SDV,PF,LATEX-FREE) 20 MG/1 ML	5 ML	VL	U	ML	ML	100 MG		0.2	07/22/2016	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	ML	200 MG		0.19	12/18/2017	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	ML	1 MG		0.05	06/05/2018	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	EA	0.25 MG		6	09/14/2018	99/99/9999						
68209-0843-01		J1568		03/21/2012	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGRAM (1GM/1VIAL,SD TREATED) 50MG/ML	20 ML	VL	IV	ML	ML	500 MG		0.1	03/21/2012	09/14/2015						
68209-0843-02		J1568		03/21/2012	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGRAM (PF,SUCROSE-FREE) 50MG/ML	50 ML	VL	IV	ML	ML	500 MG		0.1	03/21/2012	09/14/2015						
68362-0520-01		J7520		01/09/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (COATED) 0.5 MG	100 EA	BO	PO	EA	EA	1 MG		0.5	01/09/2014	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	EA	1 MG		2	10/19/2020	99/99/9999						
68992-3040-03		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG	ENVARUS XR 4 MG	30 EA	BO	PO	EA	EA	0.1 MG		40	09/01/2015	12/31/2015						
68992-3075-03		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG	ENVARUS XR 0.75 MG	30 EA	BO	PO	EA	EA	0.1 MG		7.5	09/01/2015	12/31/2015						
69097-0277-03		J8499		12/12/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	60 EA	BO	PO	EA	EA	1 MG		1	12/12/2018	99/99/9999						
69097-0318-87	KO	J7826	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	ML	0.5 MG		0.25	11/14/2017	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	ML	1 MCG		600	05/04/2018	99/99/9999						
61553-0167-75		J1170		02/02/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,50 ML) 1 MG/ML-0.9%	50 ML	SR	IV	ML	ML	4 MG		0.25	02/02/2004	99/99/9999						
62756-0008-60		J9199		01/01/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1300 MG/130 ML	130 ML	FC	IV	ML	ML	200 MG		0.05	01/01/2020	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	EA	1 MG		8	01/01/2012	99/99/9999						
62991-1707-05		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG																	

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-2022-04	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							
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							
63275-8100-05		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							
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							
70954-0057-10		J7512		11/18/2019	99/99/9999	1 MG	PREDNISONE (USP) 2.5 MG	100	EA	BO	PO	EA	1 MG	2.5	11/18/2019	99/99/9999							
71288-0149-96		J9263		06/21/2021	99/99/9999	INJECTION, OXALPLATIN, 0.5 MG	PREMERPRO RX OXALPLATIN (SDV, USP,PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5 MG	10	06/21/2021	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							
71773-0100-12		J0722		10/26/2020	99/99/9999	INJECTION, ERAVACYCLINE, 1 MG	XERAVA (SDV,PF,LYOPHILIZED) 100 MG	12	EA	VL	IV	ML	1 MG	100	10/26/2020	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							
72266-0126-10		J9263		02/15/2019	99/99/9999	INJECTION, OXALPLATIN, 0.5 MG	OXALPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5 MG	10	02/15/2019	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							
76045-0206-10		J7643		08/23/2021	99/99/9999	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	IJ	ML	1 MG	0.2	08/23/2021	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	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							
76204-0700-01	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	KO	J7614	KO	04/22/2016	99/99/9999	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	99/99/9999							
76388-0635-50		J8999		06/22/2012	10/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN (FILM-COATED) 2 MG	50	EA	BO	PO	EA	1 MG	1	06/22/2012	10/31/2017							
81561-0413-05		J8019		09/28/2021	99/99/9999	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	ERWINASE (PF,LATEX-FREE) 10000 IU	5	EA	VL	IJ	EA	1000 IU	10	06/28/2021	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	IV	ML	10 MG	10	10/22/2019	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							
72572-0803-01		J3370		09/20/2019	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PKG) 5 GM	1	EA	VL	IV	EA	500 MG	10	09/20/2019	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	IJ	ML	50 U	2	12/16/2019	99/99/9999							
76075-0103-01		J9047		08/21/2018	99/99/9999	INJECTION, CARFILZOMB, 1 MG	KYPROLIS (LYOPHILIZED) 10 MG	1	EA	VL	IJ	EA	1 MG	10	08/21/2018	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							
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							
62991-2068-02		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X100MG, 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 (1X500MG, USP)	1	EA	BO	NA	GM	100 MG	10	10/01/2007	99/99/9999	01/01/2004	09/01/2004	10				
62991-2577-03		J0456		10/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X500MG,USP)	1	EA	NA	NA	GM	500 MG	2	10/01/2007	99/99/9999							
63275-6200-01		J3490		05/31/2021	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1 EA	1	01/01/2002	05/31/2021							
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							
63275-9989-06		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							
