

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00002-7140-01		J0130		01/01/2002	12/31/2016	INJECTION ABXICIMAB, 10 MG	REOPRO (VIAL) 2 MG/ML	5	ML	VL	IV	ML	10	MG		0.2	01/01/2002	12/31/2016						
00002-7335-11	J2941			03/01/2006	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (WITH STERILE DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG		5	03/01/2006	99/99/9999						
00002-7501-01	J9201			01/01/2002	12/31/2018	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMZAR (VIAL) 200 MG	1	EA	VL	IV	EA	200	MG		1	01/01/2002	12/31/2018						
00002-7502-01	J9201			01/01/2002	12/31/2018	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMZAR (VIAL) 1 GM	1	EA	VL	IV	EA	200	MG		5	01/01/2002	12/31/2018						
00002-7510-01	J1817			01/01/2003	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG (VIAL) 100 U/ML	10	ML	VL	SC	ML	50	U		2	01/01/2003	99/99/9999						
00002-7511-01	J1815			01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 75/25 (VIAL) 75 U/ML-25 U/ML	10	ML	VL	SC	ML	5	U		20	01/01/2003	99/99/9999						
00002-7512-01	J1815			11/01/2006	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 50/50 50 U/ML-50 U/ML	10	ML	VL	SC	ML	5	U		2	11/01/2006	99/99/9999						
00002-7516-50	J1815			01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG (CARTRIDGE) 100 U/ML	3	ML	CT	SC	ML	5	U		20	01/01/2003	99/99/9999						
00002-7623-01	J9305			01/01/2005	99/99/9999	INJECTION, PEMETREXED, 10 MG	ALIMTA 500 MG	1	EA	VL	IV	EA	10	MG		50	01/01/2005	99/99/9999						
00002-7640-01	J9305			01/07/2008	99/99/9999	INJECTION, PEMETREXED, 10 MG	ALIMTA (SINGLE-USE) 100 MG	1	EA	VL	IV	EA	10	MG		10	01/07/2008	99/99/9999						
00002-7712-27	J1815			05/28/2015	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG (2X3ML) 200 U/ML	3	ML	SR	SC	ML	5	U		40	05/28/2015	99/99/9999						
00002-7714-59	J1815			08/14/2017	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG JUNIOR KWIKPEN 100 U/1 ML	3	ML	BX	SC	ML	5	U		20	08/14/2017	99/99/9999						
00002-8031-01	J1610			01/01/2002	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT (HYPORET DISPOSABLE SRN) 1 MG	1	EA	BX	U	EA	1	MG		1	01/01/2002	99/99/9999						
00002-8147-01	J2941			08/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT) 6 MG	1	EA	CT	U	EA	1	MG		6	08/30/2005	99/99/9999						
00002-8148-01	J2941			08/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT) 12 MG	1	EA	CT	U	EA	1	MG		12	08/30/2005	99/99/9999						
00002-8149-01	J2941			08/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT) 24 MG	1	EA	CT	U	EA	1	MG		24	08/30/2005	99/99/9999						
00002-8215-01	J1815			01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R (VIAL) 100 U/ML	10	ML	VL	U	ML	5	U		20	01/01/2003	99/99/9999						
00002-8315-01	J1815			01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U		20	01/01/2003	99/99/9999						
00002-8501-01	J1817			01/01/2003	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMULIN R U-500 (VIAL, CONCENTRATED) 500 U/ML	20	ML	VL	U	ML	50	U		10	01/01/2003	99/99/9999						
00002-8715-01	J1815			01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U		20	01/01/2003	99/99/9999						
00002-8730-59	J1815			01/01/2003	04/09/2014	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N PEN (PREFILLED DISPOSABLE) 100 U/ML	3	ML	CT	SC	ML	5	U		20	01/01/2003	04/09/2014						
00002-8770-59	J1815			01/01/2003	03/18/2014	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 PEN (PREFILLED DISPOSABLE) 70 U/ML-30 U/ML	3	ML	CT	SC	ML	5	U		20	01/01/2003	03/18/2014						
00002-8797-59	J1815			12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX75/25 (KWIKPEN,5X3ML) 75 U/ML-25 U/ML	3	ML	SR	SC	ML	5	U		20	12/10/2007	99/99/9999						
00002-8798-59	J1815			12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 50/50 (KWIKPEN,5X3ML) 50 U/ML-50 U/ML	3	ML	SR	SC	ML	5	U		2	12/10/2007	99/99/9999						
00002-8799-59	J1815			12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG (KWIKPEN,5X3ML) 100 U/ML	3	ML	SR	SC	ML	5	U		20	12/10/2007	99/99/9999						
00002-8824-27	J1815			02/29/2016	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R CONCENTRATED U-500 KWIKPEN 500 U/1 ML	3	ML	SR	SC	ML	5	U		100	02/29/2016	99/99/9999						
00003-0293-05	J3301			02/01/1989	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-40 (VIAL) 40 MG/1 ML	1	ML	VL	U	ML	10	MG		4	02/01/1989	99/99/9999						
00003-0293-20	J3301			07/01/1989	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-40 (VIAL) 40 MG/1 ML	5	ML	VL	U	ML	10	MG		4	07/01/1989	99/99/9999						
00003-0293-28	J3301			07/01/1989	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-40 (VIAL) 40 MG/1 ML	10	ML	VL	U	ML	10	MG		4	07/01/1989	99/99/9999						
00003-0371-13	J0485			06/23/2011	99/99/9999	INJECTION, BELATACEPT, 1 MG	NULOJIX 250 MG	1	EA	VL	IV	EA	1	MG		250	06/23/2011	99/99/9999						
00003-0494-20	J3301			01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-10 (VIAL) 10 MG/ML	5	ML	VL	U	ML	10	MG		1	01/01/2002	99/99/9999						
00003-0830-50	J8999			01/01/2002	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						
00003-2187-13	J0129			11/05/2018	99/99/9999	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ORENCIA (W/SYRINGE,PF) 250 MG	1	EA	VL	IV	EA	10	MG		25	11/05/2018	99/99/9999						
00003-2188-51	J0129			06/13/2016	99/99/9999	INJECTION, ABATACEPT, 10 MG (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 CLICKJECT (PF) 125 MG/1 ML	1	ML	SR	SC	ML	10	MG		12.5	06/13/2016	99/99/9999						
00003-2814-11	J0129			04/06/2017	99/99/9999	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ORENCIA (PF,LYOPHILIZED) 50 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG		12.5	04/06/2017	99/99/9999						
00003-2819-11	J0129			04/06/2017	99/99/9999	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ORENCIA (SD PREFILLED SYRINGE,PF) 87.5 MG/0.7 ML	0.7	ML	SR	SC	ML	10	MG		12.5	04/06/2017	99/99/9999						
00003-3734-13	J9299			01/02/2018	99/99/9999	INJECTION, NIVOLUMAB, 1 MG	OPDIVO (PF) 10 MG/1 ML	24	ML	VL	IV	ML	1	MG		10	01/02/2018	99/99/9999						
00003-3772-11	J9299			01/01/2016	99/99/9999	INJECTION, NIVOLUMAB, 1 MG	OPDIVO (PF) 10 MG/ML	4	ML	VL	IV	ML	1	MG		10	01/01/2016	99/99/9999						
00003-3772-11	J9999			12/23/2014	12/31/2015	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	OPDIVO (PF) 10 MG/ML	4	ML	VL	IV	ML	1	MG		1	12/23/2014	12/31/2015						
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						
00003-6336-17	J8999			01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	DROXIA 300 MG	60	EA	BO	PO	EA	1	EA		1	01/01/2002	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						
00004-0038-22	J3490			01/01/2002	99/99/9999	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	VALCYTE 450 MG	60	EA	BO	PO	EA	1	EA		1	01/01/2002	99/99/9999						
00004-0259-01	J7517			01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	100	EA	BO	PO	EA	250	MG		1	01/01/2002	99/99/9999						
00004-0259-05	J7517			01/01/2002	06/30/2015	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	1440	EA	BO	PO	EA	250	MG		1	01/01/2002	06/30/2015						
00004-0259-43	J7517			01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	500	EA	BO	PO	EA	250	MG		1	01/01/2002	99/99/9999						
00004-0260-01	J7517			01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT (CAPLET) 500 MG	100	EA	BO	PO	EA	250	MG		2	01/01/2002	99/99/9999						
00004-0260-43	J7517			01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT (CAPLET) 500 MG	500	EA	BO	PO	EA	250	MG		2	01/01/2002	99/99/9999						
00004-0261-29	J7517			01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT (FRUIT)																	

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00006-3061-00		J1453		06/19/2017	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	EMEND (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG		150	06/19/2017	99/99/9999						
00006-3514-58		J0743		01/01/2002	05/01/2017	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IV (VAL) 250 MG-250 MG	1	EA	VL	IV	EA	250	MG		1	01/01/2002	05/01/2017						
00006-3516-59		J0743		01/01/2002	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IV (VAL) 500 MG-500 MG	1	EA	VL	IV	EA	250	MG		2	01/01/2002	99/99/9999						
00006-3551-58		J0743		01/01/2002	05/31/2016	INJECTION, CILASTATIN SODIUM; IMIPENEM, 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						
00006-3552-59		J0743		01/01/2002	05/31/2016	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IV (ADD-VANTAGE) 500 MG-500 MG	1	EA	VL	IV	EA	250	MG		2	01/01/2002	05/31/2016						
00006-3822-10		J0637		01/01/2003	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CANCIDAS (VAL) 50 MG	1	EA	VL	IV	EA	5	MG		10	01/01/2003	99/99/9999						
00006-3823-10		J0637		01/01/2003	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CANCIDAS (VAL) 70 MG	1	EA	VL	IV	EA	5	MG		14	01/01/2003	99/99/9999						
00006-3843-71		J1335		01/01/2004	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	INVANZ (S.D.V.) 1 GM	1	EA	VL	U	EA	500	MG		2	01/01/2004	99/99/9999						
00006-3845-71		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						
00006-3862-03		J8501		01/01/2005	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND (COMBO PACK) 1.125mg/ 2.80mg	3	EA	PG	PO	EA	5	MG		19	01/01/2005	99/99/9999						
00006-4305-02		Q5102		03/31/2018	07/25/2017	INJECTION, INFLIXIMAB, BIOSIMILAR, 10 MG	RENFLEXIS (PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	10	MG		10	07/25/2017	03/31/2018						
00006-4305-02		Q5104		04/01/2018	99/99/9999	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	RENFLEXIS (PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	10	MG		10	04/01/2018	99/99/9999						
00006-4981-00		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB PEDIATRIC/ADOLESCENT (S.D.V.,TAX INCL,PF) 5 MCG/0.5 ML	0.5	ML	VL	IM	ML	1	EA		1	01/01/2002	99/99/9999						
00006-4992-00		J3490		07/09/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V., TAX INCL.) 40 MCG/ML	1	ML	VL	IM	ML	1	EA		1	07/09/2002	99/99/9999						
00006-4995-00		J3490		07/09/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL.) 10 MCG/ML	1	ML	VL	IM	ML	1	EA		1	07/09/2002	99/99/9999						
00006-4995-41		J3490		07/16/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL.) 10 MCG/ML	1	ML	VL	IM	ML	1	EA		1	07/16/2002	99/99/9999						
00007-3230-02		J1652		02/06/2006	02/04/2014	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX12",PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG		10	02/06/2006	02/04/2014						
00007-3230-11		J1652		06/03/2005	05/05/2015	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	06/03/2005	05/05/2015						
00007-3232-11		J1652		11/16/2004	08/06/2015	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX12",PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG		25	11/16/2004	08/06/2015						
00007-3234-11		J1652		11/16/2004	02/10/2016	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX12",PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG		25	11/16/2004	02/10/2016						
00007-3236-11		J1652		11/16/2004	11/12/2015	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX12",PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG		25	11/16/2004	11/12/2015						
00007-4202-11	None	None		07/01/2009	07/31/2017	TOPOTECAN, ORAL, 0.25 MG	HYCAMTIN 0.25 MG	10	EA	BO	PO	EA	0.25	MG		1	07/01/2009	07/31/2017						
00007-4207-11	None	None		07/01/2009	03/20/2017	TOPOTECAN, ORAL, 0.25 MG	HYCAMTIN 1 MG	10	EA	BO	PO	EA	0.25	MG		4	07/01/2009	03/20/2017						
00007-4401-01		J9261		04/02/2008	10/10/2016	INJECTION, NELARABINE, 50 MG	ARRANON (LATEX-FREE) 5 MG/ML	50	ML	VL	IV	EA	50	MG		0.1	04/02/2008	10/10/2016						
00008-0923-55		J3490		05/18/2004	99/99/9999	UNCLASSIFIED DRUGS	PROTONIX 40 MG	1	EA	VL	IV	EA	1	EA		1	05/18/2004	99/99/9999						
00008-1030-06		J7520		01/01/2002	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE (M.D. BOTTLE) 1 MG/ML	60	ML	BO	PO	EA	1	MG		1	01/01/2002	99/99/9999						
00008-1040-05		J7520		04/09/2010	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 0.5 MG	100	EA	BO	PO	EA	1	MG		0.5	04/09/2010	99/99/9999						
00008-1040-10		J7520		04/09/2010	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 0.5 MG	100	EA	BX	PO	EA	1	MG		0.5	04/09/2010	99/99/9999						
00008-1041-05		J7520		02/01/2006	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 1 MG	100	EA	BO	PO	EA	1	MG		1	02/01/2006	99/99/9999						
00008-1041-10		J7520		05/26/2006	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE (REDIPAK,10X10) 1 MG	100	EA	BX	PO	EA	1	MG		1	05/26/2006	99/99/9999						
00008-1042-05		J7520		02/01/2006	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 2 MG	100	EA	BO	PO	EA	1	MG		2	02/01/2006	99/99/9999						
00008-4510-01		J9203		01/01/2018	99/99/9999	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	MYLOTARG (PF,LYOPHILIZED CAKE) 4.5 MG	1	EA	VL	IV	EA	0.1	MG		45	01/01/2018	99/99/9999						
00008-4510-01		J9300		09/01/2017	12/31/2017	INJECTION, GEMTUZUMAB OZOGAMICIN, 5 MG	MYLOTARG (PF,LYOPHILIZED CAKE) 4.5 MG	1	EA	VL	IV	EA	5	MG		0.9	09/01/2017	12/31/2017						
00008-4990-02		J3243		05/31/2016	08/14/2017	INJECTION, TIGECYCLINE, 1 MG	TYGACIL (SDV,PF) 50 MG	10	EA	VL	IV	EA	1	MG		50	05/31/2016	08/14/2017						
00009-0022-01		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 8 MG	25	EA	BO	PO	EA	4	MG		2	01/01/2002	99/99/9999						
00009-0049-02		J7509		01/01/2002	10/09/2013	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 2 MG	100	EA	BO	PO	EA	4	MG		0.5	01/01/2002	10/09/2013						
00009-0056-02		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 4 MG	100	EA	BO	PO	EA	4	MG		1	01/01/2002	99/99/9999						
00009-0056-04		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (UNIT OF USE) 4 MG	21	EA	DP	PO	EA	4	MG		1	01/01/2002	99/99/9999						
00009-0073-01		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 16 MG	50	EA	BO	PO	EA	4	MG		4	01/01/2002	99/99/9999						
00009-0176-01		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 32 MG	25	EA	BO	PO	EA	4	MG		8	01/01/2002	99/99/9999						
00009-0233-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN 50000 U	1	EA	VL	IM	EA	1	EA		1	01/01/2002	99/99/9999						
00009-0271-01		J1000		01/01/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	DEPO-ESTRADIOL (VAL) 5 MG/ML	5	ML	VL	IM	ML	5	MG		1	01/01/2002	99/99/9999						
00009-0274-01		J1020		02/02/1987	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	DEPO-MEDROL (M.D.V.) 20 MG/1 ML	5	ML	VL	U	ML	20	MG		1	02/02/1987	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						
00009-0280-03		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	10	ML	VL	U	ML	40	MG		1	01/01/2002	99/99/9999						
00009-0280-51		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.,5X25ML) 40 MG/ML	5	ML	VL	U	ML	40	MG		1	01/01/2002	99/99/9999						
00009-0280-52		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	10	ML	VL	U	ML	40	MG		1	01/01/2002	99/99/9999						
00009-0347-02		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	DEPO-TESTOSTERONE (VAL) 100 MG/ML	10	ML	VL	IM	ML	100	MG		1	01/01/2002	12/31/2014						
00009-0347-02		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	DEPO-TESTOSTERONE (VAL) 100 MG/ML	10	ML	VL	IM	ML	1	MG		100	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
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	100	MG		1	01/01/2002	99/99/9999						
00009-0870-26		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	2 ML	VL	U	ML	1	EA		1	01/01/2002	99/99/9999						
00009-0902-18		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	6 ML	VL	U	ML	1	EA		1	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	U	ML	40	MG		1	01/01/2002	99/99/9999						
00009-3073-03		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (S.D.V.) 25X1ML) 40 MG/ML	1 ML	VL	U	ML	40	MG		1	01/01/2002	99/99/9999						
00009-3124-03		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (ADD-VANTAGE 25X4ML) 150 MG/ML	4 ML	VL	U	ML	1	EA		1	01/01/2002	99/99/9999						
00009-3169-06		J0270		01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTIN VR PEDIATRIC (AMP,5X1ML) 0.5 MG/ML	1 ML	AM	IV	ML	1.25	MCG		400	01/01/2002	99/99/9999						
00009-3375-02		J3490		01/01/2002	06/05/2018	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (PREMIX) 600 MG/50 ML	50 ML	PC	IV	ML	1	EA		1	01/01/2002	06/05/2018						
00009-3381-02		J3490		01/01/2002	11/21/2018	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (PREMIX) 300 MG/50 ML	50 ML	PC	IV	ML	1	EA		1	01/01/2002	11/21/2018						
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						
00009-3447-03		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (ADD-VANTAGE 25X6ML) 150 MG/ML	6 ML	VL	U	ML	1	EA		1	01/01/2002	99/99/9999						
00009-3475-01		J1040		01/07/1992	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	DEPO-MEDROL (S.D.V.) 80 MG/1 ML	1 ML	VL	U	ML	80	MG		1	01/07/1992	99/99/9999						
00009-3701-05		J0270		01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT (VIAL) 20 MCG	1 EA	VL	IC	EA	1.25	MCG		16	01/01/2002	99/99/9999						
00009-3778-05		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 FUMARATE, 1 MG	CORVERT (FLIP-TOP VIAL) 0.1 MG/ML	10 ML	VL	IV	ML	1	MG		0.1	01/01/2002	99/99/9999						
00009-5091-01		J9178		01/01/2004	99/99/9999	INJECTION, EPRUBICIN HCL, 2 MG	ELLECE (S.D.V.,PF) 2 MG/ML	25 ML	VL	IV	ML	2	MG		1	01/01/2004	99/99/9999						
00009-5093-01		J9178		01/01/2004	99/99/9999	INJECTION, EPRUBICIN HCL, 2 MG	ELLECE (S.D.V.,PF) 2 MG/ML	100 ML	VL	IV	ML	2	MG		1	01/01/2004	99/99/9999						
00009-5137-01		J2020		01/01/2002	99/99/9999	INJECTION, LINEZOLID, 200MG	ZYVOX (P.C.) 2 MG/ML	100 ML	FC	IV	ML	200	MG		0.01	01/01/2002	99/99/9999						
00009-5137-04		J2020		04/06/2015	99/99/9999	INJECTION, LINEZOLID, 200MG	ZYVOX (FREEFLEX BAGS) 2 MG/ML	100 ML	FC	IV	ML	200	MG		0.01	04/06/2015	99/99/9999						
00009-5140-01		J2020		01/01/2002	99/99/9999	INJECTION, LINEZOLID, 200MG	ZYVOX (P.C.) 2 MG/ML	300 ML	FC	IV	ML	200	MG		0.01	01/01/2002	99/99/9999						
00009-5140-04		J2020		04/06/2015	99/99/9999	INJECTION, LINEZOLID, 200MG	ZYVOX (FREEFLEX BAG, LATEX-FREE) 2 MG/ML	300 ML	FC	IV	ML	200	MG		0.01	04/06/2015	99/99/9999						
00009-5181-01		J0270		06/25/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT IMPULSE (SYSTEM) 10 MCG	1 EA	BX	IC	EA	1.25	MCG		8	06/25/2002	99/99/9999						
00009-5182-01		J0270		06/25/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT IMPULSE (SYSTEM) 20 MCG	1 EA	BX	IC	EA	1.25	MCG		16	06/25/2002	99/99/9999						
00009-7224-02		J7504		01/01/2002	99/99/9999	LYMPHOCYTE IMMUNE GLOBULIN, ANTIHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	ATGAM (AMP,5X5ML) 50 MG/ML	5 ML	AM	IV	ML	250	MG		0.2	01/01/2002	99/99/9999						
00009-7650-02		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 (SYSTEM) 0.02 MG/ML	2 ML	AM	IC	ML	1.25	MCG		16	05/03/2002	10/17/2016	01/01/2002	03/26/2002	16			
00009-7663-04		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	AROMASIN 25 MG	30 EA	BO	PO	EA	1	EA		1	01/01/2002	99/99/9999						
00009-7686-04		J0270		01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT (VIAL) 40 MCG	1 EA	VL	IC	EA	1.25	MCG		32	01/01/2002	99/99/9999						
00013-2576-91		J9211		01/01/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (SDV,PF,CYTOSAFE VIAL,PF) 1 MG/ML	5 ML	VL	IV	ML	5	MG		0.2	01/01/2002	99/99/9999						
00013-2586-91		J9211		01/01/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (SDV,PF,CYTOSAFE VIAL,PF) 1 MG/ML	10 ML	VL	IV	ML	5	MG		0.2	01/01/2002	99/99/9999						
00013-2596-91		J9211		01/01/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (SDV,PF,CYTOSAFE VIAL,PF) 1 MG/ML	20 ML	VL	IV	ML	5	MG		0.2	01/01/2002	99/99/9999						
00013-2626-81		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN 5.8 MG	1 EA	CT	SC	EA	1	MG		5.8	01/01/2002	99/99/9999						
00013-2646-81		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN 13.8 MG	1 EA	CT	SC	EA	1	MG		13.8	01/01/2002	99/99/9999						
00013-2649-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN, PREFILLED, PF) 0.2 MG	1 EA	CT	SC	EA	1	MG		0.2	01/01/2002	99/99/9999						
00013-2650-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN, PREFILLED, PF) 0.4 MG	1 EA	CT	SC	EA	1	MG		0.4	01/01/2002	99/99/9999						
00013-2651-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN, PREFILLED, PF) 0.6 MG	1 EA	CT	SC	EA	1	MG		0.6	01/01/2002	99/99/9999						
00013-2652-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN, PREFILLED, PF) 0.8 MG	1 EA	CT	SC	EA	1	MG		0.8	01/01/2002	99/99/9999						
00088-2220-33		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10 ML	VL	SC	ML	5	U		20	01/01/2003	99/99/9999						
00013-2653-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN, PREFILLED, PF) 1 MG	1 EA	CT	SC	EA	1	MG		1	01/01/2002	99/99/9999						
00013-2654-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.2 MG	1 EA	CT	SC	EA	1	MG		1.2	01/01/2002	99/99/9999						
00013-2655-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.4 MG	1 EA	CT	SC	EA	1	MG		1.4	01/01/2002	99/99/9999						
00013-2656-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.6 MG	1 EA	CT	SC	EA	1	MG		1.6	01/01/2002	99/99/9999						
00013-2657-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.8 MG	1 EA	CT	SC	EA	1	MG		1.8	01/01/2002	99/99/9999						
00013-2658-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 2 MG	1 EA	CT	SC	EA	1	MG		2	01/01/2002	99/99/9999						
00015-0508-42		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						
00015-3012-60		J9050		04/07/2008	09/30/2015	INJECTION, CARMUSTINE, 100 MG	BICNU (W/DILUENT) 100 MG	1 EA	VL	IV	EA	100	MG		1	04/07/2008	09/30/2015						
00015-3030-20		J8999		01/01/2002	04/04/2013	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CEENU 10 MG	20 EA	BO	PO	EA	1	EA		1	01/01/2002	04/04/2013						
00015-3031-20		J8999		01/01/2002	04/04/2013	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CEENU 40 MG	20 EA	BO	PO	EA	1	EA		1	01/01/2002	04/04/2013						
00015-3032-20		J8999		01/01/2002	04/04/2013	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CEENU 100 MG	20 EA	BO	PO	EA	1	EA		1	01/01/2002	04/04/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00015-3404-20		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSID, 10 MG	ETOPOPHOS (S.D.V.) 100 MG	1	EA	VL	IV	EA	10 MG			10	01/01/2002	99/99/9999					
00019-1188-27		A4217		01/08/2019	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (RFID TAGGED,PF) 0.9%	125	ML	SR	U	ML	500 ML		0.002	01/08/2019	99/99/9999						
00019-1188-75		A4216		01/08/2019	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (PF) 0.9%	50	ML	SR	U	ML	10 ML		0.1	01/08/2019	99/99/9999						
00019-1188-81		A4217		01/08/2019	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PF) 0.9%	125	ML	SR	U	ML	500 ML		0.002	01/08/2019	99/99/9999						
00023-1145-01		J0585		01/01/2002	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	BOTOX 100 U	1	EA	VL	IM	EA	1 U		100	01/01/2002	99/99/9999						
00023-3921-02		J0585		01/01/2010	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	BOTOX (SINGLE USE) 200 u	1	EA	VL	U	EA	1 U		200	01/01/2010	99/99/9999						
00023-5902-04		J3315		03/13/2017	99/99/9999	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR (W/MIXJECT SYSTEM) 3.75 MG	1	EA	VL	IM	EA	3.75 MG			1	03/13/2017	99/99/9999					
00023-5904-12		J3315		03/13/2017	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	03/13/2017	99/99/9999					
00023-5906-23		J3315		06/08/2017	99/99/9999	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR (W/MIXJECT SYSTEM) 22.5 MG	1	EA	VL	IM	EA	3.75 MG			6	06/08/2017	99/99/9999					
00023-6082-10		J1750		01/01/2019	99/99/9999	INJECTION, IRON DEXTRAN, 50 MG	INFE (S.D.V.) 50 MG/1 ML	2	ML	VL	U	ML	50 MG			1	01/01/2019	99/99/9999					
00023-9232-01		J0585		06/07/2002	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	BOTOX COSMETIC 100 U	1	EA	VL	IM	EA	1 U		100	06/07/2002	99/99/9999						
00024-0222-05		J9217		11/01/2003	09/24/2014	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SRN PREFILLED,W/NDL) 22.5 MG	1	EA	SR	SC	EA	7.5 MG			3	11/01/2003	09/24/2014					
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	0.5 MG			10	06/08/2005	11/03/2015					
00024-0591-20		J9263		06/08/2005	11/03/2015	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (S.D.V.,PF) 5 MG/ML	20	ML	VL	IV	ML	0.5 MG			10	06/08/2005	11/03/2015					
00024-0592-40		J9263		08/20/2007	07/25/2013	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (SDV,PF) 5 MG/ML	40	ML	VL	IV	ML	0.5 MG			10	08/20/2007	07/25/2013					
00024-0605-45		J9217		02/18/2005	09/24/2014	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SINGLE-USE KIT) 45 MG	1	EA	BX	SC	EA	7.5 MG			6	02/18/2005	09/24/2014					
00024-0610-30		J9217		03/04/2003	09/24/2014	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SINGLE-USE) 30 MG	1	EA	BX	SC	EA	7.5 MG			4	03/04/2003	09/24/2014					
00024-0793-75		J9217		07/25/2003	09/24/2014	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SRN PREFILLED,W/NDL) 7.5 MG	1	EA	SR	SC	EA	7.5 MG			1	07/25/2003	09/24/2014					
00024-5150-10		J2783		01/01/2004	99/99/9999	INJECTION, RASBURICASE, 0.5 MG	ELITEK (3 S.D.V. W/DILUENT,PF) 1.5 MG	1	EA	VL	IV	EA	0.5 MG			3	01/01/2004	99/99/9999					
00024-5151-75		J2783		06/27/2006	99/99/9999	INJECTION, RASBURICASE, 0.5 MG	ELITEK (SDV,W/DILUENT) 7.5 MG	1	EA	VL	IV	EA	0.5 MG			15	06/27/2006	99/99/9999					
00024-5860-01		J9027		12/15/2014	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOLAR (SINGLE-USE VAL,PF) 1 MG/ML	20	ML	VL	IV	ML	1 MG			1	12/15/2014	99/99/9999					
00024-5924-10		J1817		01/01/2018	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (IE., INSULIN PUMP) PER 50 UNITS	ADMELOG 100U/1 ML	10	ML	VL	U	ML	50 MG			2	01/01/2018	99/99/9999					
00088-1209-26		J1260		07/21/2003	99/99/9999	INJECTION, DOLASETRON MESYLATE, 10 MG	ANZEMET (M.D.V.) 20 MG/ML	25	ML	VL	IV	ML	10 MG			2	07/21/2003	99/99/9999					
00024-5926-05		J1817		01/28/2019	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (IE., INSULIN PUMP) PER 50 UNITS	ADMELOG 100 U/1 ML	3	ML	VL	U	ML	50 UNITS			2	01/28/2019	99/99/9999					
00026-8196-36		J0365		01/01/2006	01/29/2016	INJECTION, APROTONIN, 10,000 KUJ	TRASYLOL 10000 KU/ML	100	ML	VL	IV	ML	10000 KU			1	01/01/2006	01/29/2016					
00026-8197-63		J0365		01/01/2006	01/29/2016	INJECTION, APROTONIN, 10,000 KUJ	TRASYLOL 10000 KU/ML	200	ML	VL	IV	ML	10000 KU			1	01/01/2006	01/29/2016					
00029-4571-26		J3490		01/01/2002	11/17/2014	UNCLASSIFIED DRUGS	TIMENTIN (VIAL) 100 MG-3 GM	1	EA	VL	IV	EA	1 EA			1	01/01/2002	11/17/2014					
00029-4571-31		J3490		01/01/2002	11/21/2014	UNCLASSIFIED DRUGS	TIMENTIN (PREMX) 100 MG/100 ML-3 GM/100 ML	100	ML	FC	IV	ML	1 EA			1	01/01/2002	11/21/2014					
00029-4579-21		J3490		01/01/2002	12/02/2014	UNCLASSIFIED DRUGS	TIMENTIN (BULK VIAL) 1 GM-30 GM	1	EA	VL	IV	EA	1 EA			1	01/01/2002	12/02/2014					
00037-9001-05		J1980		08/07/2017	99/99/9999	INJECTION, HYDROXYMETHYLCELLULOSE SULFATE, UP TO 0.25 MG	LEVISON (5X/ML) 0.5 MG/1 ML	1	ML	AM	U	ML	0.25 MG			2	08/07/2017	99/99/9999					
00039-0017-10		J0698		01/01/2002	09/01/2014	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 500 MG	1	EA	VL	U	EA	1 GM			0.5	01/01/2002	09/01/2014					
00039-0018-10		J0698		01/01/2002	01/31/2016	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 1 GM	1	EA	VL	U	EA	1 GM			1	01/01/2002	01/31/2016					
00039-0019-10		J0698		01/01/2002	01/31/2016	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 2 GM	1	EA	VL	U	EA	1 GM			2	01/01/2002	01/31/2016					
00039-0020-01		J0698		01/01/2002	01/31/2016	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (BULK VIAL) 10 GM	1	EA	GC	U	EA	1 GM			10	01/01/2002	01/31/2016					
00039-0023-25		J0698		01/01/2002	07/01/2015	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (ADD-VANTAGE) 1 GM	1	EA	VL	U	EA	1 GM			1	01/01/2002	07/01/2015					
00039-0024-25		J0698		01/01/2002	05/01/2015	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (ADD-VANTAGE) 2 GM	1	EA	VL	U	EA	1 GM			2	01/01/2002	05/01/2015					
00039-0024-50		J0698		01/01/2002	09/11/2013	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (ADD-VANTAGE) 2 GM	1	EA	VL	U	EA	1 GM			2	01/01/2002	09/11/2013					
00046-0749-05		J1410		01/01/2002	99/99/9999	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	PREMARIN INTRAVENOUS (W/SECULE VIAL) 25 MG	1	EA	VL	IV	EA	25 MG			1	01/01/2002	99/99/9999					
00049-0013-83		J0295		01/01/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (VIAL) 1 GM-0.5 GM	1	EA	VL	U	EA	1.5 GM			1	01/01/2002	99/99/9999					
00049-0014-83		J0295		01/01/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (VIAL) 2 GM-1 GM	1	EA	VL	U	EA	1.5 GM			2	01/01/2002	99/99/9999					
00049-0022-83		J0295		01/01/2002	04/05/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (P.B. ADD-VANTAGE) 1 GM-0.5 GM	1	EA	VL	IV	EA	1.5 GM			1	01/01/2002	04/05/2013					
00049-0024-28		J0295		01/01/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (BULK PACKAGE) 10 GM-5 GM	1	EA	VL	IV	EA	1.5 GM			10	01/01/2002	99/99/9999					
00049-0520-83		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PFIZERPEN (VIAL, PHARMACY BOTTLE) 5 Million U	1	EA	VL	IV	EA	600000 U		8.33333	01/01/2002	99/99/9999						
00049-0530-28		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PFIZERPEN (VIAL, PHARMACY BOTTLE) 20 Million U	1	EA	VL	IV	EA	600000 U		33.33333	01/01/2002	99/99/9999						
00049-3190-28		J3465		01/01/2004	99/99/9999	INJECTION, VORICONAZOLE, 10 MG	VFEND IV. (S.D.V.) 200 MG	1	EA	VL	IV	EA	10 MG			20	01/01/2004	99/99/9999					
00049-3382-25		J3490		10/19/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (FTV,LATEX-FREE) 50 MCG/ML	5	ML	VL	U	ML	1 EA			1	10/19/2005	99/99/9999					
00049-3920-83		J3486		01/01/2004	99/99/9999	INJECTION, ZIFRASIDONE MESYLATE, 10 MG	GEODON 20 MG	1	EA	VL	IM	EA	10 MG			2	01/01/2004	99/99/9999					
00051-0021-21		O0167		01/01/2002	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 2.5 MG	60	EA	BO	PO	EA	2.5 MG			1	01/01/2002	99/99/9999					
00051-0022-21		O0167		01/01/2014	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	01/01/2014	99/99/9999					
00051-0022-21		O0168		08/14/2006	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV AN																	

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00052-0301-51				05/01/2003	99/99/9999	UNCLASSIFIED DRUGS	GANIRELIX ACETATE 250 MCG/0.5 ML	0.5	ML	SR	SC	ML	1	EA		05/01/2003	99/99/9999						
00052-0315-10		J0725		01/01/2002	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	PREGNYL (W/DILUTENT) 10000 U	1	EA	VL	IM	EA	1000	USP Units		01/01/2002	99/99/9999						
00052-0603-02		J9030		07/01/2019	99/99/9999	BCG LINE INTRAVESICAL INSTILLATION, 1MG	TICE BCG (VAL) 800 Million CFU	1	EA	VL	IL	EA	1	MG		07/01/2019	99/99/9999						
00052-0602-02		J9031		01/01/2002	06/30/2019	BCG (INTRAVESICAL) PER INSTILLATION	TICE BCG (VAL) 800 Million CFU	1	EA	VL	IL	EA	1	INSTILLATION		01/01/2002	06/30/2019						
00052-0603-02		J9031		01/01/2002	06/30/2019	BCG (INTRAVESICAL) PER INSTILLATION	BCG VACCINE (VAL)	1	EA	VL	ID	EA	1	INSTILLATION		01/01/2002	06/30/2019						
00053-7596-10		J1562		01/01/2007	05/06/2013	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	VIVAGLOBIN (PF) 160 MG/ML	10	ML	VL	SC	ML	100	MG		01/01/2007	05/06/2013						
00053-7596-20		J1562		01/01/2007	06/08/2013	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	VIVAGLOBIN (PF) 160 MG/ML	20	ML	VL	SC	ML	100	MG		01/01/2007	06/08/2013						
00054-0017-20		J7506		12/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 10 MG	100	EA	BX	PO	EA	5	MG		12/01/2004	12/31/2015						
00054-0017-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 10 MG	100	EA	BX	PO	EA	1	MG		01/01/2016	99/99/9999						
00054-0017-25		J7506		01/01/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG		01/01/2005	12/31/2015						
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		01/01/2016	99/99/9999						
00054-0017-29		J7506		12/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	500	EA	BO	PO	EA	5	MG		12/01/2004	12/31/2015						
00054-0017-29		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	500	EA	BO	PO	EA	1	MG		01/01/2016	99/99/9999						
00054-0018-20		J7506		09/07/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 20 MG	100	EA	BX	PO	EA	5	MG		09/07/2004	12/31/2015						
00054-0018-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 20 MG	100	EA	BX	PO	EA	1	MG		01/01/2016	99/99/9999						
00054-0018-25		J7506		10/14/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG		10/14/2004	12/31/2015						
00054-0018-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG		01/01/2016	99/99/9999						
00054-0018-29		J7506		10/08/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	5	MG		10/08/2004	12/31/2015						
00054-0018-29		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	1	MG		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		09/24/2004	12/31/2015						
00054-0019-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 50 MG	100	EA	BX	PO	EA	1	MG		01/01/2016	99/99/9999						
00054-0019-25		J7506		08/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	100	EA	BO	PO	EA	5	MG		08/10/2004	12/31/2015						
00054-0019-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 50 MG	100	EA	BO	PO	EA	1	MG		01/01/2016	99/99/9999						
00054-0163-25		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL, 250 MG	100	EA	BO	PO	EA	250	MG		05/04/2009	99/99/9999						
00054-0166-25		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL, 500 MG	100	EA	BO	PO	EA	250	MG		05/04/2009	99/99/9999						
00054-0271-21		None		07/18/2016	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP, FILM-COATED) 150 MG	60	EA	BO	PO	EA	150	MG		07/18/2016	99/99/9999						
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		07/18/2016	99/99/9999						
00054-0382-25		None		06/23/2014	99/99/9999	CYCLOPHOSPHAMIDE, ORAL, 25 MG	CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25	MG		06/23/2014	99/99/9999						
00054-0383-25		None		06/23/2014	99/99/9999	CYCLOPHOSPHAMIDE, ORAL, 50 MG	CYCLOPHOSPHAMIDE 50 MG	100	EA	BO	PO	EA	50	MG		06/23/2014	99/99/9999						
00054-3025-02		J7608		01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30	ML	VL	IH	ML	1	GM		01/01/2002	04/03/2014						
00054-3025-02	KO	J7608	KO	01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30	ML	VL	IH	ML	1	GM		01/01/2002	04/03/2014						
00054-3026-02		J7608		01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	30	ML	VL	IH	ML	1	GM		01/01/2002	04/03/2014						
00054-3026-02	KO	J7608	KO	01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	30	ML	VL	IH	ML	1	GM		01/01/2002	04/03/2014						
00054-3027-02		J7608		01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	10	ML	VL	IH	ML	1	GM		01/01/2002	04/03/2014						
00054-3027-02	KO	J7608	KO	01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	10	ML	VL	IH	ML	1	GM		01/01/2002	04/03/2014						
00054-3028-02		J7608		01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	10	ML	VL	IH	ML	1	GM		01/01/2002	04/03/2014						
00054-3028-02	KO	J7608	KO	01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	10	ML	VL	IH	ML	1	GM		01/01/2002	04/03/2014						
00054-3176-44		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE INTENSOL 1 MG/ML	30	ML	BO	PO	ML	0.25	MG		01/01/2006	99/99/9999						
00054-3177-57		J8540		07/31/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (1X240ML)	240	ML	BO	PO	ML	0.25	MG		07/31/2008	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	1	EA		04/11/2002	99/99/9999						
00054-3721-44		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE INTENSOL 5 MG/ML	30	ML	BO	PO	ML	5	MG		01/01/2002	12/31/2015						
00054-3721-44		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE INTENSOL 5 MG/ML	30	ML	BO	PO	ML	1	MG		01/01/2016	99/99/9999						
00054-3722-50		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	120	ML	BO	PO	ML	5	MG		01/01/2002	12/31/2015						
00054-3722-50		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	120	ML	BO	PO	ML	1	MG		01/01/2016	99/99/9999						
00054-3722-63		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	500	ML	BO	PO	ML	5	MG		01/01/2002	12/31/2015						
00054-3722-63		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	500	ML	BO	PO	ML	1	MG		01/01/2016	99/99/9999						
00054-4084-25		J7600		01/01/2002	04/01/2017	AZATHIOPURINE, ORAL, 50 MG	AZATHIOPURINE 50 MG	100	EA	BO	PO	EA	50	MG		01/01/2002	04/01/2017						
00054-4129-25		None		03/28/2000	07/11/2016	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25	MG		03/28/2000	07/11/2016						
00054-4130-25		None		03/28/2000	07/11/2016	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	100	EA	BO	PO	EA	50	MG		03/28/2000	07/11/2016						
00054-4179-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	100	EA	BO	PO	EA	0.25	MG		01/01/2006	99/99/9999						
00054-4180-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100	EA	BO	PO	EA	0.25	MG		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
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						
00054-4728-25	J7506			01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 5 MG	100	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
00054-4728-25	J7512			01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL,	PREDNISON 5 MG	100	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
00054-4728-31	J7506			01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 5 MG	100	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
00054-4728-31	J7512			01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL,	PREDNISON 5 MG	1000	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
00054-4741-25	J7506			01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 1 MG	100	EA	BO	PO	EA	5 MG		0.2	01/01/2002	12/31/2015						
00054-4741-25	J7512			01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL,	PREDNISON 1 MG	1000	EA	BO	PO	EA	1 MG		1	01/01/2016	99/99/9999						
00054-4741-31	J7506			01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 1 MG	1000	EA	BO	PO	EA	5 MG		0.2	01/01/2002	12/31/2015						
00054-4741-31	J7512			01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL,	PREDNISON 1 MG	1000	EA	BO	PO	EA	1 MG		1	01/01/2016	99/99/9999						
00054-4742-25	J7506			01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 2.5 MG	100	EA	BO	PO	EA	5 MG		0.5	01/01/2002	12/31/2015						
00054-4742-25	J7512			01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL,	PREDNISON 2.5 MG	1000	EA	BO	PO	EA	1 MG		2.5	01/01/2016	99/99/9999						
00054-5084-25	J7500			01/01/2002	01/21/2015	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (10X10) 50 MG	100	EA	BX	PO	EA	50 MG		1	01/01/2002	01/21/2015						
00054-8174-25	J8540			01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 1 MG	100	EA	BX	PO	EA	0.25 MG		4	01/01/2006	99/99/9999						
00054-8175-25	J8540			01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 4 MG	100	EA	BX	PO	EA	0.25 MG		16	01/01/2006	99/99/9999						
00054-8176-25	J8540			01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 2 MG	100	EA	BX	PO	EA	0.25 MG		8	01/01/2006	99/99/9999						
00054-8176-25	J8540			01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 0.5 MG	100	EA	BX	PO	EA	0.25 MG		2	01/01/2006	99/99/9999						
00054-8189-25	J8540			01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 0.75 MG	100	EA	BX	PO	EA	0.25 MG		3	01/01/2006	99/99/9999						
00054-8181-25	J8540			01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 1.5 MG	100	EA	BX	PO	EA	0.25 MG		6	01/01/2006	99/99/9999						
00054-8550-25	None			09/27/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM (10X10) 2.5 MG	100	EA	BX	PO	EA	2.5 MG		1	09/27/1994	99/99/9999						
00054-8603-25	J8999			01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 20 MG	100	EA	BX	PO	EA	1 EA		1	01/01/2002	99/99/9999						
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						
00054-8722-16	J7506			01/01/2002	09/09/2014	PREDNISON, ORAL, PER SMG	PREDNISON (PEPPERMIT-VANILLA) 5 MG/5 ML	5	ML	CP	PO	ML	5 MG		0.2	01/01/2002	09/09/2014						
00054-8724-25	J7506			01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON (10X10) 5 MG	100	EA	BX	PO	EA	5 MG		1	01/01/2002	12/31/2015						
00054-8724-25	J7512			01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL,	PREDNISON (10X10) 5 MG	100	EA	BX	PO	EA	1 MG		5	01/01/2016	99/99/9999						
00054-8739-25	J7506			01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON (10X10) 1 MG	100	EA	BX	PO	EA	5 MG		0.2	01/01/2002	12/31/2015						
00054-8739-25	J7512			01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL,	PREDNISON (10X10) 1 MG	100	EA	BX	PO	EA	1 MG		1	01/01/2016	99/99/9999						
00054-8740-25	J7506			01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON (10X10) 2.5 MG	100	EA	BX	PO	EA	5 MG		0.5	01/01/2002	12/31/2015						
00054-8740-25	J7512			01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL,	PREDNISON (10X10) 2.5 MG	100	EA	BX	PO	EA	1 MG		2.5	01/01/2016	99/99/9999						
00065-0543-01	J3301			11/29/2007	99/99/9999	INJECTION, TRAMCINOLONE ACETONIDE, NOT OTHERWISE	TRISENCE 40 MG/ML	1	ML	VL	U	ML	10 MG		4	11/29/2007	99/99/9999						
00065-0597-01	J3490			01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFADIN IV (VIAL) 600 MG	1	EA	VL	IV	EA	1 EA		1	01/01/2002	99/99/9999						
00069-0195-02	J1645			03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED SYRINGE,PF) 2500 IU/0.2 ML	0.2	ML	SR	SC	ML	2500 IU		5	03/18/2015	99/99/9999						
00069-0196-02	J1645			03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED SYRINGE,PF) 5000 IU/0.2 ML	0.2	ML	SR	SC	ML	2500 IU		10	03/18/2015	99/99/9999						
00069-0201-01	J9065			01/14/2013	10/13/2014	INJECTION, CLADRIBINE, PER 1 MG	NOVAPLUS CLADRIBINE (1X10ML,SDV,PF) 1 MG/ML	10	ML	VL	IV	ML	1 MG		1	01/14/2013	10/13/2014						
00069-0206-02	J1645			03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED SYRINGE,PF) 7500 IU/0.3 ML	0.3	ML	SR	SC	ML	2500 IU		10	03/18/2015	99/99/9999						
00069-0217-02	J1645			03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED SYRINGE,PF) 10000 IU/ML	1	ML	SR	SC	ML	2500 IU		4	03/18/2015	99/99/9999						
00069-0220-02	J1645			03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED SYRINGE,PF) 12500 IU/0.5 ML	0.5	ML	SR	SC	ML	2500 IU		10	03/18/2015	99/99/9999						
00069-0223-02	J1645			03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED SYRINGE,PF) 15000 IU/0.6 ML	0.6	ML	SR	SC	ML	2500 IU		10	03/18/2015	99/99/9999						
00069-0228-02	J1645			03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED SYRINGE,PF) 18000 IU/0.72 ML	0.72	ML	SR	SC	ML	2500 IU		10	03/18/2015	99/99/9999						
00069-0232-01	J1645			03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (MDV) 25000 IU/ML	3.8	ML	VL	SC	ML	2500 IU		10	03/18/2015	99/99/9999						
00069-0291-01	Q5110			09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1	NIVESTYM (PF,LATEX-FREE) 300 MCG/0.5 ML	0.5	ML	SR	U	ML	1 MCG		600	09/05/2018	99/99/9999						
00069-0291-10	Q5110			09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1	NIVESTYM (PF,LATEX-FREE) 300 MCG/0.5 ML	0.5	ML	SR	U	ML	1 MCG		600	09/05/2018	99/99/9999						
00069-0292-01	Q5110			09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1	NIVESTYM (PF,LATEX-FREE) 480 MCG/0.8 ML	0.5	ML	SR	U	ML	1 MCG		600	09/05/2018	99/99/9999						
00069-0292-10	Q5110			09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1	NIVESTYM (PF,LATEX-FREE) 480 MCG/0.8 ML	0.5	ML	SR	U	ML	1 MCG		600	09/05/2018	99/99/9999						
00069-0313-10	J2185			05/29/2018	99/99/9999	INJECTION, MEROPENEM, 100 MG	MERREM IV 500 MG	10	EA	VL	IV	EA	100 MG		5	05/29/2018	99/99/9999						
00069-0314-10	J2185			05/29/2018	99/99/9999	INJECTION, MEROPENEM, 100 MG	MERREM IV 1 GM	10	EA	VL	IV	EA	100 MG		10	05/29/2018	99/99/9999						
00069-0809-01	Q5102			10/17/2016	03/31/2018	INJECTION, INFLIXIMAB, BIOSIMILAR, 10 MG	INFLECTRA (SDV,PF) 100 MG	1	EA	VL	IV	EA	10 MG		10	10/17/2016	03/31/2018						
00069-0809-01	Q5103			04/01/2018	99/99/9999	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	INFLECTRA (SDV,PF) 100 MG	1	EA	VL	IV	EA	10 MG		10	04/01/2018	99/99/9999						
00069-0983-01	J9315			01/04/2018	99/99/9999	INJECTION, ROMIDEPSIN, 1 MG	ROMIDEPSIN (W/DLUENT) 10 MG	1	EA	VL	IV	EA	1 MG		10	01/04/2018	99/99/9999						
00069-1305-10	J0885			05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 2000 U/1 ML	1	ML	VL	U	ML	1000 U		2	05/22/2018	12/31/2018						
00069-1305-10	Q5106			01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 2000 U/1 ML	1	ML	VL	U	ML	1000 U		2	01/01/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00069-3032-20		J9000		05/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	99/99/9999							
00069-3033-20		J9000		05/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	99/99/9999							
00069-3034-20		J9000		05/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	99/99/9999							
00069-3051-07		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	10	EA	BX	PO	EA	1	GM	1	01/01/2002	99/99/9999							
00069-3051-75		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	3	PK	BX	PO	EA	1	GM	1	01/01/2002	99/99/9999							
00069-3060-30		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	01/01/2002	99/99/9999							
00069-3060-75		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK (3X6) 250 MG	18	EA	DP	PO	EA	1	GM	0.25	01/01/2002	99/99/9999							
00069-3060-86		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	50	EA	BX	PO	EA	1	GM	0.25	01/01/2002	99/99/9999							
00069-3070-30		Q0144		08/06/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 500 MG	30	EA	BO	PO	EA	1	GM	0.5	08/06/2002	99/99/9999							
00069-3070-75		Q0144		08/06/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX TRI-PAK (3X3) 500 MG	9	EA	DP	PO	EA	1	GM	0.5	08/06/2002	99/99/9999							
00069-3070-86		Q0144		10/21/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (5 X 10) 500 MG	50	EA	BX	PO	EA	1	GM	0.5	10/21/2002	99/99/9999							
00069-3080-30		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 600 MG	30	EA	BO	PO	EA	1	GM	0.6	01/01/2002	99/99/9999							
00069-3110-19		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	01/01/2002	99/99/9999							
00069-3120-19		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	01/01/2002	99/99/9999							
00069-3130-19		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	01/01/2002	99/99/9999							
00069-3140-19		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	01/01/2002	99/99/9999							
00069-3150-14		J0456		02/25/2002	01/10/2013	INJECTION, AZITHROMYCIN, 500 MG	ZITHROMAX (W/VAL MATE) 500 MG	1	EA	VL	IV	EA	500	MG	1	02/25/2002	01/10/2013							
00069-3150-83		J0456		01/01/2002	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	ZITHROMAX (VAL) 500 MG	1	EA	VL	IV	EA	500	MG	1	01/01/2002	99/99/9999							
00069-5410-66		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 N ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VISTARIL 25 MG	100	EA	BO	PO	EA	25	MG	1	01/01/2002	99/99/9999							
00069-5420-66		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N 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							
00069-5420-66		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VISTARIL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2013							
00074-0124-03		J0135		08/06/2018	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA PEN STARTER PACK (PF,LATEX-FREE) 80 MG/0.8 ML	3	EA	BX	SC	EA	20	MG	4	08/06/2018	99/99/9999							
00074-0243-02		J0135		05/01/2018	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PF,LATEX-FREE) 40 MG/0.4 ML	2	EA	BX	SC	EA	20	MG	2	05/01/2018	99/99/9999							
00074-0554-02		J0135		05/01/2018	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PF,LATEX-FREE) 40 MG/0.4 ML	2	EA	BX	SC	EA	20	MG	2	05/01/2018	99/99/9999							
00074-0616-02		J0135		05/01/2018	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PF,LATEX-FREE) 20 MG/0.2 ML	2	EA	BX	SC	EA	20	MG	1	05/01/2018	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							
00074-1658-01		J2501		01/01/2003	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	ZEMPLAR (S.D.V.FLIPTOP) 0.005 MG/ML	1	ML	VL	IV	ML	1	MCG	5	01/01/2003	99/99/9999							
00074-1812-22		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (INTERLINK,50X2ML,PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2007	02/03/2016							
00074-2108-03		J1950		08/03/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT-PED (LYOPHILIZED) 7.5 MG	1	EA	BX	IM	EA	3.75	MG	2	08/03/2009	99/99/9999							
00074-2282-03		J1950		04/03/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT-PED (LYOPHILIZED) 11.25 MG	1	EA	BX	IM	EA	3.75	MG	3	04/03/2009	99/99/9999							
00074-2287-54		J1885		01/01/2002	10/17/2016	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVATION (LL,LATEX-FREE,CARPUJECT) 30 MG/ML	1	ML	SR	U	ML	15	MG	2	01/01/2002	10/17/2016							
00074-2440-03		J1950		04/17/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT-PED (LYOPHILIZED) 15 MG	1	EA	BX	IM	EA	3.75	MG	4	04/17/2009	99/99/9999							
00074-2540-03		J0135		05/01/2018	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA PEDIATRIC CROHN'S DISEASE STARTER PACK (PF,LATEX-FREE) 80 MG/0.8 ML	3	EA	BX	SC	EA	20	MG	4	05/01/2018	99/99/9999							
00074-3012-07		J7340		01/01/2016	99/99/9999	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION, 100 ML	DUOPA 4.63 MG/ML-20 MG/ML	100	ML	BX	NA	ML	25	MG	1	01/01/2016	99/99/9999							
00074-3012-07		J7799		02/03/2015	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	02/03/2015	12/31/2015							
00074-3108-32		J7515		12/08/2015	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	GENGRAF (BLISTER PACK) 25 MG	30	EA	BX	PO	EA	25	MG	1	12/08/2015	99/99/9999							
00074-3109-32		J7502		11/10/2015	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	GENGRAF (BLISTER PACK) 100 MG	30	EA	BX	PO	EA	100	MG	1	11/10/2015	99/99/9999							
00074-3346-03		J9217		04/02/2009	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (STERILE,1X22.5MG) 22.5 MG	1	EA	BX	IM	EA	7.5	MG	3	04/02/2009	99/99/9999							
00074-3454-25		J1642		02/20/2002	10/17/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (ANSYR,LATEX-FREE) 100 U/ML	5	ML	SR	IV	ML	10	U	10	02/20/2002	10/17/2016							
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							
00074-3641-03		J1950		04/13/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT 3.75 MG	1	EA	BX	IM	EA	3.75	MG	1	04/13/2009	99/99/9999							
00074-3642-03		J9217		03/25/2009	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (STERILE,1X7.5MG) 7.5 MG	1	EA	BX	IM	EA	7.5	MG	1	03/25/2009	99/99/9999							
00074-3663-03		J1950		05/21/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT (DUAL-CHAMBER SYRINGE) 11.25 MG	1	EA	BX	IM	EA	3.75	MG	3	05/21/2009	99/99/9999							
00074-3683-03		J9217		04/17/2009	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (LYOPHILIZED) 30 MG	1	EA	BX	IM	EA	7.5	MG	4	04/17/2009	99/99/9999							
00074-3779-03		J1950		08/15/2011	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT-PED (SINGLE DOSE) 11.25 MG	1	EA	BX	IM	EA	3.75	MG	3	08/15/2011	99/99/9999							
00074-3799-02		J0135		01/01/2005	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PF,PREFILLED SYRINGE) 40 MG/0.8 ML	2	EA	BX	MR	EA	20	MG	2	01/01/2005	99/99/9999							
00074-3799-03		J0135		10/01/2014	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PEDIATRIC,PF) 40 MG/0.8 ML	3	EA	BX	MR	EA	20	MG	2	10/01/2014	99/99/9999							
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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00074-3934-02		J3480		01/01/2002	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (AMP/LATEX-FREE) 2 MEQ/ML	20	ML	AM	IV	ML	2	MEQ	1	01/01/2002	10/17/2016							
00074-4141-03		J1265		01/01/2006	10/17/2016	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-80 MG/100 ML	500	ML	GC	IV	ML	4	MG	0.02	01/01/2006	10/17/2016							
00074-4332-01		J3370		01/01/2002	02/03/2016	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VAL, FLTPPTP) 500 MG	1	EA	VL	IV	EA	500	MG	1	03/01/2009	02/03/2016	01/01/2002	04/24/2005				1	
00074-4339-02		J0135		07/17/2006	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (SINGLE-USE PEN; 2X1ML) 40 MG/0.8 ML	2	EA	BX	MR	EA	20	MG	2	07/17/2006	99/99/9999							
00074-4339-06		J0135		02/27/2007	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (SINGLE-USE PEN; 6X1ML) 40 MG/0.8 ML	6	EA	BX	MR	EA	20	MG	2	02/27/2007	99/99/9999							
00074-4339-07		J0135		03/19/2009	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (SINGLE-USE PEN; 4X1ML) 40 MG/0.8 ML	4	EA	BX	SC	EA	20	MG	2	03/19/2009	99/99/9999							
00074-4637-01		J2501		01/01/2003	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	ZEMPLAR (VAL_FLPTOP) 0.002 MG/ML	1	ML	VL	IV	EA	1	MCG	2	01/01/2003	99/99/9999							
00074-4729-01		J1250		01/01/2002	10/17/2016	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (VAL) 12.5 MG/ML	100	ML	VL	IV	ML	250	MG	0.05	01/01/2002	10/17/2016							
00074-4909-18		J0280		01/01/2002	03/24/2016	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (10X100ML/ABBOJECT) 25 MG/ML	10	ML	SR	IV	ML	250	MG	0.1	01/01/2002	03/24/2016							
00074-4911-34		J0461		01/01/2010	02/03/2016	INJECTION, ATROPINE SULFATE, 0.01 MG	ATROPINE SULFATE (LIFESHIELD, 21GX1-172) 0.1 MG/ML	10	ML	SR	U	ML	0.01	MG	10	01/01/2010	02/03/2016							
00074-5365-05		AA216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (ANSYR, FOR IV, 50X5ML,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2007	02/03/2016							
00074-5641-25		J7799		01/01/2002	10/17/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 10%	500	ML	GC	IV	ML	1	EA	1	01/01/2002	10/17/2016							
00074-5749-22		J3490		01/01/2002	03/25/2016	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (W/MAL E ADAPTER) 0.25%	50	ML	SR	U	ML	1	EA	1	01/01/2002	03/25/2016							
00074-6347-02		J0135		10/15/2014	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PRE-FILLED SYRINGE,PF) 10 MG/0.2 ML	2	EA	BX	SC	EA	20	MG	0.5	10/15/2014	99/99/9999							
00074-6463-32		J7515		01/01/2002	12/07/2015	CYCLOSPORINE, ORAL, 25 MG	GENGRAF (BLISTER PACK) 25 MG	30	EA	BX	PO	EA	25	MG	1	01/01/2002	12/07/2015							
00074-6476-44		J1364		01/01/2002	10/17/2016	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (ADD-VANTAGE/LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	03/01/2009	10/17/2016	01/01/2002	03/09/2006				1	
00074-6478-32		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							
00074-7269-50		J7502		01/19/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	GENGRAF 100 MG/ML	50	ML	BO	PO	ML	100	MG	1	01/19/2002	99/99/9999							
00074-8065-15		J0330		01/01/2002	10/17/2016	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	QUELICIN 20 MG/ML	5	ML	SR	IV	ML	20	MG	1	01/01/2002	10/17/2016							
00074-9374-02		J0135		02/22/2008	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (SINGLE-DOSE,PF) 20 MG/0.4 ML	2	EA	BX	SC	EA	20	MG	1	02/22/2008	99/99/9999							
00074-9631-04		J1940		01/01/2002	02/03/2016	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (ANSYR/LATEX-FREE) 10 MG/ML	4	ML	SR	U	ML	20	MG	0.5	03/01/2009	02/03/2016	01/01/2002	04/20/2006				0.5	
00074-9694-03		J1950		08/15/2011	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT-PED (SINGLE DOSE) 30 MG	1	EA	BX	IM	EA	3.75	MG	8	08/15/2011	99/99/9999							
00075-0620-40		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 40 MG/0.4 ML	0.4	ML	SR	U	ML	10	MG	10	01/01/2002	99/99/9999							
00075-0620-41		J1650		03/17/2008	04/01/2015	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X0.4ML,SINGLE-DOSE,PF) 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	03/17/2008	04/01/2015							
00075-0621-60		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 60 MG/0.6 ML	0.6	ML	SR	U	ML	10	MG	10	01/01/2002	99/99/9999							
00075-0621-61		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							
00075-0622-80		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 80 MG/0.8 ML	0.8	ML	SR	U	ML	10	MG	10	01/01/2002	99/99/9999							
00075-0622-81		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							
00075-0623-00		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 100 MG/ML	1	ML	SR	U	ML	10	MG	10	01/01/2002	99/99/9999							
00075-0623-01		J1650		03/11/2008	04/01/2015	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X1ML,SINGLE-DOSE,PF) 100 MG/ML	1	ML	SR	SC	ML	10	MG	10	03/11/2008	04/01/2015							
00075-0624-30		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN) 30 MG/0.3 ML	0.3	ML	SR	U	ML	10	MG	10	01/01/2002	99/99/9999							
00075-0624-31		J1650		03/17/2008	04/01/2015	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X0.3ML,SINGLE-DOSE,PF) 30 MG/0.3 ML	0.3	ML	SR	SC	ML	10	MG	10	03/17/2008	04/01/2015							
00075-0626-03		J1650		03/07/2003	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (VAL,MULTIPLE DOSE VIAL) 100 MG/ML	3	ML	VL	SC	ML	10	MG	10	03/07/2003	99/99/9999							
00075-0626-04		J1650		03/11/2008	04/01/2015	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (1X3ML,MULTIPLE-DOSE) 100 MG/ML	3	ML	VL	U	ML	10	MG	10	03/11/2008	04/01/2015							
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							
00075-2451-53		J2597		01/01/2002	05/09/2015	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP (VIAL) 4 MCG/ML	10	ML	VL	U	ML	1	MCG	4	01/01/2002	05/09/2015							
00075-2912-01		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 120 MG/0.8 ML	0.8	ML	SR	U	ML	10	MG	15	01/01/2002	99/99/9999							
00075-2915-01		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (W/AUTO SAFETY DEVICE) 150 MG/ML	1	ML	SR	U	ML	10	MG	15	01/01/2002	99/99/9999							
00078-0109-01		J7516		01/01/2002	99/99/9999	CYCLOSPORINE, PARENTERAL, 250 MG	SANDIMMUNE (AMP) 50 MG/ML	5	ML	AM	IV	ML	250	MG	0.2	01/01/2002	99/99/9999							
00078-0119-22		J7502		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	SANDIMMUNE 100 MG/ML	50	ML	BO	PO	ML	100	MG	1	01/01/2002	99/99/9999							
00078-0149-23		J0630		01/01/2002	08/30/2015	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	MIACALCIN (VIAL) 200 IU/ML	2	ML	VL	U	ML	400	U	0.5	01/01/2002	08/30/2015							
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							
00078-0181-01		J2354		01/01/2004	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	SANDOSTATIN (AMP) 100 MCG/ML	1	ML	AM	U	ML	25	MCG	4	01/01/2004	99/99/9999							
00078-0182-01		J2354		01/01/2004	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	SANDOSTATIN (AMP) 500 MCG/ML	1	ML	AM	U	ML	25	MCG	20	01/01/2004	99/99/9999							
00078-0183-25		J2354		01/01/2004	03/15/2018	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	SANDOSTATIN (M.D.V.) 200 MCG/ML	5	ML	VL	U	ML	25	MCG	8	01/01/2004	03/15/2018							
00078-0184-25		J2354		01/01/2004	06/05/2018	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	SANDOSTATIN (M.D.V.) 1000 MCG/ML	5	ML	VL	U	ML	25	MCG	40	01/01/2004	06/05/2018							
00078-0240-15		J7515		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	SANDIMMUNE (SANDOPAK,SOFTGEL) 25 MG	30	EA	BX	PO	EA	25	MG	1	01/01/2002	99/99/9999							
00078-0240-61		J7515		01/05/2012	99/99/9999																			

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	
00078-0274-22		J7502		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	NEORAL 100 MG/ML	50	ML	BO	PO	ML	100 MG		1	01/01/2002	99/99/9999							
00078-0331-84		J0480		01/01/2006	99/99/9999	INJECTION, BASILIXIMAB, 20 MG	SIMULECT (S.D.V.PF) 20 MG	1	EA	VL	IV	EA	20 MG		1	01/01/2006	99/99/9999							
00078-0340-61		J2353		07/26/2004	09/23/2015	INJECTION, OCTREOTIDE, DEPOUT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOUT (1&1/2"X19G.PFS) 10 MG	1	EA	BX	IM	EA	1 MG		10	07/26/2004	09/23/2015							
00078-0341-61		J2353		08/18/2004	09/23/2015	INJECTION, OCTREOTIDE, DEPOUT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOUT (1&1/2"X19G.PFS) 20 MG	1	EA	BX	IM	EA	1 MG		20	08/18/2004	09/23/2015							
00078-0342-61		J2353		07/14/2004	09/23/2015	INJECTION, OCTREOTIDE, DEPOUT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOUT (1&1/2"X19G.PFS) 30 MG	1	EA	BX	IM	EA	1 MG		30	07/14/2004	09/23/2015							
00078-0347-51		J0895		01/01/2002	08/14/2015	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL (VAL.) 2 GM	1	EA	VL	U	EA	500 MG		4	01/01/2002	08/14/2015							
00078-0355-66		J7518		01/01/2005	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYFORTIC (K-30.FILM-COATED) 180 MG	120	EA	BO	PO	EA	180 MG		1	01/01/2005	99/99/9999							
00078-0368-66		J7518		01/01/2005	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYFORTIC (K-30.FILM-COATED) 360 MG	120	EA	BO	PO	EA	180 MG		2	01/01/2005	99/99/9999							
00078-0393-61		J0480		01/01/2006	99/99/9999	INJECTION, BASILIXIMAB, 20 MG	SIMULECT (S.D.V.PF) 10 MG	1	EA	VL	IV	EA	20 MG		0.5	01/01/2006	99/99/9999							
00078-0414-20		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.5 MG	60	EA	EA	PO	EA	0.25 MG		2	01/01/2013	99/99/9999							
00078-0414-20		J8561		01/01/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.5 MG	60	EA	EA	PO	EA	0.25 MG		2	01/01/2012	12/31/2012							
00078-0414-61		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.5 MG	1	EA	EA	PO	EA	0.25 MG		2	01/01/2013	99/99/9999							
00078-0414-61		J8561		01/01/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.5 MG	1	EA	EA	PO	EA	0.25 MG		2	01/01/2012	12/31/2012							
00078-0415-20		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.75 MG	60	EA	EA	PO	EA	0.25 MG		3	01/01/2013	99/99/9999							
00078-0415-20		J8561		01/01/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.75 MG	60	EA	EA	PO	EA	0.25 MG		3	01/01/2012	12/31/2012							
00078-0415-61		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.75 MG	1	EA	EA	PO	EA	0.25 MG		3	01/01/2013	99/99/9999							
00078-0415-61		J8561		01/01/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.75 MG	1	EA	EA	PO	EA	0.25 MG		3	01/01/2012	12/31/2012							
00078-0417-20		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.25 MG	60	EA	EA	PO	EA	0.25 MG		1	01/01/2013	99/99/9999							
00078-0417-20		J8561		01/01/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.25 MG	60	EA	EA	PO	EA	0.25 MG		1	01/01/2012	12/31/2012							
00078-0417-61		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.25 MG	1	EA	EA	PO	EA	0.25 MG		1	01/01/2013	99/99/9999							
00078-0417-61		J8561		01/01/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.25 MG	1	EA	EA	PO	EA	0.25 MG		1	01/01/2012	12/31/2012							
00078-0422-20		J7527		10/29/2018	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 1 MG	60	EA	ST	PO	EA	0.25 MG		4	10/29/2018	99/99/9999							
00078-0422-61		J7527		10/29/2018	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 1 MG	1	EA	ST	PO	EA	0.25 MG		4	10/29/2018	99/99/9999							
00078-0435-61		J3488		01/01/2008	12/31/2013	INJECTION, ZOLEDRONIC ACID (RECLAST), 1 MG	RECLAST	100	ML	PC	IV	ML	1 MG		0.05	01/01/2008	12/31/2013							
00078-0438-15		J8999		04/12/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	GLEEVEC (FILM-COATED) 400 MG	30	EA	BO	PO	EA	1 EA		1	04/12/2005	99/99/9999							
00078-0467-61		J0895		01/05/2012	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL (INNER PACK) 500 MG	1	EA	VL	U	EA	500 MG		1	01/05/2012	99/99/9999							
00078-0467-91		J0895		05/01/2007	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL (USP) 500 MG	1	EA	VL	U	EA	500 MG		1	05/01/2007	99/99/9999							
00078-0494-71		J7682		04/01/2008	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBI (56X5ML.SDA.PF)	5	ML	PC	IH	ML	300 MG		0.2	04/01/2008	99/99/9999							
00078-0494-71	KO	J7682	KO	04/01/2008	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBI (56X5ML.SDA.PF)	5	ML	PC	IH	ML	300 MG		0.2	04/01/2008	99/99/9999							
00078-0616-05		J7507		02/07/2012	02/11/2015	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	HECORIA (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1 MG		0.5	02/07/2012	02/11/2015							
00078-0617-05		J7507		02/07/2012	02/11/2015	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	HECORIA 1 MG	100	EA	BO	PO	EA	1 MG		1	02/07/2012	02/11/2015							
00078-0618-05		J7507		02/07/2012	02/11/2015	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	HECORIA 5 MG	100	EA	BO	PO	EA	1 MG		5	02/07/2012	02/11/2015							
00078-0641-61		J2502		01/05/2016	99/99/9999	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (6ML VAL) 20 MG	1	EA	VL	IM	EA	1 MG		20	01/05/2016	99/99/9999							
00078-0642-61		J2502		01/05/2016	99/99/9999	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (6ML VAL) 40 MG	1	EA	VL	IM	EA	1 MG		40	01/05/2016	99/99/9999							
00078-0643-61		J2502		01/05/2016	99/99/9999	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (6ML VAL) 60 MG	1	EA	VL	IM	EA	1 MG		60	01/05/2016	99/99/9999							
00078-0646-81		J2353		04/10/2015	05/09/2017	INJECTION, OCTREOTIDE, DEPOUT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOUT (1 1/2"X20G) 10 MG	1	EA	BX	IM	EA	1 MG		10	04/10/2015	05/09/2017							
00078-0647-81		J2353		04/10/2015	12/07/2016	INJECTION, OCTREOTIDE, DEPOUT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOUT (1 1/2"X20G) 20 MG	1	EA	BX	IM	EA	1 MG		20	04/10/2015	12/07/2016							
00078-0648-81		J2353		04/10/2015	12/05/2016	INJECTION, OCTREOTIDE, DEPOUT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOUT (1 1/2"X20G) 30 MG	1	EA	BX	IM	EA	1 MG		30	04/10/2015	12/05/2016							
00078-0669-13		J9302		02/11/2016	99/99/9999	INJECTION, OFATUMUMAB, 10 MG	ARZERRA (SINGLE-USE W/2 FILTERS) 20 MG/1 ML	5	ML	VL	IV	ML	10 MG		2	02/11/2016	99/99/9999							
00078-0669-61		J9302		02/11/2016	99/99/9999	INJECTION, OFATUMUMAB, 10 MG	ARZERRA (PF LATEX-FREE) 20 MG/1 ML	5	ML	VL	IV	ML	10 MG		2	02/11/2016	99/99/9999							
00078-0672-01		None		07/31/2017	99/99/9999	TOPOTECAN, ORAL, 0.25 MG	HYCAMTIN 0.25 MG	10	EA	BO	PO	EA	0.25 MG		1	07/31/2017	99/99/9999							
00078-0673-01		None		03/21/2017	99/99/9999	TOPOTECAN, ORAL, 0.25 MG	HYCAMTIN 1 MG	10	EA	BO	PO	EA	0.25 MG		4	03/21/2017	99/99/9999							
00078-0674-61		J9351		01/05/2017	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG	HYCAMTIN (S.D.V.) 4 MG	1	EA	VL	IV	EA	0.1 MG		40	01/05/2017	99/99/9999							
00078-0675-15		Q0162		03/20/2018	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	03/20/2018	99/99/9999							
00078-0676-15		Q0162		01/11/2018	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	ZOFRAN (FILM COATED) 8 MG	30	EA	BO	PO	EA	1 MG		8	01/11/2018	99/99/9999							
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	1 MG		4	08/30/2017	10/17/2018							
00078-0680-19		Q0162		09/19/2017	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 8 MG	30	EA	ST	PO	EA	1 MG		8	09/19/2017	10/17/2018							
00078-0683-06		J9261		10/11/2016	99/99/9999	INJECTION, NELARABINE, 50 MG	ARRANON (6X50ML.LATEX-FREE) 5 MG/1 ML	50	ML	VL	IV	ML	50 MG		0.1	10/11/2016	99/99/9999							
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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00078-0804-61		J2353		07/11/2017	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (INNER PACK) 30 MG	1	EA	VL	IM	EA	1	MG	30	07/11/2017	99/99/9999						
00078-0811-81		J2353		05/10/2017	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1 1/2'X19G) 10 MG	1	EA	BX	IM	EA	1	MG	10	05/10/2017	99/99/9999						
00078-0818-81		J2353		12/08/2016	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1 1/2'X19G) 20 MG	1	EA	BX	IM	EA	1	MG	20	12/08/2016	99/99/9999						
00078-0825-81		J2353		12/06/2016	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1 1/2'X19G) 30 MG	1	EA	BX	IM	EA	1	MG	30	12/06/2016	99/99/9999						
00078-0930-61		J0883		03/14/2018	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (SINGLE USE VIAL/PF) 100 MG/1 ML	2.5	ML	VL	IV	ML	1	MG	100	03/14/2018	99/99/9999						
00085-0539-01		J9214		01/01/2002	05/28/2016	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (W/DILUENT IN VIAL) 50 Million IU	1	EA	VL	U	EA	1	MU	50	01/01/2002	05/28/2016						
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	3	MG	1	01/01/2002	02/28/2018						
00085-0571-02		J9214		01/01/2002	07/31/2016	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (W/DILUENT IN VIAL) 10 Million IU	1	EA	VL	U	EA	1	MU	10	01/01/2002	07/31/2016						
00085-1110-01		J9214		01/01/2002	05/28/2016	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (W/DILUENT IN VIAL) 18 Million IU	1	EA	VL	U	EA	1	MU	18	01/01/2002	05/28/2016						
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	VL	U	ML	1	MU	10	01/01/2002	99/99/9999						
00085-1136-01		J1327		01/01/2002	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILN (VIAL) 0.75 MG/ML	100	ML	VL	IV	ML	5	MG	0.15	01/01/2002	99/99/9999						
00085-1136-02		J1327		08/18/2014	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILN (VIAL) 0.75 MG/ML	100	ML	VL	IV	ML	5	MG	0.15	08/18/2014	99/99/9999						
00085-1188-01		J9214		01/01/2002	99/99/9999	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (M.D.V.AF) 6 Million IU/ML	3	ML	VL	U	ML	1	MU	6	01/01/2002	99/99/9999						
00085-1177-01		J1327		01/01/2002	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILN (VIAL) 2 MG/ML	10	ML	VL	IV	ML	5	MG	0.4	01/01/2002	99/99/9999						
00085-1177-02		J1327		01/01/2002	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILN (VIAL) 2 MG/ML	100	ML	VL	IV	ML	5	MG	0.4	01/01/2002	99/99/9999						
00085-1248-03		None		04/09/2007	05/16/2014	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	14	EA	BO	PO	EA	5	MG	1	04/09/2007	05/16/2014						
00085-1279-01		J3490		01/01/2002	10/28/2015	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRNDILUENT.PF) 150 MCG	1	EA	BX	MR	EA	1	EA	1	01/01/2002	10/28/2015						
00085-1291-01		J3490		01/01/2002	10/15/2015	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRNDILUENT.PF) 80 MCG	1	EA	BX	MR	EA	1	EA	1	01/01/2002	10/15/2015						
00085-1297-01		J3490		02/02/2004	03/31/2015	UNCLASSIFIED DRUGS	PEG-INTRON (PF.REDPEN) 120 MCG	1	EA	BX	MR	EA	1	EA	1	02/02/2004	03/31/2015						
00085-1297-02		J3490		03/07/2005	08/31/2016	UNCLASSIFIED DRUGS	PEG-INTRON (PF.REDPEN) 120 MCG	1	EA	BX	MR	EA	1	EA	1	03/07/2005	08/31/2016						
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						
00085-1316-01		J3490		02/02/2004	03/31/2015	UNCLASSIFIED DRUGS	PEG-INTRON (PF.REDPEN) 80 MCG	1	EA	BX	MR	EA	1	EA	1	02/02/2004	03/31/2015						
00085-1316-02		J3490		03/07/2005	06/30/2015	UNCLASSIFIED DRUGS	PEG-INTRON (PF.REDPEN) 80 MCG	1	EA	BX	MR	EA	1	EA	1	03/07/2005	06/30/2015						
00085-1323-01		J3490		02/02/2004	03/31/2015	UNCLASSIFIED DRUGS	PEG-INTRON (PF.REDPEN) 50 MCG	1	EA	BX	MR	EA	1	EA	1	02/02/2004	03/31/2015						
00085-1323-02		J3490		03/07/2005	04/30/2015	UNCLASSIFIED DRUGS	PEG-INTRON (PF.REDPEN) 50 MCG	1	EA	BX	MR	EA	1	EA	1	03/07/2005	04/30/2015						
00085-1366-01		None		04/09/2007	08/31/2014	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	14	EA	BO	PO	EA	100	MG	1	04/09/2007	08/31/2014						
00085-1366-02		None		04/09/2007	12/31/2014	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	5	EA	BO	PO	EA	100	MG	1	04/09/2007	12/31/2014						
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						
00085-1366-04		None		12/05/2012	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR, 100 MG	14	EA	BX	PO	EA	100	MG	1	12/05/2012	99/99/9999						
00085-1368-01		J3490		01/01/2002	03/06/2016	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRNDILUENT.PF) 50 MCG	1	EA	BX	MR	EA	1	EA	1	01/01/2002	03/06/2016						
00085-1370-01		J3490		02/02/2004	03/31/2015	UNCLASSIFIED DRUGS	PEG-INTRON (PF.REDPEN) 150 MCG	1	EA	BX	MR	EA	1	EA	1	02/02/2004	03/31/2015						
00085-1370-02		J3490		03/07/2005	07/31/2015	UNCLASSIFIED DRUGS	PEG-INTRON (PF.REDPEN) 150 MCG	1	EA	BX	MR	EA	1	EA	1	03/07/2005	07/31/2015						
00085-1417-01		None		04/09/2007	12/31/2014	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	5	EA	BO	PO	EA	250	MG	1	04/09/2007	12/31/2014						
00085-1417-02		None		12/05/2012	99/99/9999	TEMODAR, 250 MG, ORAL	TEMODAR, 250 MG	5	EA	BX	PO	EA	250	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						
00085-1425-02		None		04/09/2007	08/31/2015	TEMODAR, 20 MG, ORAL	TEMODAR 140 MG	14	EA	BO	PO	EA	20	MG	7	04/09/2007	08/31/2015						
00085-1425-03		None		12/05/2012	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR, 140 MG	5	EA	BX	PO	EA	20	MG	7	12/05/2012	99/99/9999						
00085-1425-04		None		12/05/2012	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR, 140 MG	14	EA	BX	PO	EA	20	MG	7	12/05/2012	99/99/9999						
00085-1430-01		None		04/09/2007	08/31/2015	TEMODAR, 20 MG, ORAL	TEMODAR 180 MG	5	EA	BO	PO	EA	20	MG	9	04/09/2007	08/31/2015						
00085-1430-02		None		04/09/2007	11/30/2014	TEMODAR, 20 MG, ORAL	TEMODAR 180 MG	14	EA	BO	PO	EA	20	MG	9	04/09/2007	11/30/2014						
00085-1430-03		None		12/05/2012	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR, 180 MG	5	EA	BX	PO	EA	20	MG	9	12/05/2012	99/99/9999						
00085-1430-04		None		12/05/2012	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR, 180 MG	14	EA	BX	PO	EA	20	MG	9	12/05/2012	99/99/9999						
00085-1519-01		None		04/09/2007	07/31/2015	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	14	EA	BO	PO	EA	20	MG	1	04/09/2007	07/31/2015						
00085-1519-02		None		04/09/2007	08/31/2014	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	5	EA	BO	PO	EA	20	MG	1	04/09/2007	08/31/2014						
00085-1519-03		None		12/05/2012	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR, 20 MG	5	EA	BX	PO	EA	20	MG	1	12/05/2012	99/99/9999						
00085-1519-04		None		12/05/2012	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR, 20 MG	14	EA	BX	PO	EA	20	MG	1	12/05/2012	99/99/9999						
00085-1737-01		J2280		08/17/2005	03/31/2017	INJECTION, MOXIFLOXACIN, 100 MG	AVELOX I.V. (FLEXIBAG.PF) 400 MG/250 ML	250	ML	FC	IV	ML	100	MG	0.016	08/17/2005	03/31/2017						
00085-3004-01		None		01/30/2008	07/31/2014	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	14	EA	BO	PO	EA	5	MG	1	01/30/2008	07/31/2014						
00085-3004-02		None		01/30/2008	05/21/2014	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	5	EA	BO	PO	EA	5	MG	1	01/30/2008	05/21/2014						
00085-3004-03		None		12/05/2012	99/99/9999	TEMODAR, 5 MG, ORAL	TEMODAR, 5 MG	5	EA	BX	PO	EA	5	MG	1	12/05/2012	99/99/9999						
00085-3004-04		None		12/05/2012	99/99/9999	TEMODAR, 5 MG, ORAL	TEMODAR, 5 MG	14	EA	BX	PO	EA	5	MG	1	12/05/2012	99/99/9999						
00085-4320-01		J0702		05/16/2017	99/99/9999	INJECTION, BETAMETHASONE ACETATE 3 MG AND																	