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							
63323-0106-10		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							
63323-0185-00		A4216		01/01/2004	99/99/9999	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	99/99/9999							
68982-0840-01		J1568		09/15/2015	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (1GMVIAL:S/D TREATED) 50 MG/1 ML	20	ML	VL	IV	ML	500 MG	0.1	09/15/2015	99/99/9999							
89097-0536-37		J1071		08/19/2018	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							
89543-0386-25		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							
89680-0112-10		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							
89680-0113-99		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							
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							
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	IV	ML	20 MG	1	03/19/2020	99/99/9999							
70092-0128-50		J2270		05/28/2021	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE-SODIUM CHLORIDE 1 MG/1 ML-0.9%	50	ML	IV	IV	ML	10 MG	0.1	05/28/2021	99/99/9999							
70121-1003-01		J1327		12/14/2016	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 0.75 MG/1 ML	100	ML	VL	IV	ML	5 MG	0.15	12/14/2016	99/99/9999							
70121-1573-01		J1030		07/07/2020	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP-SDV) 40 MG/1 ML	1	ML	VL	IJ	ML	40 MG	1	07/07/2020	99/99/9999							
70121-1578-07		J2370		01/09/2019	99/99/9999	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	99/99/9999							
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							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
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						
63459-0600-10	J9017			07/15/2006	12/15/2017	INJECTION, ARSENIC TRIOXIDE, 1 MG	TRISENOX (10X10 AMP;PF) 1 MG/ML	10 ML	AM	IV	ML		1 MG		1	07/15/2006	12/15/2017						
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						
63629-1335-03	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	20 EA	BO	PO	EA		5 MG		2	01/01/2014	99/99/9999						
63629-1533-02	Q0177			11/01/2004	99/99/9999	HYDROXYZYNE 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	HYDROXYZYNE PAMOATE 25 MG	30 EA	NA	PO	EA		25 MG		1	11/01/2004	99/99/9999						
63807-0609-55	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						
63874-0327-20	J7506			05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA		5 MG		2	05/10/2004	12/31/2015						
63874-0327-30	J7506			05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG		2	05/10/2004	12/31/2015						
63874-0373-36	J7512			01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	36 EA	BO	PO	EA		1 MG		5	01/01/2016	02/03/2016						
63874-0490-30	Q0164			01/01/2014	02/03/2016	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	02/03/2016						
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						
64980-0335-14	None			05/25/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14 EA	BO	PO	EA		100 MG		1	05/25/2017	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						
65162-0802-14	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						
65862-0831-05	J0604			09/24/2021	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	500 EA	TB	PO	EA		1 MG		30	09/24/2021	99/99/9999						
66267-0080-20	Q0163			04/05/2002	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	04/05/2002	99/99/9999						
66267-0172-10	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA		5 MG		4	01/01/2002	12/31/2015						
66267-0173-40	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40 EA	BO	PO	EA		5 MG		1	01/01/2002	12/31/2015						
66733-0373-01	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	U	ML		50 U		2	03/04/2019	99/99/9999						
71288-0410-81	J1650			04/20/2020	99/99/9999	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	99/99/9999						
72205-0045-01	J9340			04/01/2020	99/99/9999	INJECTION, THIOTEPA, 15 MG	THIOTEPA (SDV.LYOPHILIZED) 15 MG	15 GM	VL	U	ML		15 MG		1	04/01/2020	99/99/9999						
72485-0205-12	None			05/06/2019	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP FILM COATED) 500 MG	120 EA	BO	PO	EA		500 MG		1	05/06/2019	99/99/9999						
72572-0015-25	J3490			09/27/2020	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID 250 MG/1 ML	20 ML	VL	IV	ML		1 EA		1	09/27/2020	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	U	ML		2 MG		1	09/22/2020	99/99/9999						
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	U	ML		10 MG		0.5	11/08/2019	99/99/9999						
72603-0104-01	J9070			05/07/2020	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV.USP.PF) 500 MG	1 EA	VL	IV	EA		100 MG		5	05/07/2020	99/99/9999						
76045-0009-11	J1170			07/12/2019	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	SIMPJIST DILAUID (MICROVAULT.PF) 1 MG/1 ML	1 ML	VL	U	ML		4 MG		0.25	07/12/2019	99/99/9999						
67979-0500-01	J9226			01/01/2008	99/99/9999	HISTRELIN IMPLANT (SUPRELIN LA), 50 MG	VANTAS 50 MG	1 EA	BX	SC	EA		50 MG		1	01/01/2008	99/99/9999						
68001-0342-34	J9201			05/01/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	2 ML	VL	IV	ML		200 MG		0.5	05/01/2018	99/99/9999						