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00093-0784-06		J8999		02/20/2003	07/17/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	60	EA	BO	PO	EA	1 EA		1	02/20/2003	07/17/2016						
00093-0784-10		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						
00093-0784-86		J8999		02/20/2003	08/02/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	180	EA	BO	PO	EA	1 EA		1	02/20/2003	08/02/2016						
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		1.3333	07/20/2016	99/99/9999						
00093-2014-12		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 6 MG/0.5 ML	0.5	ML	SR	SC	ML	6 MG		2	07/20/2016	99/99/9999						
00093-4085-63		J7682		11/19/2013	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300 ML		0.2	11/19/2013	99/99/9999						
00093-4085-63	KO	J7682	KO	11/19/2013	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300 ML		0.2	11/19/2013	99/99/9999						
00093-4145-56		J7614		12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.2066	12/14/2018	99/99/9999						
00093-4145-56	KO	J7614	KO	12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.2066	12/14/2018	99/99/9999						
00093-4146-56		J7614		02/15/2019	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.42	02/15/2019	99/99/9999						
00093-4146-56	KO	J7614	KO	02/15/2019	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.42	02/15/2019	99/99/9999						
00093-4146-64		J7614		04/29/2013	02/15/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X4,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.42	04/29/2013	02/15/2019						
00093-4146-64	KO	J7614	KO	04/29/2013	02/15/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X4,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.42	04/29/2013	02/15/2019						
00093-4147-19		J7614		12/11/2014	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	0.5 MG		2.5	12/11/2014	99/99/9999						
00093-4147-19	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 (INNER PACK,PF) 1.25 MG/0.5 ML	1	EA	PC	IH	EA	0.5 MG		2.5	12/11/2014	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	PC	IH	EA	0.5 MG		2.5	12/11/2014	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						
00093-4148-56		J7614		12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.8333	12/14/2018	99/99/9999						
00093-4148-56	KO	J7614	KO	12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.8333	12/14/2018	99/99/9999						
00093-4148-64		J7614		04/29/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X4,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.8333	04/29/2013	99/99/9999						
00093-4148-64	KO	J7614	KO	04/29/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X4,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.8333	04/29/2013	99/99/9999						
00093-5420-88		J8515		03/07/2007	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	LEVALBUTEROL (6X4,PF) 1.25 MG/3 ML CABERGOLINE 0.5 MG	3 8	ML EA	PC BO	IH PO	ML EA	0.5 0.25	MG	0.8333	04/29/2013	03/07/2007	99/99/9999					
00093-5510-06		J8999		04/27/2005	03/26/2015	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE (USP) 50 MG	60	EA	BO	PO	EA	1 EA		1	04/27/2005	03/26/2015						
00093-5740-19		J7515		07/06/2015	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE, MODIFIED (INNERPACK,SOFT GELATN) 25 MG	1	EA	BP	PO	EA	25 MG		1	07/06/2015	99/99/9999						
00093-5740-65		J7515		07/06/2015	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE, MODIFIED (SOFT GELATN) 25 MG	30	EA	BX	PO	EA	25 MG		1	07/06/2015	99/99/9999						
00093-5741-65		J7515		09/28/2015	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE, MODIFIED (USP,SOFTGEL) 50 MG	30	EA	BX	PO	EA	25 MG		2	09/28/2015	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						
00093-5986-27		J0171		11/27/2018	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE (USP) 0.3 MG/0.3 ML	2	EA	PG	IJ	EA	0.1 MG		3	11/27/2018	99/99/9999						
00093-6118-16		J7510		01/01/2002	08/13/2018	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	480	ML	BO	PO	ML	5 MG		0.6	01/01/2002	08/13/2018						
00093-6118-87		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	01/01/2002	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	
00093-6723-73		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 (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30	ML	VL	IH	ML	3	MG	0.33333	01/03/2008	06/04/2018							
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							
00093-6815-55		J7626		01/11/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML MICRONIZED) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	01/11/2019	99/99/9999							
00093-6815-55	KO	J7626	KO	01/11/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML MICRONIZED) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	01/11/2019	99/99/9999							
00093-6815-73		J7626		12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML MICRONIZED) 0.25 MG/2 ML	30	EA	PC	IH	ML	0.25	MG	0.5	12/15/2009	99/99/9999							
00093-6815-73	KO	J7626	KO	12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML MICRONIZED) 0.25 MG/2 ML	30	EA	PC	IH	ML	0.25	MG	0.5	12/15/2009	99/99/9999							
00093-6816-55		J7626		01/11/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML MICRONIZED) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	01/11/2019	99/99/9999							
00093-6816-55	KO	J7626	KO	01/11/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML MICRONIZED) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	01/11/2019	99/99/9999							
00093-6816-73		J7626		12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML MICRONIZED) 0.5 MG/2 ML	30	EA	PC	IH	ML	0.5	MG	0.5	12/15/2009	99/99/9999							
00093-6816-73	KO	J7626	KO	12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML MICRONIZED) 0.5 MG/2 ML	30	EA	PC	IH	ML	0.5	MG	0.5	12/15/2009	99/99/9999							
00093-6817-73		J7626		03/09/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	03/09/2016	99/99/9999							
00093-6817-73	KO	J7626	KO	03/09/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	03/09/2016	99/99/9999							
00093-7146-09		Q0144		12/06/2005	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6 FILM-COATED) 250 MG	18	EA	DP	PO	EA	1	GM	0.25	12/06/2005	01/31/2014							
00093-7146-18		Q0144		11/14/2005	07/01/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6	EA	DP	PO	EA	1	GM	0.25	11/14/2005	07/01/2016							
00093-7146-56		Q0144		11/14/2005	09/12/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	11/14/2005	09/12/2017							
00093-7147-56		Q0144		11/14/2005	06/28/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 800 MG	30	EA	BO	PO	EA	1	GM	0.6	11/14/2005	06/28/2017							
00093-7169-33		Q0144		11/14/2005	01/10/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3	EA	DP	PO	EA	1	GM	0.5	11/14/2005	01/10/2014							
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							
00093-7236-56		Q0162		01/01/2012	10/05/2016	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	ONDANSETRON HYDROCHLORIDE (FILM COATED) 1 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	10/05/2016							
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							
00093-7474-89		None		03/07/2014	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP, FILM-COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	03/07/2014	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							
00093-7477-05		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							
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	GRANISTERON HYDROCHLORIDE (2X1 FILM COATED) 1 MG	2	EA	BX	PO	EA	1	MG	1	01/02/2008	11/12/2018							
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							
00093-7599-41		None		08/12/2013	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 5 MG	14	EA	BO	PO	EA	5	MG	1	08/12/2013	99/99/9999							
00093-7599-57		None		08/12/2013	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 5MG	5	EA	BO	PO	EA	5	MG	1	08/12/2013	99/99/9999							
00093-7600-41		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 20 MG	14	EA	BO	PO	EA	20	MG	1	08/12/2013	99/99/9999							
00093-7600-57		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 20 MG	5	EA	BO	PO	EA	20	MG	1	08/12/2013	99/99/9999							
00093-7601-41		None		08/12/2013	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 100 MG	14	EA	BO	PO	EA	100	MG	1	08/12/2013	99/99/9999							
00093-7601-57		None		08/12/2013	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 100 MG	5	EA	BO	PO	EA	100	MG	1	08/12/2013	99/99/9999							
00093-7602-57		None		08/12/2013	99/99/9999	TEMODAR, 250 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 250 MG	5	EA	BO	PO	EA	250	MG	1	08/12/2013	99/99/9999							
00093-7638-41		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 140 MG	14	EA	BO	PO	EA	20	MG	7	08/12/2013	99/99/9999							
00093-7638-57		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 140 MG	5	EA	BO	PO	EA	20	MG	7	08/12/2013	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00093-7639-41		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 180 MG	14	EA	BO	PO	EA	20 MG			9	08/12/2013	99/99/9999					
00093-7639-57		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 180 MG	5	EA	BO	PO	EA	20 MG			9	08/12/2013	99/99/9999					
00093-8940-01		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1 EA			1	01/01/2002	02/25/2019					
00093-8940-05		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500	EA	BO	PO	EA	1 EA			1	01/01/2002	02/25/2019					
00093-8940-93		J8499		11/30/2007	11/27/2012	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP,HARD GELATIN) 200 MG	100	EA	BX	PO	EA	1 EA			1	11/30/2007	11/27/2012					
00093-8943-01		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1 EA			1	01/01/2002	02/25/2019					
00093-8943-05		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	500	EA	BO	PO	EA	1 EA			1	01/01/2002	02/25/2019					
00093-8947-01		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1 EA			1	01/01/2002	02/25/2019					
00093-8947-05		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500	EA	BO	PO	EA	1 EA			1	01/01/2002	02/25/2019					
00093-9643-01		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					
00093-9652-01		Q0164		01/01/2014	04/16/2018	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 (USP,FILM-COATED) 10 MG	100	EA	BO	PO	EA	5 MG		2	01/01/2014	04/16/2018						
00093-9652-01		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	10 MG			1	01/01/2002	12/31/2013					
00113-0379-26		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 (ALCOHOL FREE,CHERRY) 12.5 MG/5 ML	118	ML	BO	PO	ML	50 MG		0.05	01/14/2004	99/99/9999						
00113-0431-62		Q0163		01/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE NIGHTTIME SLEEP AID (MINI-CAPLETS) 25 MG	24	EA	NA	PO	EA	50 MG		0.5	01/14/2004	99/99/9999						
00113-0462-62		Q0163		01/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (EASY TO SWALLOW) 25 MG	24	EA	BX	PO	EA	50 MG		0.5	01/14/2004	99/99/9999						
00113-0479-62		Q0163		01/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (EASY TO SWALLOW) 25 MG	24	EA	BX	PO	EA	50 MG		0.5	01/14/2004	99/99/9999						
00113-0479-78		Q0163		01/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (EASY TO SWALLOW) 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/14/2004	99/99/9999						
00115-1042-01		Q0170		05/20/2008	12/20/2012	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	25 MG		2	05/20/2008	12/20/2012						
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						
00115-1687-74	KO	J7626	KO	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						
00115-1689-74		J7626		11/07/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML SINGLE-DOSE) 0.5 MG/2 ML	2	ML	AM	IH	ML	0.5 MG		0.5	11/07/2017	99/99/9999						
00115-1689-74	KO	J7626	KO	11/07/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML SINGLE-DOSE) 0.5 MG/2 ML	2	ML	AM	IH	ML	0.5 MG		0.5	11/07/2017	99/99/9999						
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	BX	IJ	EA	0.1 MG		3	02/15/2017	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	IJ	EA	0.1 MG		1.5	02/10/2017	99/99/9999						
00115-1804-02		Q0177		12/03/2018	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25 MG		2	12/03/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00115-9930-78		J7614		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							
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							
00115-9931-78		J7614		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) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	01/09/2018	99/99/9999							
00115-9931-78	KO	J7614	KO	01/09/2018	99/99/9999	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	VL	IH	ML	0.5	MG	0.42	01/09/2018	99/99/9999							
00115-9932-78		J7614		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) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	01/09/2018	99/99/9999							
00115-9932-78	KO	J7614	KO	01/09/2018	99/99/9999	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	01/09/2018	99/99/9999							
00121-0489-00		Q0163		06/07/2017	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	5	ML	CP	PO	ML	50	MG	0.05	06/07/2017	99/99/9999							
00121-0489-05		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	5	ML	CP	PO	ML	50	MG	0.05	01/01/2002	99/99/9999							
00121-0489-10		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							
00121-0759-08		J7510		05/02/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE, GRAPE) 15 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.6	05/02/2005	99/99/9999							
00121-0773-08		J7510		02/10/2017	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE, GRAPE) 10 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.4	02/10/2017	99/99/9999							
00121-0777-08		J7510		02/10/2017	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE) 20 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.8	02/10/2017	99/99/9999							
00121-0978-00		Q0163		06/07/2017	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	10	ML	CP	PO	ML	50	MG	0.05	06/07/2017	99/99/9999							
00121-4776-10		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							
00143-1425-01		J7506		12/09/2004	11/27/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 2.5 MG	100	EA	BO	PO	EA	5	MG	0.5	12/09/2004	11/27/2013							
00143-1473-01		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							
00143-1473-01		J7512		01/01/2016	06/15/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	1	MG	10	01/01/2016	06/15/2016							
00143-1473-10		J7506		01/01/2002	11/27/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	5	MG	2	01/01/2002	11/27/2013							
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							
00143-1475-01		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							
00143-1475-01		J7512		01/01/2016	06/15/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	06/15/2016							
00143-1475-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015							
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							
00143-1477-01		J7506		01/01/2002	11/27/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	01/01/2002	11/27/2013							
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							
00143-1477-05		J7506		01/01/2002	11/27/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	5	MG	4	01/01/2002	11/27/2013							
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							
00143-1477-10		J7506		01/01/2002	11/27/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	5	MG	4	01/01/2002	11/27/2013							
00143-1477-10		J7512		03/01/2016	06/15/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	1	MG	20	03/01/2016	06/15/2016							
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	U	ML	30	ML	0.03333	09/28/2017	99/99/9999							
00143-9210-10		J2400		09/28/2017	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (600MG/20ML, SDV, USP PF) 3%	20	ML	VL	U	ML	30	ML	0.03333	09/28/2017	99/99/9999							
00143-9217-01		J9211		07/18/2017	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/1 ML	5	ML	VL	IV	ML	5	MG	0.2	07/18/2017	99/99/9999							
00143-9218-01		J9211		07/18/2017	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.2	07/18/2017	99/99/9999							
00143-9219-01		J9211		07/18/2017	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	5	MG	0.2	07/18/2017	99/99/9999							
00143-9240-01		J9040		05/16/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN (USP, LYOPHILIZED) 15 U	1	EA	VL	U	EA	15	U	1	05/16/2018	99/99/9999							
00143-9241-01		J9040		05/16/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN (USP, LYOPHILIZED) 30 U	1	EA	VL	U	EA	15	U	2	05/16/2018	99/99/9999							
00143-9247-01		J1190		01/29/2018	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE (SDV W/ DILUENT) 250 MG	1	EA	VL	IV	EA	250	MG	1	01/29/2018	99/99/9999							
00143-9248-01		J1190		01/29/2018	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE (SDV W/ DILUENT) 500 MG	1	EA	VL	IV	EA	250	MG	2	01/29/2018	99/99/9999							
00143-9261-10		J0690		07/27/2017	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN NOVAPLUS (PF, LATEX-FREE) 10 GM	10	EA	VL	IV	EA	500	MG	20	07/27/2017	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
00143-9262-25		J0690		07/27/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN NOVAPUR (PF LATEX-FREE) 1 GM	25	EA	VL	U	EA	500 MG		2	07/27/2017	99/99/9999						
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						
00143-9273-10		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						
00143-9275-01		J9000		08/10/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 10 MG	1	EA	VL	IV	EA	10 MG		1	08/10/2018	99/99/9999						
00143-9277-01		J9000		08/10/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 10 MG	1	EA	VL	IV	EA	10 MG		1	08/10/2018	99/99/9999						
00143-9279-01		J9280		01/14/2019	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN 20 MG	1	EA	VL	IV	EA	5 MG		4	01/14/2019	99/99/9999						
00143-9280-01		J9280		01/14/2019	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN 40 MG	1	EA	VL	IV	EA	5 MG		8	01/14/2019	99/99/9999						
00143-9298-10		J2916		02/14/2018	99/99/9999	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	SODIUM FERRIC GLUCONATE COMPLEX SUCROSE NOVAPLUS (LATEX-FREE) 62.5 MG/5 ML	5	ML	VL	IV	ML	12.5 MG		1	02/14/2018	99/99/9999						
00143-9326-10		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						
00143-9355-10		J3370		05/06/2019	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF LYOPHILIZED) 750 MG	10	EA	VL	IV	EA	500 MG		1.5	05/06/2019	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						
00143-9359-01		J3370		04/29/2019	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PKG) 10 GM	1	EA	BO	IV	EA	500 MG		20	04/29/2019	99/99/9999						
00143-9501-25		J1630		04/17/2017	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE 5 MG/1 ML	1	ML	VL	IM	ML	5 MG		1	04/17/2017	99/99/9999						
00143-9502-01		J1630		04/17/2017	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE 5 MG/1 ML	10	ML	VL	IM	ML	5 MG		1	04/17/2017	99/99/9999						
00143-9510-01		J9181		02/26/2018	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (USP, MDV) 20 MG/1 ML	5	ML	VL	IV	ML	10 MG		2	02/26/2018	99/99/9999						
00143-9511-01		J9181		02/26/2018	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (USP, MDV) 20 MG/1 ML	25	ML	VL	IV	ML	10 MG		2	02/26/2018	99/99/9999						
00143-9512-01		J9181		02/26/2018	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (USP, MDV) 20 MG/1 ML	50	ML	VL	IV	ML	10 MG		2	02/26/2018	99/99/9999						
00143-9513-01		J2469		03/26/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (PF) 0.125 MG/1 ML	2	ML	VL	IV	ML	25 MCG		5	03/26/2018	99/99/9999						
00143-9519-10		J9250		02/13/2018	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (10X2ML SDV,PF) 25 MG/1 ML	2	ML	VL	U	ML	5 MG		5	02/13/2018	99/99/9999						
00143-9520-01		J2680		12/12/2016	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE 25 MG/1 ML	5	ML	VL	U	ML	25 MG		1	12/12/2016	99/99/9999						
00143-9530-01		J9208		01/11/2018	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (S.D.V., 1X60ML,PF) 3 GM/60 ML	60	ML	VL	IV	ML	1 GM		0.05	01/11/2018	99/99/9999						
00143-9531-01		J9208		12/14/2017	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (S.D.V., 1X20ML) 1 GM/20 ML	20	ML	VL	IV	ML	1 GM		0.05	12/14/2017	99/99/9999						
00143-9545-01		J9000		11/04/2016	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (M.D.V.,PF) 2 MG/1 ML	100	ML	VL	IV	ML	10 MG		0.2	11/04/2016	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						
00143-9548-10		J9000		11/04/2016	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 2 MG/1 ML	10	ML	VL	IV	ML	10 MG		0.2	11/04/2016	99/99/9999						
00143-9549-10		J9000		11/04/2016	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 2 MG/1 ML	5	ML	VL	IV	ML	10 MG		0.2	11/04/2016	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						
00143-9553-01		J0640		06/14/2017	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LATEX-FREE) 200 MG	1	EA	VL	U	EA	50 MG		4	06/14/2017	99/99/9999						
00143-9554-01		J0640		06/14/2017	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LATEX-FREE) 100 MG	1	EA	VL	U	EA	50 MG		2	06/14/2017	99/99/9999						
00143-9555-01		J0640		06/14/2017	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LATEX-FREE) 50 MG	1	EA	VL	U	EA	50 MG		1	06/14/2017	99/99/9999						
00143-9558-01		J0641		08/01/2016	99/99/9999	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	0.5 MG		100	08/01/2016	99/99/9999						
00143-9559-01		J0883		12/27/2016	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (SDV,PF) 1 MG/1 ML	50	ML	VL	IV	ML	1 MG		1	12/27/2016	99/99/9999						
00143-9564-10		J2760		11/04/2015	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	10	EA	VL	U	EA	5 MG		1	11/04/2015	99/99/9999						
00143-9565-01		J9340		08/31/2015	99/99/9999	INJECTION, THIOTEPA, 15 MG	THIOTEPA (LYOPHILIZED) 15 MG	1	EA	VL	U	EA	15 MG		1	08/31/2015	99/99/9999						
00143-9566-01		J7501		04/21/2016	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE SODIUM (LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	100 MG		1	04/21/2016	99/99/9999						
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 (SD) 62.5 MG/5 ML	5	ML	VL	IV	ML	12.5 MG		1	04/21/2015	99/99/9999						
00143-9596-25		J2501		08/17/2015	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (MDV) 0.005 MG/1 ML	2	ML	VL	IV	ML	1 MCG		5	08/17/2015	99/99/9999						
00143-9624-25		J2501		08/17/2015	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (SDV) 0.005 MG/1 ML	1	ML	VL	IV	ML	1 MCG		5	08/17/2015	99/99/9999						
00143-9625-25		J2501		08/17/2015	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (SDV) 0.002 MG/1 ML	1	ML	VL	IV	ML	1 MCG		2	08/17/2015	99/99/9999						
00143-9659-01		J1071		11/08/2016	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE 200 MG/1 ML	1	ML	VL	IM	ML	1 MG		200	11/08/2016	99/99/9999						
00143-9673-25		J1953		07/29/2016	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM 100 MG/1 ML	5	ML	VL	IV	ML	10 MG		10	07/29/2016	99/99/9999						
00143-9708-01		J2260		03/29/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE, 1 MG/ML	1	ML	VL	IV	ML	5 MG		0.2	03/29/2011	99/99/9999						
00143-9709-10		J2260		03/29/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE, 1 MG/ML	10	ML	VL	IV	ML	5 MG		0.2	03/29/2011	99/99/9999						
00143-9716-10		J2260		02/23/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE IN DEXTROSE (10X200ML, SINGLE DOSE) 5%-20 MG/100 ML	10	ML	FC	IV	ML	5 MG		0.04	02/23/2011	99/99/9999						
00143-9719-10		J2260		02/23/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE IN DEXTROSE (10X100ML, SINGLE DOSE) 5%-20 MG/100 ML	10	ML	FC	IV	ML	5 MG		0.04	02/23/2011	99/99/9999						
00143-9738-05		J7506		07/03/2013	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	5 MG		4	07/03/2013	12/31/2015						
00143-9738-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	1 MG		20	01/01/2016	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						
00143-9830-01		J9260		11/20/2017	99/99/9999	METHOTREXATE SODIUM, 50 MG	METHOTREXATE (SINGLE USE VIAL,PF) 1 GM	1	EA	VL	U	EA	50 MG		20	11/20/2017	99/99/9999						
00143-9872-10		J1800		02/12/2018	99/99/9999	INJECTION, PROPANLOL HCL, UP TO 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	
00169-3685-12		J1815		02/10/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MIX 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5 U		20	02/10/2003	99/99/9999							
00169-3696-19		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MIX 70/30 (FLEXPEN SRN PREFILLED) 70 U/ML-30 U/ML	3	ML	SR	SC	ML	5 U		20	01/01/2003	99/99/9999							
00169-6339-10		J1815		02/10/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG FLEXPEN (PREFILLED SYRINGE) 100 U/ML	3	ML	SR	SC	ML	5 U		20	02/10/2003	99/99/9999							
00169-7065-15		J1610		06/01/2005	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGEN HYPOKIT 1 MG	1	EA	BX	U	EA	1 MG		1	06/01/2005	99/99/9999							
00169-7501-11		J1817		01/01/2003	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	NOVOLOG (VIAL) 100 U/ML	10	ML	VL	SC	ML	50 U		2	01/01/2003	99/99/9999							
00169-7703-21		J2941		03/23/2015	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN FLEXPRO (PREFILLED PURPLE PEN) 30 MG/3 ML	3	ML	SR	SC	ML	1 MG		10	03/23/2015	99/99/9999							
00172-3753-96		J9265		01/24/2002	12/31/2014	INJECTION, PACLITAXEL, 30 MG	NOV-ONXOL (M.D.V.) 6 MG/ML	50	ML	VL	IV	ML	30 MG		0.2	01/24/2002	12/31/2014							
00172-3753-96		J9267		01/01/2015	02/10/2016	INJECTION, PACLITAXEL, 1 MG	NOV-ONXOL (M.D.V.) 6 MG/ML	50	ML	VL	IV	ML	1 MG		6	01/01/2015	02/10/2016							
00172-3754-94		J9265		01/24/2002	12/31/2014	INJECTION, PACLITAXEL, 30 MG	NOV-ONXOL (M.D.V.) 6 MG/ML	5	ML	VL	IV	ML	30 MG		0.2	01/24/2002	12/31/2014							
00172-3754-94		J9267		01/01/2015	02/10/2016	INJECTION, PACLITAXEL, 1 MG	NOV-ONXOL (M.D.V.) 6 MG/ML	5	ML	VL	IV	ML	1 MG		6	01/01/2015	02/10/2016							
00172-3756-95		J9265		01/24/2002	12/31/2014	INJECTION, PACLITAXEL, 30 MG	NOV-ONXOL (M.D.V.) 6 MG/ML	25	ML	VL	IV	ML	30 MG		0.2	01/24/2002	12/31/2014							
00172-3756-95		J9267		01/01/2015	02/10/2016	INJECTION, PACLITAXEL, 1 MG	NOV-ONXOL (M.D.V.) 6 MG/ML	25	ML	VL	IV	ML	1 MG		6	01/01/2015	02/10/2016							
00172-4960-58		J8999		01/01/2002	12/31/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180	EA	BO	PO	EA	1 EA		1	01/01/2002	12/31/2016							
00172-4960-70		J8999		01/01/2002	12/31/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	500	EA	BO	PO	EA	1 EA		1	01/01/2002	12/31/2016							
00172-6406-49		J7631		01/01/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10 MG		1	01/01/2002	99/99/9999							
00172-6406-49	KO	J7631	KO	01/01/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10 MG		1	01/01/2002	99/99/9999							
00172-6406-59		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	PC	IH	ML	10 MG		1	01/01/2002	10/05/2016							
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							
00172-7310-46		J7515		04/14/2005	05/02/2017	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (USP,MODIFIED,SOFTGEL) 25 MG	30	EA	BX	PO	EA	25 MG		1	04/14/2005	05/02/2017							
00172-7311-46		J7515		04/14/2005	11/03/2015	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (USP,MODIFIED,SOFTGEL) 50 MG	30	EA	BX	PO	EA	25 MG		2	04/14/2005	11/03/2015							
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							
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							
00173-0260-10		J1160		01/01/2002	09/29/2013	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN (AMP) 0.25 MG/ML	2	ML	AM	IV	ML	0.5 MG		0.5	01/01/2002	09/29/2013							
00173-0262-10		J1160		01/01/2002	04/22/2013	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN PEDIATRIC (AMP) 0.1 MG/ML	1	ML	AM	IV	ML	0.5 MG		0.2	01/01/2002	04/22/2013							
00173-0352-10		J0697		02/01/2005	08/26/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF 750 MG	1	EA	VL	U	EA	750 MG		1	02/01/2005	08/26/2013							
00173-0354-10		J0697		02/01/2005	08/26/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF 1.5 GM	1	EA	VL	U	EA	750 MG		2	02/01/2005	08/26/2013							
00173-0362-38		J2780		01/01/2002	11/30/2014	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC (VIAL) 25 MG/ML	2	ML	VL	U	EA	25 MG		1	01/01/2002	11/30/2014							
00173-0363-00		J2780		01/01/2002	12/09/2013	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC (VIAL) 25 MG/ML	40	ML	VL	U	ML	25 MG		1	01/01/2002	12/09/2013							
00173-0363-01		J2780		01/01/2002	12/11/2013	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC (M.D.V.) 25 MG/ML	6	ML	VL	U	EA	25 MG		1	01/01/2002	12/11/2013							
00173-0377-10		J0713		02/01/2005	12/16/2012	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ 500 MG	1	EA	VL	U	EA	500 MG		1	02/01/2005	12/16/2012							
00173-0378-10		J0713		02/01/2005	09/18/2013	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ 1 GM	1	EA	VL	U	EA	500 MG		2	02/01/2005	09/18/2013							
00173-0379-34		J0713		01/01/2002	08/05/2013	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (VIAL) 2 GM	1	EA	VL	U	EA	500 MG		4	01/01/2002	08/05/2013							
00173-0382-37		J0713		01/01/2002	06/18/2013	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (BULK VIAL) 6 GM	1	EA	VL	U	EA	500 MG		12	01/01/2002	06/18/2013							
00173-0400-00		J0697		01/01/2002	04/04/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF 7.5 GM	1	EA	VL	U	EA	750 MG		10	01/01/2002	04/04/2013							
00173-0424-00		J0697		01/01/2002	06/28/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF (PREMIX) 750 MG/50 ML	50	ML	PC	IV	ML	750 MG		0.02	01/01/2002	06/28/2013							
00173-0425-00		J0697		01/01/2002	12/12/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF (PREMIX) 1.5 GM/50 ML	50	ML	PC	IV	ML	750 MG		0.04	01/01/2002	12/12/2013							
00173-0434-00		J0713		01/01/2002	12/01/2013	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (ADD-VANTAGE) 1 GM	1	EA	VL	U	EA	500 MG		2	01/01/2002	12/01/2013							
00173-0435-00		J0713		01/01/2002	12/01/2013	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (ADD-VANTAGE) 2 GM	1	EA	VL	U	EA	500 MG		4	01/01/2002	12/01/2013							
00173-0436-00		J0697		01/01/2002	12/29/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF (ADD-VANTAGE) 750 MG	1	EA	VL	U	EA	750 MG		1	01/01/2002	12/29/2013							
00173-0437-00		J0697		01/01/2002	05/02/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF (ADD-VANTAGE) 1.5 GM	1	EA	VL	U	EA	750 MG		2	01/01/2002	05/02/2013							
00173-0441-00		J2780		01/01/2002	06/14/2013	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC (PREMIX) 1 MG/ML	50	ML	FC	IV	EA	25 MG		0.04	01/01/2002	06/14/2013							
00173-0442-00		J2405		01/01/2002	05/07/2018	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ZOFRAN (M.D.V.) 2 MG/ML	20	ML	VL	U	ML	1 MG		2	01/01/2002	05/07/2018							
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							
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	ZOFRAN 8 MG	30	EA	BO	PO	EA	1 MG		8	01/01/2012	99/99/9999							
00173-0447-02		Q0162		01/01/2012	08/21/2013	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	100	EA	BX	PO	EA	1 MG		8	01/01/2012	08/21/2013							
00173-0447-04		Q0162		01/01/2012	04/01/2014	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	04/01/2014							

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
00173-0449-02		J3030		01/01/2002	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 (S.D.V.) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6 MG		2	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	ZOFRAN (BERRY) 4 MG/5 ML	1	ML	BO	PO	ML	1 MG		0.8	01/01/2017	02/21/2019						
00173-0517-00		J1325		07/27/2010	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 0.5 MG	1	EA	VL	IV	EA	0.5 MG		1	07/27/2010	99/99/9999						
00173-0519-00		J1325		07/27/2010	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 1.5 MG	1	EA	VL	IV	EA	0.5 MG		3	07/27/2010	99/99/9999						
00173-0569-00		Q0162		01/01/2012	08/29/2017	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN ODT 4 MG	30	EA	BX	PO	EA	1 MG		4	01/01/2012	08/29/2017						
00173-0570-00		Q0162		01/01/2012	09/18/2017	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN ODT 8 MG	30	EA	BX	PO	EA	1 MG		8	01/01/2012	09/18/2017						
00173-0739-00		J3030		03/17/2006	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX STATDOSE 4 MG/0.5 ML	1	EA	BX	SC	EA	6 MG	0.66666	03/17/2006	99/99/9999							
00173-0739-02		J3030		03/17/2006	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX STATDOSE (REFILL W/2 SYRINGES) 4 MG/0.5 ML	1	EA	BX	SC	EA	6 MG	0.66666	03/17/2006	99/99/9999							
00173-0821-02		J9302		01/05/2016	02/10/2016	INJECTION, OFATUMUMAB, 10 MG	ARZERRA (PF LATEX-FREE) 20 MG/1 ML	5	ML	VL	IV	ML	10 MG		2	01/05/2016	02/10/2016						
00173-0945-55		J8499		01/01/2002	01/08/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	01/08/2017						
00173-0949-55		J8499		01/01/2002	06/08/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	06/08/2014						
00173-0953-96		J8499		01/01/2002	11/13/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG/5 ML	473	ML	BO	PO	ML	1 EA		1	01/01/2002	11/13/2014						
00173-0991-55		J8499		01/01/2002	09/02/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	09/02/2014						
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						
00185-0613-01		Q0177		01/01/2002	07/29/2014	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	07/29/2014						
00185-0613-05		Q0177		01/01/2002	07/29/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	500	EA	BO	PO	EA	25 MG		1	01/01/2002	07/29/2014						
00185-0615-01		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	25 MG		2	01/01/2014	99/99/9999						
00185-0615-01		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	50 MG		1	01/01/2002	12/31/2013						
00185-0615-05		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25 MG		2	01/01/2014	99/99/9999						
00185-0615-05		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	50 MG		1	01/01/2002	12/31/2013						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00185-0648-10		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	BO	PO	EA	50 MG		0.5	01/01/2002	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 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		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						
00185-0932-30		J7515		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (SOFTGEL) 25 MG	30	EA	BO	PO	EA	25 MG		1	01/01/2002	99/99/9999						
00185-0933-30		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						
00185-7203-70		Q0144		09/21/2006	11/13/2012	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 100 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.02	09/21/2006	11/13/2012						
00185-7206-70		Q0144		09/21/2006	11/13/2012	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 200 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.04	09/21/2006	11/13/2012						
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						
00185-7322-60		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 (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	60	ML	PC	IH	ML	3 MG		0.33333	07/01/2007	99/99/9999						
00186-0859-81		J2795		01/01/2002	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (S.D. INFUSION BOTTLE) 2 MG/ML	100	ML	VL	IJ	ML	1 MG		2	01/01/2002	99/99/9999						
00186-1033-91		J3490		01/01/2002	03/31/2013	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.V., STERILE-PAK) 0.5%	30	ML	VL	IJ	ML	1 EA		1	01/01/2002	03/31/2013						
00186-1988-04		J7626		01/01/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X8) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.25 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	PULMICORT RESPULES (5X8) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.25 MG		0.5	01/01/2002	99/99/9999						
00186-1989-04		J7626		01/01/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X8) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5 MG		0.5	01/01/2002	99/99/9999						
00186-1989-04	KO	J7626	KO	01/01/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X8) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5 MG		0.5	01/01/2002	99/99/9999						
00186-1990-04		J7626		08/27/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (30X2ML) 1 MG/2 ML	2	ML	PC	IH	ML	0.5 MG		1	08/27/2007	99/99/9999						
00186-1990-04	KO	J7626	KO	08/27/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (30X2ML) 1 MG/2 ML	2	ML	PC	IH	ML	0.5 MG		1	08/27/2007	99/99/9999						
00206-8852-16		J2543		04/05/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/1.25 GRAMS (1.125 GRAMS)	ZOSYN 2 GM-0.25 GM	1	EA	VL	IV	EA	1 GM		2	04/05/2006	99/99/9999						
00206-8854-16		J2543		03/06/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/1.25 GRAMS (1.125 GRAMS)	ZOSYN (SDV,10X50ML) 3 GM/50 ML-0.375 GM/50 ML	1	EA	VL	IV	EA	1 GM		3	03/06/2006	99/99/9999						
00206-8855-16		J2543		03/13/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/1.25 GRAMS (1.125 GRAMS)	ZOSYN (SDV,10X100ML) 4 GM/100 ML-0.5 GM/100 ML	1	EA	VL	IV	EA	1 GM		4	03/13/2006	99/99/9999						
00206-8859-10		J2543		04/28/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/1.25 GRAMS (1.125 GRAMS)	ZOSYN (PHARMACY BULK VIAL) 36 GM-4.5 GM	1	EA	VL	IV	EA	1 GM		36	04/28/2006	99/99/9999						
00206-8860-02		J2543		01/09/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/1.25 GRAMS (1.125 GRAMS)	ZOSYN (24 PRE-MIX BAGS OF 50ML) 2 GM/50 ML-0.25 GM/50 ML	50	ML	PC	IV	ML	1 GM		0.04	01/09/2006	99/99/9999						
00206-8861-02		J2543		01/09/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/1.25 GRAMS (1.125 GRAMS)	ZOSYN (24 PRE-MIX BAGS OF 50ML) 3 GM/50 ML-0.375 GM/50 ML	50	ML	PC	IV	ML	1 GM		0.06	01/09/2006	99/99/9999						
00206-8862-02		J2543		01/09/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/1.25 GRAMS (1.125 GRAMS)	ZOSYN 4 GM/100 ML-0.5 GM/100 ML	100	ML	PC	IV	ML	1 GM		0.04	01/09/2006	99/99/9999						
00223-8496-02		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP) 0.9%	5	ML	AM	IV	ML	10 ML		0.1	01/01/2007	02/03/2016						
00223-8496-05		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP) 0.9%	5	ML	AM	IV	ML	10 ML		0.1	01/01/2007	02/03/2016						
00223-8497-10		A4216		01/01/2004	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP) 0.9%	10	ML	AM	IV	ML	10 ML		0.1	01/01/2004	02/03/2016						
00223-8500-30		A4216		01/01/2004	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL) 0.9%	30	ML	VL	IV	ML	10 ML		0.1	01/01/2004	02/03/2016						
00259-1620-01		J0588		01/25/2016	99/99/9999	INJECTION, INCBOOTULINUMTOXIN A, 1 UNIT	XEOMIN (SINGLE-USE PF) 200 U	1	EA	VL	IM	EA	1 U		200	01/25/2016	99/99/9999						
00264-1101-55		J7060		01/01/2002	12/31/2014	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (GLASS) 5%	500	ML	FC	IV	ML	500 ML		0.002	01/01/2002	12/31/2014						
00264-1102-55		J7060		01/01/2002	12/31/2014	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (GLASS W/SS 250 ML) 5%	150	ML	FC	IV	ML	500 ML		0.002	01/01/2002	12/31/2014						
00264-1240-55		J7799		01/01/2002	11/30/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SS, 1000 ML) 30%	500	ML	GC	IV	ML	1 EA		1	01/01/2002	11/30/2014						
00264-1280-50		J7799		01/01/2002	12/31/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SS, 1000 ML) 50%	500	ML	GC	IV	ML	1 EA		1	01/01/2002	12/31/2014						
00264-1280-55		J7799		01/01/2002	09/30/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SOLID STOPPER) 50%	1000	ML	GC	IV	ML	1 EA		1	01/01/2002	09/30/2014						
00264-1290-50		J7799		01/01/2002	05/31/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SS, 1000 ML) 70%	500	ML	GC	IV	ML	1 EA		1	01/01/2002	05/31/2014						
00264-1290-55		J7799		01/01/2002	01/31/2018	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SOLID STOPPER) 70%	1000	ML	GC	IV	ML	1 EA		1	01/01/2002	01/31/2018						
00264-1510-31		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (100 ML PAB) 5%	50	ML	FC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999						
00264-1510-32		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (150 ML PAB) 5%	100	ML	FC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00264-1510-36		J7060		01/01/2002	08/31/2017	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (100 ML PAB) 5%	25	ML	FC	IV	ML	500 ML		0.002	01/01/2002	08/31/2017						
00264-1800-31		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (100 ML PAB) 0.9%	50	ML	FC	IV	ML	10 ML		0.1	01/01/2004	99/99/9999						
00264-1800-32		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (150 ML PAB) 0.9%	100	ML	FC	IV	ML	250 ML		0.004	01/01/2002	99/99/9999						
00264-1800-36		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (100 ML PAB) 0.9%	25	ML	FC	IV	ML	10 ML		0.1	01/01/2004	99/99/9999						
00264-1940-20		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (CONCENTRATE) 2 MEQ/ML	250	ML	GC	IV	ML	2 MEQ		1	01/01/2002	99/99/9999						
00264-2101-00		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	1000	ML	PC	IR	ML	500 ML		0.002	01/01/2004	99/99/9999						
00264-2101-10		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	500	ML	PC	IR	ML	500 ML		0.002	01/01/2004	99/99/9999						
00264-2101-50		A4217		01/01/2004	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						
00264-2101-70		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	4000	ML	PC	IR	ML	500 ML		0.002	01/01/2004	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						
00264-2201-10		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	500	ML	PC	IR	ML	500 ML		0.002	01/01/2004	99/99/9999						
00264-2201-50		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	2000	ML	PC	IR	ML	500 ML		0.002	01/01/2004	99/99/9999						
00264-2201-70		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	4000	ML	PC	IR	ML	500 ML		0.002	01/01/2004	99/99/9999						
00264-2303-50		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	RESECTISOL 5%	2000	ML	PC	IL	ML	1 EA		1	01/01/2002	99/99/9999						
00264-3103-11		J0690		03/05/2003	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 100 MG	CEFAZOLIN SODIUM (DUPLIX) 1 GM/50 ML-4%	50	ML	FC	IV	ML	500 MG		0.04	03/05/2003	99/99/9999						
00264-3112-11		J0697		09/15/2003	03/31/2014	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM 750 MG/50 ML	50	ML	FC	IV	ML	750 MG		0.02	09/15/2003	03/31/2014						
00264-3114-11		J0697		03/01/2004	09/30/2014	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (DUPLIX) 1.5 GM/50 ML	50	ML	FC	IV	ML	750 MG		0.04	03/01/2004	09/30/2014						
00264-3123-11		J0694		07/01/2006	99/99/9999	INJECTION, CEFOTIXIM SODIUM, 1 GM	CEFOTIXIM 1 GM	1	EA	FC	IV	EA	1 GM		1	07/01/2006	99/99/9999						
00264-3125-11		J0694		07/01/2006	99/99/9999	INJECTION, CEFOTIXIM SODIUM, 1 GM	CEFOTIXIM 2 GM	1	EA	FC	IV	EA	1 GM		2	07/01/2006	99/99/9999						
00264-3153-11		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE/DEXTROSE 1 GM/50 ML	50	ML	FC	IV	ML	250 MG		0.08	07/20/2005	99/99/9999						
00264-3155-11		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE/DEXTROSE 2 GM/50 ML	50	ML	FC	IV	ML	250 MG		0.16	07/20/2005	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						
00264-3185-11		J2185		09/15/2015	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM 1 GM	24	EA	FC	IV	EA	100 MG		10	09/15/2015	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	GC	IV	ML	1000 ML		0.001	01/01/2002	06/30/2015						
00264-4001-55		J7040		01/01/2002	09/30/2015	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (GLASS CONTAINER) 0.9%	500	ML	GC	IV	ML	500 ML		0.002	01/01/2002	09/30/2015						
00264-4002-55		J7050		01/01/2002	11/30/2013	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (250 ML GLASS CONTAINER) 0.9%	250	ML	GC	IV	ML	250 ML		0.004	01/01/2002	11/30/2013						
00264-4021-55		J7799		01/01/2002	09/30/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (GLASS CONTAINER) 0.45%	500	ML	GC	IV	ML	1 EA		1	01/01/2002	09/30/2015						
00264-5535-32		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (150 ML PAB CONTAINER) 500 MG/100 ML	100	ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-5705-05		J1644		04/22/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (NOT FOR LOCK FLUSH PF) 5000 U/0.5 ML	0.5	ML	SR	IJ	ML	1000 IJ		10	04/22/2019	99/99/9999						
00264-5808-32		J1580		01/01/2002	03/31/2013	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (150 ML PAB CONTAINER) 80 MG/100 ML-0.9%	100	ML	FC	IV	ML	80 MG		0.01	01/01/2002	03/31/2013						
00264-5810-32		J1580		01/01/2002	04/30/2013	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (150 ML PAB CONTAINER) 100 MG/100 ML-0.9%	100	ML	FC	IV	ML	80 MG		0.0125	01/01/2002	04/30/2013						
00264-5816-38		J1580		01/01/2002	04/30/2013	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (100 ML PAB CONTAINER) 1.6 MG/ML-0.9%	50	ML	FC	IV	ML	80 MG		0.02	01/01/2002	04/30/2013						
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)	DEXTROSE (EXCEL) 5%	1000	ML	FC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999						
00264-7510-10		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (EXCEL) 5%	500	ML	FC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999						
00264-7510-20		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (EXCEL) 5%	250	ML	FC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999						
00264-7520-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (EXCEL) 10%	1000	ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-7520-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (EXCEL) 10%	500	ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-7578-10		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						
00264-7578-20		J7799		01/01/2002	03/31/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (EXCEL) 20%	250	ML	FC	IV	ML	1 EA		1	01/01/2002	03/31/2019						
00264-7605-00		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						
00264-7605-10		J7799		01/01/2002	02/28/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 2.5%-0.45%	500	ML	FC	IV	ML	1 EA		1	01/01/2002	02/28/2014						
00264-7610-00		J7042		01/01/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.9%	1000	ML	FC	IV	ML	5 %		0.002	01/01/2002	99/99/9999						
00264-7610-10		J7042		01/01/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.9%	500	ML	FC	IV	ML	5 %		0.002	01/01/2002	99/99/9999						
00264-7610-20		J7042		01/01/2002	07/31/2014	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.9%	250	ML	FC	IV	ML	5 %		0.002	01/01/2002	07/31/2014						
00264-7612-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.45%	1000	ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-7612-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.45%	500	ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-7612-20		J7799		01/01/2002	03/31/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.45%	250	ML	FC	IV	ML	1 EA		1	01/01/2002	03/31/2019						
00264-7614-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.33%	500	ML	FC	IV	ML	1 EA		1								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00264-7622-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTRROSE/SODIUM CHLORIDE (EXCEL) 10%-0.45%	1000	ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-7623-20		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTRROSE/SODIUM CHLORIDE (EXCEL) 10%-0.2%	250	ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-7750-00		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (EXCEL)	1000	ML	FC	IV	ML	1000 ML		0.001	01/01/2002	99/99/9999						
00264-7750-10		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (EXCEL)	1000	ML	FC	IV	ML	1000 ML		0.001	01/01/2002	99/99/9999						
00264-7750-20		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (EXCEL)	250	ML	FC	IV	ML	1000 ML		0.001	01/01/2002	99/99/9999						
00264-7751-00		J7120		01/01/2002	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTRROSE 5%LACTATED RINGERS (EXCEL)	1000	ML	FC	IV	ML	1000 ML		0.0005	01/01/2002	12/31/2015						
00264-7751-00		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	DEXTRROSE 5%LACTATED RINGERS (EXCEL)	1000	ML	FC	IV	ML	1000 ML		0.001	01/01/2016	99/99/9999						
00264-7751-10		J7120		01/01/2002	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTRROSE 5%LACTATED RINGERS (EXCEL)	1000	ML	FC	IV	ML	1000 ML		0.0005	01/01/2002	12/31/2015						
00264-7751-10		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	DEXTRROSE 5%LACTATED RINGERS (EXCEL)	500	ML	FC	IV	ML	1000 ML		0.001	01/01/2016	99/99/9999						
00264-7800-00		J7030		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (EXCEL) 0.9%	1000	ML	FC	IV	ML	1000 ML		0.001	01/01/2002	99/99/9999						
00264-7800-10		J7040		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (EXCEL) 0.9%	500	ML	FC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999						
00264-7800-20		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (EXCEL) 0.9%	250	ML	FC	IV	ML	250 ML		0.004	01/01/2002	99/99/9999						
00264-7802-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (EXCEL) 0.45%	1000	ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-7802-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (EXCEL) 0.45%	500	ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-7805-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (HYPERTONIC,EXCEL) 3%	500	ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-7806-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (HYPERTONIC,EXCEL) 5%	500	ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-7850-00		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (EXCEL)	1000	ML	FC	IV	ML	500 ML		0.002	01/01/2004	99/99/9999						
00264-7850-10		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (EXCEL)	500	ML	FC	IV	ML	500 ML		0.002	01/01/2004	99/99/9999						
00264-7850-20		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (EXCEL)	250	ML	FC	IV	ML	500 ML		0.002	01/01/2004	99/99/9999						
00264-7865-00		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (EXCEL) 2 MEQ/100 ML-0.3%	1000	ML	FC	IV	ML	2 MEQ		0.01	01/01/2002	99/99/9999						
00264-9200-55		A4217		01/01/2004	08/31/2013	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (GLASS W/SOLID STOPPER)	1000	ML	GC	IV	ML	500 ML		0.002	01/01/2004	08/31/2013						
00264-9201-55		A4217		01/01/2004	09/30/2013	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (GLASS W/SOLID STOPPER)	500	ML	GC	IV	ML	500 ML		0.002	01/01/2004	09/30/2013						
00264-9554-10		J2810		01/01/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTRROSE/THEOPHYLLINE (EXCEL) 5%-80 MG/100 ML	500	ML	FC	IV	ML	40 MG		0.02	01/01/2002	99/99/9999						
00264-9558-10		J2810		01/01/2002	09/30/2013	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTRROSE/THEOPHYLLINE (EXCEL) 5%-160 MG/100 ML	500	ML	FC	IV	ML	40 MG		0.04	01/01/2002	09/30/2013						
00264-9567-10		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTRROSE/HEPARIN SODIUM (EXCEL) 5%-4000 U/100 ML	500	ML	FC	IV	ML	1000 U		0.04	01/01/2002	99/99/9999						
00264-9577-10		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTRROSE/HEPARIN SODIUM (EXCEL) 5%-5000 U/100 ML	500	ML	FC	IV	ML	1000 U		0.05	01/01/2002	99/99/9999						
00264-9587-20		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTRROSE/HEPARIN SODIUM (EXCEL) 5%-10000 U/100 ML	250	ML	FC	IV	ML	1000 U		0.1	01/01/2002	99/99/9999						
00264-9594-10		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTRROSE/LIDOCAINE HCL (EXCEL) 5%-0.4%	500	ML	FC	IV	ML	10 MG		0.4	01/01/2004	99/99/9999						
00264-9594-20		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTRROSE/LIDOCAINE HCL (EXCEL) 5%-0.4%	250	ML	FC	IV	ML	10 MG		0.4	01/01/2004	99/99/9999						
00264-9598-20		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTRROSE/LIDOCAINE HCL (EXCEL) 5%-0.8% HEPARIN SODIUM/SODIUM CHLORIDE 200 U/100 ML-0.9%	250	ML	FC	IV	ML	10 MG		0.8	01/01/2004	99/99/9999						
00264-9872-10		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	ML-0.9%	500	ML	FC	IV	ML	1000 U		0.002	01/01/2002	99/99/9999						
00270-0556-15		J2805		01/01/2006	99/99/9999	INJECTION, SINCALIDE, 5 MICROGRAMS	KINEVAC (VIAL) 5 MCG	1	EA	VL	IV	EA	5 MCG		1	01/01/2006	99/99/9999						
00310-0201-30		J8999		01/01/2002	07/01/2018	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ARIMIDEX 1 MG	30	EA	BO	PO	EA	1 EA		1	08/07/2008	07/01/2018	01/01/2002	06/02/2008			1	
00310-0321-30		J2185		01/01/2004	99/99/9999	INJECTION, MEROPENEM, 100 MG	MERREM IV (VIAL) 1 GM	1	EA	VL	IV	EA	100 MG		5	01/01/2004	99/99/9999						
00310-0325-20		J2185		01/01/2004	99/99/9999	INJECTION, MEROPENEM, 100 MG	MERREM IV (VIAL) 500 MG	1	EA	VL	IV	EA	100 MG		5	01/01/2004	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	
00310-0950-36		J9202		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	05/05/2003	04/05/2018						
00310-0951-30		J9202		05/05/2003	02/01/2018	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	ZOLADEX (SAFESYSTEM SRN) 10.8 MG	1	EA	SR	SC	EA	3.6 MG		3	05/05/2003	02/01/2018						
00310-1736-30		J3490		11/14/2017	99/99/9999	UNCLASSIFIED DRUGS	FASENRA (PF) 30 MG/1 ML	1	ML	SR	SC	ML	1 MG		1	11/14/2017	99/99/9999						
00338-0003-44		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	1000	ML	FC	IR	ML	500 ML		0.002	01/01/2004	99/99/9999						
00338-0003-46		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	2000	ML	FC	IR	ML	500 ML		0.002	01/01/2004	99/99/9999						
00338-0003-47		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	3000	ML	FC	IR	ML	500 ML		0.002	01/01/2004	99/99/9999						
00338-0004-02		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	250	ML	FC	IR	ML	500 ML		0.002	01/01/2004	99/99/9999						
00338-0004-03		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	500	ML	FC	IR	ML	500 ML		0.002	01/01/2004	99/99/9999						
00338-0004-04		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	1000	ML	FC	IR	ML	500 ML		0.002	01/01/2004	99/99/9999						
00338-0004-05		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	1500	ML	FC	IR	ML	500 ML		0.002	01/01/2004	99/99/9999						
00338-0013-04		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	1000	ML	FC	IV	ML	500 ML		0.002	01/01/2004	99/99/9999						
00338-0013-06		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	2000	ML	FC	IV	ML	500 ML		0.002	01/01/2004	99/99/9999						
00338-0013-08		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	3000	ML	FC	IV	ML	500 ML		0.002	01/01/2004	99/99/9999						
00338-0013-29		A4217																					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-0047-24		A4217		01/01/2004	12/31/2012	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (ARTHROMATIC P.C.) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	12/31/2012						
00338-0047-27		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	3000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0047-29		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	5000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0047-44		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (UROMATIC P.C.) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0047-46		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	2000	ML	BO	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0047-47		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	3000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0048-02		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	250	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0048-03		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	500	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0048-04		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (P.C.) 10.9%	1000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0048-05		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	1500	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0049-01		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE 0.9%	150	ML	FC	IV	ML	250	ML	0.004	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	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999						
00338-0049-03		J7040		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE 0.9%	500	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0049-04		J7030		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999						
00338-0049-10		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	25	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00338-0049-11		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00338-0049-18		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999						
00338-0049-31		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (MULTI PACK, MINI-BAG) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00338-0049-38		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (MULTI PACK, MINI-BAG) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999						
00338-0049-41		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (SINGLE PACK, MINI-BAG) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00338-0049-48		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (SINGLE PACK, MINI-BAG) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999						
00338-0050-47		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PROCESSING) 0.9%	3000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0054-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 3%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0056-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 5%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0069-10		J1885		04/30/2019	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 15 MG/1 ML	1	ML	VL	U	ML	15	MG	1	04/30/2019	99/99/9999						
00338-0072-25		J1885		01/30/2019	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/1 ML	1	ML	VL	U	ML	15	MG	2	01/30/2019	99/99/9999						
00338-0073-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 2.5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0076-10		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						
00338-0077-02		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.2%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	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						
00338-0077-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.2%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0081-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.33%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0085-02		J7799		01/01/2002	07/16/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.45%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	07/16/2016						
00338-0085-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.45%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0085-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0089-03		J7042		01/01/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE 5%-0.9%	500	ML	FC	IV	ML	5	%	0.002	01/01/2002	99/99/9999						
00338-0089-04		J7042		01/01/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE 5%-0.9%	1000	ML	FC	IV	ML	5	%	0.002	01/01/2002	99/99/9999						
00338-0117-02		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S	250	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999						
00338-0117-03		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999						
00338-0117-04		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999						
00338-0125-03		J7120		01/01/2002	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGERS/DEXTROSE 5%	500	ML	FC	IV	ML	1000	ML	0.0005	01/01/2002	12/31/2015						
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 (VIAFLEX)	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999						
00338-0125-04		J7120		01/01/2002	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGERS/DEXTROSE 5%	1000	ML	FC	IV	ML	1000	ML	0.0005	01/01/2002	12/31/2015						
00338-0125-04		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	LACTATED RINGERS AND 5% DEXTROSE (VIAFLEX, 14X1000ML)	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999						
00338-0351-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEXAF) 5%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0353-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX) 10%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0355-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEXAF) 15%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0357-02		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX) 20%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0357-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX) 20%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999					</	

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-0551-11		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MINI-BAG PLUS) 5%	50	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0551-18		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MINI-BAG PLUS) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0553-11		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (MINI-BAG PLUS) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00338-0553-18		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (MINI-BAG PLUS) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999						
00338-0891-04		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE 2 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.01	01/01/2002	99/99/9999						
00338-0895-04		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE 4 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.02	01/01/2002	99/99/9999						
00338-0703-41		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 20 MEQ/50 ML	50	ML	PC	IV	ML	2	MEQ	0.2	01/01/2002	99/99/9999						
00338-0703-48		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 40 MEQ/100 ML	100	ML	PC	IV	ML	2	MEQ	0.2	01/01/2002	99/99/9999						
00338-0704-34		J3480		05/21/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (VAPLEX BAG PF) 2 MEQ/100 ML-0.45%	1000	ML	FC	IV	ML	2	MEQ	0.01	05/21/2003	99/99/9999						
00338-0705-41		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 10 MEQ/50 ML	50	ML	PC	IV	ML	2	MEQ	0.1	01/01/2002	99/99/9999						
00338-0705-48		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 20 MEQ/100 ML	100	ML	PC	IV	ML	2	MEQ	0.1	01/01/2002	99/99/9999						
00338-0709-48		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 10 MEQ/100 ML	100	ML	PC	IV	ML	2	MEQ	0.05	01/01/2002	99/99/9999						
00338-0719-06		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (BULK PACKAGE) 70%	2000	ML	PC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0719-13		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						
00338-0811-04		J7120		01/01/2002	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC	POTASSIUM CHLORIDE SOLUTION (5% DEXTROSE & LAC-RING)	1000	ML	FC	IV	ML	1000	ML	0.0005	01/01/2002	12/31/2015						
00338-1005-02		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (PRE-MIX IN D5W) 5%-80 MG/100 ML	250	ML	PC	IV	ML	40	MG	0.02	01/01/2006	99/99/9999						
00338-1005-03		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-80 MG/100 ML	500	ML	PC	IV	ML	40	MG	0.02	01/01/2006	99/99/9999						
00338-1007-02		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-160 MG/100 ML	250	ML	PC	IV	ML	40	MG	0.04	01/01/2006	99/99/9999						
00338-1007-03		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-160 MG/100 ML	500	ML	PC	IV	ML	40	MG	0.04	01/01/2006	99/99/9999						
00338-1009-02		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-320 MG/100 ML	250	ML	PC	IV	ML	40	MG	0.08	01/01/2006	99/99/9999						
00338-1013-41		J2700		01/01/2002	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						
00338-1015-41		J2700		01/01/2002	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (PREMIXED) 2 GM/50 ML	50	ML	PC	IV	ML	250	MG	0.16	01/01/2002	99/99/9999						
00338-1017-41		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (GALAXY PREMIX) 1 GM/50 ML	50	ML	PC	IV	ML	1	EA	1	01/01/2002	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						
00338-1021-41		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (GALAXY PREMIX) 1 Million U/50 ML	50	ML	PC	IV	ML	600000	U	0.03333	01/01/2002	99/99/9999						
00338-1023-41		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (GALAXY PREMIX) 2 Million U/50 ML	50	ML	PC	IV	ML	600000	U	0.06666	01/01/2002	99/99/9999						
00338-1025-41		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (GALAXY PREMIX) 3 Million U/50 ML	50	ML	PC	IV	ML	600000	U	0.1	01/01/2002	99/99/9999						
00338-1055-48		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE 500 MG/100 ML	100	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-1073-02		J1250		01/01/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE 5%-100 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.004	01/01/2002	99/99/9999						
00338-1075-02		J1250		01/01/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE 5%-200 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.008	01/01/2002	99/99/9999						
00338-1077-02		J1250		01/01/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE 5%-400 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.016	01/01/2002	99/99/9999						
00338-2691-75		J2175		05/02/2011	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (SRN.PREFILLED.GLASS) 10 MG/ML	50	ML	SR	U	ML	100	MG	0.1	05/02/2011	99/99/9999						
00338-3503-41		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (GALAXY P.C.) 1 GM/50 ML	50	ML	FC	IV	ML	500	MG	0.04	01/01/2002	99/99/9999						
00338-3551-48		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOCCIN HCL (S.D. GALAXY PLASTIC) 5%-500 MG/100 ML	100	ML	PC	IV	ML	500	MG	0.01	01/01/2002	99/99/9999						
00338-3552-48		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOCCIN HCL (S.D. GALAXY PLASTIC) 5%-500 MG/100 ML	200	ML	PC	IV	ML	500	MG	0.01	01/01/2002	99/99/9999						
00338-3581-01		J3370		05/10/2016	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL-SODIUM CHLORIDE (GALAXY CONTAINER) 0.9%-500 MG/100 ML	100	ML	VL	IV	ML	500	MG	0.01	05/10/2016	99/99/9999						
00338-3582-01		J3370		05/10/2016	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL-SODIUM CHLORIDE (GALAXY CONTAINER) 0.9%-750 MG/150 ML	150	ML	VL	IV	ML	500	MG	0.01	05/10/2016	99/99/9999						
00338-3583-01		J3370		04/18/2016	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL-SODIUM CHLORIDE 0.9%-1 GM	200	ML	VL	IV	ML	500	MG	0.01	04/18/2016	99/99/9999						
00338-5002-41		J0696		09/06/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRAXONE 1 GM/50 ML	50	ML	PC	IV	ML	250	MG	0.08	09/06/2005	99/99/9999						
00338-5003-41		J0696		09/06/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRAXONE 2 GM/50 ML	50	ML	PC	IV	ML	250	MG	0.16	09/06/2005	99/99/9999						
00338-5197-41		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (GALAXY PC-PF) 0.4 MG/ML	50	ML	PC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-6010-48		J2260		06/05/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSE/MILRINONE LACTATE (BAG,INTRAVIA) 5%-20 MG/100 ML	100	ML	FC	IV	ML	5	MG	0.04	06/05/2002	99/99/9999						
00338-6011-37		J2260		06/05/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSE/MILRINONE LACTATE (BAG,INTRAVIA) 5%-20 MG/100 ML	200	ML	FC	IV	ML	5	MG	0.04	06/05/2002	99/99/9999						
00338-6045-37		J1450		07/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (INTRAVA CONTAINER) 400 MG/200 ML	200	ML	PC	IV	ML	200	MG	0.01	07/29/2004	99/99/9999						
00338-6046-48		J1450		07/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (INTRAVA CONTAINERS) 200 MG/100 ML	100	ML	PC	IV	ML	200	MG	0.01	07/29/2004	99/99/9999						
00338-6307-02		J7120		10/17/2007	06/30/2016	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (USP, LATEX-FREE)	250	ML	FC	IV	ML	1000	ML	0.001	10/17/2007	06/30/2016						
00338-6346-02		J7060		03/01/2007	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (USP, 40X250ML AVIVA) 5%	250	ML	FC	IV	ML	500	ML	0.002	03/01/2007	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								

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
00378-0144-05		J8999		02/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	500	EA	BO	PO	EA	1 EA		1	02/20/2003	99/99/9999						
00378-0144-91		J8999		02/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60	EA	BO	PO	EA	1 EA		1	02/20/2003	99/99/9999						
00378-0253-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
00378-0274-01		J8999		02/20/2003	07/12/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	100	EA	BO	PO	EA	1 EA		1	02/20/2003	07/12/2016						
00378-0274-93		J8999		02/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	30	EA	BO	PO	EA	1 EA		1	02/20/2003	99/99/9999						
00378-0302-01		J8499		01/01/2002	01/14/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	01/14/2016						
00378-0315-93		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 HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1 MG		4	01/01/2012	99/99/9999						
00378-0344-93		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 HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1 MG		8	01/01/2012	99/99/9999						
00378-0640-01		J7512		03/08/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1 MG		5	03/08/2019	99/99/9999						
00378-0640-10		J7512		03/08/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	1 MG		5	03/08/2019	99/99/9999						
00378-0641-01		J7512		04/04/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	1 MG		10	04/04/2019	99/99/9999						
00378-0641-10		J7512		04/04/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	1 MG		10	04/04/2019	99/99/9999						
00378-1003-84		Q0166		01/30/2007	11/30/2012	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	20	EA	BO	PO	EA	1 MG		1	01/30/2007	11/30/2012						
00378-1005-01		J7500		12/22/2009	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE, 50 MG	100	EA	BO	PO	EA	50 MG		1	12/22/2009	99/99/9999						
00378-2046-01		J7507		09/23/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	EA	PO	EA	1 MG		0.5	09/23/2010	99/99/9999						
00378-2046-01		J7507		09/23/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	EA	PO	EA	1 MG		1	09/23/2010	99/99/9999						
00378-2046-05		J7507		07/13/2011	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	500	EA	BO	PO	EA	1 MG		1	07/13/2011	99/99/9999						
00378-2047-01		J7507		09/23/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	EA	PO	EA	1 MG		5	09/23/2010	99/99/9999						
00378-2047-05		J7507		07/13/2011	10/13/2015	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	500	EA	BO	PO	EA	1 MG		5	07/13/2011	10/13/2015						
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						
00378-2511-91		None		08/08/2014	99/99/9999	CAPECITABINE, 150 MG	CAPECITABINE (USP, FILM COATED) 150 MG	60	EA	BO	PO	EA	150 MG		1	08/08/2014	99/99/9999						
00378-2512-78		None		08/08/2014	99/99/9999	CAPECITABINE, 500 MG	CAPECITABINE (USP, FILM COATED) 500 MG	120	EA	BO	PO	EA	500 MG		1	08/08/2014	99/99/9999						
00378-3266-94		None		10/19/2001	99/99/9999	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE (BLISTER PACK, SOFT GEL) 50 MG	20	EA	BX	PO	EA	50 MG		1	10/19/2001	99/99/9999						
00378-3547-25		J8999		07/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPYRINE (U.S.P.) 50 MG	250	EA	BO	PO	EA	1 EA		1	07/01/2005	99/99/9999						
00378-3547-52		J8999		07/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPYRINE (U.S.P.) 50 MG	25	EA	BO	PO	EA	1 EA		1	07/01/2005	99/99/9999						
00378-4201-78		J7518		01/08/2014	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 180 MG	120	EA	BO	PO	EA	180 MG		1	01/08/2014	99/99/9999						
00378-4202-78		J7518		01/08/2014	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 360 MG	120	EA	BO	PO	EA	180 MG		2	01/08/2014	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						
00378-4472-05		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	500	EA	BO	PO	EA	250 MG		2	05/04/2009	99/99/9999						
00378-5105-01		Q0164		01/01/2002	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						
00378-5110-01		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						
00378-5110-01		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	10 MG		1	01/01/2002	12/31/2013						
00378-5260-14		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5 MG		1	06/29/2016	99/99/9999						
00378-5260-98		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5 MG		1	06/29/2016	99/99/9999						
00378-5261-14		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						
00378-5261-98		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20 MG		1	06/29/2016	99/99/9999						
00378-5262-14		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100 MG		1	06/29/2016	99/99/9999						
00378-5262-98		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100 MG		1	06/29/2016	99/99/9999						
00378-5263-14		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20 MG		7	06/29/2016	99/99/9999						
00378-5263-98		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20 MG		7	06/29/2016	99/99/9999						
00378-5264-14		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20 MG		9	06/29/2016	99/99/9999						
00378-5264-98		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20 MG		9	06/29/2016	99/99/9999						
00378-5265-98		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250 MG		1	06/29/2016	99/99/9999						
00378-6960-93		J1595		10/04/2017	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG	GLATIRAMER ACETATE 20 MG/1 ML	1	ML	SR	SC	ML	20 MG		1	10/04/2017	99/99/9999						
00378-6961-12		J1595		10/04/2017	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG	GLATIRAMER ACETATE 40 MG/1 ML	1	ML	SR	SC	ML	20 MG		2	10/04/2017	99/99/9999						
00378-6966-01		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00378-6988-58		J7620		12/28/2007	09/25/2013	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	30	ML	PC	IH	ML	3	MG	0.33333	12/28/2007	09/25/2013							
00378-6988-91		J7620		12/28/2007	12/31/2014	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,5 VIALS/POUCH) 3 MG/3 ML-0.5 MG/3 ML	60	ML	PC	IH	ML	3	MG	0.33333	12/28/2007	12/31/2014							
00378-6988-93		J7620		12/28/2007	06/12/2013	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	30	ML	PC	IH	ML	3	MG	0.33333	12/28/2007	06/12/2013							
00378-6989-62		J7644		10/07/2009	04/02/2013	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	EA	SOL	IH	ML	1	MG	0.2	10/07/2009	04/02/2013							
00378-6989-62	KO	J7644	KO	10/07/2009	04/02/2013	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	EA	SOL	IH	ML	1	MG	0.2	10/07/2009	04/02/2013							
00378-6989-64		J7644		10/07/2009	02/18/2013	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	EA	PC	IH	ML	1	MG	0.2	10/07/2009	02/18/2013							
00378-6989-64	KO	J7644	KO	10/07/2009	02/18/2013	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	EA	PC	IH	ML	1	MG	0.2	10/07/2009	02/18/2013							
00378-6989-66		J7644		10/07/2009	03/03/2013	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%	60	EA	SOL	IH	ML	1	MG	0.2	10/07/2009	03/03/2013							
00378-6989-66	KO	J7644	KO	10/07/2009	03/03/2013	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%	60	EA	SOL	IH	ML	1	MG	0.2	10/07/2009	03/03/2013							
00378-6989-93		J7644		10/07/2009	10/07/2013	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	EA	SOL	IH	ML	1	MG	0.2	10/07/2009	10/07/2013							
00378-6989-93	KO	J7644	KO	10/07/2009	10/07/2013	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	EA	SOL	IH	ML	1	MG	0.2	10/07/2009	10/07/2013							
00378-6990-52		J7613		10/07/2009	12/12/2012	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (5X5) 0.083%	25	EA	SOL	IH	ML	1	MG	0.83333	10/07/2009	12/12/2012							
00378-6990-52	KO	J7613	KO	10/07/2009	12/12/2012	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (5X5) 0.083%	25	EA	SOL	IH	ML	1	MG	0.83333	10/07/2009	12/12/2012							
00378-6990-58		J7613		10/07/2009	01/21/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (6X5) 0.083%	30	EA	SOL	IH	ML	1	MG	0.83333	10/07/2009	01/21/2013							
00378-6990-58	KO	J7613	KO	10/07/2009	01/21/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (6X5) 0.083%	30	EA	SOL	IH	ML	1	MG	0.83333	10/07/2009	01/21/2013							
00378-6990-91		J7613		10/07/2009	04/10/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (12X5) 0.083%	60	EA	SOL	IH	ML	1	MG	0.83333	10/07/2009	04/10/2013							
00378-6990-91	KO	J7613	KO	10/07/2009	04/10/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (12X5) 0.083%	60	EA	SOL	IH	ML	1	MG	0.83333	10/07/2009	04/10/2013							
00378-6990-93		J7613		10/07/2009	03/06/2014	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (1X30) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	10/07/2009	03/06/2014							
00378-6990-93	KO	J7613	KO	10/07/2009	03/06/2014	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (1X30) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	10/07/2009	03/06/2014							
00378-6991-52		J7613		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							
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							
00378-6992-52		J7613		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	0.4166	11/02/2009	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	0.4166	11/02/2009	99/99/9999							
00378-6992-93		J7612		08/28/2009	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (USP,PF) 1.25 MG/0.5 ML	30	EA	SOL	IH	ML	0.5	MG	5	08/28/2009	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00378-6993-93	KO	J7612	KO	08/28/2009	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (USP,PF) 1.25 MG/0.5 ML	30	EA	SOL	IH	ML	0.5	MG		5	08/28/2009	99/99/9999						
00378-7732-93		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) 4 MG	30	EA	BO	PO	EA	1	MG		4	01/01/2012	99/99/9999						
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						
00378-7734-97		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						
00378-7970-52		J7644		04/03/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/03/2013	99/99/9999							
00378-7970-52	KO	J7644	KO	04/03/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/03/2013	99/99/9999							
00378-7970-93		J7644		02/19/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/19/2013	99/99/9999							
00378-7970-93	KO	J7644	KO	02/19/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/19/2013	99/99/9999							
00378-8270-52		J7613		12/13/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83333	12/13/2012	99/99/9999							
00378-8270-52	KO	J7613	KO	12/13/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83333	12/13/2012	99/99/9999							
00378-8270-91		J7613		04/11/2013	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/11/2013	99/99/9999							
00378-8270-91	KO	J7613	KO	04/11/2013	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/11/2013	99/99/9999							
00378-8270-93		J7613		01/22/2013	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX30) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/22/2013	99/99/9999							
00378-8270-93	KO	J7613	KO	01/22/2013	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX30) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/22/2013	99/99/9999							
00378-9671-30		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							
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							
00378-9671-60		J7620		03/03/2016	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (STERILE (60X3ML)) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	03/03/2016	99/99/9999							
00378-9671-93		J7620		06/13/2013	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML, 1 VIAL/POUCH) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	06/13/2013	99/99/9999							
00378-9680-44		J7614		03/15/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12,PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	03/15/2013	99/99/9999							
00378-9680-44	KO	J7614	KO	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,PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	03/15/2013	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, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	03/15/2013	99/99/9999							
00378-9681-44	KO	J7614	KO	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,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	03/15/2013	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	
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.PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	03/15/2013	99/99/9999							
00378-9682-44	KO	J7614	KO	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.PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	03/15/2013	99/99/9999							
00378-9690-52		J7614		07/23/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	07/23/2018	99/99/9999							
00378-9690-52	KO	J7614	KO	07/23/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	07/23/2018	99/99/9999							
00378-9691-52		J7614		07/23/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	07/23/2018	99/99/9999							
00378-9691-52	KO	J7614	KO	07/23/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	07/23/2018	99/99/9999							
00378-9692-52		J7614		09/10/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	09/10/2018	99/99/9999							
00378-9692-52	KO	J7614	KO	09/10/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	09/10/2018	99/99/9999							
00406-0646-02		J0706		01/01/2002	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999							
00406-0672-52		J3490		01/01/2002	99/99/9999	INJECTION, UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999							
00406-1130-52		J3010		01/01/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2002	99/99/9999							
00406-1395-04		J3520		01/01/2002	99/99/9999	EDEATE DISODIUM, PER 150 MG	EDEATE DISODIUM (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.86666	01/01/2002	99/99/9999							
00406-1492-52		J2310		01/01/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999							
00406-1510-56		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999							
00406-1510-57		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999							
00406-1510-59		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999							
00406-1521-53		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE	5	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999							
00406-1521-53		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014							
00406-1521-55		J2270		01/01/2002	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE	25	GM	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999							
00406-1521-55		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014							
00406-1521-56		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE	50	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999							
00406-1521-56		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014							
00406-1521-57		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE	100	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999							
00406-1521-57		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014							
00406-1548-32		J0745		01/01/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2002	99/99/9999							
00406-1548-35		J0745		01/01/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2002	99/99/9999							
00406-1585-55		J2175		01/01/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	99/99/9999							
00406-3245-52		J1170		01/01/2002	09/30/2016	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL	1	EA	BO	NA	GM	4	MG	250	01/01/2002	09/30/2016							
00406-4200-12		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999							
00406-6838-04		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							
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							
00406-6845-04		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	99/99/9999							
00406-6858-04		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (A.C.S.)	1	EA	NA	NA	GM	2	MEQ	6.71141	01/01/2002	99/99/9999							
00406-8020-03		J0574		01/05/2018	99/99/9999	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE	BUPRENORPHINE-NALOXONE (LEMON) 8 MG-2 MG	30	EA	BO	SL	EA	8	MG	1	01/05/2018	99/99/9999							
00406-8050-03		J9218		01/01/2002	10/17/2016	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	10/17/2016							
00406-8642-12		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	99/99/9999							
00409-0106-01		J0878		01/04/2017	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	01/04/2017	99/99/9999							
00409-0212-01		J2280		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		J2280		04/06/2015	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (SDV,PF) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	04/06/2015	99/99/9999							
00409-0366-01		J9171		07/08/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	07/08/2016	99/99/9999							
00409-0367-01		J9171		07/08/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	07/08/2016	99/99/9999							
00409-0368-01		J9171		12/08/2017	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	12/08/2017	99/99/9999							
00409-0528-15		J1956		05/15/2017	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X50ML, SINGLE-USE,PF) 5%-250 MG/50 ML	50	ML	BG	IV	ML	250	MG	0.02	05/15/2017	99/99/9999							
00409-0528-25		J1956		05/15/2017	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X100ML, SINGLE-USE,PF) 5%-500 MG/100 ML	100	ML	BG	IV	ML	250	MG	0.02	05/15/2017	99/99/9999							
00409-0528-35		J1956		05/15/2017	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X150ML, SINGLE-USE,PF) 5%-750 MG/150 ML	150	ML	BG	IV	ML	250	MG	0.02	05/15/2017	99/99/9999							
00409-0801-01		J9288		07/20/2007	99/99/9999	INJECTION, PENTOSTATIN, 10 MG	NIPENT (SDV) 10 MG	1	EA	VL	IV	EA	10	MG	1	07/20/2007	99/99/9999							
00409-0805-11		J0690		12/15/2015	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN (INNER NDC) 1 GM	1	EA	VL	IJ	EA	500	MG	2	12/15/2015	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							
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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-1112-01		J0594		02/28/2019	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SINGLE-USE) 6 MG/1 ML	10	ML	VL	IV	ML	1 MG		6	02/28/2019	99/99/9999						
00409-1120-62		J2405		01/22/2007	03/01/2013	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (10X2ML,SDFFS,USP) 2 MG/ML	2	ML	SR	U	ML	1 MG		2	01/22/2007	03/01/2013						
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	1 EA		1	05/13/2005	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						
00409-1134-03		J2271		09/14/2005	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (VIAL, FLIPTOP) 50 MG/ML	20	ML	VL	U	ML	100 MG		0.5	09/14/2005	12/31/2014						
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						
00409-1134-05		J2271		08/08/2005	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (LATEX-FREE) 50 MG/ML	50	ML	VL	U	ML	100 MG		0.5	08/08/2005	12/31/2014						
00409-1135-02		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (HIGH CONCENTRATION) PF 25 MG/ML	10	ML	VL	U	ML	10 MG		2.5	01/01/2015	99/99/9999						
00409-1135-02		J2275		07/21/2005	12/31/2014	INJECTION, MORPHINE SULFATE, (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (HIGH CONCENTRATION) PF 25 MG/ML	10	ML	VL	U	ML	10 MG		2.5	07/21/2005	12/31/2014						
00409-1140-01		J0883		02/22/2017	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (SDV,PF) 100 MG/1 ML	2.5	ML	VL	IV	ML	1 MG		100	02/22/2017	99/99/9999						
00409-1141-02		J7799		04/13/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (VIAL,FLIPTOP,BULK PKG) 23.4%	100	ML	VL	IV	ML	1 EA		1	04/13/2005	99/99/9999						
00409-1151-70		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						
00409-1152-12		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL,FLIPTOP,LIFESHIELD) 100 U/ML	10	ML	VL	IV	ML	10 U		10	10/01/2009	99/99/9999						
00409-1152-78		J1642		10/01/2009	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL,FLIPTOP,LATEX-FREE) 100 U/ML	30	ML	VL	IV	ML	10 U		10	10/01/2009	02/03/2016						
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						
00409-1159-01		J3490		06/29/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (USP,25X2ML,LATEX-FREE) 0.25%	10	ML	VL	U	ML	1 EA		1	06/29/2005	99/99/9999						
00409-1159-02		J3490		08/10/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (25X30ML,LATEX-FREE) 0.25%	30	ML	VL	U	ML	1 EA		1	08/10/2005	99/99/9999						
00409-1160-01		J3490		04/12/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,FLIPTOP,LATEX-FREE) 0.25%	50	ML	VL	U	ML	1 EA		1	04/12/2005	99/99/9999						
00409-1161-01		J3490		10/18/2004	12/08/2017	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,LATEX-FREE) 0.5%	30	ML	AM	U	ML	1 EA		1	10/18/2004	12/08/2017						
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						
00409-1162-02		J3490		11/22/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.5%	30	ML	VL	U	ML	1 EA		1	11/22/2005	99/99/9999						
00409-1163-01		J3490		03/30/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,FLIPTOP,LATEX-FREE) 0.5%	50	ML	VL	U	ML	1 EA		1	03/30/2005	99/99/9999						
00409-1165-01		J3490		12/08/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.75%	10	ML	VL	U	ML	1 EA		1	12/08/2005	99/99/9999						
00409-1165-02		J3490		05/24/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (TTV,LATEX-FREE) 0.75%	30	ML	VL	U	ML	1 EA		1	05/24/2005	99/99/9999						
00409-1176-30		J2175		08/25/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LATEX-FREE) 25 MG/ML	1	ML	SR	U	ML	100 MG		0.25	08/25/2005	99/99/9999						
00409-1178-30		J2175		09/14/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LATEX-FREE,CARPUJECT) 50 MG/ML	1	ML	SR	U	ML	100 MG		0.5	09/14/2005	99/99/9999						
00409-1179-30		J2175		12/08/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LATEX-FREE,CARPUJECT) 75 MG/ML	1	ML	SR	U	ML	100 MG		0.75	12/08/2005	99/99/9999						
00409-1180-69		J2175		09/14/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (CARPUJECT) 100 MG/ML	1	ML	SR	U	ML	100 MG		1	09/14/2005	99/99/9999						
00409-1181-30		J2175		01/31/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL (USP,MDV,STERILE) 50 MG/ML	30	ML	VL	U	ML	100 MG		0.5	01/31/2006	99/99/9999						
00409-1187-01		J1790		08/23/2005	99/99/9999	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	99/99/9999						
00409-1201-20		J2175		03/09/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL (MDV) 100 MG/ML	20	ML	VL	U	ML	100 MG		1	03/09/2006	99/99/9999						
00409-1203-01		J2175		12/16/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (UNI-AMP, 5X5,LATEX-FREE) 50 MG/ML	0.5	ML	AM	U	ML	100 MG		0.5	12/16/2005	99/99/9999						
00409-1207-03		J1580		08/30/2005	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAL,FLIPTOP) 40 MG/ML	2	ML	VL	U	ML	80 MG		0.5	08/30/2005	99/99/9999						
00409-1215-01		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						
00409-1219-01		J2310		04/03/2006	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HYDROCHLORIDE 0.4 MG/ML	10	ML	VL	U	ML	1 MG		0.4	04/03/2006	99/99/9999						
00409-1253-01		J2175		01/04/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LATEX-FREE) 50 MG/ML	1	ML	AM	U	ML	100 MG		0.5	01/04/2006	99/99/9999						
00409-1254-01		J2175		03/20/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL (25X1.5ML) 50 MG/ML	1.5	ML	AM	U	ML	100 MG		0.5	03/20/2006	99/99/9999						
00409-1255-02		J2175		11/23/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (UNI-AMP 5X5,LATEX-FREE) 50 MG/ML	2	ML	AM	U	ML	100 MG		0.5	11/23/2005	99/99/9999						
00409-1256-01		J2175		01/26/2006	99/99/9999	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	99/99/9999						
00409-1258-30		J2270		05/10/2005	09/01/2013	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LUER LOCK,U.S.P.,10X1ML) 4 MG/ML	1	ML	CR	U	ML	10 MG		0.4	05/10/2005	09/01/2013						
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		0.8	03/22/2006	99/99/9999						
00409-1261-30		J2270		07/21/2005	03/01/2014	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LLK,S.LIM PK, 10X1ML) 10 MG/ML	1	ML	SR	U	ML	10 MG		1	07/21/2005	03/01/2014						
00409-1264-31		J2271		12/16/2005	06/01/2013	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (LUER LOCK,LATEX-FREE) 15 MG/ML	1	ML	CR	U	ML	100 MG		0.15	12/16/2005	06/01/2013						
00409-1273-32		J3360		08/23/2005	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X2ML, LUER LOCK) 5 MG/ML	2	ML	CR	U	ML	5 MG		1	08/23/2005	99/99/9999						
00409-1276-32		J3010		07/27/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (LUER LOCK,10X2ML,PF) 0.05 MG/ML	2	ML	SR	U	ML	0.1 MG		0.5	07/27/2005	99/99/9999						
00409-1280-31		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	1	ML	SR	IV	ML	10 U		1	10/01/2009	99/99/9999						
00409-1280-32		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	2	ML	SR	IV	ML	10 U		1	10/01/2009	99/99/9999						
00409-1280-33		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	3	ML	CR	IV	ML	10 U		1	10/01/2009	99/99/9999						

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
00409-1626-49		J0595		05/24/2006	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	NOVAPLUS BUTORPHANOL TARTRATE (VHA,10X1ML) 2 MG/ML	1	ML	VL	U	ML	1	MG	2	05/24/2006	99/99/9999						
00409-1626-51		J0595		12/08/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE NOVATION (10X2ML) 2 MG/ML	2	ML	VL	U	ML	1	MG	2	12/08/2005	99/99/9999						
00409-1639-10		J1940		01/23/2006	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						
00409-1754-10		J3475		11/27/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (10X10ML,SINGLE-DOSE,USP) 500 MG/ML	10	ML	SR	U	ML	500	MG	1	11/27/2006	99/99/9999						
00409-1761-02		J3490		06/06/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCANNE SPINAL (AMP W/DEXTROSE,PF) 0.75% MORPHINE SULFATE (LLK,SUM PK,CARPUJECT) 2 MG/ML	2	ML	AM	U	ML	1	EA	1	06/06/2005	99/99/9999						
00409-1762-30		J2270		05/27/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	1	ML	CR	U	ML	10	MG	0.2	05/27/2005	99/99/9999						
00409-1775-10		J7799		02/20/2006	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE (2.5GM INFANT ANSYR,SYR) 25%	10	ML	SR	IV	ML	1	EA	1	02/20/2006	99/99/9999						
00409-1782-69		J2310		09/29/2005	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						
00409-1800-01		J2370		04/14/2005	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	NEO-SYNEPHRINE HCL (AMP,25X1ML) 10 MG/ML	1	ML	AM	U	ML	1	ML	1	04/14/2005	99/99/9999						
00409-1890-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 2 MG/ML	1	ML	SR	IV	ML	10	MG	0.2	01/01/2015	99/99/9999						
00409-1890-01		J2275		08/23/2012	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 2 MG/ML	10	ML	SR	IV	ML	10	MG	0.2	08/23/2012	12/31/2014						
00409-1890-11		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (ISECURE SINGLE USE) 2 MG/ML	1	ML	SR	IV	ML	10	MG	0.2	01/01/2015	99/99/9999						
00409-1890-11		J2275		01/06/2014	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (ISECURE SINGLE USE) 2 MG/ML	1	ML	SR	IV	ML	10	MG	0.2	01/06/2014	12/31/2014						
00409-1891-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 4 MG/ML	1	ML	SR	IV	ML	10	MG	0.4	01/01/2015	99/99/9999						
00409-1891-01		J2275		08/06/2012	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 4 MG/ML	10	ML	SR	IV	ML	10	MG	0.4	08/06/2012	12/31/2014						
00409-1891-11		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (ISECURE SINGLE USE) 4 MG/ML	1	ML	SR	IV	ML	10	MG	0.4	01/01/2015	99/99/9999						
00409-1891-11		J2275		01/13/2014	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (ISECURE SINGLE USE) 4 MG/ML	1	ML	SR	IV	ML	10	MG	0.4	01/13/2014	12/31/2014						
00409-1893-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 10 MG/ML	1	ML	SR	IV	ML	10	MG	1	01/01/2015	99/99/9999						
00409-1893-01		J2275		08/15/2012	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 10 MG/ML	10	ML	SR	IV	ML	10	MG	1	08/15/2012	12/31/2014						
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						
00409-1894-01		J2275		08/10/2012	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 15 MG/ML	10	ML	SR	IV	ML	10	MG	1.5	08/10/2012	12/31/2014						
00409-1902-01		J2690		03/10/2006	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HYDROCHLORIDE (25X10ML,FTV) 100 MG/ML	10	ML	VL	U	ML	1	GM	0.1	03/10/2006	99/99/9999						
00409-1903-01		J2690		08/24/2005	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL 500 MG/ML	2	ML	VL	IV	ML	1	GM	0.5	08/24/2005	99/99/9999						
00409-1918-32		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LUER LOCK,50X2ML,PF) 0.9%	2	ML	CR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
00409-1918-33		A4216		01/01/2007	99/99/9999	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	99/99/9999						
00409-1918-35		A4216		01/01/2007	99/99/9999	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	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						
00409-1955-01		J0278		01/01/2006	11/15/2012	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (VAL,FLIPTOP,LATEX-FREE) 50 MG/ML	2	ML	VL	U	ML	100	MG	0.5	01/01/2006	11/15/2012						
00409-1966-05		A4216		05/02/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (25X20ML,LATEX-FREE) 0.9%	20	ML	VL	IV	ML	10	ML	0.1	05/02/2005	99/99/9999						
00409-1966-07		A4216		04/05/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (VAL,FLIPTOP,PLASTIC) 0.9%	30	ML	VL	IV	ML	10	ML	0.1	04/05/2005	99/99/9999						
00409-1966-12		A4216		10/06/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (25X10ML,LS-PLASTIC) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	10/06/2005	99/99/9999						
00409-1966-14		A4216		06/01/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (FLIPTOP,LS-PLASTIC) 0.9%	30	ML	VL	IV	ML	10	ML	0.1	06/01/2005	99/99/9999						
00409-1985-30		J2060		06/01/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (LUER LOCK,CARPUJECT) 2 MG/ML	1	ML	CR	U	ML	2	MG	1	06/01/2005	99/99/9999						
00409-2012-32		J0592		06/17/2005	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (10X1ML,CARPUJECT) 0.3 MG/ML	1	ML	SR	U	ML	0.1	MG	3.24	06/17/2005	99/99/9999						
00409-2025-20		J1250		02/20/2006	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE (10X20ML) 12.5 MG/ML	20	ML	VL	IV	ML	250	MG	0.05	02/20/2006	99/99/9999						
00409-2025-54		J1250		11/10/2005	99/99/9999	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	99/99/9999						
00409-2043-02		J1245		03/31/2005	10/05/2016	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (AMP,UNI-NEST,LATEX-FREE) 5 MG/ML	2	ML	AM	U	ML	10	MG	0.5	03/31/2005	10/05/2016						
00409-2047-50		J0670		09/22/2006	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE (M.D.V.,USP) 2%	50	ML	VL	U	ML	10	ML	0.1	09/22/2006	99/99/9999						
00409-2066-05		J2001		09/06/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VAL,LATEX-FREE) 2%	5	ML	VL	U	ML	10	MG	2	09/06/2005	99/99/9999						
00409-2102-02		A4216		01/01/2007	07/02/2013	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (25X2ML,PF) 0.9%	2	ML	VL	IV	ML	10	ML	0.1	01/01/2007	07/02/2013						
00409-2102-05		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (25X5ML,PF) 0.9%	5	ML	VL	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
00409-2168-02		J3475		01/31/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (VAL, FLIPTOP) 500 MG/ML	20	ML	VL	U	ML	500	MG	1	01/31/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-2265-01		J2597		02/04/2005	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (UNI-AMP) 4 MCG/ML	1	ML	AM	U	ML	1 MCG		4	02/04/2005	99/99/9999						
00409-2287-21		J1885		06/22/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (10X1ML USP) 30 MG/ML	1	ML	CT	U	ML	15 MG		2	06/22/2007	99/99/9999						
00409-2287-22		J1885		06/22/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (10X2ML) 30 MG/ML	2	ML	CT	U	ML	15 MG		2	06/22/2007	99/99/9999						
00409-2287-31		J1885		04/25/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LUER LOCK,CARPUJECT) 30 MG/ML	1	ML	CR	U	ML	15 MG		2	04/25/2005	99/99/9999						
00409-2287-61		J1885		06/20/2005	99/99/9999	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	99/99/9999						
00409-2288-31		J1885		08/29/2005	03/01/2015	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LUER LOCK,LATEX-FREE) 15 MG/ML	1	ML	SR	U	ML	15 MG		1	08/29/2005	03/01/2015						
00409-2290-31		J1200		04/25/2005	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (LUER LOCK,CARPUJECT) 50 MG/ML	1	ML	CR	U	ML	50 MG		1	04/25/2005	99/99/9999						
00409-2305-05		J2250		12/21/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (PF) 1 MG/ML	5	ML	VL	U	ML	1 MG		1	12/21/2005	99/99/9999						
00409-2305-49		J2250		08/02/2005	06/20/2016	INJECTION, MIDAZOLAM 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						
00409-2305-50		J2250		09/13/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FTV,10X5ML PF) 1 MG/ML	5	ML	VL	U	ML	1 MG		1	09/13/2005	99/99/9999						
00409-2305-61		J2250		10/03/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL AMERINET CHOICE (VAL,FLIPTOP,PF) 1 MG/ML	2	ML	VL	U	ML	1 MG		1	10/03/2005	99/99/9999						
00409-2305-62		J2250		10/03/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL AMERINET CHOICE (VAL,FLIPTOP,PF) 1 MG/ML	5	ML	VL	U	ML	1 MG		1	10/03/2005	99/99/9999						
00409-2306-62		J2250		03/10/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LUER LOCK,STERILE,PF) 1 MG/ML	2	ML	SR	U	ML	1 MG		1	03/10/2005	99/99/9999						
00409-2307-60		J2250		04/25/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X1ML,PF,CARPUJECT) 5 MG/ML	1	ML	CR	U	ML	1 MG		5	04/25/2005	99/99/9999						
00409-2308-01		J2250		06/07/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X1ML,PF) 5 MG/ML	1	ML	VL	U	ML	1 MG		5	06/07/2005	99/99/9999						
00409-2308-02		J2250		10/10/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VAL,FLIPTOP,PF) 5 MG/ML	2	ML	VL	U	ML	1 MG		5	10/10/2005	99/99/9999						
00409-2308-49		J2250		12/29/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FLIPTOP,VAL,PF) 5 MG/ML	1	ML	VL	U	ML	1 MG		5	12/29/2005	99/99/9999						
00409-2308-50		J2250		11/18/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (VAL,FLIPTOP,PF) 5 MG/ML	2	ML	VL	U	ML	1 MG		5	11/18/2005	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						
00409-2336-10		J0895		04/25/2005	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (LATEX-FREE) 500 MG	1	EA	VL	U	EA	500 MG		1	04/25/2005	99/99/9999						
00409-2337-25		J0895		03/21/2005	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (VAL,LATEX-FREE) 2 GM	1	EA	VL	U	EA	500 MG		4	03/21/2005	99/99/9999						
00409-2344-01		J1250		07/27/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (VAL,FLIPTOP) 12.5 MG/ML	20	ML	VL	IV	ML	250 MG		0.05	07/27/2005	99/99/9999						
00409-2344-02		J1250		06/29/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE (10X20ML,FTV) 12.5 MG/ML	20	ML	VL	IV	ML	250 MG		0.05	06/29/2005	99/99/9999						
00409-2344-88		J1250		03/21/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE NOVAPLUS (S.D.V., U.S.P.) 12.5 MG/ML	20	ML	VL	IV	ML	250 MG		0.05	03/21/2005	99/99/9999						
00409-2346-32		J1250		08/11/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE IN DEXTROSE (12X250ML,LATEX-FREE) 5%-100 MG/100 ML	250	ML	FC	IV	ML	250 MG		0.004	08/11/2005	99/99/9999						
00409-2346-34		J1250		02/07/2006	10/05/2016	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE IN DEXTROSE (12X500ML,LIFE CARE) 5%-100 MG/100 ML	500	ML	FC	IV	ML	250 MG		0.004	02/07/2006	10/05/2016						
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						
00409-2347-33		J1250		03/21/2005	02/01/2015	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE NOVAPLUS (U.S.P.) 5%-200 MG/100 ML	250	ML	FC	IV	ML	250 MG		0.008	03/21/2005	02/01/2015						
00409-2349-31		J2560		09/07/2005	04/28/2016	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	LUMINAL SODIUM (LUER LOCK,CARPUJECT) 130 MG/ML	1	ML	SR	U	ML	120 MG		1.08333	09/07/2005	04/28/2016						
00409-2504-10		J2469		11/15/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25 MCG		2	11/15/2018	99/99/9999						
00409-2540-01		J1170		09/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (USP,10X1ML) 4 MG/ML	1	ML	AM	U	ML	4 MG		1	09/21/2005	99/99/9999						
00409-2552-01		J1170		09/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (USP,10X1ML) 1 MG/ML	1	ML	AM	U	ML	4 MG		0.25	09/21/2005	99/99/9999						
00409-2581-02		J1644		03/24/2006	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (ADD-VANTAGE VIAL) 2000 U/ML	5	ML	VL	IV	ML	1000 U		2	03/24/2006	99/99/9999						
00409-2584-02		J1644		07/01/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25X10ML,PF,LATEX-FREE) 2500 U/ML	10	ML	VL	U	ML	1000 U		2.5	07/01/2005	99/99/9999						
00409-2585-01		J0690		06/27/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (SDV,ADD-VANTAGE) 1 GM	25	EA	VL	U	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,FLIPTOP/VIAL) 1 MG/ML	10	ML	VL	U	ML	1 MG		1	01/27/2006	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						
00409-2596-03		J2250		10/28/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VAL,FLIPTOP,LATEX-FREE) 5 MG/ML	5	ML	VL	U	ML	1 MG		5	10/28/2005	99/99/9999						
00409-2596-05		J2250		01/11/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VAL, FLIPTOP) 5 MG/ML	10	ML	VL	U	ML	1 MG		5	01/11/2006	99/99/9999						
00409-2596-52		J2250		01/23/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	NOVAPLUS MIDAZOLAM HYDROCHLORIDE (10X5ML) 5 MG/ML	5	ML	VL	U	ML	1 MG		5	01/23/2006	99/99/9999						
00409-2596-53		J2250		09/27/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FTV,10X10ML,LATEX-FREE) 5 MG/ML	10	ML	VL	U	ML	1 MG		5	09/27/2005	99/99/9999						
00409-2687-15		J0295		06/22/2007	06/01/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM 10 GM-5 GM	1	EA	VL	IV	EA	1.5 GM		10	06/22/2007	06/01/2013						
00409-2689-01		J0295		10/09/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (SDV,ADD-VANTAGE) 1 GM-0.5 GM	1	EA	VL	IV	EA	1.5 GM		1	07/31/2017	99/99/9999	10/09/2006	10/01/2013			1	
00409-2689-11		J0295		07/01/2007	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						
00409-2776-02		J2260		03/08/2006	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (IN 5% DEXTROSE,10X200ML) 5%-20 MG/100 ML	200	ML	FC	IV	ML	5 MG		0.04	03/08/2006	99/99/9999						
00409-2776-23		J2260		06/15/2005	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSE/MILRINONE LACTATE (10X100ML,LATEX-FREE) 5%-20 MG/100 ML	100	ML	FC	IV	ML	5 MG		0.04	06/15/2005	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	
00409-2987-03		J0295		10/09/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (SDV,ADD-VANTAGE) 2 GM-1 GM	1	EA	VL	IV	EA	1.5 GM		2	01/01/2018	99/99/9999	10/09/2006	10/01/2013				2	
00409-2987-13		J0295		07/01/2007	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	VL	IV	EA	1.5 GM		2	07/01/2007	99/99/9999							
00409-2988-01		J0295		07/20/2007	10/01/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 1 GM-0.5 GM	10	EA	VL	U	EA	1.5 GM		1	07/20/2007	10/01/2013							
00409-2998-03		J0295		07/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 2 GM-1 GM	10	EA	VL	U	EA	1.5 GM		2	07/20/2007	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							
00409-3307-03		J7608		04/11/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30	ML	VL	IH	ML	1 GM		0.1	04/11/2005	99/99/9999							
00409-3307-03	KO	J7608	KO	04/11/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30	ML	VL	IH	ML	1 GM		0.1	04/11/2005	99/99/9999							
00409-3308-03		J7608		05/25/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (3X30ML) 20%	30	ML	VL	IH	ML	1 GM		0.2	05/25/2005	99/99/9999							
00409-3308-03	KO	J7608	KO	05/25/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (3X30ML) 20%	30	ML	VL	IH	ML	1 GM		0.2	05/25/2005	99/99/9999							
00409-3356-01		J1170		09/21/2005	99/99/9999	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	99/99/9999							
00409-3365-01		J1170		09/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (SDV,25X1ML) 2 MG/ML	1	ML	VL	U	ML	4 MG		0.5	09/21/2005	99/99/9999							
00409-3380-31		J3490		09/01/2005	11/03/2013	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (LATEX-FREE) 50 MCG/ML	1	ML	AM	U	ML	1 EA		1	09/01/2005	11/03/2013							
00409-3380-32		J3490		11/03/2005	08/01/2015	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP,10X2ML,LATEX-FREE) 50 MCG/ML	2	ML	AM	U	ML	1 EA		1	11/03/2005	08/01/2015							
00409-3380-35		J3490		12/28/2005	08/01/2015	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP,LATEX-FREE) 50 MCG/ML	5	ML	AM	U	ML	1 EA		1	12/28/2005	08/01/2015							
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							
00409-3380-50		J3490		11/07/2005	02/23/2015	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE NOVAPLUS (10X2ML,PF,LATEX-FREE) 50 MCG/ML	2	ML	AM	U	ML	1 EA		1	11/07/2005	02/23/2015							
00409-3380-51		J3490		10/12/2005	02/23/2015	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE NOVAPLUS (AMP,10X5ML,PF) 50 MCG/ML	5	ML	AM	U	ML	1 EA		1	10/12/2005	02/23/2015							
00409-3382-21		J3490		07/15/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (10X1ML,LATEX-FREE) 50 MCG/ML	1	ML	VL	U	ML	1 EA		1	07/15/2005	99/99/9999							
00409-3382-22		J3490		07/18/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (10X2ML,LATEX-FREE) 50 MCG/ML	2	ML	VL	U	ML	1 EA		1	07/18/2005	99/99/9999							
00409-3382-25		J3490		10/19/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (USP,10X5ML) 50 MCG/ML	5	ML	VL	U	ML	1 EA		1	10/19/2005	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							
00409-3401-01		J1580		01/09/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAL,ADD-VANTAGE) 10 MG/ML	8	ML	VL	U	ML	80 MG		0.125	01/09/2006	99/99/9999							
00409-3402-01		J1580		06/05/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (SD,ADD-VANTAGE,USP) 10 MG/ML	10	ML	VL	IV	ML	80 MG		0.125	06/05/2006	99/99/9999							
00409-3459-07		J1170		06/27/2018	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (PF,LATEX-FREE) 2 MG/1 ML	1	ML	AM	U	ML	4 MG		0.5	06/27/2018	99/99/9999							
00409-3470-23		J3260		09/26/2005	04/01/2014	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	SODIUM CHLORIDE/TOBAMYCIN SULFATE (PREMIX,24X100ML) 0.9%-80 MG/100 ML	100	ML	FC	IV	ML	80 MG		0.01	09/26/2005	04/01/2014							
00409-3577-01		J3260		03/31/2005	02/01/2016	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (VIAL,FLIPTOP,LATEX-FREE) 10 MG/ML	2	ML	VL	U	ML	80 MG		0.125	03/31/2005	02/01/2016							
00409-3578-01		J3260		11/02/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (VIAL,FLIPTOP) 40 MG/ML	2	ML	VL	U	ML	80 MG		0.5	11/02/2004	99/99/9999							
00409-3595-01		J0698		01/22/2018	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	25	EA	VL	U	EA	1 GM		1	01/22/2018	99/99/9999							
00409-3613-01		J3490		01/07/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE SPINAL AMPUL (AMP,LATEX-FREE) 0.25%	2	ML	AM	U	ML	1 EA		1	01/07/2005	99/99/9999							
00409-3718-01		J0290		08/07/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	U	EA	500 MG		1	08/07/2017	99/99/9999							
00409-3719-01		J0290		08/07/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 250 MG	10	EA	VL	U	EA	500 MG		0.5	08/07/2017	99/99/9999							
00409-3720-01		J0290		08/01/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	U	EA	500 MG		4	08/01/2017	99/99/9999							
00409-3724-32		J1250		10/07/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE (LATEX-FREE) 5%-400 MG/100 ML	250	ML	FC	IV	ML	250 MG		0.016	10/07/2005	99/99/9999							
00409-3725-01		J0290		08/07/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 10 GM	10	EA	VL	U	EA	500 MG		20	08/07/2017	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							
00409-3793-01		J1885		05/31/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,FLIPTOP VIAL) 15 MG/ML	1	ML	VL	U	ML	15 MG		1	05/31/2005	99/99/9999							
00409-3793-49		J1885		04/19/2005	04/01/2016	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVAPLUS (U.S.P.,25X1ML) 15 MG/ML	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	KETOROLAC TROMETHAMINE (LATEX-FREE) 30 MG/ML	1	ML	VL	U	ML	15 MG		2	01/06/2006	99/99/9999							
00409-3795-19		J1885		01/06/2006	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (INNER PACK,LATEX-FREE) 30 MG/1 ML	1	ML	VL	U	ML	15 MG		2	01/06/2006	99/99/9999							
00409-3795-49		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							
00409-3796-01		J1885		12/21/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (VIAL, FLIPTOP) 30 MG/ML	2	ML	VL	IM	ML	15 MG		2	12/21/2005	99/99/9999							
00409-3796-49		J1885		11/07/2005	02/01/2016	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVATION (FTV,25X2ML,LATEX-FREE) 30 MG/ML	2	ML	VL	IM	ML	15 MG		2	11/07/2005	02/01/2016							
00409-3814-12		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (5X10ML,PF,LATEX-FREE) 0.5 MG/ML	10	ML	VL	U	ML	10 MG		0.05	01/01/2015	99/99/9999							
00409-3814-12		J2275		07/19/2005	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (5X10ML,PF,LATEX-FREE) 0.5 MG/ML	10	ML	VL	U	ML	10 MG		0.05	07/19/2005	12/31/2014							

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
00409-3815-12		J2270		06/28/2005	12/31/2014	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (5X10ML LATEX-FREE) 1 MG/ML	10	ML	VL	U	ML	10	MG	0.1	06/28/2005	12/31/2014						
00409-3815-12		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (5X10ML LATEX-FREE) 1 MG/ML	10	ML	VL	U	ML	10	MG	0.1	01/01/2015	99/99/9999						
00409-3977-03		A4216		04/07/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION BACTERIOSTATIC (VIAL FLPTOP LATEX-FREE)	30	ML	VL	IV	ML	10	ML	0.1	04/07/2005	99/99/9999						
00409-4029-03		A4216		03/01/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (AMP, PF, LATEX-FREE)	20	ML	AM	IV	ML	10	ML	0.1	03/01/2005	99/99/9999						
00409-4031-01		J2150		10/19/2004	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (VIAL, FLPTOP) 25%	50	ML	VL	IV	ML	50	ML	0.02	10/19/2004	99/99/9999						
00409-4044-02		A4216		02/09/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (25X10ML PF, LATEX-FREE)	10	ML	AM	IV	ML	10	ML	0.1	02/09/2006	99/99/9999						
00409-4050-01		J3490		05/13/2005	09/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL FLPTOP LATEX-FREE) 150 MG/ML	2	ML	VL	U	ML	1	EA	1	05/13/2005	09/02/2015						
00409-4051-01		J3490		05/31/2005	09/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL FLPTOP LATEX-FREE) 150 MG/ML	4	ML	VL	U	ML	1	EA	1	05/31/2005	09/02/2015						
00409-4052-01		J3490		07/05/2005	09/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (25X8ML LATEX-FREE) 150 MG/ML	6	ML	VL	U	ML	1	EA	1	07/05/2005	09/02/2015						
00409-4053-03		J3490		05/11/2005	09/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (ADD-VANTAGE, 25X2ML) 150 MG/ML	2	ML	VL	U	ML	1	EA	1	05/11/2005	09/02/2015						
00409-4054-03		J3490		02/18/2005	09/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL ADD-VANTAGE) 150 MG/ML	4	ML	VL	U	ML	1	EA	1	02/18/2005	09/02/2015						
00409-4055-03		J3490		02/24/2005	09/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL ADD-VANTAGE) 150 MG/ML	6	ML	VL	U	ML	1	EA	1	02/24/2005	09/02/2015						
00409-4056-01		J2001		10/31/2005	11/01/2015	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP, PF) 1.5%	20	ML	AM	U	ML	10	MG	1.5	10/31/2005	11/01/2015						
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						
00409-4057-12		J2275		12/13/2005	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (PF, LATEX-FREE) 0.5 MG/ML	5	ML	AM	U	ML	10	MG	0.05	12/13/2005	12/31/2014						
00409-4089-02		J7799		05/18/2005	06/08/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (AMP, LATEX-FREE) 10%	5	ML	AM	IV	ML	1	EA	1	05/18/2005	06/08/2016						
00409-4169-01		J2400		06/20/2005	01/01/2013	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (25X30ML) 2%	30	ML	VL	U	ML	30	ML	0.03333	06/20/2005	01/01/2013						
00409-4170-01		J2400		04/20/2005	07/01/2013	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (VIAL, 25X30ML) 3%	30	ML	VL	U	ML	30	ML	0.03333	04/20/2005	07/01/2013						
00409-4197-01		J3490		03/31/2005	09/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL, BULK, LATEX-FREE) 150 MG/ML	60	ML	VL	U	ML	1	EA	1	03/31/2005	09/02/2015						
00409-4215-01		J3489		08/21/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SINGLE USE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	08/21/2017	99/99/9999						
00409-4215-05		J3489		03/07/2019	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	PREMIERPRO RX ZOLEDRONIC ACID 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	03/07/2019	99/99/9999						
00409-4219-02		J7799		03/30/2005	09/03/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 2.5%	250	ML	GC	IV	ML	1	EA	1	03/30/2005	09/03/2016						
00409-4228-01		J3489		08/21/2017	99/99/9999	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	99/99/9999						
00409-4229-01		J3489		08/21/2017	99/99/9999	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	99/99/9999						
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						
00409-4270-01		J2001		02/27/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (STERILE PACK, SDV) 1%	30	ML	VL	EP	ML	10	MG	1	02/27/2006	99/99/9999						
00409-4272-01		J3490		04/06/2006	02/01/2015	UNCLASSIFIED DRUGS	BUPIVACAIN HCL (AMP, STERILE, USP, 5X20ML) 0.25%	20	ML	AM	U	ML	1	EA	1	04/06/2006	02/01/2015						
00409-4273-01		J3490		06/28/2006	10/01/2015	UNCLASSIFIED DRUGS	BUPIVACAIN HYDROCHLORIDE (SINGLE-DOSE, 5X20ML, PF) 0.5%	20	ML	AM	U	ML	1	EA	1	06/28/2006	10/01/2015						
00409-4274-01		J3490		03/31/2006	08/05/2016	UNCLASSIFIED DRUGS	BUPIVACAIN HCL (AMP, STERILE, USP, 5X20ML) 0.75%	20	ML	AM	U	ML	1	EA	1	03/31/2006	08/05/2016						
00409-4275-01		J2001		12/30/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL, FLPTOP) 0.5%	50	ML	VL	U	ML	10	MG	0.5	12/30/2005	99/99/9999						
00409-4276-01		J2001		08/12/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (FTV, 25X20ML) 1%	20	ML	VL	EP	ML	10	MG	1	08/12/2005	99/99/9999						
00409-4276-02		J2001		07/07/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X50ML) 1%	50	ML	VL	EP	ML	10	MG	1	07/07/2005	99/99/9999						
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						
00409-4277-02		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						
00409-4278-01		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						
00409-4279-02		J2001		08/31/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (TEARDROP BOTTLE) 1%	30	ML	VL	EP	ML	10	MG	1	08/31/2005	99/99/9999						
00409-4282-01		J2001		09/09/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP, 25X2ML, LATEX-FREE) 2%	2	ML	AM	U	ML	10	MG	2	09/09/2005	99/99/9999						
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						
00409-4283-01		J2001		05/16/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP, LATEX-FREE) 4%	5	ML	AM	U	ML	10	MG	4	05/16/2005	99/99/9999						
00409-4332-01		J3370		04/25/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL, FLPTOP) 500 MG	1	EA	VL	IV	EA	500	MG	1	04/25/2005	99/99/9999						
00409-4332-49		J3370		08/04/2005	01/01/2016	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVATION (FTV, LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	08/04/2005	01/01/2016						
00409-4346-73		J3490		04/13/2005	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (VIAL, FLPTOP) 250 MG/ML	20	ML	VL	IV	ML	1	EA	1	04/13/2005	99/99/9999						
00409-4348-35		J0282		09/27/2006	08/01/2015	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE (3MLX10, SINGLE-DOSE) 30 MG/ML	3	ML	AM	IV	ML	30	MG	1.66666	09/27/2006	08/01/2015						
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						
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						
00409-4684-23		J1450		04/14/2006	11/17/2016	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X100ML) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	04/14/2006	11/17/2016						
00409-4688-02		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						