68001-0468-37	J9263			02/08/2021	99/99/9999	INJECTION, OXALPLATIN, 0.5 MG	OXALPLATIN (PF.LATEX-FREE) 5 MG/1 ML	20 ML	VL	IV	ML		0.5 MG		10	02/08/2021	99/99/9999						
68001-0487-06	None			04/05/2021	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP FILM COATED) 150 MG	60 EA	BO	PO	EA		150 MG		1	04/05/2021	99/99/9999						
68001-0507-82	J2543			09/06/2021	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/1.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF.LATEX-FREE) 3 GM/0.375 GM	10 EA	VA	IV	EA		1.125 GM		3	09/06/2021	99/99/9999						
68382-0917-11	J7509			07/19/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 8 MG	25 EA	BP	PO	EA		4 MG		2	07/19/2019	99/99/9999						
68462-0502-01	J7500			11/20/2008	02/08/2021	AZATHIOPRINE ORAL, 50 MG	AZATHIOPRINE 50 MG	100 EA	BO	PO	EA		50 MG		1	11/20/2008	02/08/2021						
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						
72572-0017-10	J0290			12/22/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (SDV.USP.LATEX-FREE) 2 GM	10 EA	VA	U	EA		500 MG		4	12/22/2020	99/99/9999						
72572-0574-10	J2543			12/22/2020	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/1.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV.USP.PF.LATEX-FREE) 4 GM/0.5 GM	10 EA	VA	IV	EA		1.125 GM		4	12/22/2020	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						
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						
76045-0203-20	KO	J7643	KO	03/04/2019	99/99/9999	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	99/99/9999						
76204-0900-24	KO	J7614	KO	04/22/2016	99/99/9999	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL (2X12 POUCHES;PF) 1.25 MG/3 ML	3 ML	VL	IH	ML		0.5 MG		0.83333	04/22/2016	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						
65862-0833-05	J0604			09/24/2021	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	500 EA	TB	PO	EA		1 MG		90	09/24/2021	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
66302-0102-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPOTINIL, 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						
67457-0471-52		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/ML	5	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999						
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	EA	0.5	MG	10	01/01/2015	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	EA	1	MG	0.5	03/23/2021	99/99/9999						
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						
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						
68001-0506-30	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						
68330-0005-01	J0696			11/05/2007	09/25/2019	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (USP,PIGGYBACK) 1 GM	1	EA	GC	IJ	EA	250	MG	4	11/05/2007	09/25/2019						
68382-0752-67	None			06/01/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 20 MG	14	EA	BO	PO	EA	20	MG	1	06/01/2018	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						
68462-0583-85	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						
68462-0686-01	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						
68462-0833-65	J7605			06/23/2021	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	VL	IH	ML	15	MCG	0.5	06/23/2021	99/99/9999						
63323-0565-86	J1650			04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (MDV,RED LABEL) 100 MG/ML	3	ML	VL	IJ	ML	10	MG	10	04/01/2015	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						
63323-0584-99	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						
63323-0589-94	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						
63323-0869-10	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	IJ	ML	10	ML	0.1	04/27/2021	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						
63629-1533-01	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	HYDROXYZINE PAMOATE 25 MG	20	EA	NA	PO	EA	25	MG	1	11/01/2004	99/99/9999						
63874-0006-12	Q0163			05/10/2004	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	12	EA	BO	PO	EA	50	MG	1	05/10/2004	02/03/2016						
69097-0840-53	J7620			05/28/2020	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	0.388889	05/28/2020	99/99/9999						
69784-0003-06	J1450			12/21/2020	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IN SODIUM CHLORIDE (6X200ML,USP,PF) 400 MG/200 ML	200	ML	FC	IJ	ML	200	MG	0.01	12/21/2020	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						
70069-0384-05	J1631			03/05/2020	99/99/9999	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	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	VL	IV	ML	20	MG	1	04/01/2021	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	VL	IV	ML	0.1	MG	0.5	04/06/2021	99/99/9999						
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	IJ	ML	10	MG	4	12/12/2017	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						
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						
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						
71288-0126-90	J9050			11/15/2021	99/99/9999	INJECTION, CARMUSTINE, 10 MG	CARMUSTINE (W/DILUENT,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	100	MG	1	11/15/2021	99/99/9999						