ND C	ND C Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	ND C Label	Number of Items in ND C Package	ND C Package Measure	ND C Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-4688-12		J1450		12/29/2015	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	12/29/2015	99/99/9999						
00409-4688-18		J1450		12/18/2015	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	12/18/2015	99/99/9999						
00409-4688-23		J1450		06/16/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X100ML LATEX FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	06/16/2006	99/99/9999						
00409-4688-27		J1450		05/27/2006	06/10/2013	INJECTION FLUCONAZOLE, 200 MG	AMERINET CHOICE FLUCONAZOLE (100MLX6 LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	05/27/2006	06/10/2013						
00409-4688-28		J1450		06/01/2005	12/01/2015	INJECTION FLUCONAZOLE, 200 MG	NOVAPLUS FLUCONAZOLE (6X100ML, LATEX-FREE) 200 MG/100 ML	100	ML	PC	IV	ML	200	MG	0.01	06/01/2005	12/01/2015						
00409-4688-33		J1450		10/25/2006	06/10/2013	INJECTION FLUCONAZOLE, 200 MG	AMERINET CHOICE FLUCONAZOLE (6X200ML LATEX-FREE) 200 MG/100 ML	200	ML	FC	IV	ML	200	MG	0.01	10/25/2006	06/10/2013						
00409-4688-34		J1450		03/02/2006	02/01/2016	INJECTION FLUCONAZOLE, 200 MG	NOVAPLUS FLUCONAZOLE (6X200ML LATEX-FREE) 200 MG/100 ML	200	ML	FC	IV	ML	200	MG	0.01	03/02/2006	02/01/2016						
00409-4699-24		J3490		03/22/2006	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (FLIPTOP VIAL) 10 MG/ML	100	ML	VL	IV	ML	1	EA	1	03/22/2006	99/99/9999						
00409-4699-30		J3490		03/22/2006	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						
00409-4699-33		J3490		03/22/2006	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (FLIPTOP VIAL) 10 MG/ML	50	ML	VL	IV	ML	1	EA	1	03/22/2006	99/99/9999						
00409-4699-61		J3490		12/01/2007	08/26/2014	UNCLASSIFIED DRUGS	AMERINET CHOICE PROPOFOL (5X200ML SDV,PF) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	12/01/2007	08/26/2014						
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						
00409-4713-32		J2001		09/06/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (LATEX-FREE) 1%	2	ML	AM	EP	ML	10	MG	1	09/06/2005	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						
00409-4755-61		J2405		12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	AMERINET CHOICE ONDANSETRON (5X2ML SDV, USP) 2 MG/ML	2	ML	VL	U	ML	1	MG	2	12/26/2006	99/99/9999						
00409-4759-01		J2405		12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV, USP) 2 MG/ML	20	ML	VL	U	ML	1	MG	2	12/26/2006	99/99/9999						
00409-4765-86		J0744		08/29/2006	08/01/2015	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (SINGLE-DOSE USP) 10 MG/ML	20	ML	VL	IV	ML	200	MG	0.05	08/29/2006	08/01/2015						
00409-4776-01		J2001		02/06/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HYDROCHLORIDE (25X20ML PF) 1.5%	20	ML	AM	U	ML	10	MG	1.5	02/06/2006	99/99/9999						
00409-4777-02		J0744		03/19/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (24X200ML, SINGLEDOSE USP) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	03/19/2008	99/99/9999						
00409-4777-23		J0744		03/19/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (24X100ML, SINGLEDOSE USP) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	03/19/2008	99/99/9999						
00409-4777-61		J0744		05/19/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	AMERINET CHOICE CIPROFLOXACIN (24X100ML, SINGLEDOSE USP) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	05/19/2008	99/99/9999						
00409-4778-86		J0744		08/29/2006	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (SINGLE-DOSE USP) 10 MG/ML	40	ML	VL	IV	ML	200	MG	0.05	01/01/2017	99/99/9999	08/29/2006	11/01/2015	0.05			
00409-4856-05		J1720		06/27/2006	99/99/9999	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	99/99/9999						
00409-4862-02		J7799		03/09/2005	05/18/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 10%-0.225%	250	ML	GC	IV	ML	1	EA	1	03/09/2005	05/18/2016						
00409-4862-03		J7799		04/04/2005	05/18/2016	THROUGH DME	DEXTROSE/SODIUM CHLORIDE 10%-0.225%	500	ML	GC	IV	ML	1	EA	1	04/04/2005	05/18/2016						
00409-4882-01		J2020		07/07/2015	99/99/9999	INJECTION, LINEZOLID, 200MG	LINEZOLID 2 MG/ML	300	ML	FC	IV	ML	200	MG	0.01	07/07/2015	10/18/2017						
00409-4883-01		J2020		06/22/2015	99/99/9999	INJECTION, LINEZOLID, 200MG	LINEZOLID 2 MG/ML	300	ML	FC	IV	ML	200	MG	0.01	06/22/2015	99/99/9999						
00409-4887-10		A4216		08/18/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (FTV, 25X10ML PF)	10	ML	VL	IV	ML	10	ML	0.1	08/18/2005	99/99/9999						
00409-4887-20		A4216		06/16/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (25X20ML, STERILE PF)	20	ML	VL	IV	ML	10	ML	0.1	06/16/2005	99/99/9999						
00409-4887-50		A4216		08/05/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (FTV, 25X50ML PF)	50	ML	VL	IV	ML	10	ML	0.1	08/05/2005	99/99/9999						
00409-4887-99		A4216		08/03/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (FTV, 25X100ML PF)	100	ML	VL	IV	ML	10	ML	0.1	08/03/2005	99/99/9999						
00409-4888-10		A4216		04/22/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL FLIPTOP, ADDITIVE) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	04/22/2005	99/99/9999						
00409-4888-12		A4216		07/15/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (25X10ML, PF, LATEX-FREE) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	07/15/2005	99/99/9999						
00409-4888-20		A4216		02/23/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL, FLIPTOP, ADDITIVE) 0.9%	20	ML	VL	IV	ML	10	ML	0.1	02/23/2005	99/99/9999						
00409-4888-50		A4216		02/14/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL FLIPTOP, ADDITIVE) 0.9%	50	ML	VL	IV	ML	10	ML	0.1	02/14/2005	99/99/9999						
00409-4902-34		J7799		12/08/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFESHELD, 1.8G1-1/2) 50%	1	ML	SR	IV	ML	1	EA	1	12/08/2005	99/99/9999						
00409-4903-34		J2001		12/01/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (21GX1-1/2", LATEX-FREE) 2%	5	ML	SR	U	ML	10	MG	2	12/01/2005	99/99/9999						
00409-4904-34		J2001		08/23/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (10X5ML LATEX-FREE) 1%	5	ML	SR	EP	ML	10	MG	1	08/23/2005	99/99/9999						
00409-5082-16		J0713		10/24/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (LATEX-FREE) 1 GM	1	EA	VL	U	EA	500	MG	2	10/24/2005	99/99/9999						
00409-5082-52		J0713		10/04/2005	03/01/2016	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF 1 GM	1	EA	VL	U	EA	500	MG	2	10/04/2005	03/01/2016						
00409-5084-11		J0713		12/05/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF 2 GM	1	EA	VL	U	EA	500	MG	4	12/05/2005	99/99/9999						
00409-5084-51		J0713		10/04/2005	11/01/2015	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF 2 GM	1	EA	VL	U	EA	500	MG	4	10/04/2005	11/01/2015						
00409-5086-11		J0713		04/19/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (BULK PHARMACY) 6 GM	1	EA	VL	U	EA	500	MG	12	04/19/2006	99/99/9999						
00409-5086-51		J0713		10/04/2005	03/24/2016	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF (BULK PACKAGE) 6 GM	1	EA	VL	U	EA	500	MG	12	10/04/2005	03/24/2016						
00409-5092-16		J0713		05/02/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (SINGLE-DOSE ADD-VANTAGE) 1 GM	1	EA	VL	U	EA	500	MG	2	05/02/2006	99/99/9999						
00409-5092-52		J0713		04/22/2016	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF 1 GM	1	EA	VL	U	EA	500	MG	2	06/27/2006	04/22/2016						
00409-5093-11		J0713		04/03/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (ADD-VANTAGE, USP) 2 GM	1	EA	VL	U	EA	500	MG	4	04/03/2006	99/99/9999						
00409-5093-51		J0713		10/01/2006	10/30/2014	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF (ADD-VANTAGE) 2 GM	1	EA	VL	U	EA	500	MG	4	10/01/2006	10/30/2014						
00409-5684-01																							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-6028-04		J2271		03/23/2007	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (SDV,30MLX10) 5 MG/ML	30	ML	VL	IV	ML	100	MG	0.05	03/23/2007	12/31/2014						
00409-6030-04		J2175		01/02/2007	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (SDV,10X30ML) 10 MG/ML	30	ML	VL	IV	ML	100	MG	0.1	01/02/2007	99/99/9999						
00409-6062-02		J2270		01/10/2006	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE IN 5% DEXTROSE (PREMIX) 5%-100 MG/100 ML	250	ML	GC	IV	ML	10	MG	0.1	01/10/2006	99/99/9999						
00409-6102-02		J1940		02/18/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABOJECT) 10 MG/ML	2	ML	VL	U	ML	20	MG	0.5	02/18/2005	99/99/9999						
00409-6102-04		J1940		02/21/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABOJECT) 10 MG/ML	4	ML	VL	U	ML	20	MG	0.5	02/21/2005	99/99/9999						
00409-6102-10		J1940		03/24/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABOJECT) 10 MG/ML	10	ML	VL	U	ML	20	MG	0.5	03/24/2005	99/99/9999						
00409-6138-03		A4217		06/01/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (USP,AQUALITE,PF) 0.9%	500	ML	PC	IR	ML	500	ML	0.002	06/01/2005	99/99/9999						
00409-6138-22		A4217		09/01/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE, 24X250ML,PF) 0.9%	250	ML	PC	IR	ML	500	ML	0.002	09/01/2005	99/99/9999						
00409-6139-03		A4217		05/09/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE, U.S.P.)	500	ML	PC	IR	ML	500	ML	0.002	05/09/2005	99/99/9999						
00409-6139-22		A4217		05/04/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE, U.S.P.)	250	ML	PC	IR	ML	500	ML	0.002	05/04/2005	99/99/9999						
00409-6177-14		J2270		07/14/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (ADD-VANTAGE, 10X4ML) 25 MG/ML	4	ML	VL	U	ML	10	MG	2.5	07/14/2005	99/99/9999						
00409-6179-14		J2270		09/01/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (ADD-VANTAGE,LATEX-FREE) 25 MG/ML	10	ML	VL	U	ML	10	MG	2.5	09/01/2005	99/99/9999						
00409-6478-44		J1364		03/10/2006	99/99/9999	INJECTION, ERYTHROCYCIN LACTOBIONATE, PER 500 MG	ERYTHROCYCIN LACTOBIONATE (ADD-VANTAGE VIAL,PF) 500 MG	1	EA	VL	IV	EA	500	MG	1	03/10/2006	99/99/9999						
00409-6478-44		J1364		01/10/2007	99/99/9999	INJECTION, ERYTHROCYCIN LACTOBIONATE, PER 500 MG	ERYTHROCYCIN LACTOBIONATE (ADD-VANTAGE VIAL) 1 GM	1	EA	VL	IV	EA	500	MG	2	01/10/2007	99/99/9999						
00409-6482-01		J1364		05/23/2005	99/99/9999	INJECTION, ERYTHROCYCIN LACTOBIONATE, PER 500 MG	ERYTHROCYCIN LACTOBIONATE (LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	05/23/2005	99/99/9999						
00409-6509-01		J3370		06/06/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (BULK,LATEX-FREE) 5 GM	1	EA	VL	IV	EA	500	MG	10	06/06/2005	99/99/9999						
00409-6509-49		J3370		06/03/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL,NOVAPLUS (BULK) 5 GM	1	EA	VL	IV	EA	500	MG	10	06/03/2005	99/99/9999						
00409-6533-01		J3370		03/15/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,FLIPTOP,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	500	MG	2	03/15/2005	99/99/9999						
00409-6533-49		J3370		04/06/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVATION (VIAL,FLIPTOP,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	500	MG	2	04/06/2005	99/99/9999						
00409-6534-01		J3370		06/08/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (ADD-VANTAGE,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	06/08/2005	99/99/9999						
00409-6534-49		J3370		06/10/2005	05/01/2015	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL,NOVATION (ADD-VANTAGE,10X10) 500 MG	1	EA	VL	IV	EA	500	MG	1	06/10/2005	05/01/2015						
00409-6535-01		J3370		03/29/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HYDROCHLORIDE (ADD-VANTAGE,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	500	MG	2	03/29/2005	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						
00409-6557-01		J1071		07/19/2016	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1MG	TESTOSTERONE CYPIONATE (MDV) 100 MG/1 ML	10	ML	VL	IM	ML	1	MG	100	07/19/2016	99/99/9999						
00409-6562-01		J1071		07/19/2016	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1MG	TESTOSTERONE CYPIONATE 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	07/19/2016	99/99/9999						
00409-6562-20		J1071		07/19/2016	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1MG	TESTOSTERONE CYPIONATE (MDV) 200 MG/1 ML	10	ML	VL	IM	ML	1	MG	200	07/19/2016	99/99/9999						
00409-6629-02		J0330		04/25/2005	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	QUELICIN (VIAL,FLIPTOP) 20 MG/ML	10	ML	VL	IV	ML	20	MG	1	04/25/2005	99/99/9999						
00409-6629-61		J0330		04/20/2006	06/05/2014	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	AMERINET CHOICE SUCCINYLCHOLINE CHLORIDE (USP,25X10ML,MD FLIPTOP) 20 MG/ML	10	ML	VL	U	ML	20	MG	1	04/20/2006	06/05/2014						
00409-6635-01		J3480		09/21/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FTV,25X5ML,10ML VIAL) 2 MEQ/ML	5	ML	VL	IV	ML	2	MEQ	1	09/21/2005	99/99/9999						
00409-6636-01		J3480		08/09/2005	04/01/2013	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FTV,30ML,LATEX-FREE) 2 MEQ/ML	15	ML	VL	IV	ML	2	MEQ	1	08/09/2005	04/01/2013						
00409-6648-02		J7799		03/29/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAL,FLIPTOP,ADDITIVE) 50%	50	ML	VL	IV	ML	1	EA	1	03/29/2005	99/99/9999						
00409-6651-06		J3480		11/10/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (VIAL,FLIPTOP,20ML) 2 MEQ/ML	10	ML	VL	IV	ML	2	MEQ	1	11/10/2005	99/99/9999						
00409-6653-05		J3480		08/09/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FTV,30ML,LATEX-FREE) 2 MEQ/ML	20	ML	VL	IV	ML	2	MEQ	1	08/09/2005	99/99/9999						
00409-6657-73		J7799		10/14/2005	01/01/2018	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (FTV,50MEQ,25X20ML) 14.6%	20	ML	VL	IV	ML	1	EA	1	10/14/2005	01/01/2018						
00409-6660-75		J7799		07/26/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (25X40ML,LATEX-FREE) 14.6%	40	ML	VL	IV	ML	1	EA	1	07/26/2005	99/99/9999						
00409-6727-23		J3475		09/20/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	DEXTROSE/MAGNESIUM SULFATE (PLASTIC CONTAINER) 5%-1 GM/100 ML	100	ML	FC	IV	ML	500	MG	0.02	09/20/2005	99/99/9999						
00409-6729-03		J3475		08/16/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (24X500ML,LATEX-FREE) 40 MG/ML	500	ML	PC	IV	ML	500	MG	0.08	08/16/2005	99/99/9999						
00409-6729-09		J3475		09/22/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PLASTIC CONTAINER) 40 MG/ML	1000	ML	PC	IV	ML	500	MG	0.08	09/22/2005	99/99/9999						
00409-6729-23		J3475		10/06/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (24X100ML,LATEX-FREE) 40 MG/ML	100	ML	PC	IV	ML	500	MG	0.08	10/06/2005	99/99/9999						
00409-6729-24		J3475		12/01/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SINGLE DOSE LATEX-FREE) 40 MG/ML	50	ML	FC	IV	ML	500	MG	0.08	12/01/2006	99/99/9999						
00409-6730-13		J3475		04/03/2006	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						
00409-6778-02		J2060		01/27/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML) 2 MG/ML	1	ML	VL	U	ML	2	MG	1	01/27/2006	99/99/9999						
00409-6778-62		J2060		06/28/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML) 2 MG/ML	1	ML	VL	U	ML	2	MG	1	06/28/2005	99/99/9999						
00409-6779-02		J2060		01/05/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL, FLIPTOP) 4 MG/ML	10	ML	VL	U	ML	2	MG	2	01/05/2006	99/99/9999						
00409-6780-02		J2060		12/29/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL,FLIPTOP) 2 MG/ML	10	ML	VL	U	ML	2	MG	1	12/29/2005	99/99/9999						
00409-6781-02		J2060		01/23/2006	12/08/2017	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P., 10X10ML) 4 MG/ML	10	ML	VL	U	ML	2	MG	2	01/23/2006	12/08/2017						
00409-6970-10		J0330		09/30/2005	08/01/2013	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	QUELICIN (FTV,25X10ML,20ML VIAL) 100 MG/ML	10	ML	VL	IV	ML	20	MG	5	09/30/2005	08/01/2013						
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						
00409-7																							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7077-14		J3480		06/28/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (24X50ML LATEX-FREE) 20 MEQ/50 ML	50	ML	FC	IV	ML	2	MEQ	0.2	06/28/2005	99/99/9999						
00409-7077-26		J3480		05/04/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (HIGHLY CONC. 24X100ML) 40 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.2	05/04/2005	99/99/9999						
00409-7100-02		J7060		07/22/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (ADD-VANTAGE,24X250ML) 5%	250	ML	FC	IV	ML	500	ML	0.002	07/22/2005	99/99/9999						
00409-7100-66		J7060		08/17/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (ADD-VANTAGE,LATEX-FREE) 5%	50	ML	FC	IV	ML	500	ML	0.002	08/17/2005	99/99/9999						
00409-7100-67		J7060		09/14/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (ADD-VANTAGE,50X100ML) 5%	100	ML	FC	IV	ML	500	ML	0.002	09/14/2005	99/99/9999						
00409-7101-02		J7050		07/08/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, .250 CC	SODIUM CHLORIDE (ADD-VANTAGE,24X250ML) PF 0.9%	250	ML	FC	IV	ML	250	ML	0.004	07/08/2005	99/99/9999						
00409-7101-66		A4216		07/28/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (ADD-VANTAGE,LIFECARE) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	07/28/2005	99/99/9999						
00409-7101-67		J7050		08/24/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, .250 CC	SODIUM CHLORIDE (50X100ML, ADD-VANTAGE) 0.9%	100	ML	PC	IV	ML	250	ML	0.004	08/24/2005	99/99/9999						
00409-7111-09		J7120		08/05/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXLACT. RINGERS/POTASSIUM CHL (12X1000ML LATEX-FREE)	1000	ML	FC	IV	ML	1000	ML	0.001	08/05/2005	99/99/9999						
00409-7113-09		J7120		02/21/2005	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE,LACTATED RINGERS/POTASSIUM CHLORIDE (5% DEXTROSE,LATEX-FREE)	1000	ML	FC	IV	ML	1000	ML	0.0005	02/21/2005	12/31/2015						
00409-7115-09		J3480		04/06/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (12X1000ML LATEX-FREE) 2 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.01	04/06/2005	99/99/9999						
00409-7116-09		J3480		06/22/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (12X1000ML LATEX-FREE) 4 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.02	06/22/2005	99/99/9999						
00409-7118-07		A4217		08/16/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (BULK PACKAGE,PF)	2000	ML	FC	IR	ML	500	ML	0.002	08/16/2005	99/99/9999						
00409-7119-07		J7799		05/27/2006	06/10/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (2000MLX6) 50%	2000	ML	FC	IV	ML	1	EA	1	05/27/2006	06/10/2016						
00409-7120-07		J7799		07/06/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (6X2000ML LATEX-FREE) 70%	2000	ML	FC	IV	ML	1	EA	1	07/06/2005	99/99/9999						
00409-7132-02		J7799		05/26/2006	99/99/9999	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	99/99/9999						
00409-7132-66		J7799		09/12/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (ADD-VANTAGE,LATEX-FREE) 0.45%	50	ML	FC	IV	ML	1	EA	1	09/12/2005	99/99/9999						
00409-7132-67		J7799		11/14/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (ADD-VANTAGE,LATEX-FREE) 0.45%	100	ML	PC	IV	ML	1	EA	1	11/14/2005	99/99/9999						
00409-7138-09		A4217		05/11/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,12X1000ML,PF) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	05/11/2005	99/99/9999						
00409-7138-36		A4217		06/09/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,6X1500ML,PF) 0.9%	1500	ML	PC	IR	ML	500	ML	0.002	06/09/2005	99/99/9999						
00409-7139-09		A4217		03/02/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE W/HANGER,PF)	1000	ML	PC	IR	ML	500	ML	0.002	03/02/2005	99/99/9999						
00409-7139-36		A4217		05/04/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE)	1500	ML	PC	IR	ML	500	ML	0.002	05/04/2005	99/99/9999						
00409-7241-10		J0171		09/01/2016	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE (INNER NDC) 1 MG/1 ML	1	ML	AM	U	ML	0.1	MG	10	09/01/2016	99/99/9999						
00409-7241-61		J0171		01/01/2018	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE 1 MG/1 ML	1	ML	AM	U	ML	0.1	MG	10	01/01/2018	99/99/9999						
00409-7332-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,FLIPTOP VIAL) 1 GM	1	EA	VL	U	EA	250	MG	4	07/20/2005	99/99/9999						
00409-7333-04		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	U	EA	250	MG	4	07/20/2005	99/99/9999						
00409-7333-49		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	U	EA	250	MG	4	07/20/2005	99/99/9999						
00409-7334-10		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,BULK PACK) 10 GM	1	EA	VL	U	EA	250	MG	40	07/20/2005	99/99/9999						
00409-7336-04		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						
00409-7338-49		J0696		07/20/2005	11/01/2016	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP,ADD-VANTAGE VIAL) 2 GM	1	EA	VL	U	EA	250	MG	8	07/20/2005	11/01/2016						
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						
00409-7338-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1	EA	VL	U	EA	250	MG	2	07/20/2005	99/99/9999						
00409-7385-01		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						
00409-7386-01		J0280		11/29/2005	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (AMP,LATEX-FREE) 25 MG/ML	20	ML	AM	IV	ML	250	MG	0.1	11/29/2005	99/99/9999						
00409-7418-03		J7100		02/14/2006	99/99/9999	INFUSION, DEXTRAN 40, 500 ML	LMD IN DEXTROSE (12X500ML LATEX-FREE) 10%-5%	500	ML	FC	IV	ML	500	ML	0.002	02/14/2006	99/99/9999						
00409-7419-03		J7100		08/09/2005	99/99/9999	INFUSION, DEXTRAN 40, 500 ML	LMD W/0.9% SODIUM CHLORIDE (LATEX-FREE) 10%-0.9%	500	ML	FC	IV	ML	500	ML	0.002	08/09/2005	99/99/9999						
00409-7517-16		J7799		12/07/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (ANSYR IL LATEX-FREE) 50%	50	ML	SR	IV	ML	1	EA	1	12/07/2005	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						
00409-7620-59		J1644		04/13/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (LATEX-FREE) 200 U/100 ML-0.9%	1000	ML	FC	IV	ML	1000	U	0.002	04/13/2005	99/99/9999						
00409-7650-62		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						
00409-7651-03		J1644		06/28/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (24X500ML LATEX-FREE) 5000 U/100 ML-0.45%	500	ML	FC	IV	ML	1000	U	0.05	06/28/2005	99/99/9999						
00409-7651-62		J1644		07/28/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (24X250ML LATEX-FREE) 5000 U/100 ML-0.45%	250	ML	FC	IV	ML	1000	U	0.05	07/28/2005	99/99/9999						
00409-7666-62		J2810		01/27/2006	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE IN DEXTROSE (24X250ML LATEX-FREE) 5%-160 MG/100 ML	250	ML	FC	IV	ML	40	MG	0.04	01/27/2006	99/99/9999						
00409-7668-23		J2810		02/06/2007	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE IN DEXTROSE (24X100ML SINGLE-DOSE) 5%-200 MG/100 ML	100	ML	FC	IV	ML	40	MG	0.05	02/06/2007	99/99/9999						
00409-7677-13		J2810		08/10/2006	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (50MLX24,DEHP,LATEX-FREE) 5%-200 MG/50 ML	50	ML	FC	IV	ML	40	MG	0.1	08/10/2006	99/99/9999						
00409-7705-62		J2810		05/27/2006	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE IN DEXTROSE (USP,250MLX24) 5%-320 MG/100 ML	250	ML	FC	IV	ML	40	MG	0.08	05/27/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7712-09		J7799		08/19/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (LATEX-FREE) 5%	1000	ML	FC	IV	ML	1 EA		1	08/19/2005	99/99/9999						
00409-7713-09		J7799		04/07/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (USP,LATEX-FREE) 10%	1000	ML	FC	IV	ML	1 EA		1	04/07/2006	99/99/9999						
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						
00409-7715-02		J7799		11/14/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (FLEX CONTAINER,24X250ML) 20%	250	ML	FC	IV	ML	1 EA		1	11/14/2005	99/99/9999						
00409-7715-03		J7799		09/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (FLEX CONTAINER,12X500ML) 20%	500	ML	FC	IV	ML	1 EA		1	09/16/2005	99/99/9999						
00409-7730-20		J7799		07/27/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (QUAD-PK,48X25ML) 0.45%	25	ML	FC	IV	ML	1 EA		1	07/27/2005	99/99/9999						
00409-7730-36		J7799		07/11/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (80X50ML,LATEX-FREE) 0.45%	50	ML	FC	IV	ML	1 EA		1	07/11/2005	99/99/9999						
00409-7730-37		J7799		09/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (80X100ML,LATEX-FREE) 0.45%	100	ML	FC	IV	ML	1 EA		1	09/16/2005	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						
00409-7761-03	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						
00409-7793-62	J1644			10/14/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (24X250ML,LATEX-FREE) 5%-10000 U/100 ML	250	ML	FC	IV	ML	1000 U		0.1	10/14/2005	99/99/9999						
00409-7794-62	J1644			06/12/2006	09/01/2017	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM IN DEXTROSE (24X250ML,USP,LATEX-FREE) 5%-5000 U/100 ML	250	ML	FC	IV	ML	1000 U		0.05	06/12/2006	09/01/2017						
00409-7808-22	J1265			01/01/2006	09/01/2017	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,12X250ML) 5%-80 MG/100 ML	250	ML	FC	IV	ML	40 MG		0.02	01/01/2006	09/01/2017						
00409-7808-24	J1265			01/01/2006	09/01/2017	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/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						
00409-7809-22	J1265			01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-160 MG/100 ML	250	ML	PC	IV	ML	40 MG		0.04	01/01/2006	99/99/9999						
00409-7809-24	J1265			01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,12X500ML) 5%-100 MG/100 ML	500	ML	FC	IV	ML	40 MG		0.025	01/01/2006	99/99/9999						
00409-7810-22	J1265			01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,12X250ML) 5%-320 MG/100 ML	250	ML	FC	IV	ML	40 MG		0.08	01/01/2006	99/99/9999						
00409-7811-24	J3490			08/31/2005	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (S.D.V.,LATEX-FREE) 500 MG/100 ML	100	ML	FC	IV	ML	1 EA		1	08/31/2005	99/99/9999						
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						
00409-7879-13	J1580			03/31/2006	08/01/2015	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE IN SODIUM CHLORIDE (LATEX-FREE) 1.2 MG/ML-0.9%	50	ML	FC	IV	ML	80 MG		0.015	03/31/2006	08/01/2015						
00409-7881-13	J1580			01/23/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE, 24X50ML) 1.4 MG/ML-0.9%	50	ML	FC	IV	ML	80 MG		0.0175	01/23/2006	99/99/9999						
00409-7883-13	J1580			01/09/2006	06/01/2015	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,LATEX-FREE) 1.6 MG/ML-0.9%	50	ML	FC	IV	ML	80 MG		0.02	01/09/2006	06/01/2015						
00409-7884-23	J1580			07/06/2005	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,24X100ML) 80 MG/100 ML-0.9%	100	ML	FC	IV	ML	80 MG		0.01	07/06/2005	99/99/9999						
00409-7886-23	J1580			01/27/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE IN SODIUM CHLORIDE (LIFECARE,24X100ML) 90 MG/100 ML-0.9%	100	ML	FC	IV	ML	80 MG		0.01125	01/27/2006	99/99/9999						
00409-7889-23	J1580			09/20/2005	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,24X100ML) 100 MG/100 ML-0.9%	100	ML	FC	IV	ML	80 MG		0.0125	09/20/2005	99/99/9999						
00409-7918-19	J7799			07/08/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE) 70%	500	ML	PC	IV	ML	1 EA		1	07/08/2005	99/99/9999						
00409-7922-02	J7060			04/05/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	250	ML	FC	IV	ML	500 ML		0.002	04/05/2005	99/99/9999						
00409-7922-03	J7060			02/25/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	500	ML	FC	IV	ML	500 ML		0.002	02/25/2005	99/99/9999						
00409-7922-09	J7060			02/21/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	1000	ML	FC	IV	ML	500 ML		0.002	02/21/2005	99/99/9999						
00409-7922-30	J7060			04/14/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (VISIV CONTAINER) 5%	500	ML	FC	IV	ML	500 ML		0.002	04/14/2006	99/99/9999						
00409-7922-48	J7060			11/01/2013	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (V8V CONTAINER) 5%	1000	ML	FC	IV	ML	500 ML		0.002	04/14/2006	11/01/2013						
00409-7922-53	J7060			09/01/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,24X250ML) 5%	250	ML	FC	IV	ML	500 ML		0.002	09/01/2005	99/99/9999						
00409-7922-55	J7060			10/31/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (18X500ML,LATEX-FREE) 5%	500	ML	FC	IV	ML	500 ML		0.002	10/31/2006	99/99/9999						
00409-7922-61	J7060			08/05/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,32X150ML) 5%	150	ML	FC	IV	ML	500 ML		0.002	08/05/2005	99/99/9999						
00409-7923-13	J7060			06/09/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (48X500ML,LATEX-FREE) 5%	50	ML	FC	IV	ML	500 ML		0.002	06/09/2005	99/99/9999						
00409-7923-20	J7060			06/17/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,48X25ML) 5%	25	ML	FC	IV	ML	500 ML		0.002	06/17/2005	99/99/9999						
00409-7923-23	J7060			07/15/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (48X100ML,LATEX-FREE) 5%	100	ML	FC	IV	ML	500 ML		0.002	07/15/2005	99/99/9999						
00409-7923-36	J7060			04/05/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,QUAD PACK) 5%	50	ML	FC	IV	ML	500 ML		0.002	04/05/2005	99/99/9999						
00409-7923-37	J7060			03/16/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,80X100ML) 5%	100	ML	FC	IV	ML	500 ML		0.002	03/16/2005	99/99/9999						
00409-7924-02	J7799			07/28/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (24X250ML,LATEX-FREE) 5%-0.225%	250	ML	FC	IV	ML	1 EA		1	07/28/2005	99/99/9999						
00409-7924-03	J7799			07/28/2005	99/99/9999	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	99/99/9999						
00409-7924-09	J7799			12/21/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE, PLASTIC) 5%-0.225%	1000	ML	FC	IV	ML	1 EA		1	12/21/2005	99/99/9999						
00409-7925-03	J7799			09/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.3%	500	ML	FC	IV	ML	1 EA		1	09/16/2005	99/99/9999						
00409-7925-09	J7799			03/17/2006	99/99/9999	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	99/99/9999						
00409-7926-02	J7799			08/30/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.45%	250	ML	FC	IV	ML	1 EA		1	08/30/2005	99/99/9999						
00409-7926-03	J7799			06/07/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (24X500ML,LATEX-FREE) 5%-0.45%	500	ML	FC	IV	ML	1 EA		1	06/07/2005	99/99/9999						
00409-7926-09	J7799			08/25/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (12X1000ML,LIFECARE) 5%-0.45%	1000	ML	FC	IV	ML	1 EA		1	08/25/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7926-48		J7799		04/14/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (VISIV CONTAINER) 5%-0.45%	1000	ML	FC	IV	ML	1 EA			1	04/14/2006	99/99/9999					
00409-7929-03		J7120		06/09/2005	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5% IN RINGERS (LATEX-FREE)	500	ML	FC	IV	ML	1000 ML		0.0005	06/09/2005	12/31/2015						
00409-7929-03		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	DEXTROSE 5% IN RINGERS (LATEX-FREE)	500	ML	FC	IV	ML	1000 ML		0.001	01/01/2016	99/99/9999						
00409-7929-09		J7120		02/07/2005	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5% IN RINGERS (LIFECARE,LATEX-FREE)	1000	ML	FC	IV	ML	1000 ML		0.0005	02/07/2005	12/31/2015						
00409-7929-09		J7121		01/01/2016	99/99/9999	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	99/99/9999						
00409-7930-03		J7799		01/12/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFECARE,LATEX-FREE) 10%	500	ML	FC	IV	ML	1 EA			1	01/12/2005	99/99/9999					
00409-7930-09		J7799		03/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFECARE,LATEX-FREE) 10%	1000	ML	FC	IV	ML	1 EA			1	03/16/2005	99/99/9999					
00409-7931-24		J2001		05/18/2005	06/01/2013	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (LIFECARE,24X500ML) 5%-0.4%	500	ML	PC	IV	ML	10 MG		0.4	05/18/2005	06/01/2013						
00409-7935-19		J7799		09/12/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000ML CONTAINER) 20%	500	ML	FC	IV	ML	1 EA			1	09/12/2005	99/99/9999					
00409-7936-19		J7799		06/24/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE) 50%	500	ML	PC	IV	ML	1 EA			1	06/24/2005	99/99/9999					
00409-7936-29		J7799		10/28/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (2000ML BAG,6X1000ML) 50%	1000	ML	FC	IV	ML	1 EA			1	10/28/2005	99/99/9999					
00409-7937-19		J7799		08/24/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE) 40%	500	ML	FC	IV	ML	1 EA			1	08/24/2005	99/99/9999					
00409-7938-19		J7799		09/29/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000ML CONTAINER) 10%	500	ML	PC	IV	ML	1 EA			1	09/29/2005	99/99/9999					
00409-7941-02		J7042		05/27/2006	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE AND SODIUM CHLORIDE (250MLX24,USP,LATEX-FREE) 5%-0.9%	250	ML	FC	IV	ML	5 %		0.002	05/27/2006	99/99/9999						
00409-7941-03		J7042		09/20/2005	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	09/20/2005	99/99/9999						
00409-7941-09		J7042		08/08/2005	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (LIFECARE,12X1000ML) 5%-0.9%	1000	ML	FC	IV	ML	5 %		0.002	08/08/2005	99/99/9999						
00409-7953-02		J7120		03/09/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE,LATEX-FREE)	250	ML	FC	IV	ML	1000 ML		0.001	03/09/2005	99/99/9999						
00409-7953-03		J7120		05/20/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE,24X500ML)	500	ML	PC	IV	ML	1000 ML		0.001	05/20/2005	99/99/9999						
00409-7953-09		J7120		05/18/2005	99/99/9999	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	99/99/9999						
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						
00409-7953-48		J7120		04/14/2006	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (VISIV CONTAINER)	1000	ML	FC	IV	ML	1000 ML		0.001	04/14/2006	99/99/9999						
00409-7972-05		A4217		09/01/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEX CONTAINER,6X2000ML) 0.9%	1000	ML	FC	IR	ML	500 ML		0.002	09/01/2005	99/99/9999						
00409-7972-07		A4217		04/05/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEX CONTAINER,4X3000ML) 0.9%	2000	ML	FC	IR	ML	500 ML		0.002	04/05/2005	99/99/9999						
00409-7972-08		A4217		05/18/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEX CONTAINER,4X3000ML) 0.9%	3000	ML	PC	IR	ML	500 ML		0.002	05/18/2005	99/99/9999						
00409-7973-05		A4217		03/16/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (FLEXIBLE CONTAINER,PF)	1000	ML	FC	IR	ML	500 ML		0.002	03/16/2005	99/99/9999						
00409-7973-07		A4217		08/09/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (FLEXIBLE, CONTAINER,PF)	2000	ML	FC	IR	ML	500 ML		0.002	08/09/2005	99/99/9999						
00409-7973-08		A4217		07/14/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (4X3000ML,PF,LATEX-FREE)	3000	ML	FC	IR	ML	500 ML		0.002	07/14/2005	99/99/9999						
00409-7975-07		A4217		04/26/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (USP,6X2000ML) 0.45%	2000	ML	FC	IR	ML	500 ML		0.002	04/26/2006	99/99/9999						
00409-7983-03		J7040		01/05/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (LIFECARE,P.C.,12X1000ML) 0.9%	500	ML	FC	IV	ML	500 ML		0.002	01/05/2005	99/99/9999						
00409-7983-09		J7030		02/07/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (LIFECARE,P.C.,24X500ML) 0.9%	1000	ML	FC	IV	ML	1000 ML		0.001	02/07/2005	99/99/9999						
00409-7983-30		J7040		04/14/2006	10/16/2014	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (VISIV CONTAINER) 0.9%	500	ML	FC	IV	ML	500 ML		0.002	04/14/2006	10/16/2014						
00409-7983-48		J7030		04/14/2006	10/16/2014	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (VISIV CONTAINER) 0.9%	1000	ML	FC	IV	ML	1000 ML		0.001	04/14/2006	10/16/2014						
00409-7983-53		J7050		09/30/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,2 PORTS,PC,LF) 0.9%	250	ML	FC	IV	ML	250 ML		0.004	09/30/2005	99/99/9999						
00409-7983-55		J7040		04/11/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (LIFECARE,2 PORTS,PC,LF) 0.9%	500	ML	FC	IV	ML	500 ML		0.002	04/11/2005	99/99/9999						
00409-7983-61		J7050		06/17/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,P.C.,32X150ML) 0.9%	150	ML	FC	IV	ML	250 ML		0.004	06/17/2005	99/99/9999						
00409-7984-20		A4216		06/17/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LIFECARE,QUAD,PACK,LF) 0.9%	25	ML	FC	IV	ML	10 ML		0.1	06/17/2005	99/99/9999						
00409-7984-36		A4216		07/14/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LIFECARE,QUAD,LF,80X500ML) 0.9%	50	ML	FC	IV	ML	10 ML		0.1	07/14/2005	99/99/9999						
00409-7984-37		J7050		07/15/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,QUAD,LF,80X1000ML) 0.9%	100	ML	FC	IV	ML	250 ML		0.004	07/15/2005	99/99/9999						
00409-7985-02		J7799		04/06/2005	99/99/9999	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	99/99/9999						
00409-7985-03		J7799		04/06/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (LIFECARE,24X500ML) 0.45%	500	ML	FC	IV	ML	1 EA		1	04/06/2005	99/99/9999						
00409-7985-09		J7799		11/24/2004	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (LIFECARE,12X1000ML) 0.45%	1000	ML	FC	IV	ML	1 EA		1	11/24/2004	99/99/9999						
00409-7990-09		A4217		09/02/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (LIFECARE,PF,LATEX-FREE)	1000	ML	FC	IV	ML	500 ML		0.002	09/02/2005	99/99/9999						
00409-8004-15		J7799		08/01/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE) 30%	500	ML	FC	IV	ML	1 EA		1	08/01/2005	99/99/9999						
00409-8300-10		J0583		08/03/2015	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SINGLE-USE,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1 MG		250	08/03/2015	99/99/9999						
00409-8300-15		J0583		10/05/2015	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SINGLE-USE,ADD-VANTAGE) 250 MG	10	EA	VL	IV	EA	1 MG		250	10/05/2015	99/99/9999						
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						
00409-9093-35		J3010		12/13/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,LATEX-FREE) 0.05 MG/ML	5	ML	AM	U	ML	0.1 MG		0.5	12/13/2005	99/99/9999						
00409-9093-38		J3010		03/03/2006	09/01/2017	INJECTION, FENTANYL CITRATE 0.1 MG	FENTANYL CITRATE (6X20ML) 0.05 MG/ML	20	ML	AM	U	ML	0.1 MG		0.5								

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
00409-9094-22		J3010		10/12/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (FTV,25X2ML,LATEX-FREE) 0.05 MG/ML	2	ML	VL	U	ML	0.1 MG		0.5	10/12/2005	99/99/9999						
00409-9094-25		J3010		11/07/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VAL,FLUPTOP,LATEX-FREE) 0.05 MG/ML	5	ML	VL	U	ML	0.1 MG		0.5	11/07/2005	99/99/9999						
00409-9094-28		J3010		02/14/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X10ML,FTV) 0.05 MG/ML	10	ML	VL	U	ML	0.1 MG		0.5	02/14/2006	99/99/9999						
00409-9094-31		J3010		09/23/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (FTV,LATEX-FREE) 0.05 MG/ML	20	ML	VL	U	ML	0.1 MG		0.5	09/23/2005	99/99/9999						
00409-9094-61		J3010		12/30/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VAL, FLUPTOP) 0.05 MG/ML	50	ML	VL	U	ML	0.1 MG		0.5	12/30/2005	99/99/9999						
00409-9104-20		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (25X10ML) 40 MG/ML	10	ML	VL	IV	ML	40 MG		1	01/01/2006	99/99/9999						
00409-9137-05		J2001		06/30/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (ANSYR,10X5ML,LATEX-FREE) 1%	5	ML	SR	EP	ML	10 MG		1	06/30/2005	99/99/9999						
00409-9631-04		J1940		04/21/2006	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (PF) 10 MG/ML	4	ML	SR	U	ML	20 MG		0.5	04/21/2006	99/99/9999						
00463-1015-30		J3420		01/01/2002	02/03/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITAMIN B12 (VAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000 MCG		1	01/01/2002	02/03/2016						
00463-1019-30		J2650		01/01/2002	02/03/2016	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	COTOLONE (VAL) 25 MG/ML	10	ML	VL	U	ML	1 ML		1	01/01/2002	02/03/2016						
00463-1020-10		J2650		01/01/2002	02/03/2016	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	COTOLONE (VAL) 50 MG/ML	10	ML	VL	U	ML	1 ML		1	01/01/2002	02/03/2016						
00463-1021-30		J3420		01/01/2002	02/03/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITAMIN B12 (VAL) 100 MCG/ML	30	ML	VL	IM	ML	1000 MCG		0.1	01/01/2002	02/03/2016						
00463-1029-30		J1435		01/01/2002	01/28/2016	INJECTION, ESTRONE, PER 1 MG	ESTRONE (VAL, AQUEOUS) 5 MG/ML	30	ML	EA	IM	ML	1 MG		5	01/01/2002	01/28/2016						
00463-1036-10		J1700		01/01/2002	02/03/2016	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (VAL) 25 MG/ML	10	ML	VL	U	ML	25 MG		1	01/01/2002	02/03/2016						
00463-1069-10		J3140		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTRO AQ (VAL) 100 MG/ML	10	ML	VL	IM	ML	50 MG		2	01/01/2002	12/31/2014						
00463-1069-10		J3490		01/01/2015	07/23/2015	UNCLASSIFIED DRUGS	TESTRO AQ (VAL) 100 MG/ML	10	ML	VL	IM	ML	1 EA		1	01/01/2015	07/23/2015						
00463-1073-10		J3150		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (VAL) 100 MG/ML	10	ML	VL	IM	ML	100 MG		1	01/01/2002	12/31/2014						
00463-1073-10		J3490		01/01/2015	02/03/2016	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (VAL) 100 MG/ML	10	ML	VL	IM	ML	1 EA		1	01/01/2015	02/03/2016						
00463-1074-30		J3411		01/01/2004	02/03/2016	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (VAL) 100 MG/ML	30	ML	VL	U	ML	100 MG		1	01/01/2004	02/03/2016						
00463-1080-30		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	TRUXADRYL (VAL) 10 MG/ML	10	ML	VL	U	ML	50 MG		0.2	01/01/2002	02/03/2016						
00463-1086-10		J1240		01/01/2002	09/30/2013	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (VAL) 50 MG/ML	10	ML	VL	U	ML	50 MG		1	01/01/2002	09/30/2013						
00463-1091-05		J3302		01/01/2002	02/03/2016	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCOT (VAL) 40 MG/ML	5	ML	VL	U	ML	5 MG		8	01/01/2002	02/03/2016						
00463-1092-10		J2360		01/01/2002	01/28/2016	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORFRO (VAL) 30 MG/ML	10	ML	VL	U	ML	60 MG		0.5	01/01/2002	01/28/2016						
00463-1094-30		J3420		01/01/2002	01/01/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	HYDROXOCOBALAMIN (VAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000 MCG		1	01/01/2002	01/01/2016						
00463-1101-10		J3410		01/01/2002	02/03/2016	INJECTION, HYDROXYLINE HCL, UP TO 25 MG	VISTACOT (VAL) 50 MG/ML	10	ML	VL	IM	ML	25 MG		2	01/01/2002	02/03/2016						
00463-1104-10		J0500		01/01/2002	01/01/2016	INJECTION, DICYCLONINE HCL, UP TO 20 MG	DICYCLOCOT (VAL) 10 MG/ML	10	ML	VL	IM	ML	20 MG		0.5	01/01/2002	01/01/2016						
00463-1108-20		J3250		01/01/2002	01/01/2016	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	BENZACOT (VAL) 100 MG/ML	20	ML	VL	IM	ML	200 MG		0.5	01/01/2002	01/01/2016						
00463-6071-10		J7510		01/01/2002	02/03/2016	PREDNISOLONE ORAL, PER 5 MG	COTOLONE 5 MG	1000	EA	NA	PO	EA	5 MG		1	01/01/2002	02/03/2016						
00463-6140-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNICOT 10 MG	1000	EA	NA	PO	EA	5 MG		2	01/01/2002	12/31/2015						
00463-6140-10		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNICOT 10 MG	1000	EA	NA	PO	EA	1 MG		10	01/01/2016	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						
00463-6141-10		J7512		01/01/2016	02/03/2016	PREDNISONE, 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						
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						
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						
00463-6156-10		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	PROMACOT 25 MG	1000	EA	NA	PO	WA	12.5 MG		2	01/01/2014	02/03/2016						
00463-6156-10		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMACOT 25 MG	1000	EA	NA	PO	EA	25 MG		1	01/01/2002	12/31/2013						
00469-0607-73		J7507		01/01/2002	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 0.5 MG	100	EA	BO	PO	EA	1 MG		0.5	01/01/2002	99/99/9999						
00469-0617-11		J7507		01/01/2002	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF (10X10,BLISTER PACK) 1 MG	100	EA	BX	PO	EA	1 MG		1	01/01/2002	99/99/9999						
00469-0617-73		J7507		02/13/2002	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 1 MG	100	EA	BO	PO	EA	1 MG		1	02/13/2002	99/99/9999						
00469-0647-73		J7508		01/01/2014	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG	ASTAGRAF XL 0.5 MG	30	EA	BO	PO	EA	0.1 MG		5	01/01/2014	99/99/9999						
00469-0647-73		J7599		08/06/2013	12/31/2013	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	ASTAGRAF XL 0.5 MG	30	EA	BO	PO	EA	1 MG		1	08/06/2013	12/31/2013						
00469-0657-11		J7507		01/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF (10X10,BLISTER PACK) 5 MG	100	EA	BX	PO	EA	1 MG		5	01/01/2004	99/99/9999						
00469-0657-73		J7507		01/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 5 MG	100	EA	BO	PO	EA	1 MG		5	01/01/2004	99/99/9999						
00469-0677-73		J7508		01/01/2014	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG	ASTAGRAF XL 1 MG	30	EA	BO	PO	EA	0.1 MG		10	01/01/2014	99/99/9999						
00469-0677-73		J7599		08/06/2013	12/31/2013	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	ASTAGRAF XL 1 MG	30	EA	BO	PO	EA	1 MG		1	08/06/2013	12/31/2013						
00469-0687-73		J7508		01/01/2014	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG	ASTAGRAF XL 5 MG	30	EA	BO	PO	EA	0.1 MG		50	01/01/2014	99/99/9999						
00469-0687-73		J7599		08/06/2013	12/31/2013	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	ASTAGRAF XL 5 MG	30	EA	BO	PO	EA	1 MG		1	08/06/2013	12/31/2013						
00469-0871-20		J0152		01/01/2004	12/31/2013	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	ADENOSCAN (S.D.V.,PF) 3 MG/ML	20	ML	VL	IV	ML	30 MG		0.1	01/01/2004	12/31/2013						
00469-0871-30		J0152		01/01/2004	12/31/2013	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	ADENOSCAN (S.D.V.,PF) 3 MG/ML	30	ML	VL	IV	ML	30 MG		0.1	01/01/2004	12/31/2013						
00469-3016-01		J7525		01/01/2002	99/99/9999	TACROLIMUS, PARENTERAL, 5 MG	PROGRAF (AMP,PF) 5 MG/ML	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
00469-8234-14		J0150		06/14/2002	12/31/2014	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	ADENOCARD (ANSYRLUER LOK) 3 MG/ML	4	ML	SR	IV	ML	6 MG		0.5	06/14/2002	12/31/2014						
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 (ANSYRLUER LOK) 3 MG/ML	4	ML	SR	IV	ML	1 MG		3	01/01/2015	99/99/9999						
00472-0082-16		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG/5 ML	480	ML	BO	PO	ML	1 EA		1	01/01/2002	99/99/9999						
00487-0201-01		J7620		01/01/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30	ML	PC	IH	ML	3 MG		0.33333	01/01/2008	99/99/9999						
00487-0201-02		J7620		01/01/2008	07/21/2016	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, ROBOT READY) 3 MG/3 ML-0.5 MG/3 ML	30	ML	PC	IH	ML	3 MG		0.33333	01/01/2008	07/21/2016						
00487-0201-03		J7620		01/01/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30X3ML)	3	ML	PC	IH	ML	3 MG		0.33333	01/01/2008	99/99/9999						
00487-0201-60		J7620		01/01/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	60	ML	PC	IH	ML	3 MG		0.33333	01/01/2008	99/99/9999						
00487-0301-01		J7613		07/19/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,LDPE VIAL,PF) 0.63 MG/3 ML	30	EA	PC	IH	ML	1 MG		0.21	07/19/2010	99/99/9999						
00487-0301-01	KO	J7613	KO	07/19/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,LDPE VIAL,PF) 0.63 MG/3 ML	30	EA	PC	IH	ML	1 MG		0.21	07/19/2010	99/99/9999						
00487-9007-60		A4216		03/13/2017	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (30 x 4ML,PF) 7%	4	ML	VL	IH	ML	10 ML		0.1	03/13/2017	99/99/9999						
00487-9007-60		A4216		07/05/2012	03/12/2017	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (PF) 0.7%	4	ML	PC	IH	ML	10 ML		0.1	07/05/2012	03/12/2017						
00487-9301-02		A4216		01/01/2006	07/21/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (ROBOT READY,30X3ML) 0.9%	3	ML	PC	IH	ML	10 ML		0.1	01/01/2006	07/21/2016						
00487-9301-03		A4216		01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (NAL) 0.9%	3	ML	PC	IH	ML	10 ML		0.1	01/01/2006	99/99/9999						
00487-9301-33		A4216		01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 0.9%	3	ML	PC	IH	ML	10 ML		0.1	01/01/2006	99/99/9999						
00487-9501-01		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-01	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-02		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,PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	07/21/2016						
00487-9501-02	KO	J7613	KO	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,PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	07/21/2016						
00487-9501-03		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-03	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-25		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-25	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-60		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-60	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9601-01		J7626		06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL), 25MG/2ML	30	ML	PC	IH	ML	0.5 MG		0.25	06/13/2016	99/99/9999						
00487-9601-01	KO	J7626	KO	06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL), 25MG/2ML	30	ML	PC	IH	ML	0.5 MG		0.25	06/13/2016	99/99/9999						
00487-9601-30		J7626		06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL), 25MG/2ML	30	ML	PC	IH	ML	0.5 MG		0.25	06/13/2016	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00487-9801-30	KO	J7626	KO	06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) 25MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.25	06/13/2016	99/99/9999						
00487-9701-01		J7626		06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) 5MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.5	06/13/2016	99/99/9999						
00487-9701-01	KO	J7626	KO	06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) 5MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.5	06/13/2016	99/99/9999						
00487-9701-30		J7626		06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) 5MG/2ML	30	ML	AM	IH	ML	0.5	MG	0.5	06/13/2016	99/99/9999						
00487-9701-30	KO	J7626	KO	06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) 5MG/2ML	30	ML	AM	IH	ML	0.5	MG	0.5	06/13/2016	99/99/9999						
00487-9801-01		J7644		01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999						
00487-9801-01	KO	J7644	KO	01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999						
00487-9801-02		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						
00487-9801-02	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						
00487-9801-25	KO	J7644	KO	10/11/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	10/11/2002	99/99/9999						
00487-9801-30		J7644		01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999						
00487-9801-30	KO	J7644	KO	01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999						
00487-9801-60		J7644		01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999						
00487-9801-60	KO	J7644	KO	01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999						
00487-9901-02		J7611		04/01/2008	07/21/2016	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (UNIT OF USE,ROBOT READY) 0.5%	0.5	ML	PC	IH	ML	1	MG	5	04/01/2008	07/21/2016						
00487-9901-30		J7611		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (UNIT OF USE,PF) 0.5%	0.5	ML	PC	IH	ML	1	MG	5	04/01/2008	99/99/9999						
00487-9904-01		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	99/99/9999						
00487-9904-01	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	99/99/9999						
00487-9904-02		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						
00487-9904-02	KO	J7613	KO	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						
00487-9904-25		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (LDPE VIAL) 0.042%	3	ML	VL	IH	ML	1	MG	0.42	04/01/2008	99/99/9999						
00487-9904-25	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (LDPE VIAL) 0.042%	3	ML	VL	IH	ML	1	MG	0.42	04/01/2008	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00490-0075-00		Q0162		01/01/2012	01/31/2014	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 4 MG	100	EA	BX	PO	EA	1 MG		4	01/01/2012	01/31/2014						
00490-0075-30		Q0162		01/01/2012	01/31/2014	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 4 MG	30	EA	BX	PO	EA	1 MG		4	01/01/2012	01/31/2014						
00490-0075-60		Q0162		01/01/2012	01/31/2014	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 4 MG	60	EA	BX	PO	EA	1 MG		4	01/01/2012	01/31/2014						
00490-0075-90		Q0162		01/01/2012	01/31/2014	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 4 MG	90	EA	BX	PO	EA	1 MG		4	01/01/2012	01/31/2014						
00490-0091-00		Q0175		01/01/2007	01/31/2014	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	01/01/2007	01/31/2014						
00490-0091-30		Q0175		01/01/2007	01/31/2014	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	01/01/2007	01/31/2014						
00490-0091-60		Q0175		01/01/2007	01/31/2014	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	60	EA	BO	PO	EA	4 MG		1	01/01/2007	01/31/2014						
00490-0091-90		Q0175		01/01/2007	01/31/2014	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	90	EA	BO	PO	EA	4 MG		1	01/01/2007	01/31/2014						
00517-0020-10		J0706		09/10/2007	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (USP,10X3ML SINGLE-DOSE) 20 MG/ML	3	ML	VL	IV	ML	5 MG		4	08/19/2015	99/99/9999	09/10/2007	03/31/2014			4	
00517-0031-25		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/ML	1	ML	VL	IM	ML	1000 MCG		1	01/01/2002	99/99/9999						
00517-0032-25		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	10	ML	VL	IM	ML	1000 MCG		1	01/01/2002	99/99/9999						
00517-0033-25		J2710		01/15/2003	11/07/2013	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 1 MG/ML	10	ML	VL	U	ML	0.5 MG		2	01/15/2003	11/07/2013						
00517-0034-25		J2710		01/15/2003	11/07/2013	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 0.5 MG/ML	10	ML	VL	U	ML	0.5 MG		1	01/15/2003	11/07/2013						
00517-0130-05		J3420		05/29/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	30	ML	VL	IM	ML	1000 MCG		1	05/29/2003	99/99/9999						
00517-0132-25		J0636		03/14/2005	02/28/2013	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL 1 MCG/ML	1	ML	AM	IV	ML	0.1 MCG		10	03/14/2005	02/28/2013						
00517-0209-25		J2370		01/01/2002	07/31/2013	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (S.D.V.) 10 MG/ML	1	ML	VL	U	ML	1 ML		1	01/01/2002	07/31/2013						
00517-0405-25		J2370		01/01/2002	06/30/2013	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (VAL) 10 MG/ML	5	ML	VL	U	ML	1 ML		1	01/01/2002	06/30/2013						
00517-0650-02		J1439		12/01/2017	99/99/9999	INJECTION, FERRIC CARBOXYMALTOSE, 1 MG	INJECTAFER (2 X15ML) 50 MG/1 ML	15	ML	VL	IV	ML	1 MG		50	04/01/2019	99/99/9999	12/01/2017	02/22/2019			50	
00517-0710-01		J1451		07/16/2018	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	FOMEPIZOLE (1X1.5ML.PF) 1 GM/1 ML	1.5	ML	VL	IV	ML	15 MG		66.66666	07/16/2018	99/99/9999						
00517-0901-25		J0360		01/01/2002	02/28/2013	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HYDROCHLORIDE (S.D.V.) 20 MG/ML	1	ML	VL	U	ML	20 MG		1	01/01/2002	02/28/2013						
00517-0902-01		J0594		04/01/2017	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN 6 MG/1 ML	10	ML	VL	IV	ML	1 MG		6	04/01/2017	99/99/9999						
00517-0920-08		J0594		04/01/2017	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML SINGLE-USE) 6 MG/1 ML	10	ML	VL	IV	ML	1 MG		6	04/01/2017	99/99/9999						
00517-1045-25		J1955		01/01/2002	12/31/2013	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (S.D.V.) 200 MG/ML	5	ML	VL	IV	ML	1 MG		0.2	01/01/2002	12/31/2013						
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						
00517-1133-05		J2710		05/11/2018	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	0.5 MG		1	05/11/2018	99/99/9999						
00517-1134-01		J2710		05/11/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (INNER PACK,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5 MG		2	05/11/2018	99/99/9999						
00517-1134-05		J2710		05/11/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5 MG		2	05/11/2018	99/99/9999						
00517-1305-25		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (S.D.V.) 160 MG/ML	5	ML	VL	IV	ML	40 MG		4	01/01/2006	99/99/9999						
00517-1767-01		J1729		06/22/2018	99/99/9999	OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (PF) 250 MG/1 ML	1	ML	VL	IM	ML	10 MG		25	06/22/2018	99/99/9999						
00517-1805-25		J1265		01/01/2006	12/31/2013	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (S.D.V.) 40 MG/ML	5	ML	VL	IV	ML	40 MG		1	01/01/2006	12/31/2013						
00517-1820-01		J1205		04/01/2015	99/99/9999	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	CHLOROTHIAZIDE SODIUM (USP, SDV,LYOPHILIZED) 0.5 GM	1	EA	VL	IV	EA	500 MG		1	04/01/2015	99/99/9999						
00517-1825-10		J2800		01/29/2018	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						
00517-1905-25		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (S.D.V.) 80 MG/ML	5	ML	VL	IV	ML	40 MG		2	01/01/2006	99/99/9999						
00517-1980-05		J0500		08/30/2017	99/99/9999	INJECTION, DICYCLONINE HCL, UP TO 20 MG	DICYCLONINE 10 MG/1 ML	2	ML	VL	IM	ML	20 MG		0.5	08/30/2017	99/99/9999						
00517-2310-05		J1756		05/01/2007	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	VENOFER (5X10ML SDV,USP,PF) 20 MG/ML	10	ML	VL	IV	ML	1 MG		20	05/01/2007	99/99/9999						
00517-2340-10		J1756		01/01/2003	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	VENOFER (S.D.V.,PF) 20 MG/ML	5	ML	VL	IV	ML	1 MG		20	01/01/2003	99/99/9999						
00517-2340-25		J1756		10/01/2006	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	VENOFER (25X5ML SDV,PF) 20 MG/ML	5	ML	VL	IV	ML	1 MG		20	10/01/2006	99/99/9999						
00517-2602-25		J3475		01/01/2002	03/31/2013	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/ML	2	ML	VL	U	ML	500 MG		1	01/01/2002	03/31/2013						
00517-2610-25		J3475		01/01/2002	03/31/2013	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/ML	10	ML	VL	U	ML	500 MG		1	01/01/2002	03/31/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00517-2810-25		A4216		01/01/2004	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,PF) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	02/03/2016							
00517-2930-25		J7799		01/01/2002	02/28/2013	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (S.D.V.) 23.4%	30	ML	VL	IV	ML	1	EA	1	01/01/2002	02/28/2013							
00517-3005-25		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	5	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999							
00517-3010-25		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999							
00517-3020-25		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	20	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999							
00517-3900-25		J0610		01/01/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (VAL,PF) 100 MG/ML	100	ML	VL	IV	ML	10	ML	0.1	01/01/2002	99/99/9999							
00517-3950-25		J0610		01/01/2002	01/31/2014	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (S.D.V.,PF) 100 MG/ML	50	ML	VL	IV	ML	10	ML	0.1	01/01/2002	01/31/2014							
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							
00517-4010-01		J2440		01/01/2002	04/03/2014	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (M.D.V.) 30 MG/ML	10	ML	VL	IJ	ML	60	MG	0.5	01/01/2002	04/03/2014							
00517-4050-25		J2150		01/01/2002	03/31/2014	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (S.D.V.,PF) 25%	50	ML	VL	IV	ML	50	ML	0.02	01/01/2002	03/31/2014							
00517-4201-25		J3410		01/01/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (S.D.V.) 25 MG/ML	1	ML	VL	IM	ML	25	MG	1	01/01/2002	99/99/9999							
00517-4601-25		J7643		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	IJ	ML	1	MG	0.2	01/01/2002	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	IJ	ML	1	MG	0.2	01/01/2002	99/99/9999							
00517-4602-25		J7643		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	2	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	99/99/9999							
00517-4602-25	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	2	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	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	IJ	ML	1	MG	0.2	01/01/2002	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	IJ	ML	1	MG	0.2	01/01/2002	99/99/9999							
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							
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							
00517-5601-25		J3410		01/01/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (S.D.V.) 50 MG/ML	1	ML	VL	IM	ML	25	MG	2	01/01/2002	99/99/9999							
00517-5602-25		J3410		01/01/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (S.D.V.) 50 MG/ML	2	ML	VL	IM	ML	25	MG	2	01/01/2002	99/99/9999							
00517-5610-25		J3410		01/01/2002	02/22/2019	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (M.D.V.) 50 MG/ML	10	ML	VL	IM	ML	25	MG	2	01/01/2002	02/22/2019							
00517-5702-25		J1940		01/01/2002	11/30/2013	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.) 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	01/01/2002	11/30/2013							
00517-5704-25		J1940		01/01/2002	12/31/2013	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.) 10 MG/ML	4	ML	VL	IJ	ML	20	MG	0.5	01/01/2002	12/31/2013							
00517-5710-25		J1940		01/01/2002	12/31/2013	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.) 10 MG/ML	10	ML	VL	IJ	ML	20	MG	0.5	01/01/2002	12/31/2013							
00517-7504-25		J7608		01/24/2003	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 10%	4	ML	VL	IH	ML	1	GM	0.1	01/24/2003	99/99/9999							
00517-7504-25	KO	J7608	KO	01/24/2003	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 10%	4	ML	VL	IH	ML	1	GM	0.1	01/24/2003	99/99/9999							
00517-7510-03		J7608		01/01/2002	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 10%	10	ML	VL	IH	ML	1	GM	0.1	01/01/2002	99/99/9999							
00517-7510-03	KO	J7608	KO	01/01/2002	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 10%	10	ML	VL	IH	ML	1	GM	0.1	01/01/2002	99/99/9999							
00517-7604-25		J7608		01/29/2003	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 20%	4	ML	VL	IH	ML	1	GM	0.2	01/29/2003	99/99/9999							
00517-7604-25	KO	J7608	KO	01/29/2003	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 20%	4	ML	VL	IH	ML	1	GM	0.2	01/29/2003	99/99/9999							
00517-7610-03		J7608		01/01/2002	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 20%	10	ML	VL	IH	ML	1	GM	0.2	01/01/2002	05/31/2013							
00517-7610-03	KO	J7608	KO	01/01/2002	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 20%	10	ML	VL	IH	ML	1	GM	0.2	01/01/2002	05/31/2013							
00517-7630-03		J7608		01/01/2002	04/30/2013	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 20%	30	ML	VL	IH	ML	1	GM	0.2	01/01/2002	04/30/2013							
00517-7630-03	KO	J7608	KO	01/01/2002	04/30/2013	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 20%	30	ML	VL	IH	ML	1	GM	0.2	01/01/2002	04/30/2013							
00517-8905-10		J0210		02/26/2003	99/99/9999	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	METHYLDOPATE HCL (S.D.V.) 50 MG/ML	5	ML	VL	IV	ML	250	MG	0.2	02/26/2003	99/99/9999							
00517-9120-25		J3490		03/12/2003	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (M.D.V.) 250 MG/ML	20	ML	VL	IV	ML	1	EA	1	02/25/2019	99/99/9999	03/12/2003	01/31/2014	1				
00517-9702-25		J1790		01/01/2002	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (S.D.V.) 2.5 MG/ML	2	ML	VL	IJ	ML	5	MG	0.5	01/01/2002	99/99/9999							
00527-1450-06		Q0167		10/30/2018	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) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	10/30/2018	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							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00527-1452-06		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) 10 MG	60	EA	BO	PO	EA	2.5 MG		4	10/30/2018	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						
00536-3597-01		Q0163		01/01/2002	01/14/2015	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 (CAPTAB) 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	01/14/2015						
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 THE 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						
00548-1911-25	J2270			01/01/2002	08/31/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFILLED,PUMP-JET) 1 MG/ML	30	ML	SR	U	ML	10 MG		0.1	01/01/2002	08/31/2015						
00548-3301-00	J7799			01/01/2002	11/28/2012	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (SRN,PREFILLED,LUER-JET) 50%	50	ML	SR	IV	ML	1 EA		1	01/01/2002	11/28/2012						
00548-3390-00	J2001			01/01/2004	11/19/2012	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SRN,PREFILLED,LUER-JET) 2%	5	ML	SR	IV	ML	10 MG		2	01/01/2004	11/19/2012						
00548-5400-00	J1050			01/15/2018	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML	VL	IM	ML	1 MG		150	01/15/2018	99/99/9999						
00548-5400-25	J1050			02/05/2018	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML	VL	IM	ML	1 MG		150	02/05/2018	99/99/9999						
00548-5701-00	J1050			01/15/2018	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (PRE-FILLED SYRINGE) 150 MG/1 ML	1	ML	SR	IM	ML	1 MG		150	01/15/2018	99/99/9999						
00548-9021-00	J1885			03/01/2016	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/1 ML	1	ML	VL	U	ML	15 MG		2	03/01/2016	99/99/9999						
00548-9090-10	J3470			10/05/2015	99/99/9999	INJECTION, HYALURONIDASE, UP TO 150 UNITS	AMPHADASE 150 U/1 ML	10	EA	VL	SC	EA	150 UNITS		1	10/05/2015	99/99/9999						
00548-9601-00	J2710			10/10/2017	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5 MG		1	10/10/2017	99/99/9999						
00548-9602-00	J2710			10/10/2017	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5 MG		2	10/10/2017	99/99/9999						
00555-0059-02		Q0163		01/01/2002	08/19/2013	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	08/19/2013						
00555-0059-05		Q0163		01/01/2002	08/19/2013	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	1000	EA	BO	PO	EA	50 MG		1	01/01/2002	08/19/2013						
00555-0302-02		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	25 MG		2	01/01/2014	99/99/9999						
00555-0302-02		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	50 MG		1	01/01/2002	12/31/2013						
00555-0302-04		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25 MG		2	01/01/2014	99/99/9999						
00555-0302-04		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	50 MG		1	01/01/2002	12/31/2013						
00555-0323-02		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	100	EA	BO	PO	EA	25 MG		1	01/01/2002	99/99/9999						
00555-0323-04		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	500	EA	BO	PO	EA	25 MG		1	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00555-0324-02		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 100 MG	100	EA	BO	PO	EA	25 MG		4	01/01/2014	99/99/9999						
00555-0324-02		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 100 MG	100	EA	BO	PO	EA	50 MG		2	01/01/2002	12/31/2013						
00555-0572-02		None		01/01/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5 MG		1	01/01/1994	99/99/9999						
00555-0572-35		None		01/01/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5 MG		1	01/01/1994	99/99/9999						
00555-0606-02		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
00555-0607-02		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
00555-0607-04		J8999		01/01/2002	09/27/2013	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	500	EA	BO	PO	EA	1 EA		1	01/01/2002	09/27/2013						
00555-0882-02		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
00555-1131-11		J0895		09/05/2007	09/27/2013	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE 2 GM	1	EA	VL	U	EA	500 MG		4	09/05/2007	09/27/2013						
00555-1132-12		J0895		09/05/2007	02/05/2013	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE 500 MG	1	EA	VL	U	EA	500 MG		1	09/05/2007	02/05/2013						
00562-7805-00		J2790		01/08/2014	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 IU.)	RHOGAM ULTRA-FILTERED PLUS (INNER PACK, PF) 300 MCG	1	EA	SR	IM	EA	300 MCG		1	01/08/2014	99/99/9999						
00562-7805-01		J2790		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 IU.)	RHOGAM ULTRA-FILTERED PLUS (PF, LATEX-FREE) 300 MCG	1	EA	SR	IM	EA	300 MCG		1	09/01/2007	99/99/9999						
00562-7805-05		J2790		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 IU.)	RHOGAM ULTRA-FILTERED PLUS (PF, LATEX-FREE) 300 MCG	5	EA	SR	IM	EA	300 MCG		1	09/01/2007	99/99/9999						
00562-7805-25		J2790		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 IU.)	RHOGAM ULTRA-FILTERED PLUS (PF, LATEX-FREE) 300 MCG	25	EA	SR	IM	EA	300 MCG		1	09/01/2007	99/99/9999						
00562-7806-01		J2788		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 IU.)	MICRHOGAM ULTRA-FILTERED PLUS (PF, LATEX-FREE) 50 MCG	1	EA	SR	IM	EA	50 MCG		1	09/01/2007	99/99/9999						
00562-7806-05		J2788		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 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						
00562-7806-25		J2788		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 IU.)	MICRHOGAM ULTRA-FILTERED PLUS (PF, LATEX-FREE) 50 MCG	25	EA	SR	IM	EA	50 MCG		1	09/01/2007	99/99/9999						
00574-0421-25		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						
00574-0805-30		J0132		12/27/2012	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG	ACETYLCYSTEINE (SDV, 4X30ML, PF) 200 MG/1 ML	30	ML	VL	IV	ML	100 MG		2	12/27/2012	99/99/9999						
00574-0820-01		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (1X1ML, USP) 200 MG/ML	1	ML	VL	IM	ML	1 MG		200	01/01/2015	99/99/9999						
00574-0820-01		J1080		12/21/2007	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (1X1ML, USP) 200 MG/ML	1	ML	VL	IM	ML	200 MG		1	12/21/2007	12/31/2014						
00574-0820-10		J1071		12/12/2014	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (1x10 ML, USP) 200 MG/1 ML	10	ML	VL	IM	ML	1 MG		200	12/12/2014	99/99/9999						
00574-0820-10		J1080		12/21/2007	11/11/2013	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (1X10ML, USP) 200 MG/ML	10	ML	VL	IM	ML	200 MG		1	12/21/2007	11/11/2013						
00574-0823-01		J0706		09/21/2006	04/21/2014	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (USP, PF) 20 MG/ML	3	ML	VL	IV	ML	5 MG		4	09/21/2006	04/21/2014						
00574-0823-01		J0706		09/28/2007	09/18/2014	INJECTION, CAFFEINE CITRATE, 5MG	NOVAPLUS CAFFEINE CITRATE (USP, 10X3ML, PF) 20 MG/ML	3	ML	VL	IV	ML	5 MG		4	09/28/2007	09/18/2014						
00574-0827-01		J1071		03/08/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE 200 MG/1 ML	1	ML	VL	IM	ML	1 MG		200	03/08/2019	99/99/9999						
00574-0827-10		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP, MDV) 200 MG/ML	10	ML	VL	IM	ML	1 MG		200	03/08/2019	99/99/9999	01/01/2015	08/31/2017	200			
00574-0827-10		J1080		06/19/2014	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (USP, MDV) 200 MG/ML	10	ML	VL	IM	ML	200 MG		1	06/19/2014	12/31/2014						
00574-0850-05		J1110		08/04/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (AMP) 1 MG/ML	1	ML	AM	U	ML	1 MG		1	08/04/2003	99/99/9999						
00574-0850-10		J1110		03/15/2004	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (AMP) 1 MG/ML	1	ML	AM	U	ML	1 MG		1	03/15/2004	99/99/9999						
00574-0858-01		J0770		03/11/2005	06/30/2018	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM (VAL, STERILE) 150 MG	1	EA	VL	U	EA	150 MG		1	03/11/2005	06/30/2018						
00574-0866-10		J7516		12/12/2012	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG ANTI-EMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	CYCLOSPORINE 50 MG/ML	5	ML	AM	IV	ML	250 MG		0.2	12/12/2012	99/99/9999						
00574-7226-12		J8498		01/01/2006	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	COMPRO 25 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	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						
00591-0800-05		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	500	EA	BO	PO	EA	25 MG		1	09/18/2006	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	BO	PO	EA	25 MG		2	01/01/2014	99/99/9999						
00591-0801-01		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	50 MG		1	09/18/2006	12/31/2013	01/01/2002	08/17/2005	1			

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
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						
00591-0801-05		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	50 MG		1	09/18/2006	12/31/2013	01/01/2002	08/09/2005	1			
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						
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						
00591-2224-55		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			
00591-2416-30		J0604		01/02/2019	01/31/2019	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM-COATED) 30 MG	30	EA	BO	PO	EA	1 MG		30	01/02/2019	01/31/2019						
00591-2417-30		J0604		01/02/2019	01/31/2019	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM-COATED) 60 MG	30	EA	BO	PO	EA	1 MG		60	01/02/2019	01/31/2019						
00591-2418-30		J0604		01/02/2019	01/31/2019	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30	EA	BO	PO	EA	1 MG		90	01/02/2019	01/31/2019						
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						
00591-2737-23	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						
00591-2738-23		J7614		07/01/2014	02/18/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.83	07/01/2014	02/18/2019						
00591-2738-23	KO	J7614	KO	07/01/2014	02/18/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.83	07/01/2014	02/18/2019						
00591-2897-49		J9025		09/16/2016	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	1 MG		100	09/16/2016	99/99/9999						
00591-2918-23		J7614		08/20/2012	06/09/2014	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		0.20666	08/20/2012	06/09/2014						
00591-2918-23	KO	J7614	KO	08/20/2012	06/09/2014	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		0.20666	08/20/2012	06/09/2014						
00591-2919-23		J7614		08/20/2012	08/06/2014	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	08/20/2012	08/06/2014						
00591-2919-23	KO	J7614	KO	08/20/2012	08/06/2014	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	08/20/2012	08/06/2014						
00591-2920-23		J7614		08/20/2012	06/30/2014	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	08/20/2012	06/30/2014						
00591-2920-23	KO	J7614	KO	08/20/2012	06/30/2014	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	08/20/2012	06/30/2014						
00591-3128-79		J2675		12/17/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE IN SESAME OIL (VIAL) 50 MG/ML	10	ML	VL	IM	ML	50 MG		1	12/17/2002	99/99/9999						
00591-3221-26		J3121		01/01/2015	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						
00591-3221-26		J3130		03/09/2004	12/31/2014	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE 200 MG/ML	5	ML	VL	IM	ML	200 MG		1	03/09/2004	12/31/2014						
00591-3222-47		J2360		09/07/2004	11/05/2018	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE 30 MG/ML	2	ML	AM	IJ	ML	60 MG		0.5	09/07/2004	11/05/2018						
00591-3223-79		J1071		01/01/2015	03/04/2015	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (M.D.V.) 200 MG/ML	10	ML	VL	IM	ML	1 MG		200	01/01/2015	03/04/2015						
00591-3223-79		J1080		03/29/2004	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (M.D.V.) 200 MG/ML	10	ML	VL	IM	ML	200 MG		1	03/29/2004	12/31/2014						
00591-3433-30		J7620		01/02/2008	05/12/2013	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	01/02/2008	05/12/2013						
00591-3433-60		J7620		01/02/2008	05/12/2013	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	01/02/2008	05/12/2013						
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	1 MG		0.21	04/01/2008	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						
00591-3468-53		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	1 MG		0.42	04/01/2008	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
00591-3767-30		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) 0.25MG/2ML	2	ML	AM	IH	ML	0.5 MG		0.25	04/02/2013	99/99/9999						
00591-3767-30	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						
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						
00591-3768-30	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) 0.5MG/2ML	2	ML	PC	IH	ML	0.5 MG		0.5	04/02/2013	99/99/9999						
00591-3797-30		J7613		11/04/2010	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	11/04/2010	99/99/9999						
00591-3797-30	KO	J7613	KO	11/04/2010	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	11/04/2010	99/99/9999						
00591-3797-60		J7613		11/04/2010	99/99/9999	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	99/99/9999						
00591-3797-60	KO	J7613	KO	11/04/2010	99/99/9999	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	99/99/9999						
00591-3797-83		J7613		11/04/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (25X3ML)	25	EA	SOL	IH	ML	1 MG		0.83	11/04/2010	99/99/9999						
00591-3797-83	KO	J7613	KO	11/04/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (25X3ML)	25	EA	SOL	IH	ML	1 MG		0.83	11/04/2010	99/99/9999						
00591-3798-30		J7644		06/24/2011	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%	30	ML	PC	IH	ML	1 MG		0.2	06/24/2011	99/99/9999						
00591-3798-30	KO	J7644	KO	06/24/2011	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%	30	ML	PC	IH	ML	1 MG		0.2	06/24/2011	99/99/9999						
00591-3798-60		J7644		05/23/2011	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,LDPE,PF) 0.02%	60	ML	PC	IH	ML	1 MG		0.2	05/23/2011	99/99/9999						
00591-3798-60	KO	J7644	KO	05/23/2011	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,LDPE,PF) 0.02%	60	ML	PC	IH	ML	1 MG		0.2	05/23/2011	99/99/9999						
00591-3817-30		J7620		05/13/2013	02/24/2016	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) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3 MG		0.33333	05/13/2013	02/24/2016						
00591-3817-39		J7620		02/25/2016	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) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3 MG		0.33333	02/25/2016	99/99/9999						
00591-3817-60		J7620		05/13/2013	02/24/2016	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 (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3 MG		0.33333	05/13/2013	02/24/2016						
00591-3817-66		J7620		02/25/2016	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 (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3 MG		0.33333	02/25/2016	99/99/9999						
00591-4130-54		J0641		02/06/2017	03/18/2019	INJECTION, LEVELEUCOVORIN CALCIUM, 0.5 MG	LEVELEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 175 MG	1	EA	VL	IV	EA	0.5 MG		350	02/06/2017	03/18/2019						
00591-5052-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
00591-5052-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
00591-5052-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
00591-5052-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
00591-5052-21		J7512		04/05/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	BX	PO	EA	1 MG		5	04/05/2016	99/99/9999						
00591-5052-43		J7512		04/05/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	48	EA	BX	PO	EA	1 MG		5	04/05/2016	99/99/9999						
00591-6307-01		O0189		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	12.5 MG		2	01/01/2014	99/99/9999						

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
00591-5307-01		Q0170		04/15/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25 MG		1	04/15/2002	12/31/2013						
00591-5307-10		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	1000	EA	BO	PO	EA	12.5 MG		2	01/01/2014	99/99/9999						
00591-5307-10		Q0170		04/15/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	1000	EA	BO	PO	EA	25 MG		1	04/15/2002	12/31/2013						
00591-5319-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 50 MG	100	EA	BO	PO	EA	12.5 MG		4	01/01/2014	99/99/9999						
00591-5319-01	Q0170			04/15/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 50 MG	100	EA	BO	PO	EA	25 MG		2	04/15/2002	12/31/2013						
00591-5442-01	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
00591-5442-01	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
00591-5442-05	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	500	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
00591-5442-05	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	500	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
00591-5442-10	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
00591-5442-10	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
00591-5442-21	J7512			04/05/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BX	PO	EA	1 MG		10	04/05/2016	99/99/9999						
00591-5442-43	J7512			04/05/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	48	EA	BX	PO	EA	1 MG		10	04/05/2016	99/99/9999						
00591-5443-01	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
00591-5443-01	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
00591-5443-05	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	500	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
00591-5443-05	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
00591-5443-10	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
00591-5443-10	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
00597-0053-45	J1610			04/09/2015	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	INJECTION, GLUCAGON (VIAL) 1 MG	10	EA	VL	U	EA	1 MG		1	04/09/2015	99/99/9999						
00597-0143-60	J8499			10/16/2014	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	OFEV 100 MG	60	EA	BO	PO	EA	1 EA		1	10/16/2014	99/99/9999						
00597-0145-60	J8499			10/16/2014	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	OFEV 150 MG	60	EA	BO	PO	EA	1 EA		1	10/16/2014	99/99/9999						
00597-0260-10	J1610			04/09/2015	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON DIAGNOSTIC KIT (VIAL W/STERILE WATER) 1 MG	1	EA	VL	U	EA	1 MG		1	04/09/2015	99/99/9999						
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						
00603-0823-54	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 (AF,CHERRY) 12.5 MG/5 ML	120	ML	BO	PO	ML	50 MG		0.05	01/01/2002	06/30/2017						
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						
00603-0823-81	Q0163			07/25/2002	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	240	ML	BO	PO	ML	50 MG		0.05	07/25/2002	06/30/2017						
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						
00603-0860-54	Q0163			01/01/2002	08/31/2016	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	QUENALIN 12.5 MG/5 ML	120	ML	BO	PO	ML	50 MG		0.05	01/01/2002	08/31/2016						
00603-1567-56	J7510			07/01/2013	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	07/01/2013	99/99/9999						
00603-1567-58	J7510			07/01/2013	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	480	ML	BO	PO	ML	5 MG		0.6	07/01/2013	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00603-1584-54		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 PLAIN (USP) 6.25 MG/5 ML	118	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	06/11/2018						
00603-1584-54		Q0170		05/12/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE PLAIN (USP) 6.25 MG/5 ML	118	ML	BO	PO	ML	25	MG	0.05	05/12/2006	12/31/2013						
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 PLAIN (USP) 6.25 MG/5 ML	473	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	06/11/2018						
00603-1584-58		Q0170		05/12/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE PLAIN (USP) 6.25 MG/5 ML	473	ML	BO	PO	ML	25	MG	0.05	05/12/2006	12/31/2013						
00603-3339-21		Q0163		05/24/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	50	MG	0.5	05/24/2007	06/30/2017						
00603-3339-32		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	DIPHENHYDRAMINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	06/05/2007	06/30/2017						
00603-3340-21		Q0163		04/03/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	50	MG	1	04/03/2007	06/30/2017						
00603-3340-32		Q0163		04/03/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE (USP) 50 MG	1000	EA	BO	PO	EA	50	MG	1	04/03/2007	06/30/2017						
00603-4593-15	J7509			01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999						
00603-4593-21	J7509			01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	01/01/2002	99/99/9999						
00603-5335-21	J7506			01/03/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	5	MG	0.2	01/03/2005	12/31/2015						
00603-5335-21	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PER 5MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999						
00603-5335-32	J7506			01/03/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	1000	EA	BO	PO	EA	5	MG	0.2	01/03/2005	12/31/2015						
00603-5335-32	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PER 5MG	PREDNISONE 1 MG	1000	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999						
00603-5336-21	J7506			01/03/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 2.5 MG	100	EA	BO	PO	EA	5	MG	0.5	01/03/2005	12/31/2015						
00603-5336-21	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PER 5MG	PREDNISONE 2.5 MG	100	EA	BO	PO	EA	1	MG	2.5	01/01/2016	99/99/9999						
00603-5337-15	J7506			08/20/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 5 MG	21	EA	DP	PO	EA	5	MG	1	08/20/2003	12/31/2015						
00603-5337-15	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 5 MG	21	EA	DP	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00603-5337-21	J7506			01/16/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/16/2003	12/31/2015						
00603-5337-21	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00603-5337-31	J7506			08/20/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 5 MG	48	EA	DP	PO	EA	5	MG	1	08/20/2003	12/31/2015						
00603-5337-31	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 5 MG	48	EA	DP	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00603-5337-32	J7506			01/16/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	5	MG	1	01/16/2003	12/31/2015						
00603-5337-32	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PER 5MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00603-5338-15	J7506			03/06/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	21	EA	DP	PO	EA	5	MG	2	03/06/2003	12/31/2015						
00603-5338-15	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	21	EA	DP	PO	EA	1	MG	10	01/01/2016	99/99/9999						
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						
00603-5338-21	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00603-5338-28	J7506			01/30/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	500	EA	BO	PO	EA	5	MG	2	01/30/2003	12/31/2015						
00603-5338-28	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PER 5MG	PREDNISONE 10 MG	500	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00603-5338-31	J7506			04/02/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	48	EA	DP	PO	EA	5	MG	2	04/02/2003	12/31/2015						
00603-5338-31	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	48	EA	DP	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00603-5338-32	J7506			01/30/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	5	MG	2	01/30/2003	12/31/2015						
00603-5338-32	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PER 5MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00603-5339-21	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						
00603-5339-21	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PER 5MG	PREDNISONE 20 MG	100	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						
00603-5339-28	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PER 5MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
00603-5339-32	J7506			09/10/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	5	MG	4	09/10/2003	12/31/2015						
00603-5339-32	J7512			01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, PER 5MG	PREDNISONE 20 MG	1000	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
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						
00603-5438-21		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	100	EA	BO	PO	EA	12.5 MG		2	01/01/2014	01/09/2017						
00603-5438-21		Q0170		08/25/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	25 MG		1	08/25/2006	12/31/2013						
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						
00603-5438-32		Q0170		08/25/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	25 MG		1	08/25/2006	12/31/2013						
00603-5439-21		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) 50 MG	100	EA	BO	PO	EA	12.5 MG		4	01/01/2014	01/09/2017						
00603-5439-21		Q0170		08/25/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	25 MG		2	08/25/2006	12/31/2013						
00003-6330-20		J8499		11/18/2014	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (USP FILM-COATED) 450 MG	60	EA	BO	PO	EA	1 MG		1	11/18/2014	99/99/9999						
00641-0121-21		J1170		12/08/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (VAL, DOSETTE) 2 MG/ML	1	ML	VL	U	ML	4 MG		0.5	12/08/2004	99/99/9999						
00641-0121-25		J1170		01/01/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (VAL, DOSETTE) 2 MG/ML	1	ML	VL	U	ML	4 MG		0.5	01/01/2002	99/99/9999						
00641-0367-21		J1100		12/08/2004	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (VAL, DOSETTE) 10 MG/ML	1	ML	VL	U	ML	1 MG		10	12/08/2004	99/99/9999						
00641-0367-25		J1100		04/27/1983	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (VAL, DOSETTE) 10 MG/1 ML	1	ML	VL	U	ML	1 MG		10	04/27/1983	99/99/9999						
00641-0376-21		J1200		12/08/2004	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (DOSETTE VAL) 50 MG/ML	1	ML	VL	U	ML	50 MG		1	12/08/2004	99/99/9999						
00641-0476-21		J2560		12/08/2004	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (VAL, DOSETTE) 65 MG/ML	1	ML	VL	U	ML	120 MG		0.54166	12/08/2004	99/99/9999						
00641-0477-21		J2560		12/08/2004	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (DOSETTE VAL) 130 MG/ML	1	ML	VL	U	ML	120 MG		1.08333	12/08/2004	99/99/9999						
00641-0493-21		J1165		12/08/2004	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (DOSETTE, VAL) 50 MG/ML	2	ML	VL	IV	ML	50 MG		1	12/08/2004	99/99/9999						
00641-0928-21		J2550		12/08/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE, VAL) 25 MG/ML	1	ML	VL	U	ML	50 MG		0.5	12/08/2004	99/99/9999						
00641-0928-25		J2550		12/27/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE, VAL) 25 MG/1 ML	1	ML	VL	U	ML	50 MG		0.5	12/27/2002	99/99/9999						
00641-0929-21		J2550		12/08/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE, VAL) 50 MG/ML	1	ML	VL	U	ML	50 MG		1	12/08/2004	99/99/9999						
00641-0929-25		J2550		12/27/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE, VAL) 50 MG/ML	1	ML	VL	U	ML	50 MG		1	12/27/2002	99/99/9999						
00641-0948-31		J2550		12/08/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (AMP, DOSETTE) 25 MG/ML	1	ML	AM	U	ML	50 MG		0.5	12/08/2004	99/99/9999						
00641-0949-31		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (DOSETTE) 50 MG/ML	1	ML	AM	U	ML	50 MG		1	05/05/2007	99/99/9999						
00641-0955-21		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (DOSETTE) 25 MG/ML	1	ML	VL	U	ML	50 MG		0.5	05/05/2007	99/99/9999						
00641-0956-21		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (DOSETTE) 50 MG/ML	1	ML	VL	U	ML	50 MG		1	05/05/2007	99/99/9999						
00641-1397-31		J3230		05/05/2007	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (USP) 25 MG/ML	1	ML	AM	U	ML	50 MG		0.5	05/05/2007	99/99/9999						
00641-1398-35		J3230		01/01/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (AMP, DOSETTE) 25 MG/ML	2	ML	AM	U	ML	50 MG		0.5	01/01/2002	99/99/9999						
00641-1410-31		J1160		05/05/2007	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (USP) 0.25 MG/ML	2	ML	AM	IV	ML	0.5 MG		0.5	05/05/2007	99/99/9999						
00641-1495-31		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (USP) 25 MG/ML	1	ML	AM	U	ML	50 MG		0.5	05/05/2007	99/99/9999						
00641-1496-31		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (USP) 50 MG/ML	1	ML	AM	U	ML	50 MG		1	05/05/2007	99/99/9999						
00641-2341-39		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						
00641-2341-41		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						
00641-2555-41		J1165		05/05/2007	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (USP) 50 MG/ML	1	ML	VL	IV	ML	50 MG		1	05/05/2007	99/99/9999						
00641-2569-41		J1245		05/05/2007	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (SDV) 5 MG/ML	10	ML	VL	IV	ML	10 MG		0.5	05/05/2007	99/99/9999						
00641-6019-10		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	DURAMORPH (10X10ML PF) 1 MG/ML	10	ML	AM	U	ML	10 MG		0.1	01/01/2015	99/99/9999						
00641-6019-10		J2275		07/03/2012	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	DURAMORPH (10X10ML PF) 1 MG/ML	10	ML	AM	U	ML	10 MG		0.1	07/03/2012	12/31/2014						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00641-6020-10		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	U	ML	10	MG	0.05	01/01/2015	99/99/9999						
00641-6020-10		J2275		07/03/2012	12/31/2014	INJECTION, MORPHINE SULFATE, (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	DURAMORPH (10X10ML,PF) 0.5 MG/ML	10	ML	AM	U	ML	10	MG	0.05	07/03/2012	12/31/2014						
00641-6024-10		J3010		10/10/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SINGLE DOSE, 10X2ML) 0.05 MG/ML	10	ML	AM	U	ML	0.1	MG	0.5	10/10/2012	99/99/9999						
00641-6025-10		J3010		11/13/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE 0.05 MG/ML	10	ML	AM	U	ML	0.1	MG	0.5	11/13/2012	99/99/9999						
00641-6026-05		J3010		10/10/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SINGLE DOSE, 20MLX5) 0.05 MG/ML	5	ML	AM	U	ML	0.1	MG	0.5	10/10/2012	99/99/9999						
00641-6027-25		J3010		07/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X2ML,USP,SDV,PF) 0.05 MG/ML	25	ML	VL	U	ML	0.1	MG	0.5	07/25/2012	99/99/9999						
00641-6028-25		J3010		07/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X5ML,USP,SDV,PF) 0.05 MG/ML	25	ML	VL	U	ML	0.1	MG	0.5	07/25/2012	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	U	ML	0.1	MG	0.5	10/10/2012	99/99/9999						
00641-6030-01		J3010		07/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (S.D.V.) 0.05 MG/ML	1	ML	VL	U	ML	0.1	MG	0.5	07/25/2012	99/99/9999						
00641-6039-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	INFUMORPH 200 (1X20ML,PF) 10 MG/ML	20	ML	AM	U	ML	10	MG	1	01/01/2015	99/99/9999						
00641-6039-01		J2275		07/25/2012	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	INFUMORPH 200 (1X20ML,PF) 10 MG/ML	1	ML	AM	U	ML	10	MG	1	07/25/2012	12/31/2014						
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						
00641-6040-01		J2275		07/25/2012	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	INFUMORPH 500 (1X20ML,PF) 25 MG/ML	1	ML	AM	U	ML	10	MG	2.5	07/25/2012	12/31/2014						
00641-6068-01		J2270		02/08/2012	09/16/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (M.D.V.) 10MG/ML	1	ML	VL	U	ML	10	MG	1	02/08/2012	09/16/2015						
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	10	MG	1	02/08/2012	09/16/2015						
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						
00641-6071-25		J2271		02/08/2012	12/31/2014	INJECTION, MORPHINE SULFATE, 100 MG	MORPHINE SULFATE, (S.D.V., 1MLx25) 15MG/ML	25	ML	VL	U	ML	100	MG	0.15	02/08/2012	12/31/2014						
00641-6072-01		J2270		01/01/2015	09/16/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (M.D.V.) 15MG/ML	20	ML	VL	U	ML	10	MG	1.5	01/01/2015	09/16/2015						
00641-6072-01		J2271		02/08/2012	12/31/2014	INJECTION, MORPHINE SULFATE, 100 MG	MORPHINE SULFATE (M.D.V.) 15MG/ML	1	ML	VL	U	ML	100	MG	0.15	02/08/2012	12/31/2014						
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	10	MG	0.5	02/08/2012	09/16/2015						
00641-6075-25		J2270		02/08/2012	06/30/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VAL, DOSETTE) 8MG/ML	25	ML	VL	U	ML	10	MG	0.8	02/08/2012	06/30/2016						
00641-6132-25		J2310		11/09/2015	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL 0.4 MG/1 ML	1	ML	VL	U	ML	1	MG	0.4	11/09/2015	99/99/9999						
00641-6135-25		J0780		10/31/2016	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLLATE 5 MG/1 ML	2	ML	VL	U	ML	10	MG	0.5	10/31/2016	99/99/9999						
00641-6145-25		J1100		01/20/2017	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	DEXAMETHASONE SODIUM PHOSPHATE 4 MG/1 ML	2	ML	VL	U	ML	1	MG	4	01/20/2017	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	U	ML	1	MG	4	01/20/2017	99/99/9999						
00641-6151-25		J1170		10/01/2018	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	10/01/2018	99/99/9999						
00641-6164-10		J0706		05/14/2015	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAF/CIT (SINGLE USE,10X3ML,PF) 20 MG/ML	3	ML	VL	IV	ML	5	MG	4	05/14/2015	99/99/9999						
00641-6166-10		J0278		12/02/2015	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (10X4ML) 250 MG/1 ML	4	ML	VL	U	ML	100	MG	2.5	12/02/2015	99/99/9999						
00641-6167-10		J0278		12/02/2015	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (10X2ML) 250 MG/1 ML	2	ML	VL	U	ML	100	MG	2.5	12/02/2015	99/99/9999						
00641-6173-10		J0500		03/23/2016	99/99/9999	INJECTION, DICYCLIMINE HCL, UP TO 20 MG	DICYCLIMINE 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	03/23/2016	99/99/9999						
00641-6174-10		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 50 MCG/1 ML	1	ML	VL	U	ML	25	MCG	2	10/20/2017	99/99/9999						
00641-6175-10		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 100 MCG/1 ML	1	ML	VL	U	ML	25	MCG	4	10/20/2017	99/99/9999						
00641-6176-10		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 500 MCG/1 ML	1	ML	VL	U	ML	25	MCG	20	10/20/2017	99/99/9999						
00641-6177-01		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 200 MCG/1 ML	5	ML	VL	U	ML	25	MCG	8	10/20/2017	99/99/9999						
00641-6178-01		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 1000 MCG/1 ML	5	ML	VL	U	ML	25	MCG	40	10/20/2017	99/99/9999						
00641-6182-10		J2360		11/07/2017	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE 30 MG/1 ML	2	ML	VL	U	ML	60	MG	0.5	11/07/2017	99/99/9999						
00703-0031-01		J1030		03/09/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (SDV) 40 MG/ML	1	ML	VL	U	ML	40	MG	1	03/09/2005	99/99/9999						
00703-0031-04		J1030		03/09/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (SDV) 40 MG/ML	1	ML	VL	U	ML	40	MG	1	03/09/2005	99/99/9999						
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	U	ML	40	MG	1	10/31/2006	99/99/9999						
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						
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						
00703-0051-04		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						
00703-0063-01		J1040		10/31/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (MDV,USP) 80 MG/ML	5	ML	VL	U	ML	80	MG	1	10/31/2006	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						
00703-0359-01		J0698		12/21/2007	01/17/2013	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,PHARMACY BULK PKCKGE) 10 GM	1	EA	VL	IV	EA	250	MG	40	12/21/2007	01/17/2013						
00703-0404-02		J1955		01/01/2002	05/02/2017	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (VAL) 200 MG/ML	5	ML	VL	IV	ML	1	GM	0.2	01/01/2002	05/02/2017						
00703-0405-02		J1955		01/01/2002	05/02/2017	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (VAL) 200 MG/ML	12.5	ML	VL	IV	ML	1	GM	0.2	01/01/2002	05/02/2017						
00703-1010-09		J1450		08/02/2004	09/05/2013	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IV 400 MG/200 ML	200	ML	VL	IV	ML	200	MG	0.01	08/02/2004	09/05/2013						
00703-1019-09		J145																					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
070703-1501-02		J0270		01/01/2002	99999999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (S.D.V.) 0.5 MG/ML	1	ML	VL	IV	ML	1.25	MCG	400	01/01/2002	99999999						
070703-1985-01		J1325		04/23/2008	99999999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL SODIUM 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	04/23/2008	99999999						
070703-1995-01		J1325		04/23/2008	99999999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL SODIUM 1.5 MG	1	EA	VL	IV	EA	0.5	MG	3	04/23/2008	99999999						
070703-2856-04		J3490		03/25/2013	01/06/2016	UNCLASSIFIED DRUGS	PROPOFOL (SDV,20X20ML) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	03/25/2013	01/06/2016						
070703-2858-09		J3490		01/02/2014	99999999	UNCLASSIFIED DRUGS	PROPOFOL (SDV,20X20ML) 10 MG/ML	50	ML	VL	IV	ML	1	EA	1	01/02/2014	99999999						
070703-2859-03		J3490		05/01/2013	05/24/2016	UNCLASSIFIED DRUGS	PROPOFOL (SDV, 10X100ML) 10 MG/ML	100	ML	VL	IV	ML	1	EA	1	05/01/2013	05/24/2016						
070703-3015-13		J9190		09/02/2003	99999999	INJECTION, FLUOROURACIL, 500 MG	ADRUGL (S.D.V.) 50 MG/ML	10	ML	VL	IV	ML	500	MG	0.1	09/02/2003	99999999						
070703-3018-12		J9190		09/02/2003	99999999	INJECTION, FLUOROURACIL, 500 MG	ADRUGL (PHARMACY BULK PACKAGE) 50 MG/ML	50	ML	VL	IV	ML	500	MG	0.1	09/02/2003	99999999						
070703-3019-12		J9190		09/02/2003	99999999	INJECTION, FLUOROURACIL, 500 MG	ADRUGL (PHARMACY BULK PACKAGE) 50 MG/ML	100	ML	VL	IV	ML	500	MG	0.1	09/02/2003	99999999						
070703-3067-11		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						
070703-3069-11		J9178		08/09/2007	03/31/2017	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SDV,PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	08/09/2007	03/31/2017						
070703-3154-01		J9040		01/01/2002	99999999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE (S.D.V.) 15 U	1	EA	VL	U	EA	15	U	1	01/01/2002	99999999						
070703-3155-01		J9040		01/01/2002	99999999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE (S.D.V.) 30 U	1	EA	VL	U	EA	15	U	2	01/01/2002	99999999						
070703-3246-11		J9045		06/24/2004	10/17/2016	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	15	ML	VL	IV	ML	50	MG	0.2	06/24/2004	10/17/2016						
070703-3249-11		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						
070703-3264-01		J9045		06/24/2004	10/17/2016	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 50 MG	1	EA	VL	IV	EA	50	MG	1	06/24/2004	10/17/2016						
070703-3266-01		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						
070703-3268-71		J9045		05/01/2006	10/17/2016	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 450 MG	1	EA	VL	IV	EA	50	MG	9	05/01/2006	10/17/2016						
070703-3301-04		J2354		11/14/2005	99999999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (1MLX25 VIALS) 50 MCG/ML	1	ML	VL	U	ML	25	MCG	2	11/14/2005	99999999						
070703-3311-04		J2354		11/14/2005	99999999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (1MLX25 VIALS) 100 MCG/ML	1	ML	VL	U	ML	25	MCG	4	11/14/2005	99999999						
070703-3321-04		J2354		11/14/2005	99999999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (1MLX25 VIALS) 500 MCG/ML	1	ML	VL	U	ML	25	MCG	20	11/14/2005	99999999						
070703-3333-01		J2354		11/23/2005	99999999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 200 MCG/ML	5	ML	VL	U	ML	25	MCG	8	11/23/2005	99999999						
070703-3343-01		J2354		11/23/2005	99999999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 1000 MCG/ML	5	ML	VL	U	ML	25	MCG	40	11/23/2005	99999999						
070703-3427-11		J9208		07/26/2007	99999999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE 1 GM	1	EA	VL	IV	EA	1	GM	1	07/26/2007	99999999						
070703-3429-11		J9208		07/26/2007	99999999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE 3 GM	1	EA	VL	IV	EA	1	GM	3	07/26/2007	99999999						
070703-4014-19		J9218		01/01/2002	99999999	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (M.D.V.) 5 MG/ML	2.8	ML	VL	SC	ML	1	MG	5	01/01/2002	99999999						
070703-4075-59		J2430		11/08/2005	03/26/2015	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (S.D.V.) 3 MG/ML	10	ML	VL	IV	ML	30	MG	0.1	11/08/2005	03/26/2015						
070703-4085-51		J2430		11/08/2005	99999999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 9 MG/ML	10	ML	VL	IV	ML	30	MG	0.3	11/08/2005	99999999						
070703-4094-01		J2469		03/23/2018	99999999	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	99999999						
070703-4100-48		J9999		04/08/2002	01/03/2017	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFOSFAMIDE/MESNA (COMBO-PACK) 5 GM-3 GM	1	EA	BX	IV	EA	1	EA	1	04/08/2002	01/03/2017						
070703-4100-58		J9999		04/08/2002	01/03/2017	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFOSFAMIDE/MESNA (COMBO-PACK) 10 GM-10 GM	1	EA	BX	IV	EA	1	EA	1	04/08/2002	01/03/2017						
070703-4100-68		J9999		04/08/2002	01/03/2017	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFOSFAMIDE/MESNA (COMBO-PACK) 6 GM-6 GM	1	EA	BX	IV	EA	1	EA	1	04/08/2002	01/03/2017						
070703-4154-11		J9211		09/24/2002	99999999	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	99999999						
070703-4155-11		J9211		09/24/2002	99999999	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	99999999						
070703-4156-11		J9211		09/24/2002	99999999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (S.D.V.) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	09/24/2002	99999999						
070703-4182-01		J9390		02/10/2003	11/30/2012	INJECTION, VINOARELBINE TARTRATE, 10 MG	VINOARELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	02/10/2003	11/30/2012						
070703-4182-91		J9390		05/01/2006	04/03/2013	INJECTION, VINOARELBINE TARTRATE, 10 MG	VINOARELBINE TARTRATE (NOV,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	05/01/2006	04/03/2013						
070703-4183-01		J9390		02/10/2003	04/30/2013	INJECTION, VINOARELBINE TARTRATE, 10 MG	VINOARELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	02/10/2003	04/30/2013						
070703-4183-01		J9390		05/01/2006	04/03/2013	INJECTION, VINOARELBINE TARTRATE, 10 MG	VINOARELBINE TARTRATE (NOV,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	05/01/2006	04/03/2013						
070703-4244-01		J9045		05/01/2006	99999999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (1X15ML) 10 MG/ML	5	ML	VL	IV	ML	50	MG	0.2	05/01/2006	99999999						
070703-4246-01		J9045		05/01/2006	99999999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (1X15ML) 10 MG/ML	15	ML	VL	IV	ML	50	MG	0.2	05/01/2006	99999999						
070703-4248-01		J9045		02/01/2006	99999999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 10 MG/ML	45	ML	VL	IV	ML	50	MG	0.2	02/01/2006	99999999						
070703-4412-11		J9370		01/01/2002	03/11/2019	VINCRISTINE SULFATE, 1 MG	VINCRISTINE SULFATE (S.D.V.) 1 MG/ML	2	ML	VL	IV	ML	1	MG	1	01/01/2002	03/11/2019						
070703-4432-11		J9206		02/28/2008	04/16/2019	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SINGLE DOSE) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	02/28/2008	04/16/2019						
070703-4434-11		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						
070703-4502-04		J2765		12/20/2013	99999999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HYDROCHLORIDE (S.D.V.) 5 MG/ML	2	ML	VL	U	ML	10	MG	0.5	12/20/2013	99999999						
070703-4636-01		J9320		12/03/2003	99999999	INJECTION, STREPTOZOCCIN, 1 GRAM	ZANOSAR 1 GM	1	EA	VL	IV	EA	1	GM	1	12/03/2003	99999999						
070703-4680-01		J9293		04/11/2006	99999999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (MDV,PF) 2 MG/ML	12.5	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99999999						
070703-4685-01		J9293		04/11/2006	99999999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (MDV,PF) 2 MG/ML	10	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99999999						
070703-4686-01		J9293		04/11/2006	99999999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 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	
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						
00703-5054-01		J2597		01/01/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (M.D.V.) 4 MCG/ML	10	ML	VL	IJ	ML	1	MCG		4	01/01/2002	99/99/9999						
00703-5140-01		J0640		01/01/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (VIAL,PF) 100 MG	1	EA	VL	IJ	EA	50	MG		2	01/01/2002	99/99/9999						
00703-5145-01		J0640		01/01/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF) 350 MG	1	EA	VL	IJ	EA	50	MG		7	01/01/2002	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						
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						
00703-5656-01		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V. POLYMER) 20 MG/ML	25	ML	VL	IV	ML	10	MG		2	01/01/2002	99/99/9999						
00703-5657-01		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	50	ML	VL	IV	ML	10	MG		2	01/01/2002	99/99/9999						
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	10	MG		0.1	06/19/2000	99/99/9999						
00703-5854-01		J9185		09/12/2003	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE 50 MG	1	EA	VL	IV	EA	50	MG		1	09/12/2003	99/99/9999						
00703-6801-01		J1055		09/13/2004	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	MEDROXYPROGESTERONE ACETATE (ODOR-FREE) 150 MG/ML	1	ML	VL	IM	ML	150	MG		1	09/13/2004	12/31/2012						
00703-6801-04		J1055		09/13/2004	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	MEDROXYPROGESTERONE ACETATE (ODOR-FREE) 150 MG/ML	1	ML	VL	IM	ML	150	MG		1	09/13/2004	12/31/2012						
00703-7011-03		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						
00703-7013-01		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						
00703-7021-03		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						
00703-7023-01		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						
00703-7221-04		J2405		11/22/2006	10/08/2018	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,USP,25X2ML) 2 MG/ML	2	ML	VL	IJ	ML	1	MG		2	11/22/2006	10/08/2018						
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	IJ	ML	1	MG		2	11/22/2006	10/08/2018						
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	IJ	ML	1	MG		2	11/22/2006	10/08/2018						
00703-7239-39		J2405		11/22/2006	11/29/2012	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SINGLE DOSE,6X50ML,PF) 32 MG/50 ML	50	ML	FC	IV	ML	1	MG		0.64	11/22/2006	11/29/2012						
00703-8510-21		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 150 MG/ML	1	ML	SR	IJ	ML	10	MG		15	11/19/2014	99/99/9999						
00703-8510-23		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 150 MG/ML	1	ML	SR	IJ	ML	10	MG		15	11/19/2014	99/99/9999						
00703-8530-21		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 30 MG/0.3 ML	0.3	ML	SR	IJ	ML	10	MG		10	11/19/2014	99/99/9999						
00703-8530-23		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 30 MG/0.3 ML	0.3	ML	SR	IJ	ML	10	MG		10	11/19/2014	99/99/9999						
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	IJ	ML	10	MG		10	11/19/2014	99/99/9999						
00703-8540-23		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 40 MG/0.4 ML	0.4	ML	SR	IJ	ML	10	MG		10	11/19/2014	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	IJ	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	IJ	ML	10	MG		10	11/19/2014	99/99/9999						
00703-8580-21		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 100 MG/ML	1	ML	SR	IJ	ML	10	MG		10	11/19/2014	99/99/9999						
00703-8580-23		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 100 MG/ML	1	ML	SR	IJ	ML	10	MG		10	11/19/2014	99/99/9999						
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	IJ	ML	10	MG		15	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	IJ	ML	10	MG		15	11/19/2014	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	IJ	ML	10	MG		10	11/19/2014	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	IJ	ML	10	MG		10	11/19/2014	99/99/9999						
00703-9032-03		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (S.D.V.) 250 MG/ML	2	ML	VL	IJ	ML	100	MG		2.5	01/01/2006	99/99/9999						
00703-9040-03		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (VIAL) 250 MG/ML	4	ML	VL	IJ	ML	100	MG		2.5	01/01/2006	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	IJ	ML	80	MG		0.5	01/01/2002	12/18/2017						
00703-9416-01		J3260		01/01/2002	06/25/2018	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.) 40 MG/ML	30	ML	VL	IJ	ML	80	MG		0.5	01/01/2002	06/25/2018						
00703-9503-03		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	SMZ-TMP CONCENTRATE (S.D.V.) 80 MG/ML-16 MG/ML	5	ML	VL	IV	ML	1	EA		1	01/01/2002	99/99/9999						
00703-9514-03		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	SMZ-TMP CONCENTRATE (M.D.V.) 80 MG/ML-16 MG/ML	10	ML	VL	IV	ML	1	EA		1	01/01/2002	99/99/9999						
00703-9526-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	SMZ-TMP (M.D.V.) 80 MG/ML-16 MG/ML	30	ML	VL	IV	ML	1	EA		1	01/01/2002	99/99/9999						
00713-1035-12		J8498		01/01/2006	99/99/9999	SPECIFIED ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA		1	01/01/2006	99/99/9999						
00713-0526-12		J8498		01/01/2006	99/99/9999	SPECIFIED ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 25 MG	12	EA	BX	RC	EA	1	EA		1	01/01/2006	99/99/9999						
00713-0536-12		J8498		01/01/2006	99/99/9999	SPECIFIED ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 12.5 MG	12	EA	BX	RC	EA	1	EA		1	01/01/2006	99/99/9999						
00761-0914-20		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTHIST 25 MG	100	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999						
00761-1046-01		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 2 MG	100	EA	BO	PO	EA	4	MG		0.5	01/01/2002	99/99/9999						
00761-1046-10		Q0175		01/01/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE 2 MG	1000	EA	BO	PO	EA	4	MG		0.5	05/16/2008	09/99/9999	01/01/2002	12/01/2004			0.5	