71288-0410-87	J1650			04/20/2020	99/99/9999	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	99/99/9999						
71288-0419-96	J1644			06/01/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMERPRO RX HEPARIN SODIUM (SDV;25X1ML,LATEX-FREE) 1000 U/1 ML	1	ML	VL	IJ	ML	1000	U	1	06/01/2020	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						
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						
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						
74676-5902-01	J3315			11/18/2020	99/99/9999	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRESTAR (W/MIXJECT SYSTEM) 3.75 MG	1	EA	VL	IM	EA	3.75	MG	1	11/18/2020	99/99/9999						
76204-0800-24	KO	J7614	KO	04/22/2016	99/99/9999	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	99/99/9999						
76282-0642-38	J7826			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						
61553-0915-04	J1644			04/01/2016	03/31/2017	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM-SODIUM CHLORIDE (VIAFLEX BAG,LATEX-FREE) 1000 U/1000 ML-0.9%	1000	ML	FC	IV	ML	1000	U	0.001	04/01/2016	03/31/2017						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61703-0408-41		J9250		04/09/2004	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (SDV,PF) 25 MG/ML	40 ML	VL	U	ML		5 MG		5	06/27/2005	99/99/9999	04/09/2004	01/17/2005				5
62756-0129-40		J3490		10/08/2019	99/99/9999	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (LYOPHILIZED) 40 MG	1 EA	VL	IV	EA		1 EA		1	10/08/2019	99/99/9999						
62856-0125-10		J1845		08/25/2007	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (SINGLE DOSE,PF) 12500 IU/0.5 ML	0.5 ML	SR	SC	ML		2500 IU		10	08/25/2007	03/31/2015						
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						
62991-1024-05		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						
62991-1039-02		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						
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						
76045-0209-10		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						
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						
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						
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						
62991-1583-03		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						
62991-2022-02		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MPCRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
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						
63323-0172-45		J9045		04/28/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,LATEX-FREE) 10 MG/ML	50 ML	VL	IV	ML		50 MG		0.2	04/28/2006	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	U	EA		500 MG		1	01/01/2002	99/99/9999						
63323-0249-30		A4216		01/01/2004	99/99/9999	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	99/99/9999						
63323-0314-61		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (BULK PACKAGE,PF) 10 GM	1 EA	VL	IV	GM		500 MG		2	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	U	ML		1 MG		1	12/08/2003	99/99/9999						
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						
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						
66794-0232-42		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	U	ML		20 MG		1	02/11/2021	99/99/9999						
66993-0023-27		J7614		08/23/2012	99/99/9999	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	99/99/9999						
66993-0195-94		J7602		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						
67457-0431-11		J8390		11/07/2014	08/31/2016	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE (S.D.V., 1X1ML) 10 MG/ML	1 ML	VL	IV	ML		10 MG		1	11/07/2014	08/31/2016						
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	U	ML		1 MG		10	04/15/2020	99/99/9999						
67457-0521-22		J2543		06/23/2016	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	06/23/2016	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						
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						
67919-0300-01		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						
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						
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						
63323-0578-20	KO	J7643	KO	06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	20 ML	VL	U	ML		1 MG		0.2	06/15/2018	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	U	ML		10 MG		10	11/20/2019	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						
63323-0728-10		J2248		04/22/2020	99/99/9999	INJECTION, MICAUFUNGIN SODIUM, 1 MG	MICAUFUNGIN SODIUM (LYOPHILIZED) 50 MG	10 EA	VL	IV	EA		1 MG		50	04/22/2020	99/99/9999						
63323-0883-21		J2543		07/11/2019	99/99/9999	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	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						
63629-1335-02		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	30 EA	BO	PO	EA		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	
66733-0822-59		J1817		03/04/2019	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	INSULIN LISPRO KWPKEN (5X3ML, PREFILLED) 100 U/1 ML	3	ML	PE	SC	ML	50 U		2	03/04/2019	99/99/9999							
66794-0211-42		J0696		08/15/2019	99/99/9999	PER 50 UNITS	CEFTRIAXONE (PF,LATEX-FREE) 250 MG	25	EA	VL	U	EA	250 MG		1	08/15/2019	99/99/9999							