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-1046-13		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 2 MG	100	EA	BX	PO	EA	4 MG		0.5	01/01/2002	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						
00781-1047-13		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	4 MG		1	01/01/2002	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						
00781-1048-01		Q0176		01/01/2002	12/31/2013	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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	8 MG		1	01/01/2002	12/31/2013						
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						
00781-1048-13		Q0176		01/01/2002	12/31/2013	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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	8 MG		1	01/01/2002	12/31/2013						
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						
00781-1049-01		Q0176		01/01/2002	12/31/2013	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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	8 MG		2	01/01/2002	12/31/2013						
00781-1496-31		Q0144		01/09/2006	05/15/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1 GM		0.25	01/09/2006	05/15/2017						
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						
00781-1496-69		Q0144		11/14/2005	06/13/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	50	EA	BX	PO	EA	1 GM		0.25	11/14/2005	06/13/2017						
00781-1497-31		Q0144		11/14/2005	10/29/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 800 MG	30	EA	BO	PO	EA	1 GM		0.6	11/14/2005	10/29/2017						
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						
00781-1830-01		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						
00781-1830-01		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25 MG		1	01/01/2002	12/31/2013						
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						
00781-1830-10		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	1000	EA	BO	PO	EA	25 MG		1	01/20/2005	12/31/2013	01/01/2002	08/25/2003	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
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						
00781-1832-01		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 50 MG	100	EA	BO	PO	EA	25 MG		2	01/01/2002	12/31/2013						
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						
00781-1941-33		Q0144		11/16/2005	09/07/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3 UNIT OF USE) 500 MG	3	EA	DP	PO	EA	1 GM		0.5	11/16/2005	09/07/2017						
00781-2067-01		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250 MG		1	05/04/2009	99/99/9999						
00781-2067-05		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	BO	PO	EA	250 MG		1	05/04/2009	99/99/9999						
00781-2067-89		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (12X120, HARD GELATIN) 250 MG	1440	EA	BO	PO	EA	250 MG		1	05/04/2009	99/99/9999						
00781-2103-01		J7507		08/10/2009	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1 MG		0.5	08/10/2009	99/99/9999						
00781-2103-01		J7507		08/10/2009	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1 MG		1	08/10/2009	99/99/9999						
00781-2104-01		J7507		08/10/2009	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1 MG		5	08/10/2009	99/99/9999						
00781-2691-44		None		08/12/2013	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5 MG		1	08/12/2013	99/99/9999						
00781-2691-75		None		08/12/2013	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5 MG		1	08/12/2013	99/99/9999						
00781-2692-44		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20 MG		1	08/12/2013	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						
00781-2693-44		None		08/12/2013	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100 MG		1	08/12/2013	99/99/9999						
00781-2693-75		None		08/12/2013	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100 MG		1	08/12/2013	99/99/9999						
00781-2694-44		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20 MG		7	08/12/2013	99/99/9999						
00781-2694-75		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20 MG		7	08/12/2013	99/99/9999						
00781-2695-44		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20 MG		9	08/12/2013	99/99/9999						
00781-2695-75		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20 MG		9	08/12/2013	99/99/9999						
00781-3000-95		J2185		09/12/2016	99/99/9999	TEMODAR, 250 MG, ORAL	TEMODAR, 250 MG, ORAL	250	EA	BO	PO	EA	250 MG		1	09/12/2016	99/99/9999						
00781-3000-95		J2185		09/12/2016	99/99/9999	MEROPENEM, 100 MG	MEROPENEM 500 MG	10	EA	VL	IV	EA	100 MG		5	09/12/2016	99/99/9999						
00781-3000-96		J2185		09/12/2016	99/99/9999	MEROPENEM, 100 MG	MEROPENEM 500 MG	25	EA	VL	IV	EA	100 MG		5	09/12/2016	99/99/9999						
00781-3001-07		J2941		03/12/2008	99/99/9999	INJECTION, SOMATROPIN, 1 MG	OMNITROPE (1X1.5ML,W/DILUENT) 5 MG/1.5 ML	1.5	ML	CT	SC	ML	1 MG		3.33333	03/12/2008	99/99/9999						
00781-3001-26		J2941		03/12/2008	99/99/9999	INJECTION, SOMATROPIN, 1 MG	OMNITROPE (5X1.5ML,W/DILUENT) 5 MG/1.5 ML	1.5	ML	CT	SC	ML	1 MG		3.33333	03/12/2008	99/99/9999						
00781-3009-95		J0330		04/15/2005	09/28/2015	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	ANECTINE (MDV,10MLX10VIALS) 20 MG/ML	10	ML	VL	IV	ML	20 MG		1	04/15/2005	09/28/2015						
00781-3032-95		J0295		09/05/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 1 GM-0.5 GM	1	EA	VL	U	EA	1.5 GM		1	09/05/2006	99/99/9999						
00781-3033-95		J0295		09/05/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 2 GM-1 GM	1	EA	VL	U	EA	1.5 GM		2	09/05/2006	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	U	EA	1.5 GM		10	09/05/2006	99/99/9999						
00781-3035-95		J1160		07/21/2006	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (USP,10X2ML) 0.25 MG/ML	2	ML	AM	U	EA	0.5 MG		0.5	07/21/2006	99/99/9999						
00781-3073-70		J1070		10/17/2006	11/30/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (USP,MDV) 100 MG/ML	10	ML	VL	IM	ML	100 MG		1	10/17/2006	11/30/2014						
00781-3074-70		J1080		10/17/2006	05/30/2013	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/ML	10	ML	VL	IM	ML	200 MG		1	10/17/2006	05/30/2013						
00781-3074-71		J1080		10/17/2006	05/30/2013	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/ML	1	ML	VL	IM	ML	200 MG		1	10/17/2006	05/30/2013						
00781-3084-75		J3303		01/29/2007	08/29/2013	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	ARISTSPAN 5 MG/ML	5	ML	VL	U	ML	5 MG		1	01/29/2007	08/29/2013						
00781-3094-15		J2700		03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	IV	EA	250 MG		4	03/19/2008	99/99/9999						
00781-3094-92		J2700		03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (1X10,USP,ADD-VANTAGE) 1 GM	1	EA	VL	IV	EA	250 MG		4	03/19/2008	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						
00781-3095-92		J2700		03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (1X10,USP,ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	250 MG		8	03/19/2008	99/99/9999						
00781-3098-95		J2185		09/12/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM 1 GM	10	EA	VL	IV	EA	100 MG		10	09/12/2016	99/99/9999						
00781-3098-96		J2185		09/12/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM 1 GM	25	EA	VL	IV	EA	100 MG		10	09/12/2016	99/99/9999						
00781-3099-95		J2700		02/08/2005	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM 1 GM	1	EA	VL	U	EA	250 MG		4	02/08/2005	99/99/9999						
00781-3101-80		J2700		02/01/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (USP) 2 GM	1	EA	VL	U	EA	250 MG		8	02/01/2007	99/99/9999						
00781-3101-95		J2700		07/02/2004	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (VIAL,PIGGYBACK) 2 GM	1	EA	VL	U	EA	250 MG		8	07/02/2004	99/99/9999						
00781-3103-95		J2700		08/31/2004	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	U	EA	250 MG		40	08/31/2004	99/99/9999						
00781-3124-85		J3490		09/09/2005	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM 1 GM	1	EA	VL	U	EA	1 EA		1	09/09/2005	99/99/9999						
00781-3124-95		J3490		04/27/2004	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (VIAL) 1 GM	1	EA	VL	U	EA	1 EA		1	04/27/2004	99/99/9999						
00781-3125-85		J3490		09/09/2005	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM 2 GM	1	EA	VL	U	EA	1 EA		1	09/09/2005	99/99/9999						
00781-3125-92		J3490		02/23/2005	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (ADD-VANTAGE VIAL) 2 GM	1	EA	VL	U	EA	1 EA		1	02/23/2005	99/99/9999						
00781-3125-95		J3490		04/27/2004	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (VIAL) 2 GM	1	EA	VL	U	EA	1 EA		1	04/27/2004	99/99/9999						
00781-3126-46		J3490		09/09/2005	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM 10 GM	1	EA	VL	U	EA	1 EA		1	09/0							

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
00781-3208-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	U	EA	250 MG			4	07/19/2005	99/99/9999					
00781-3209-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1	EA	VL	U	EA	250 MG			8	07/19/2005	99/99/9999					
00781-3210-46		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 10 GM	1	EA	VL	U	EA	250 MG			40	07/19/2005	99/99/9999					
00781-3222-80		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (S.D.V.USP) 1 GM	1	EA	VL	U	EA	500 MG			2	04/14/2008	99/99/9999					
00781-3222-95		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (USP) 1 GM	1	EA	VL	U	EA	500 MG			2	04/14/2008	99/99/9999					
00781-3223-91		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (S.D.V.USP) 2 GM	1	EA	VL	U	EA	500 MG			4	04/14/2008	99/99/9999					
00781-3223-95		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (USP) 2 GM	1	EA	VL	U	EA	500 MG			4	04/14/2008	99/99/9999					
00781-3239-09		J0744		03/18/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (24X100ML,USP,LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200 MG			0.01	03/18/2008	99/99/9999					
00781-3240-09		J0744		03/18/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (24X200ML,USP,LATEX-FREE) 400 MG/200 ML	200	ML	FC	IV	ML	200 MG			0.01	03/18/2008	99/99/9999					
00781-3250-89		J1595		02/27/2018	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG	GLATOPA 40 MG/1 ML	1	ML	SR	SC	ML	20 MG			2	02/27/2018	99/99/9999					
00781-3312-75		J2469		03/23/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25 MCG			2	03/23/2018	99/99/9999					
00781-3315-70		J9263		04/14/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (1X10ML,SINGLE USE,PF) 5 MG/ML	10	ML	VL	IV	ML	0.5 MG			10	04/14/2015	99/99/9999					
00781-3317-80		J9263		04/14/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (1X20ML,SINGLE USE,PF) 5 MG/ML	20	ML	VL	IV	ML	0.5 MG			10	04/14/2015	99/99/9999					
00781-3338-70		J0690		08/23/2004	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (1X10ML,VIAL) 500 MG	1	EA	VL	U	EA	500 MG			1	08/23/2004	99/99/9999					
00781-3344-95		J2543		11/10/2015	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	11/10/2015	99/99/9999					
00781-3367-95		J2543		11/10/2015	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	11/10/2015	99/99/9999					
00781-3400-95		J0290		05/12/2004	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 125 MG	1	EA	VL	U	EA	500 MG			0.25	05/12/2004	99/99/9999					
00781-3402-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 250 MG	1	EA	VL	U	EA	500 MG			0.5	12/01/2005	99/99/9999					
00781-3404-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 1 GM	1	EA	VL	U	EA	500 MG			2	12/01/2005	99/99/9999					
00781-3407-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 500 MG	1	EA	VL	U	EA	500 MG			1	12/01/2005	99/99/9999					
00781-3408-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 2 GM	1	EA	VL	U	EA	500 MG			4	12/01/2005	99/99/9999					
00781-3409-95		J0290		05/12/2004	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 10 GM	1	EA	VL	U	EA	500 MG			20	05/12/2004	99/99/9999					
00781-3411-95		J0330		07/17/2017	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	ANECTINE (MDV) 20 MG/1 ML	10	ML	VL	U	EA	20 MG			1	07/17/2017	99/99/9999					
00781-3412-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE,USP) 1 GM	1	EA	VL	U	EA	500 MG			2	03/20/2007	99/99/9999					
00781-3413-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE,ADD-VANTAGE) 2 GM	1	EA	VL	U	EA	500 MG			4	03/20/2007	99/99/9999					
00781-3415-75		J2469		01/08/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL NOVAPLUS (SDV) 0.05 MG/1 ML	5	ML	VL	IV	ML	25 MCG			2	01/08/2019	99/99/9999					
00781-3420-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 1 MG/1 ML	20	ML	VL	U	ML	1 MG			1	02/27/2019	99/99/9999					
00781-3421-94		J0637		11/12/2018	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	5 MG			10	11/12/2018	99/99/9999					
00781-3423-94		J0637		11/12/2018	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LYOPHILIZED) 70 MG	1	EA	VL	IV	EA	5 MG			14	11/12/2018	99/99/9999					
00781-3425-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 2.5 MG/1 ML	20	ML	VL	U	ML	1 MG			2.5	02/27/2019	99/99/9999					
00781-3427-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 5 MG/1 ML	20	ML	VL	U	ML	1 MG			5	02/27/2019	99/99/9999					
00781-3430-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 10 MG/1 ML	20	ML	VL	U	ML	1 MG			10	02/27/2019	99/99/9999					
00781-3433-95		J0220		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					
00781-3442-20		J0171		01/16/2019	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	SYMJEPI 0.3 MG/0.3 ML	2	EA	SY	U	ML	0.1 MG			3	01/16/2019	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	U	EA	500 MG			1	11/08/2006	99/99/9999					
00781-3451-96		J0690		09/13/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (USP) 1 GM	1	EA	VL	U	EA	500 MG			2	09/13/2006	99/99/9999					
00781-3452-95		J0690		09/13/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (USP) 10 GM	1	EA	VL	U	EA	500 MG			20	09/13/2006	99/99/9999					
00781-3481-92		J3243		11/30/2017	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (10ML,VALS,PF) 50 MG	10	EA	VL	IV	EA	1 MG			50	11/30/2017	99/99/9999					
00781-3777-95		J1800		02/15/2007	11/30/2013	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HYDROCHLORIDE (USP,10X1ML) 1 MG/ML	1	ML	VL	IV	ML	1 MG			1	02/15/2007	11/30/2013					
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					
00781-5020-01		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					
00781-5021-01		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					
00781-5021-01		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	10 MG			1	01/01/2002	12/31/2013					
00781-5022-01		J7509		04/04/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4 MG			1	04/04/2003	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					
00781-5175-01		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250 MG			2	05/04/2009	99/99/9999					
00781-5175-05		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	500	EA	BO	PO	EA	250 MG			2	05/04/2009	99/99/9999					
00781-5238-64		Q0162		12/18/2008	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	BX	PO	EA	1 MG			4	12/18/2008	99/99/9999					
00781-6135-95																							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00781-7146-63		J7620		02/21/2017	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 (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	VL	IH	ML	3	MG	0.33333	02/21/2017	99/99/9999							
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							
00781-7146-87		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							
00781-7157-29		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	MILL	PC	IH	ML	1	ML	0.2	09/09/2011	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							
00781-7157-64		J7644		09/09/2011	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	09/09/2011	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	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	09/09/2011	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							
00781-7157-86	KO	J7644	KO	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	MILL	PC	IH	ML	1	MG	0.2	09/11/2009	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	TOBRAMYCIN (PF) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	07/08/2014	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							
00781-7515-87		J7626		08/20/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML, SINGLE-DOSE) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	08/20/2015	99/99/9999							
00781-7515-87	KO	J7626	KO	08/20/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML, SINGLE-DOSE) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	08/20/2015	99/99/9999							
00781-7516-87		J7626		08/20/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML, SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	08/20/2015	99/99/9999							
00781-7516-87	KO	J7626	KO	08/20/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML, SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	08/20/2015	99/99/9999							
00781-7517-87		J7626		07/27/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (SINGLE DOSE) 1 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	1	07/27/2015	99/99/9999							
00781-7517-87	KO	J7626	KO	07/27/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (SINGLE DOSE) 1 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	1	07/27/2015	99/99/9999							
00781-9109-85	J2700			02/01/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 1 GM	1	EA	VL	IJ	EA	250	MG	4	02/01/2007	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							
00781-9110-15	J2700			03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP,ADD-VANTAGE) 1 GM	1	EA	VL	IJ	EA	250	MG	4	03/19/2008	99/99/9999							
00781-9110-92	J2700			03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (1X10,USP,ADD-VANTAGE) 1 GM	1	EA	VL	IJ	EA	250	MG	4	03/19/2008	99/99/9999							
00781-9111-80	J2700			02/01/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 2 GM	1	EA	VL	IJ	EA	250	MG	8	02/01/2007	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	IJ	EA	250	MG	8	05/04/2006	99/99/9999							
00781-9112-20	J2700			03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP,ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	250	MG	8	03/19/2008	99/99/9999							
00781-9112-92	J2700			03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (1X10,USP,ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	250	MG	8	03/19/2008	99/99/9999							
00781-9113-46	J2700			02/01/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 10 GM	1	EA	VL	IJ	EA	250	MG	40	02/01/2007	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	IJ	EA	250	MG	40	05/03/2006	99/99/9999							
00781-9124-85	J3490			02/01/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN 1 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2007	99/99/9999							
00781-9124-95	J3490			02/01/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN 1 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2006	99/99/9999							
00781-9125-85	J3490			02/01/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN 2 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2007	99/99/9999							
00781-9125-95	J3490			02/01/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN 2 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2006	99/99/9999							
00781-9126-46	J3490			03/31/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN 10 GM	1	EA	VL	IJ	EA	1	EA	1	03/31/2007	99/99/9999							
00781-9126-95	J3490			02/01/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN (BULK PACKAGE) 10 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2006	99/99/9999							
00781-9164-75	J2354			04/07/2005	03/28/2013	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 1000 MCG/ML	5	ML	VL	IJ	ML	25	MCG	40	04/07/2005	03/28/2013							
00781-9165-75	J2354			04/07/2005	03/28/2013	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 200 MCG/ML	5	ML	VL	IJ	ML	25	MCG	8	04/07/2005	03/28/2013							

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	
00781-9166-95		J2354		04/07/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 50 MCG/ML	1	ML	AM	U	ML	25 MCG		2	04/07/2005	99/99/9999							
00781-9167-95		J2354		04/07/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 100 MCG/ML	1	ML	AM	U	ML	25 MCG		4	04/07/2005	99/99/9999							
00781-9168-95		J2354		04/07/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 500 MCG/ML	1	ML	AM	U	ML	25 MCG		20	04/07/2005	99/99/9999							
00781-9224-15		J3490		02/01/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN (ADD-VANTAGE) 1 GM	1	EA	VL	IV	EA	1 EA		1	02/01/2007	99/99/9999							
00781-9224-92		J3490		09/18/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN (USP,ADD-VANTAGE) 1 GM	1	EA	VL	IV	EA	1 EA		1	09/18/2006	99/99/9999							
00781-9225-20		J3490		02/01/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN (ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	1 EA		1	02/01/2007	99/99/9999							
00781-9225-32		J3490		09/18/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN (USP,ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	1 EA		1	09/18/2006	99/99/9999							
00781-9242-95		J0290		12/10/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	PREMERPRO RX AMPICILLIN 250 MG	10	EA	VL	U	EA	500 MG		0.5	12/10/2015	99/99/9999							
00781-9250-95		J0290		12/10/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	PREMERPRO RX AMPICILLIN 500 MG	10	EA	VL	U	EA	500 MG		1	12/10/2015	99/99/9999							
00781-9261-95		J0290		12/10/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	PREMERPRO RX AMPICILLIN 1 GM	10	EA	VL	U	EA	500 MG		2	12/10/2015	99/99/9999							
00781-9273-95		J0290		12/10/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	PREMERPRO RX AMPICILLIN 2 GM	10	EA	VL	U	EA	500 MG		4	12/10/2015	99/99/9999							
00781-9326-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE NOVAPLUS 250 MG	1	EA	VL	U	EA	250 MG		1	07/19/2005	99/99/9999							
00781-9327-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE NOVAPLUS 500 MG	1	EA	VL	U	EA	250 MG		2	07/19/2005	99/99/9999							
00781-9328-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE NOVAPLUS 1 GM	1	EA	VL	U	EA	250 MG		4	07/19/2005	99/99/9999							
00781-9329-90		J0696		03/31/2007	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE NOVAPLUS 2 GM	1	EA	VL	U	EA	250 MG		8	03/31/2007	99/99/9999							
00781-9329-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE NOVAPLUS 2 GM	1	EA	VL	U	EA	250 MG		8	07/19/2005	99/99/9999							
00781-9330-46		J0696		07/19/2005	06/30/2015	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE NOVAPLUS 10 GM	1	EA	VL	U	EA	250 MG		40	07/19/2005	06/30/2015							
00781-9336-85		J0690		02/27/2006	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	NOVAPLUS CEFZOLIN 500 MG	1	EA	VL	U	EA	500 MG		1	02/27/2006	99/99/9999							
00781-9338-95		J0690		02/27/2006	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	NOVAPLUS CEFZOLIN (USP) 500 MG	1	EA	VL	U	EA	500 MG		1	02/27/2006	99/99/9999							
00781-9401-78		J0290		02/01/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 125 MG	1	EA	VL	U	EA	500 MG		0.25	02/01/2007	99/99/9999							
00781-9401-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 125 MG	1	EA	VL	U	EA	500 MG		0.25	02/01/2006	99/99/9999							
00781-9402-78		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 250 MG	1	EA	VL	U	EA	500 MG		0.5	01/24/2006	99/99/9999							
00781-9402-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 250 MG	1	EA	VL	U	EA	500 MG		0.5	02/01/2006	99/99/9999							
00781-9404-85		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 1 GM	1	EA	VL	U	EA	500 MG		2	01/24/2006	99/99/9999							
00781-9404-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 1 GM	1	EA	VL	U	EA	500 MG		2	02/01/2006	99/99/9999							
00781-9407-78		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 500 MG	1	EA	VL	U	EA	500 MG		1	01/24/2006	99/99/9999							
00781-9407-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 500 MG	1	EA	VL	U	EA	500 MG		1	02/01/2006	99/99/9999							
00781-9408-80		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 2 GM	1	EA	VL	U	EA	500 MG		4	01/24/2006	99/99/9999							
00781-9408-92		J0290		02/01/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 2 GM	1	EA	VL	U	EA	500 MG		4	02/01/2007	99/99/9999							
00781-9408-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 2 GM	1	EA	VL	U	EA	500 MG		4	02/01/2006	99/99/9999							
00781-9409-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 10 GM	1	EA	VL	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	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 1 GM	1	EA	VL	U	EA	500 MG		2	02/01/2007	99/99/9999							
00781-9412-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 1 GM	1	EA	VL	U	EA	500 MG		2	03/20/2007	99/99/9999							
00781-9413-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 2 GM	1	EA	VL	U	EA	500 MG		4	03/20/2007	99/99/9999							
00781-9452-95		J0690		01/09/2007	02/09/2013	INJECTION, CEFZOLIN SODIUM, 500 MG	NOVAPLUS CEFZOLIN (USP) 10 GM	1	EA	VL	IV	EA	500 MG		20	01/09/2007	02/09/2013							
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							
00904-2035-24		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	BANOPHEN 25 MG	24	EA	BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999							
00904-2035-59		Q0163		01/01/2002	06/28/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BANOPHEN 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	06/28/2013							
00904-2056-61		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							
00904-3571-61		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							
00904-4274-51		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	50	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999							
00904-5306-61		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 (10X10) 25 MG	100	EA	BX	PO	EA	50 MG		0.5	05/12/2003	99/99/9999							
00904-5307-50		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 50 MG	100	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00904-5307-80		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
00904-5551-59		Q0163		08/13/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BANOPHEN (MINI TABS,MINI TAB) 25 MG	100	EA	BX	PO	EA	50 MG		0.5	08/13/2002	99/99/9999						
00904-5789-61	J8499			09/13/2013	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10,USP,HARD GELATIN) 200 MG	100	EA	BX	PO	EA	1 MG		1	09/13/2013	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						
00904-5840-61		Q0169		01/01/2014	08/14/2015	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	100	EA	BX	PO	EA	12.5 MG		2	01/01/2014	08/14/2015						
00904-5840-61	Q0170			05/06/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	100	EA	BX	PO	EA	25 MG		1	05/06/2008	12/31/2013						
00904-6012-60	None			10/12/2009	12/04/2012	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE (USP) 2.5 MG	100	EA	BO	PO	EA	2.5 MG		1	10/12/2009	12/04/2012						
00904-6425-61	J7507			01/09/2015	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	1	EA	BX	PO	EA	1 MG		1	08/08/2016	99/99/9999	01/09/2015	01/10/2015				
00904-6574-61	J7509			11/07/2016	01/08/2018	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (10X10) 4 MG	100	EA	BX	PO	EA	4 MG		1	11/07/2016	01/08/2018						
00904-6621-04	J8999			04/08/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BX	PO	EA	1 EA		1	04/08/2019	99/99/9999						
00904-6623-61	J7507			03/20/2017	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	ST	PO	EA	1 MG		0.5	03/20/2017	99/99/9999						
00904-6624-61	J7507			03/20/2017	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	ST	PO	EA	1 MG		5	03/20/2017	99/99/9999						
00904-6708-06	Q0144			02/25/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (5X10,FILM-COATED) 250 MG	50	EA	BX	PO	EA	1 GM		0.25	02/25/2019	99/99/9999						
00904-6708-61	Q0144			02/25/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (10X10,FILM-COATED) 250 MG	100	EA	BX	PO	EA	1 GM		0.25	02/25/2019	99/99/9999						
00904-6745-61	Q0167			10/01/2018	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	100	EA	ST	PO	EA	2.5 MG		1	10/01/2018	99/99/9999						
00904-6746-04	Q0167			10/01/2018	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (USP,SOFT GELATIN) 5 MG	30	EA	ST	PO	EA	2.5 MG		2	10/01/2018	99/99/9999						
00904-6785-04	J7518			12/24/2018	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (3X10) 180 MG	30	EA	BX	PO	EA	180 MG		1	12/24/2018	99/99/9999						
00904-6785-61	J7518			12/24/2018	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (10X10) 180 MG	100	EA	BX	PO	EA	180 MG		1	12/24/2018	99/99/9999						
00904-6786-04	J7518			04/15/2019	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (ENTERIC COATED) 360 MG	30	EA	CT	PO	EA	180 MG		2	04/15/2019	99/99/9999						
00904-6786-61	J7518			04/15/2019	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (ENTERIC COATED) 360 MG	100	EA	CT	PO	EA	180 MG		2	04/15/2019	99/99/9999						
00904-6939-61	J8999			04/15/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA (10X10, USP) 500 MG	100	EA	BX	PO	EA	1 EA		1	04/15/2019	99/99/9999						
00927-0221-24	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	ALLERMAX 50 MG	24	EA	BX	PO	EA	50 MG		1	01/01/2002	02/03/2016						
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	TWLITE 50 MG	20	EA	BX	PO	EA	50 MG		1	01/01/2002	99/99/9999						
00927-0617-12	Q0163			01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALLERMAX 12.5 MG/5 ML	120	ML	BO	PO	ML	50 MG		0.05	01/01/2002	99/99/9999						
00944-2510-02	J1575			01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULINHYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	26.25	ML	VL	SC	ML	100 MG		1	01/01/2016	99/99/9999						
00944-2510-02	J7799			10/06/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	26.25	ML	VL	SC	ML	1 ML		1	10/06/2014	12/31/2015						
00944-2511-02	J1575			01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULINHYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	52.5	ML	VL	SC	ML	100 MG		1	01/01/2016	99/99/9999						
00944-2511-02	J7799			10/06/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	52.5	ML	VL	SC	ML	1 ML		1	10/06/2014	12/31/2015						
00944-2512-02	J1575			01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULINHYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	105	ML	VL	SC	ML	100 MG		1	01/01/2016	99/99/9999						
00944-2512-02	J7799			10/06/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	105	ML	VL	SC	ML	1 ML		1	10/06/2014	12/31/2015						
00944-2513-02	J1575			01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULINHYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	210	ML	VL	SC	ML	100 MG		1	01/01/2016	99/99/9999						
00944-2513-02	J7799			10/06/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	210	ML	VL	SC	ML	1 ML		1	10/06/2014	12/31/2015						
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						
00944-2514-02	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00944-2620-02		J1566		01/01/2006	05/25/2013	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D 2.5 GM	1	EA	VL	IV	EA	500	MG	5	01/01/2006	05/25/2013							
00944-2620-03		J1566		01/01/2006	04/11/2014	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D 5 GM	1	EA	VL	IV	EA	500	MG	10	01/01/2006	04/11/2014							
00944-2620-04		J1566		01/01/2006	06/21/2014	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D 10 GM	1	EA	VL	IV	EA	500	MG	20	01/01/2006	06/21/2014							
00944-2655-03		J1566		06/01/2007	01/03/2015	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D (W/TRANSFER SET) 5 GM	1	EA	VL	IV	EA	500	MG	10	06/01/2007	01/03/2015							
00944-2655-04		J1566		06/01/2007	01/03/2015	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D (W/TRANSFER SET) 10 GM	1	EA	VL	IV	EA	500	MG	20	06/01/2007	01/03/2015							
00944-2656-03		J1566		01/24/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D (IGA-1UG/ML) (SINGLE DOSE) 5 GM	1	EA	VL	IV	EA	500	MG	10	01/24/2013	99/99/9999							
00944-2658-04		J1566		01/24/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D (IGA-1UG/ML) 10 GM	1	EA	VL	IV	EA	500	MG	20	01/24/2013	99/99/9999							
00944-2700-02		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	10	ML	VL	IV	ML	500	MG	0.2	01/01/2008	99/99/9999							
00944-2700-03		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	25	ML	VL	IV	ML	500	MG	0.2	01/01/2008	99/99/9999							
00944-2700-04		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	50	ML	VL	IV	ML	500	MG	0.2	01/01/2008	99/99/9999							
00944-2700-05		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	100	ML	VL	IV	ML	500	MG	0.2	01/01/2008	99/99/9999							
00944-2700-06		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	200	ML	VL	IV	ML	500	MG	0.2	01/01/2008	99/99/9999							
00944-2700-07		J1569		03/18/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (YX300ML, PF, LATEX-FREE) 100 MG/ML	1	ML	VL	IV	ML	500	MG	0.2	03/18/2011	99/99/9999							
00944-2814-01		J0256		05/01/2014	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	ARALAST NP (500MG W/DILUENT) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	05/01/2014	99/99/9999							
00944-2815-01		J0256		05/01/2014	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	ARALAST NP (1000MG W/DILUENT) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	05/01/2014	99/99/9999							
00944-2850-01		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (1GM,PF,LATEX-FREE) 20%	5	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999							
00944-2850-01		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	CUVITRU (1GM,PF,LATEX-FREE) 20%	5	ML	VL	SC	ML	1	GM	2	09/26/2016	12/31/2017							
00944-2850-02		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (1GM, INNER PACK NDC,PF) 20%	5	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999							
00944-2850-02		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	CUVITRU (1GM, INNER PACK NDC,PF) 20%	5	ML	VL	SC	ML	1	GM	2	09/26/2016	12/31/2017							
00944-2850-03		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (2GM,PF,LATEX-FREE) 20%	10	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999							
00944-2850-03		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	CUVITRU (2GM,PF,LATEX-FREE) 20%	10	ML	VL	SC	ML	1	GM	2	09/26/2016	12/31/2017							
00944-2850-04		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (2GM, INNER PACK NDC,PF) 20%	10	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999							
00944-2850-04		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED 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							
00944-2850-05		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	CUVITRU (4GM,PF,LATEX-FREE) 20%	20	ML	VL	SC	ML	1	GM	2	09/26/2016	12/31/2017							
00944-2850-06		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (4GM, INNER PACK NDC,PF) 20%	20	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999							
00944-2850-06		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	CUVITRU (4GM, INNER PACK NDC,PF) 20%	20	ML	VL	SC	ML	1	GM	2	09/26/2016	12/31/2017							
00944-2850-07		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (8GM,PF,LATEX-FREE) 20%	40	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999							
00944-2850-07		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	CUVITRU (8GM,PF,LATEX-FREE) 20%	40	ML	VL	SC	ML	1	GM	2	09/26/2016	12/31/2017							
00944-2850-08		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (8GM, INNER PACK NDC,PF) 20%	40	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999							
00944-2850-08		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	CUVITRU (8GM, INNER PACK NDC,PF) 20%	40	ML	VL	SC	ML	1	GM	2	09/26/2016	12/31/2017							
00944-2884-01		J0257		10/11/2010	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	GLASSIA (APRX 1000MG/50MLSOLN) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	10/11/2010	99/99/9999							
00944-3810-01		J9266		08/16/2016	99/99/9999	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	ONCASPAR (S.D.V.,PF) 750 IU/1 ML	5	ML	VL	IJ	ML	1	VL	0.2	08/16/2016	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							
00944-4175-10		J2724		01/01/2008	06/30/2015	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	CEPROTIN (800-1200IU) 1 IU	1200	IU	VL	IV	EA	10	IU	0.1	01/01/2008	06/30/2015							
00944-4177-05		J2724		07/01/2015	99/99/9999	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	CEPROTIN (POTENCY PRINTED ON VIAL) 1 IU	1	EA	VL	IV	EA	10	IU	0.1	07/01/2015	99/99/9999							
00944-4179-10		J2724		07/01/2015	99/99/9999	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	CEPROTIN (POTENCY PRINTED ON VIAL) 1 IU	1	EA	VL	IV	EA	10	IU	0.1	07/01/2015	99/99/9999							
00955-1022-08		J9171		11/17/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X8ML,SINGLE USE) 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	11/17/2016	99/99/9999							
00955-1746-01		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							
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							
03221-0407-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS	VERITAS COLLAGEN MATRIX (4CMX7CM)	1	EA	NA	IP	EA	1	EA	1	01/01/2008	99/99/9999							
03221-0415-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS	VERITAS COLLAGEN MATRIX (4CMX15CM)	1	EA	NA	IP	EA	1	EA	1	01/01/2008	99/99/9999							
03221-0608-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS	VERITAS COLLAGEN MATRIX (6CMX8CM)	1	EA	NA	IP	EA	1	EA	1	01/01/2008	99/99/9999							
03221-0814-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS	VERITAS COLLAGEN MATRIX (8CMX14CM)	1	EA	NA	IP	EA	1	EA	1	01/01/2008	99/99/9999							
03221-1016-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS	VERITAS COLLAGEN MATRIX (10CMX16CM)	1	EA	NA	IP	EA	1	EA	1	01/01/2008	99/99/9999							
03221-1225-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS	VERITAS COLLAGEN MATRIX (12CMX25CM)	1	EA	NA	IP	EA	1	EA	1	01/01/2008	99/99/9999							
08080-1000-00		A4217		03/01/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	CURITY STERILE WATER	100	ML	NA	IR	ML	500	ML	0.002	03/01/2006	99/99/9999							
08080-1																								