66794-0213-42		J0696		08/15/2019	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PF,LATEX-FREE) 1 GM	25	EA	VL	U	EA	250 MG		4	08/15/2019	99/99/9999							
66794-0223-41		J0290		03/05/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	U	EA	500 MG		4	03/05/2020	99/99/9999							
68993-0370-25		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							
67253-0580-46		None		07/01/2003	09/23/2016	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X6) 2.5 MG	24	EA	DP	PO	EA	2.5 MG		1	07/01/2003	09/23/2016							
67457-0349-03		J0295		09/04/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM 2 GM-1 GM	1	EA	VL	U	EA	1.5 GM		2	09/04/2015	99/99/9999							
67457-0429-20		J9208		09/04/2014	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (1X20ML) 1 GM/20 ML	20	ML	VL	IV	ML	1 GM		0.05	09/04/2014	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	U	EA	50 MG		7	01/02/2019	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							
67457-0967-01		J1729		08/23/2019	99/99/9999	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	99/99/9999							
67457-0997-40		J9280		08/24/2020	99/99/9999	INJECTION, MTOMYCIN, 5 MG	PREMERPRO RX MTOMYCIN (USP,SDV,PF,LYOPHILIZED) 40 MG	1	EA	VL	IV	EA	5 MG		8	08/24/2020	99/99/9999							
70860-0123-99		J2543		05/01/2019	99/99/9999	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	99/99/9999							
70860-0206-51		J9060		09/15/2017	99/99/9999	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	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							
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							
71288-0117-06		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							
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							
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							
72572-0372-25		J2001		11/12/2019	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X5ML,PF) 2%	5	ML	VL	U	ML	10 MG		2	11/12/2019	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							
72572-0460-24		J2710		11/08/2019	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	11/08/2019	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							
72611-0700-01		J0637		07/15/2020	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	5 MG		10	07/15/2020	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 PHENYLEPHRINE HCL (PF,LATEX-FREE) 10 MG/1 ML	1	EA	VL	IM	EA	3.75 MG		6	11/03/2020	99/99/9999							
61990-0213-01		J2370		09/21/2020	99/99/9999	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	99/99/9999							
62559-0670-30		J8999		06/26/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ARIMDEX (FILM-COATED) 1 MG	30	EA	PO	EA	EA	1 EA		1	06/26/2019	99/99/9999							
62559-0921-14		None		11/16/2020	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20 MG		1	11/16/2020	99/99/9999							
62756-0321-60		J9199		01/01/2020	99/99/9999	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	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							
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	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							
76282-0641-38		J7826		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							
76420-0080-05		J2001		01/01/2020	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (PF,LATEX-FREE) 1%	5	ML	VL	U	ML	10 MG		1	01/01/2020	99/99/9999							
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							
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							
62991-1382-01		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							
62991-1513-03		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							
63275-1100-05		J2270		05/31/2021	99/99/9999	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							
63275-9979-05		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							
70092-0179-44		J2001		04/12/2021	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (PF,SULFITE-FREE) 2%	5	ML	VL	U	ML	10 MG		2	04/12/2021	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							
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							
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							
70860-0208-51		J9000		12/15/2017	99/99/9999	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	99/99/9999							
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	U	ML	1 MG		2	02/01/2017	99/99/9999							
70954-0056-10		J7512		07/08/2021	99/99/9999	PREDNISONE,																		

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
71288-0105-18		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							
71288-0200-11		J2260		08/24/2020	99/99/9999	INJECTION, MILRNONE LACTATE, 5 MG	MILRNONE LACTATE (PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.2	08/24/2020	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	U	ML	60	MG	0.5	02/09/2021	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							
72611-0719-25		J1885		01/17/2020	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	01/17/2020	99/99/9999							
72647-0331-04		J7509		11/12/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	11/12/2019	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							
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							
76282-0675-30		J0604		06/12/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	30	EA	BO	PO	EA	1	MG	60	06/12/2020	99/99/9999							
76329-0060-00		J0171		05/01/2020	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE (MDV,USP) 1 MG/1 ML	30	ML	VL	U	ML	0.1	MG	10	05/01/2020	99/99/9999							
70594-0056-03		J3370		09/07/2020	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (FLEXIBLE BAG) 750 MG/150 ML	150	ML	FC	IV	ML	500	MG	0.01	09/07/2020	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							
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							
70860-0215-68		J9267		12/06/2019	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL NOVAPLUS (PF,LATEX-FREE) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	12/06/2019	99/99/9999							
70860-0701-01		J1885		07/01/2017	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 30 MG/1 ML	1	ML	VL	U	ML	15	MG	2	07/01/2017	99/99/9999							
70860-0701-03		J1885		03/01/2018	99/99/9999	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	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							
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							
71288-0128-20		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							
71288-0418-10		J1453		12/16/2019	99/99/9999	INJECTION, FOSAPREPTANT, 1 MG	FOSAPREPTANT DIMEGLUMINE (LATEX-FREE,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	12/16/2019	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							
55390-0612-10		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (PF) 500 MG	1	EA	VL	IV	EA	5	MG	100	01/01/2006	99/99/9999							
55513-0221-01		J2796		08/25/2008	99/99/9999	INJECTION, ROMPLOSTM, 10 MICROGRAMS	NPLATE (PF,STERILE, LYOPHILIZED) 250 MCG	1	EA	VL	SC	EA	10	MCG	25	08/25/2008	99/99/9999							
63402-0511-24	KO	J7614	KO	04/01/2008	04/20/2016	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX PEDIATRIC 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	04/01/2008	04/20/2016							
63629-1579-01		J7512		01/01/2016	01/30/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	NA	PO	EA	1	MG	10	01/01/2016	01/30/2017							
63629-1579-02		J7512		01/01/2016	01/30/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	40	EA	NA	PO	EA	1	MG	10	01/01/2016	01/30/2017							
63739-0269-10		J8999		02/27/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	100	EA	BX	PO	EA	1	EA	1	02/27/2007	99/99/9999							
63874-0392-20		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015							
63874-0392-40		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	40	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015							
63874-0751-01		Q0177		01/01/2014	02/03/2016	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	02/03/2016							
64253-0333-30		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN W/LUER LOCK) 100 U/ML-0.9%	10	ML	SR	IV	ML	10	U	10	01/01/2002	02/03/2016							
64679-0702-02		J0696		05/18/2007	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (USP) 500 MG	1	EA	VL	U	EA	250	MG	2	05/18/2007	99/99/9999							
65862-0832-30		J0604		07/02/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	30	EA	BO	PO	EA	1	MG	60	07/02/2019	99/99/9999							
65862-0833-30		J0604		07/02/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30	EA	BO	PO	EA	1	MG	90	07/02/2019	99/99/9999							
66105-0653-05		Q0144		09/13/2006	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	50	EA	BO	PO	EA	1	GM	0.5	09/13/2006	02/03/2016							
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							
66267-0977-04		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 THE 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							
67457-0443-60		J9208		10/07/2014	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (1X60ML) 3 GM/60 ML	60	ML	VL	IV	ML	1	GM	0.05	10/07/2014	99/99/9999							
67457-0474-04		J9351		09/04/2014	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG	TOPOTECAN HYDROCHLORIDE (SINGLE-DOSE,LYOPHILIZED) 4 MG	1	EA	VL	IV	EA	0.1	MG	40	09/04/2014	99/99/9999							
67457-0513-05		J9120		01/01/2018	99/99/9999	INJECTION, DACTINOMYCIN, 0.5 MG	DACTINOMYCIN (PF,LYOPHILIZED) 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	01/01/2018	99/99/9999							
67457-0832-70		J0637		11/15/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LYOPHILIZED) 70 MG	1	EA	VL	IV	EA	5	MG	14	11/15/2017	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							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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		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						
63323-0708-00		J0290		12/01/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 500 MG	10	EA	VL	IH	EA	500	MG	1	12/01/2017	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						
63323-0808-11		J3010		01/22/2021	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	SIMPJUST FENTANYL CITRATE (SD,PF) 50 MCG/1 ML	1	ML	SY	IJ	ML	0.1	MG	0.5	01/22/2021	99/99/9999						
63402-0513-24		J7614		04/01/2008	10/21/2015	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	04/01/2008	10/21/2015						
63629-1677-03		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999						
63739-0901-28		J1644		06/13/2014	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X10ML,LATEX-FREE) 5000 U/ML	10	ML	VL	IJ	ML	1000	U	5	06/13/2014	99/99/9999						
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						
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						
63874-0327-40		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016						
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						
68001-0457-42		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						
68001-0464-41		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						
68001-0482-25		J2469		03/29/2021	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (SDV) 0.05 MG/1 ML	5	ML	CT	IV	ML	25	MCG	2	03/29/2021	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						
68382-0860-02		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			
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						
69097-0188-87		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						
69097-0412-02		J0604		03/04/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30	EA	BO	PO	EA	1	MG	90	03/04/2019	99/99/9999						
69097-0927-35		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						
69784-0205-60	KO	J7631	KO	10/18/2017	99/99/9999	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	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						
70069-0803-01		J2370		10/05/2021	99/99/9999	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	99/99/9999						
54868-1963-01		Q0174		02/11/2003	02/03/2016	THIETHYLPERAZINE MALEATE 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TORECAN 10 MG	10	EA	BO	PO	EA	10	MG	1	02/11/2003	02/03/2016						
54868-2184-03		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	02/03/2016						
59762-3110-01		Q0144		07/07/2006	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	07/07/2006	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						
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						
60505-0749-05		J0690		09/16/2005	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM 1 GM	1	EA	VL	IJ	EA	500	MG	2	09/16/2005	99/99/9999						
60505-0750-04		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X10ML) 250 MG	1	EA	VL	IJ	EA	250	MG	1	08/02/2005	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	25	EA	1	05/21/2007	99/99/9999						
60505-6101-04		J0583		07/17/2017	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SDV,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	07/17/2017	99/99/9999						
60505-6143-00		J0690		04/11/2019	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN (PF,LATEX-FREE) 10 GM	1	EA	VL	IV	EA	500	MG	20	04/11/2019	99/99/9999						
60505-6182-00	KO	J7643	KO	05/19/2020	99/99/9999	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	99/99/9999						
60505-6182-04		J7643		05/19/2020	99/99/9999	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	99/99/9999						
61553-0243-72		J0171		07/01/2016	06/30/2017	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE HCL-SODIUM CHLORIDE (BD SYRINGE,PF) 50 MCG/1 ML-0.9%	10	ML	SR	IV	ML	0.1	MG	0.5	07/01/2016	06/30/2017						
61553-0649-75		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (5X50ML,LATEX-FREE) 50 MG/ML	50	ML	EA	IJ	ML	10	MG	5	01/01/2015	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0370-15		Q0169		01/01/2014	02/03/2016	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	02/03/2016						
63874-0373-10		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	10	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016						
63874-0392-15		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015						
63874-0405-35		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016						
64253-0333-25		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN.6 ML W/LUER LOCK) 100 U/ML-0.9%	5	ML	SR	IV	ML	10	U	10	01/01/2002	02/03/2016						
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						
64764-0300-20		J3380		01/01/2016	99/99/9999	INJECTION, VEDOLIZUMAB, 1MG	ENTYVIO (SDV,PF,LYOPHILIZED) 300 MG	1	EA	VL	IV	EA	1	MG	300	01/01/2016	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						
65162-0844-16		None		03/10/2017	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	03/10/2017	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						
65219-0433-15		J3490		08/19/2021	99/99/9999	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (SDV,PF,LATEX-FREE) 40 MG	10	EA	VL	IV	EA	1	EA	1	08/19/2021	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						
66267-0171-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015						
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						
66794-0220-41		J0290		03/05/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 250 MG	10	EA	VL	U	EA	500	MG	0.5	03/05/2020	99/99/9999						
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	U	ML	1000	U	5	03/16/2018	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	U	ML	1	MG	4	04/15/2020	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						
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						