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
08080-1022-00		A4217		03/01/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	CURITY STERILE SALINE (100MLX48) 0.9%	100	ML	NA	IR	ML	500	ML	0.002	03/01/2006	99/99/9999						
08166-1100-03		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE) 100 U/ML	3	ML	NA	IV	ML	10	U	10	01/01/2002	99/99/9999						
08166-1100-05		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE) 100 U/ML	5	ML	NA	IV	ML	10	U	10	01/01/2002	02/03/2016						
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						
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						
08166-1109-10		A4216		01/01/2004	09/19/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	10	ML	NA	IV	ML	10	ML	0.1	01/01/2004	09/19/2016						
08166-1110-03		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE) 10 U/ML	3	ML	NA	IV	ML	10	U	1	01/01/2002	99/99/9999						
08166-1110-05		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE) 10 U/ML	5	ML	NA	IV	ML	10	U	1	01/01/2002	02/03/2016						
08290-0310-02		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0310-03		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0311-03		A4216		01/01/2004	10/17/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,3 ML W/CANNULA,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2004	10/17/2016						
08290-0320-03		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0320-05		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0321-05		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/CANNULA,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
08290-0330-03		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0330-05		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0330-10		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	10	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0331-05		A4216		01/01/2004	10/17/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 12 ML W/ CANN,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2004	10/17/2016						
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						
08290-0910-02		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 2ML,PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0911-02		A4216		01/01/2004	99/99/9999	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	99/99/9999						
08290-0930-10		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 10ML,PF) 0.9%	10	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
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						
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						
08881-5801-21		J1642		03/14/2002	05/01/2017	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN, 12 ML,LATEX-FREE) 10 U/ML (10 ML 180S)	10	ML	SR	IV	U	10	U	1	03/14/2002	05/01/2017						
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						
08881-5801-25		J1642		08/23/2006	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 (5 ML 180S)	10	ML	SR	IV	U	10	U	1	08/23/2006	05/01/2017						
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						
08881-5901-23		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 180S)	2.5	ML	SR	IV	U	10	U	10	03/14/2002	01/01/2017						
08881-5901-25		J1642		08/23/2006	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 (5 ML 180S)	5	ML	SR	IV	U	10	U	10	08/23/2006	05/01/2017						
10019-0016-29		J7643		05/05/2007	04/30/2014	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/ML	20	ML	VL	U	ML	1	MG	0.2	05/05/2007	04/30/2014						
10019-0016-29	KO	J7643	KO	05/05/2007	04/30/2014	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/ML	20	ML	VL	U	ML	1	MG	0.2	05/05/2007	04/30/2014						
10019-0027-39		J2250		05/05/2007	10/17/2016	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 5 MG/ML	10	ML	VL	U	ML	1	MG	5	05/05/2007	10/17/2016						
10019-0028-37		J2250		05/05/2007	02/03/2016	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 1 MG/ML	5	ML	VL	U	ML	1	MG	1	05/05/2007	02/03/2016						
10019-0028-39		J2250		05/05/2007	02/03/2016	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 1 MG/ML	10	ML	VL	U	ML	1	MG	1	05/05/2007	02/03/2016						
10019-0030-12		J1885		05/05/2007	10/17/2016	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP) 30 MG/ML	1	ML	VL	U	ML	15	MG	2	05/05/2007	10/17/2016						
10019-0030-17		J1885		05/05/2007	10/31/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	2	ML	VL	U	ML	15	MG	2	05/05/2007	10/31/2013						
10019-0033-72		J3010		01/01/2002	11/12/2012	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,PF) 0.05 MG/ML	5	ML	AM	U	ML	0.1	MG	0.5	01/01/2002	11/12/2012						
10019-0045-17		J3490		05/05/2007	03/31/2014	UNCLASSIFIED DRUGS	FAMOTIDINE (SDV,PF) 10 MG/ML	2	ML	VL	IV	ML	1	EA	1	05/05/2007	03/31/2014						
10019-0046-03		J3490		01/01/2002	11/12/2012	UNCLASSIFIED DRUGS	FAMOTIDINE (M,D,V) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	01/01/2002	11/12/2012						
10019-0046-04		J3490		11/01/2003	11/12/2012	UNCLASSIFIED DRUGS	FAMOTIDINE (M,D,V) 10 MG/ML	4	ML	VL	IV	ML	1	EA	1	11/01/2003	11/12/2012						
10019-0046-14		J3490		05/05/2007	02/03/2016	UNCLASSIFIED DRUGS	FAMOTIDINE (MDV) 10 MG/ML	4	ML	VL	IV	ML	1	EA	1	05/05/2007	02/03/2016						
10019-0046-63		J3490		05/05/2007	02/03/2016	UNCLASSIFIED DRUGS	FAMOTIDINE (MDV) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	05/05/2007	02/03/2016						
10019-0050-36		J3490		05/05/2007	02/03/2016	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE 50 MCG/ML	5	ML	AM	U	ML	1	EA	1	05/05/2007	02/03/2016						
10019-0050-37		J3490		05/05/2007	02/03/2016	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE 50 MCG/ML	2	ML	AM	U	ML	1	EA	1	05/05/2007	02/03/2016						
10019-0050-39		J3490		05/05/2007	02/03/2016	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE 50 MCG/ML	1	ML	AM	U	ML	1	EA	1	05/05/2007	02/03/2016						
10019-0070-10		J2260		05/05/2007	10/17/2016	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (SDV) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	05/05/2007	10/17/2016						
10019-0070-20		J2260		05/05/2007	10/17/2016	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (SDV) 1 MG/ML	20	ML														

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
10019-0102-37		J2060		05/05/2007	02/03/2016	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 2 MG/ML	10	ML	VL	U	ML	2	MG	1	05/05/2007	02/03/2016						
10019-0103-37		J2060		05/05/2007	01/31/2014	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 4 MG/ML	10	ML	VL	U	ML	2	MG	2	05/05/2007	01/31/2014						
10019-0103-39		J2060		05/05/2007	01/31/2014	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 4 MG/ML	25	ML	VL	U	ML	2	MG	2	05/05/2007	01/31/2014						
10019-0105-44		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						
10019-0105-71		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						
10019-0106-44		J2060		05/05/2007	02/03/2016	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM 2 MG/ML	1	ML	VL	U	ML	2	MG	2	05/05/2007	02/03/2016						
10019-0106-71		J2060		05/05/2007	02/03/2016	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM 2 MG/ML	1	ML	VL	U	ML	2	MG	2	05/05/2007	02/03/2016						
10019-0159-44		J2175		05/05/2007	10/17/2016	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL 25 MG/ML	1	ML	VL	U	ML	100	MG	0.25	05/05/2007	10/17/2016						
10019-0160-44		J2175		05/05/2007	10/17/2016	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL 50 MG/ML	1	ML	VL	U	ML	100	MG	0.5	05/05/2007	10/17/2016						
10019-0162-44		J2175		05/05/2007	10/17/2016	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL 100 MG/ML	1	ML	VL	U	ML	100	MG	1	05/05/2007	10/17/2016						
10019-0176-39		J2270		08/21/1998	10/31/2013	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X1ML SDV.USP) 5MG/ML	1	ML	VL	U	ML	10	MG	0.5	08/21/1998	10/31/2013						
10019-0177-37		J2270		05/05/2007	10/17/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE 8 MG/ML	1	ML	AM	U	ML	10	MG	0.8	05/05/2007	10/17/2016						
10019-0177-39		J2270		09/13/2001	10/17/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X1ML USP) 8MG/ML	1	ML	VL	U	ML	10	MG	0.8	09/13/2001	10/17/2016						
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	U	ML	10	MG	1	05/05/2007	02/03/2016						
10019-0178-37		J2270		08/21/1998	02/03/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X1ML USP) 10MG/ML	1	ML	VL	U	ML	10	MG	1	08/21/1998	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						
10019-0179-36		J2270		05/05/2007	10/17/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (MDV) 15 MG/ML	20	ML	NA	U	ML	10	MG	1.5	01/01/2015	10/17/2016						
10019-0179-36		J2271		05/05/2007	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (MDV) 15 MG/ML	20	ML	NA	U	ML	100	MG	0.15	05/05/2007	12/31/2014						
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	U	ML	10	MG	1.5	05/05/1999	02/03/2016						
10019-0291-12		J2590		05/29/2007	02/27/2013	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (SDV.USP) 10 U/ML	1	ML	VL	U	ML	10	U	1	05/29/2007	02/27/2013						
10019-0291-71		J2590		05/29/2007	02/27/2013	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (MDV.USP) 10 U/ML	10	ML	VL	U	ML	10	U	1	05/29/2007	02/27/2013						
10019-0456-39		J2765		05/05/2007	04/30/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL 5 MG/ML	2	ML	VL	IV	ML	10	MG	0.5	05/05/2007	04/30/2013						
10019-0630-33		J0295		05/05/2007	10/31/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM 2 GM-1 GM	1	EA	VL	U	EA	1.5	GM	2	05/05/2007	10/31/2013						
10019-0631-31		J0295		05/05/2007	10/31/2013	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	05/05/2007	10/31/2013						
10019-0633-33		J0295		05/05/2007	07/30/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMERINET CHOICE AMPICILLIN AND SULBACTAM 2 GM-1 GM	1	EA	VL	U	EA	1.5	GM	2	05/05/2007	07/30/2013						
10019-0634-01		J0295		03/10/2006	02/01/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMERINET CHOICE AMPICILLIN AND SULBACTAM (10X10ML VIALS) 1 GM-0.5 GM	1	EA	VL	U	EA	1.5	GM	1	03/10/2006	02/01/2013						
10019-0634-31		J0295		05/05/2007	10/17/2016	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMERINET CHOICE AMPICILLIN AND SULBACTAM 1 GM-0.5 GM	1	EA	VL	U	EA	1.5	GM	1	05/05/2007	10/17/2016						
10019-0635-03		J0295		12/14/2005	02/01/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMERINET CHOICE AMPICILLIN AND SULBACTAM (PHARMACY BULK) 10 GM-5 GM	1	EA	VL	U	EA	1.5	GM	10	12/14/2005	02/01/2013						
10019-0636-31		J0295		05/05/2007	02/03/2016	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM 1 GM-0.5 GM	1	EA	VL	U	EA	1.5	GM	1	05/05/2007	02/03/2016						
10019-0637-33		J0295		05/05/2007	02/03/2016	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM 2 GM-1 GM	1	EA	VL	U	EA	1.5	GM	2	05/05/2007	02/03/2016						
10019-0688-04		J0696		07/05/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1	EA	VL	U	EA	250	MG	8	07/05/2005	99/99/9999						
10019-0688-27		J0696		05/05/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1	EA	VL	U	EA	250	MG	8	05/05/2007	99/99/9999						
10019-0689-05		J0696		10/05/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP, PHARMACY BULK) 10 GM	1	EA	VL	IV	EA	250	MG	40	10/05/2006	99/99/9999						
10019-0905-17		J2405		05/05/2007	10/17/2016	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (LATEX-FREE) 2 MG/ML	1	ML	VL	U	ML	1	MG	2	05/05/2007	10/17/2016						
10019-0906-63		J2405		05/05/2007	10/17/2016	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (LATEX-FREE) 2 MG/ML	1	ML	NA	U	ML	1	MG	2	05/05/2007	10/17/2016						
10019-0925-01		J9208		09/12/2005	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,30ML VIAL) 1 GM	1	EA	VL	IV	EA	1	GM	1	09/12/2005	99/99/9999						
10019-0925-82		J9208		05/05/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,30ML) 1 GM	1	EA	VL	IV	EA	1	GM	1	05/05/2007	99/99/9999						
10019-0926-02		J9208		09/12/2005	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,75ML VIAL) 3 GM	1	EA	VL	IV	EA	1	GM	3	09/12/2005	99/99/9999						
10019-0926-16		J9208		05/05/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,75ML) 3 GM	1	EA	VL	IV	EA	1	GM	3	05/05/2007	99/99/9999						
10019-0927-01		J9208		01/18/2019	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE NOVAPLUS 1 GM	1	EA	VL	IV	EA	1	GM	1	01/18/2019	99/99/9999						
10019-0929-03		J9208		01/18/2019	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE NOVAPLUS 3 GM	1	EA	VL	IV	EA	1	GM	3	01/18/2019	99/99/9999						
10019-0934-01		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						
10019-0934-02		J9206		02/21/2008	02/03/2016	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML SDV,INNER NDC) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	02/21/2008	02/03/2016						
10019-0934-17		J9206		02/21/2008	02/03/2016	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SDV,INNER NDC) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	02/21/2008	02/03/2016						
10019-0934-79		J9206		02/21/2008	02/03/2016	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SDV,INNER NDC) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	02/21/2008	02/03/2016						
10019-0951-05		J9209		01/18/2019	99/99/9999	INJECTION, MESNA, 200 MG	MESNA NOVAPLUS (MDV) 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	01/18/2019	99/99/9999						
10019-0953-01		J9209		03/15/2004	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (S.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	03/15/2004	99/99/9999						
10019-0953-02		J9209		03/15/2004	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (S.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	03/15/2004	99/99/9999						
10019-0953-62		J9209		05/05/2007	99/99/9999	INJECTION, MESNA, 200 MG	MESNA 100 MG/ML	1	ML	VL	IV	ML	200	MG	0.5	05/05/2007	99/99/9999						
10106-0061-01		J9017		01/01/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1																	

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	
10122-0820-56		J7682		09/20/2013	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	BETHKIS 300 MG/4 ML	56	EA	PC	IH	ML	300	MG	0.25	09/20/2013	99/99/9999							
10122-0820-56	KO	J7682	KO	09/20/2013	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	BETHKIS 300 MG/4 ML	56	EA	PC	IH	ML	300	MG	0.25	09/20/2013	99/99/9999							
10135-0149-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
10135-0149-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
10135-0149-24		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
10135-0149-61		Q0163		11/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	11/01/2002	99/99/9999							
10135-0151-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
10135-0151-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
10135-0151-24		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	24	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
10135-0151-50		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	50	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
10135-0151-52		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (BOXED,CAPLET) 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
10135-0151-57		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (BOXED,CAPLET) 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
10135-0156-01		Q0163		11/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	11/01/2002	99/99/9999							
10135-0156-10		Q0163		11/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	11/01/2002	99/99/9999							
10135-0156-13		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BX	PO	EA	50	MG	1	01/01/2002	99/99/9999							
10135-0166-13		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (BLISTER PACK,CAPLET) 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
10139-0062-02		J9250		07/02/2007	02/14/2013	METHOTREXATE SODIUM, 5 MG	METHOTREXATE (USP,SDV,PF) 25 MG/ML	2	ML	VL	IJ	ML	5	MG	5	07/02/2007	02/14/2013							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10139-0062-10		J9250		06/07/2007	08/04/2013	METHOTREXATE SODIUM, 5 MG	METHOTREXATE (USP,SDV,PF) 25 MG/ML	10	ML	VL	U	ML	5 MG		5	06/07/2007	08/04/2013						
10139-0062-40		J9250		06/07/2007	02/06/2013	METHOTREXATE SODIUM, 5 MG	METHOTREXATE (USP,SDV,PF) 25 MG/ML	40	ML	VL	U	ML	5 MG		5	06/07/2007	02/06/2013						
10139-0063-01		J9190		07/02/2007	06/30/2014	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP,BULK) 50 MG/ML	100	ML	VL	IV	ML	500 MG		0.1	07/02/2007	06/30/2014						
10139-0063-11		J9190		06/11/2007	06/30/2014	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP,SDV,10MLX10) 50 MG/ML	10	ML	VL	IV	ML	500 MG		0.1	06/11/2007	06/30/2014						
10139-0063-12		J9190		06/11/2007	06/30/2014	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP,SDV,20MLX10) 50 MG/ML	20	ML	VL	IV	ML	500 MG		0.1	06/11/2007	06/30/2014						
10139-0063-50		J9190		06/07/2007	06/30/2014	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP) 50 MG/ML	50	ML	VL	IV	ML	500 MG		0.1	06/07/2007	06/30/2014						
10139-0070-11		J0295		07/03/2007	04/29/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 1 GM-0.5 GM	1	EA	VL	U	EA	1.5 GM		1	07/03/2007	04/29/2013						
10139-0071-10		J0295		07/03/2007	11/12/2012	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 2 GM-1 GM	1	EA	VL	U	EA	1.5 GM		2	07/03/2007	11/12/2012						
10158-0042-01		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	NYTOL QUICKGELS MAXIMUM STRENGTH (SOFTGEL) 50 MG	8	EA	BX	PO	EA	50 MG		1	01/01/2002	99/99/9999						
10158-0043-02		Q0163		01/01/2002	09/30/2017	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	NYTOL QUICKCAPS 25 MG	16	EA	BX	PO	EA	50 MG		0.5	01/01/2002	09/30/2017						
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						
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 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						
10267-0835-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10267-0835-04		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10267-0836-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
10267-0836-04		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
10454-0710-10		J0587		08/01/2005	99/99/9999	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	MYOBLOC (PF) 2500 U/0.5 ML	0.5	ML	VL	IM	ML	100 U		50	08/01/2005	99/99/9999						
10454-0711-10		J0587		08/01/2005	99/99/9999	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	MYOBLOC (PF) 5000 U/ML	1	ML	VL	IM	ML	100 U		50	08/01/2005	99/99/9999						
10454-0712-10		J0587		06/30/2006	99/99/9999	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	MYOBLOC 5000 U/ML	2	ML	VL	IM	ML	100 U		50	06/30/2006	99/99/9999						
10702-0002-01		Q0169		05/10/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	100	EA	BO	PO	EA	12.5 MG		1	05/10/2007	99/99/9999						
10702-0003-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	12.5 MG		2	01/01/2014	99/99/9999						
10702-0003-01		Q0170		01/16/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	25 MG		1	01/16/2007	12/31/2013						
10702-0003-10		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	12.5 MG		2	01/01/2014	99/99/9999						
10702-0003-10		Q0170		01/16/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	25 MG		1	01/16/2007	12/31/2013						

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
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						
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						
10702-0004-01	Q0170			01/16/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	25 MG		2	01/16/2007	12/31/2013						
10885-0003-01	J2062			01/01/2019	99/99/9999	LOXAPINE FOR INHALATION, 1 MG	ADASUVE (INNER PACK) 10 MG	1	EA	PG	IH	EA	1 MG		10	01/01/2019	99/99/9999						
10885-0003-01	J3490			11/20/2017	12/31/2018	UNCLASSIFIED DRUGS	ADASUVE (INNER PACK) 10 MG	1	EA	PG	IH	EA	1 MG		1	11/20/2017	12/31/2018						
10885-0003-05	J2062			01/01/2019	99/99/9999	LOXAPINE FOR INHALATION, 1 MG	ADASUVE 10 MG	5	EA	PG	IH	EA	1 MG		10	01/01/2019	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						
10892-0112-65	Q0163			01/01/2002	02/08/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DYTUSS 12.5 MG/5 ML	480	ML	BO	PO	ML	50 MG		0.05	01/01/2002	02/08/2013						
10956-0750-24	Q0163			11/02/2004	06/18/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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-ETTES D 50 MG	24	EA	NA	PO	EA	50 MG		1	11/02/2004	06/18/2013						
10956-0750-48	Q0163			11/02/2004	06/18/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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-ETTES D 50 MG	48	EA	BO	PO	EA	50 MG		1	11/02/2004	06/18/2013						
10956-0751-24	Q0163			11/02/2004	06/18/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALER-DRYL 50 MG	24	EA	BX	PO	EA	50 MG		1	11/02/2004	06/18/2013						
10956-0751-48	Q0163			11/02/2004	06/18/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALER-DRYL 50 MG	48	EA	BO	PO	EA	50 MG		1	11/02/2004	06/18/2013						
11743-0210-02	J1644			01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (HEMOCHRON RDX,VAL) 1000 U/ML	10	ML	VL	IU	ML	1000 U		1	01/01/2002	99/99/9999						
11822-0527-10	Q0163			05/02/2006	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	RITE AID ALLERGY (AF,SF,DYE-FREE) 12.5 MG/5 ML	118	ML	NA	PO	ML	50 MG		0.05	05/02/2006	99/99/9999						
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						
12496-0100-01	J3490			01/01/2018	06/30/2018	UNCLASSIFIED DRUGS	SUBLOCADE 100 MG/0.5 ML	0.5	ML	SR	SC	ML	1 MG		1	01/01/2018	06/30/2018						
12496-0100-01	Q9991			07/01/2018	99/99/9999	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), LESS THAN OR EQUAL TO 100 MG	SUBLOCADE 100 MG/0.5 ML	0.5	ML	SR	SC	ML	100 MG		2	07/01/2018	99/99/9999						
12496-0300-01	J3490			01/01/2018	06/30/2018	UNCLASSIFIED DRUGS	SUBLOCADE 100 MG/0.5 ML	1.5	ML	SR	SC	ML	1 MG		1	01/01/2018	06/30/2018						
12496-0300-01	Q9992			07/01/2018	99/99/9999	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREATER THAN 100 MG	SUBLOCADE 100 MG/0.5 ML	1.5	ML	SR	SC	ML	100 MG		2	07/01/2018	99/99/9999						
12496-0757-01	J0592			01/01/2003	01/18/2015	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENEX (AMP) 0.3 MG/ML	1	ML	AM	IU	ML	0.1 MG		3.24	01/01/2003	01/18/2015						
12496-0757-05	J0592			01/19/2015	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENEX 0.3 MG/ML	1	ML	AM	IU	ML	0.1 MG		3	01/19/2015	99/99/9999						
13411-0131-01	Q0144			08/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10	EA	BO	PO	EA	1 GM		0.25	08/23/2006	99/99/9999						
13411-0131-03	Q0144			06/01/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1 GM		0.25	06/01/2005	99/99/9999						
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						
13411-0131-09	Q0144			08/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	90	EA	BO	PO	EA	1 GM		0.25	08/23/2006	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						
13411-0182-01	J8499			08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	10	EA	BO	PO	EA	1 EA		1	08/23/2006	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						
13411-0182-06	J8499			08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1 EA		1	08/23/2006	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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
13411-0183-03		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1 EA		1	08/23/2006	99/99/9999						
13411-0183-06		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60	EA	BO	PO	EA	1 EA		1	08/23/2006	99/99/9999						
13411-0183-09		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	90	EA	BO	PO	EA	1 EA		1	08/23/2006	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						
13533-0335-04		J1460		08/24/2018	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN (SDV,PF,LATEX-FREE) 15%-18%	2	ML	VL	IM	ML	1 CC		1	08/24/2018	99/99/9999						
13533-0335-12		J1460		08/24/2018	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN (SDV,PF,LATEX-FREE) 15%-18%	10	ML	VL	IM	ML	1 CC		1	08/24/2018	99/99/9999						
13533-0631-02		J2790		12/21/2005	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	HYPERRHO S/D (FULL DOSE PF)	1	EA	SR	IM	EA	300 MCG		1	12/21/2005	99/99/9999						
13533-0631-06		J2792		12/21/2005	10/31/2013	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	HYPERRHO S/D (MINI-DOSE)	0.17	ML	SR	IM	ML	100 IU		12.5	12/21/2005	10/31/2013						
13533-0631-11		J2790		04/01/2018	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	HYPERRHO S/D (PF,LATEX-FREE) 300 MCG	10	EA	SR	IM	EA	300 MCG		1	04/01/2018	99/99/9999						
13533-0634-02		J1670		10/14/2006	99/99/9999	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	HYPERTET S/D (PF) 250 U	1	ML	SR	IM	ML	250 U		1	10/14/2006	99/99/9999						
13533-0635-04		J1460		10/04/2005	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN S/D (S.D.V.,PF)	2	ML	VL	IM	ML	1 ML		1	10/04/2005	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						
13533-0645-12		J1561		01/01/2008	03/24/2013	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	10	ML	VL	IV	ML	500 MG		0.2	01/01/2008	03/24/2013						
13533-0645-15		J1561		01/01/2008	04/19/2013	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	25	ML	VL	IV	ML	500 MG		0.2	01/01/2008	04/19/2013						
13533-0645-20		J1561		01/01/2008	06/26/2014	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	50	ML	VL	IV	ML	500 MG		0.2	01/01/2008	06/26/2014						
13533-0645-24		J1561		01/01/2008	10/17/2013	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	200	ML	VL	IV	ML	500 MG		0.2	01/01/2008	10/17/2013						
13533-0645-71		J1561		01/01/2008	10/22/2013	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	100	ML	VL	IV	ML	500 MG		0.2	01/01/2008	10/22/2013						
13533-0661-06		J2788		11/01/2013	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	HYPERRHO S/D (MINI-DOSE,SD PF)	10	EA	SR	IM	EA	50 MCG		1	11/01/2013	99/99/9999						
13533-0700-01		J0256		12/01/2009	09/24/2014	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	12/01/2009	09/24/2014						
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						
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						
13533-0703-10		J0256		08/31/2016	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	08/31/2016	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						
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 (1X100ML SINGLE-USE) 100 MG/1 ML	10	ML	VL	U	ML	500 MG		0.2	12/07/2010	99/99/9999						
13533-0800-15		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X25ML SINGLE-USE) 100 MG/1 ML	25	ML	VL	U	ML	500 MG		0.2	12/07/2010	99/99/9999						
13533-0800-20		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X50ML SINGLE-USE) 100 MG/1 ML	50	ML	VL	U	ML	500 MG		0.2	12/07/2010	99/99/9999						
13533-0800-24		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X200ML SINGLE-USE) 100 MG/1 ML	200	ML	VL	U	ML	500 MG		0.2	12/07/2010	99/99/9999						
13533-0800-40		J1561		10/01/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X400ML SINGLE-USE) 100 MG/ML	400	ML	VL	U	ML	500 MG		0.2	10/01/2014	99/99/9999						
13533-0800-71		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X100ML SINGLE-USE) 100 MG/1 ML	100	ML	VL	U	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	U	EA	300 MG		1	03/20/2019	99/99/9999						
13925-0515-10	KO	J7676	KO	03/20/2019	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE (SDV,LYOPHILIZED) 300 MG	10	EA	VL	U	EA	300 MG		1	03/20/2019	99/99/9999						
13925-0523-01		J9025		07/07/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (PF,LYOPHILIZED) 100 MG	1	EA	VL	U	EA	1 MG		100	07/07/2017	02/13/2018						
15014-0211-21		J8540		03/05/2019	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	HIDEX (6-DAY) 1.5 MG	21	EA	DP	PO	EA	0.25 MG		6	03/05/2019	99/99/9999						
15054-0043-01		J9205		10/16/2017	99/99/9999	INJECTION, IRINOTECAN LIPOSOME, 1 MG	ONIVDE (SDV) 4.3 MG/1 ML	10	ML	VL	IV	ML	1 MG		4.3	10/16/2017	99/99/9999						
15054-1040-05		J2170		01/01/2007	99/99/9999	INJECTION, MECASERMIN, 1 MG	INCRELEX (10X4ML,MD,V.) 10 MG/ML	4	ML	VL	SC	ML	1 MG		10	01/01/2007	99/99/9999						
15054-1060-03		J1930		01/02/2015	99/99/9999	INJECTION, LANREOTIDE, 1 MG	SOMATULINE DEPOT (1X0.2ML, SINGLE USE) 60 MG/0.2 ML	0.2	ML	SR	SC	ML	1 MG		300	01/02/2015	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						
15054-1120-03		J1930		01/02/2015	99/99/9999	INJECTION, LANREOTIDE, 1 MG	SOMATULINE DEPOT (1X0.5ML, SINGLE USE) 120 MG/0.5 ML	0.5	ML	SR	SC	ML	1 MG		240	01/02/2015	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						
16252-0536-08		J8515		05/01/2008	07/29/2014	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8	EA	BO	PO	EA	0.25 MG		2	05/01/2008	07/29/2014						
16252-0547-33		J7620		12/31/2007	07/02/2013	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/0.5 ML	30	ML	PC	IH	ML	3 MG		0.33333	12/31/2007	07/02/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16252-0547-66		J7620		12/31/2007	05/12/2013	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH ORAL	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	60	ML	PC	IH	ML	3 MG		0.33333	12/31/2007	05/12/2013						
16477-0510-08		J8499		04/30/2008	07/14/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	MILLIPRED (1X237MLAF,DYE-FREE) 10 MG/5 ML	237	ML	BO	PO	ML	1 EA		1	04/30/2008	07/14/2014						
16571-0600-96		J8499		12/12/2011	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CROMOLYN SODIUM (96X5ML CONCENTRATE) 100MG/5ML	5	ML	PC	PO	ML	1 MG		1	12/12/2011	99/99/9999						
16590-0003-30		J8499		02/01/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1 EA		1	02/01/2006	06/01/2014						
16590-0003-60		J8499		02/01/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60	EA	BO	PO	EA	1 EA		1	02/01/2006	06/01/2014						
16590-0078-20		Q0163		02/01/2006	06/01/2014	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 25 MG	20	EA	BO	PO	EA	50 MG		0.5	02/01/2006	06/01/2014						
16590-0078-20		Q0163		02/01/2006	06/01/2014	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 50 MG	20	EA	BO	PO	EA	50 MG		1	02/01/2006	06/01/2014						
16590-0149-21		J7509		01/01/2006	06/01/2014	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPRED-DP 4 MG	21	EA	DP	PO	EA	4 MG		1	01/01/2006	06/01/2014						
16590-0191-10		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	10	EA	BO	PO	EA	12.5 MG		2	01/01/2014	06/01/2014						
16590-0191-10		Q0170		04/01/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	10	EA	BO	PO	EA	25 MG		1	04/01/2007	12/31/2013						
16590-0191-15		Q0169		01/01/2014	06/01/2014	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	15	EA	BO	PO	EA	12.5 MG		2	01/01/2014	06/01/2014						
16590-0191-15		Q0170		02/01/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	15	EA	BO	PO	EA	25 MG		1	02/01/2006	12/31/2013						
16590-0191-20		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
16590-0191-20		Q0170		06/01/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	20	EA	BO	PO	EA	25 MG		1	06/01/2006	12/31/2013						
16590-0191-30		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
16590-0191-30		Q0170		02/01/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	30	EA	BO	PO	EA	25 MG		1	02/01/2006	12/31/2013						
16590-0191-60		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
16590-0191-60		Q0170		02/01/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	60	EA	BO	PO	EA	25 MG		1	02/01/2006	12/31/2013						
16590-0191-80		Q0169		01/01/2014	06/01/2014	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	90	EA	BO	PO	EA	12.5 MG		2	01/01/2014	06/01/2014						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16590-0191-90		Q0170		02/01/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	90	EA	BO	PO	EA	25	MG	1	02/01/2006	12/31/2013						
16590-0248-06	Q0144			02/01/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK 250 MG	6	EA	DP	PO	EA	1	GM	0.25	02/01/2006	06/01/2014						
16590-0326-10	J7506			06/01/2006	06/01/2014	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	10	EA	BO	PO	EA	5	MG	4	06/01/2006	06/01/2014						
16590-0326-20	J7506			06/01/2006	06/01/2014	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	20	EA	BO	PO	EA	5	MG	4	06/01/2006	06/01/2014						
16590-0326-21	J7506			06/01/2006	06/01/2014	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	21	EA	BO	PO	EA	5	MG	4	06/01/2006	06/01/2014						
16590-0326-30	J7506			06/01/2006	06/01/2014	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	30	EA	BO	PO	EA	5	MG	4	06/01/2006	06/01/2014						
16590-0326-45	J7506			06/01/2006	06/01/2014	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	45	EA	BO	PO	EA	5	MG	4	06/01/2006	06/01/2014						
16590-0326-60	J7506			11/01/2007	06/01/2014	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	60	EA	BO	PO	EA	5	MG	4	11/01/2007	06/01/2014						
16590-0327-10	Q0164			01/01/2014	06/01/2014	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	10	EA	BO	PO	EA	5	MG	2	01/01/2014	06/01/2014						
16590-0327-10	Q0165			04/01/2007	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10	MG	1	04/01/2007	12/31/2013						
16590-0357-09	Q0177			05/01/2006	06/01/2014	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	05/01/2006	06/01/2014						
16590-0357-12	Q0177			05/01/2006	06/01/2014	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	12	EA	BO	PO	EA	25	MG	1	05/01/2006	06/01/2014						
16590-0357-20	Q0177			05/01/2006	06/01/2014	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	05/01/2006	06/01/2014						
16590-0357-30	Q0177			05/01/2006	06/01/2014	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	05/01/2006	06/01/2014						
16590-0362-06	Q0144			12/01/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	DP	PO	EA	1	GM	0.25	12/01/2006	06/01/2014						
16590-0370-20	J8499			06/01/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1	EA	1	06/01/2006	06/01/2014						
16590-0370-30	J8499			06/01/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	06/01/2006	06/01/2014						
16590-0370-40	J8499			06/01/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40	EA	BO	PO	EA	1	EA	1	06/01/2006	06/01/2014						
16590-0404-10	J7506			06/01/2006	06/01/2014	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	10	EA	BO	PO	EA	5	MG	2	06/01/2006	06/01/2014						
16590-0404-20	J7506			06/01/2006	06/01/2014	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	20	EA	BO	PO	EA	5	MG	2	06/01/2006	06/01/2014						
16590-0404-21	J7506			06/01/2006	06/01/2014	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	21	EA	BO	PO	EA	5	MG	2	06/01/2006	06/01/2014						
16590-0404-30	J7506			06/01/2006	06/01/2014	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	30	EA	BO	PO	EA	5	MG	2	06/01/2006	06/01/2014						
16590-0404-45	J7506			06/01/2006	06/01/2014	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	45	EA	BO	PO	EA	5	MG	2	06/01/2006	06/01/2014						
16714-0221-10	Q0166			03/17/2017	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (INNER NDC FILM-COATED) 1 MG	1	EA	ST	PO	EA	1	MG	1	03/17/2017	99/99/9999						
16714-0221-12	Q0166			03/17/2017	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	10	EA	ST	PO	EA	1	MG	1	03/17/2017	99/99/9999						
16714-0221-30	Q0166			05/15/2008	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	2	EA	BX	PO	EA	1	MG	1	05/15/2008	99/99/9999						
16714-0221-32	Q0166			05/15/2008	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (2X10, FILM-COATED) 1 MG	20	EA	BX	PO	EA	1	MG	1	05/15/2008	99/99/9999						
16714-0465-01	J9171			03/14/2016	99/99/9999	INJECTION, DOCEAXEL, 1 MG	DOCEAXEL 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	03/14/2016	99/99/9999						
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	150	MG	1	01/01/2016	99/99/9999						
16714-0468-01	None			01/01/2016	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP, FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	01/01/2016	99/99/9999						
16714-0500-01	J9171			03/14/2016	99/99/9999	INJECTION, DOCEAXEL, 1 MG	DOCEAXEL 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	03/14/2016	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
16714-0671-01		O0162		10/15/2009	10/31/2016	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	ONDANSETRON (USP, 1X60ML, STRAWBERRY) 4 MG/ML	60	ML	BO	PO	ML	1 MG		0.8	10/15/2009	10/31/2016						
16714-0725-01		J9206		11/01/2017	99/99/9999	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	99/99/9999						
16714-0726-01		J9206		11/01/2017	99/99/9999	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	99/99/9999						
16714-0727-01		J9263		11/06/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (1X10ML, SINGLE DOSE, PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5 MG		10	11/06/2017	99/99/9999						
16714-0728-01		J9263		11/06/2017	99/99/9999	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	99/99/9999						
16714-0742-01		Q2050		10/04/2017	99/99/9999	OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	10	ML	VL	IV	ML	10 MG		0.2	10/04/2017	99/99/9999						
16714-0749-01		J0894		12/19/2017	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1 MG		50	12/19/2017	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						
16714-0834-01		J2469		08/08/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	EA	25 MCG		2	08/08/2018	99/99/9999						
16714-0856-01		Q2050		10/04/2017	99/99/9999	OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	25	ML	VL	IV	ML	10 MG		0.2	10/04/2017	99/99/9999						
16714-0857-01		J9070		03/04/2019	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE 1 GM	1	EA	VL	IV	EA	100 MG		10	03/04/2019	99/99/9999						
16714-0858-01		J9070		03/04/2019	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE 2 GM	1	EA	VL	IV	EA	100 MG		20	03/04/2019	99/99/9999						
16714-0859-01		J9070		03/04/2019	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE 500 MG	1	EA	VL	IV	EA	100 MG		5	03/04/2019	99/99/9999						
16714-0890-01		J0641		03/14/2019	99/99/9999	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (PF) 10 MG/1 ML	17.5	ML	VL	IV	ML	0.5 MG		20	03/14/2019	99/99/9999						
16714-0909-01		J9201		03/27/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF, LATEX-FREE) 200 MG	1	EA	VL	IV	EA	200 MG		1	03/27/2019	99/99/9999						
16714-0915-01		J0641		03/14/2019	99/99/9999	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (PF) 10 MG/1 ML	25	ML	VL	IV	ML	0.5 MG		20	03/14/2019	99/99/9999						
16714-0926-01		J0894		03/27/2019	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	CT	IV	EA	1 MG		50	03/27/2019	99/99/9999						
16714-0930-01		J9201		03/27/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF, LATEX-FREE) 1 GM	1	EA	VL	IV	EA	200 MG		5	03/27/2019	99/99/9999						
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						
16729-0035-15		J8999		02/08/2011	99/99/9999	OTHERWISE SPECIFIED	ANASTROZOLE (FILM-COATED) 1 MG	90	EA	BO	PO	EA	1 MG		1	02/08/2011	99/99/9999						
16729-0041-01		J7507		09/30/2011	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1 MG		0.5	09/30/2011	99/99/9999						
16729-0042-01		J7507		09/30/2011	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1 MG		1	09/30/2011	99/99/9999						
16729-0043-01		J7507		09/30/2011	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1 MG		5	09/30/2011	99/99/9999						
16729-0048-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5 MG		1	02/28/2017	99/99/9999						
16729-0048-54		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5 MG		1	02/28/2017	99/99/9999						
16729-0049-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20 MG		1	02/28/2017	99/99/9999						
16729-0049-54		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20 MG		1	02/28/2017	99/99/9999						
16729-0050-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100 MG		1	02/28/2017	99/99/9999						
16729-0050-54		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100 MG		1	02/28/2017	99/99/9999						
16729-0051-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250 MG		1	02/28/2017	99/99/9999						
16729-0072-12		None		06/15/2015	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP, FILM COATED) 150 MG	60	EA	BO	PO	EA	150 MG		1	06/15/2015	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						
16729-0084-01		J7517		05/05/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250 MG		1	05/05/2009	99/99/9999						
16729-0129-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20 MG		7	02/28/2017	99/99/9999						
16729-0129-54		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20 MG		7	02/28/2017	99/99/9999						
16729-0130-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20 MG		9	02/28/2017	99/99/9999						
16729-0130-54		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20 MG		9	02/28/2017	99/99/9999						
16729-0189-29		J7518		09/07/2017	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (DELAYED RELEASE) 360 MG	120	EA	BO	PO	EA	180 MG		2	09/07/2017	99/99/9999						
16729-0223-61		J9330		08/13/2018	99/99/9999	INJECTION, TEMSIROLIMUS, 1 MG	TEMSIROLIMUS (WITH DILUENT) 25 MG/1 ML	1	ML	VL	IV	ML	1 MG		25	08/13/2018	99/99/9999						
16729-0224-05		J0894		03/03/2017	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1 MG		50	03/03/2017	99/99/9999						
16729-0242-31		J3489		10/04/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5	ML	VL	IV	ML	1 MG		0.8	10/04/2017	99/99/9999						
16729-0259-38		J1327		02/01/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE 0.75 MG/1 ML	100	ML	VL	IV	ML	5 MG		0.15	02/01/2018	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						
16729-0260-38		J1327		02/01/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE 2 MG/1 ML	100	ML	VL	IV	ML	5 MG		0.4	02/01/2018	99/99/9999						
16729-0261-29		J7518		09/07/2017	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (DELAYED RELEASE) 180 MG	120	EA	BO	PO	EA	180 MG		1	09/07/2017	99/99/9999						
16729-0275-47		J0563		11/01/2016	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1 MG		250	11/01/2016	99/99/9999						
16729-0288-11		J9060		12/07/2016	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10 MG		0.1	12/07/2016	99/99/9999						
16729-0288-38		J9060		12/07/2016	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (LATEX-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10 MG		0.1	12/07/2016	99/99/9999						
16729-0295-12		J9045		09/14/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	60	ML	VL	IV	ML	50 MG		0.2	09/14/2017	99/99/9999						
16729-0295-31		J9045		09/14/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	5	ML	VL	IV	ML	50 MG		0.2	09/14/2017	99/99/9999						
16729-0295-33		J9045</																					

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
17317-0036-02		J7636		01/01/2002	01/01/2014	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	01/01/2014						
17317-0036-02	KO	J7636	KO	01/01/2002	01/01/2014	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	01/01/2014						
17317-0036-05		J7636		01/01/2002	01/01/2014	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	01/01/2014						
17317-0036-05	KO	J7636	KO	01/01/2002	01/01/2014	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	01/01/2014						
17317-0036-07		J7636		01/01/2002	01/01/2014	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	01/01/2014						
17317-0036-07	KO	J7636	KO	01/01/2002	01/01/2014	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	01/01/2014						
17317-0049-01		J3490		01/01/2002	01/01/2014	UNCLASSIFIED DRUGS	BENZOCAMINE (U.S.P.)	1	EA	NA	NA	GM	1 EA		1	01/01/2002	01/01/2014						
17317-0049-04		J3490		01/01/2002	01/01/2014	UNCLASSIFIED DRUGS	BENZOCAMINE (U.S.P.)	1	EA	NA	NA	GM	1 EA		1	01/01/2002	01/01/2014						
17317-0049-05		J3490		01/01/2002	01/01/2014	UNCLASSIFIED DRUGS	BENZOCAMINE (U.S.P.)	1	EA	NA	NA	GM	1 EA		1	01/01/2002	01/01/2014						
17317-0073-01		J0706		01/01/2002	01/01/2014	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	01/01/2014						
17317-0073-04		J0706		01/01/2002	01/01/2014	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	01/01/2014						
17317-0073-05		J0706		01/01/2002	01/01/2014	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	01/01/2014						
17317-0073-08		J0706		01/01/2002	01/01/2014	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	01/01/2014						
17317-0146-03		J1200		01/01/2002	01/01/2014	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	NA	NA	GM	50 MG		20	01/01/2002	01/01/2014						
17317-0146-05		J1200		01/01/2002	01/01/2014	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	NA	NA	GM	50 MG		20	01/01/2002	01/01/2014						
17317-0146-06		J1200		01/01/2002	01/01/2014	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	NA	NA	GM	50 MG		20	01/01/2002	01/01/2014						
17317-0199-02		J1700		01/01/2002	01/01/2014	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	01/01/2014						
17317-0199-03		J1700		01/01/2002	01/01/2014	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	01/01/2014						
17317-0199-08		J1700		01/01/2002	01/01/2014	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	01/01/2014						
17317-0345-01		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	01/01/2002	01/01/2014						
17317-0345-05		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE HEPTAHYDRATE (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	01/01/2002	01/01/2014						
17317-0345-08		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	01/01/2002	01/01/2014						
17317-0346-01		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PURIFIED, U.S.P./F.C.C.)	1	EA	FC	NA	GM	500 MG		2	01/01/2002	01/01/2014						
17317-0346-05		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PURIFIED, U.S.P./F.C.C.)	1	EA	FC	NA	GM	500 MG		2	01/01/2002	01/01/2014						
17317-0346-08		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PURIFIED, U.S.P./F.C.C.)	1	EA	FC	NA	GM	500 MG		2	01/01/2002	01/01/2014						
17317-0398-01		J2440		01/01/2002	01/01/2014	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG		16.66666	01/01/2002	01/01/2014						
17317-0398-04		J2440		01/01/2002	01/01/2014	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG		16.66666	01/01/2002	01/01/2014						
17317-0413-01		J2560		01/01/2002	01/01/2014	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	SODIUM PHENOBARBITAL (U.S.P.)	1	EA	BO	NA	GM	120 MG		8.33333	01/01/2002	01/01/2014						
17317-0417-02		J7799		01/01/2002	01/01/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	01/01/2014						
17317-0417-03		J7799		01/01/2002	01/01/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	01/01/2014						
17317-0417-05		J7799		01/01/2002	01/01/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	01/01/2014						
17317-0438-01		J3480		01/01/2002	01/01/2014	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	01/01/2014						
17317-0438-05		J3480		01/01/2002	01/01/2014	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1	EA	FC	NA	GM	2 MEQ		6.71141	01/01/2002	01/01/2014						
17317-0438-08		J3480		01/01/2002	01/01/2014	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P./F.C.C.)	1	EA	FC	NA	GM	2 MEQ		6.71141	01/01/2002	01/01/2014						
17317-0447-02		J7510		01/01/2002	01/01/2014	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	01/01/2014						
17317-0447-03		J7510		01/01/2002	01/01/2014	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	01/01/2014						
17317-0455-02		J3415		01/01/2004	01/01/2014	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2004	01/01/2014						
17317-0455-03		J3415		01/01/2004	01/01/2014	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2004	01/01/2014						
17317-0455-05		J3415		01/01/2004	01/01/2014	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2004	01/01/2014						
17317-0455-06		J3415		01/01/2004	01/01/2014	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2004	01/01/2014						
17317-0477-08		J7510		01/01/2002	01/01/2014	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	01/01/2014						
17317-0567-02		J3140		01/01/2002	01/01/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	01/01/2014						
17317-0567-03		J3140		01/01/2002	01/01/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	01/01/2014						
17317-0567-08		J3140		01/01/2002	01/01/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	01/01/2014						
17317-0568-02		J3150		01/01/2002	01/01/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	01/01/2014						
17317-0568-03		J3150		01/01/2002	01/01/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	01/01/2014						
17317-0568-08		J3150		01/01/2002	01/01/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	01/01/2014						
17317-0571-01		J2810		01/01/2002	01/01/2014	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (ANHYDROUS, U.S.P.)	1	EA	NA	NA	GM	40 MG		25	01/01/2002	01/01/2014						
17317-0571-04		J2810		01/01/2002	01/01/2014	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (ANHYDROUS, U.S.P.)	1	EA	NA	NA	GM	40 MG		25	01/01/2002	01/01/2014						
17317-0571-05		J2810		01/01/2002	01/01/2014	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (ANHYDROUS, U.S.P.)	1	EA	NA	NA	GM	40 MG		25	01/01/2002	01/01/2014						
17317-																							

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
17317-0719-07		J7684		01/01/2002	01/01/2014	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	01/01/2014						
17317-0719-07	KO	J7684	KO	01/01/2002	01/01/2014	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	01/01/2014						
17317-0735-01		J2001		01/01/2004	01/01/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2004	01/01/2014						
17317-0735-02		J2001		01/01/2004	01/01/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2004	01/01/2014						
17317-0735-03		J2001		01/01/2004	01/01/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2004	01/01/2014						
17317-0735-04		J2001		01/01/2004	01/01/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2004	01/01/2014						
17317-0735-06		J2001		01/01/2004	01/01/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2004	01/01/2014						
17317-0828-01		J1212		01/01/2002	01/01/2014	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (A.C.S., REAGENT)	500	ML	EA	NA	ML	50 %		0.02	01/01/2002	01/01/2014						
17317-0829-01		J3520		01/01/2002	01/01/2014	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	150 MG		6.66666	01/01/2002	01/01/2014						
17317-0829-05		J3520		01/01/2002	01/01/2014	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	150 MG		6.66666	01/01/2002	01/01/2014						
17317-0829-08		J3520		01/01/2002	01/01/2014	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	150 MG		6.66666	01/01/2002	01/01/2014						
17317-0934-01		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE)	1	EA	NA	NA	GM	50 MG		20	01/01/2002	01/01/2014						
17317-0934-02		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE)	1	EA	NA	NA	GM	50 MG		20	01/01/2002	01/01/2014						
17317-0934-03		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE)	1	EA	NA	NA	GM	50 MG		20	01/01/2002	01/01/2014						
17317-0934-08		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE)	1	EA	NA	NA	GM	50 MG		20	01/01/2002	01/01/2014						
17317-1010-01		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50 ML		0.08	01/01/2002	01/01/2014						
17317-1010-03		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50 ML		0.08	01/01/2002	01/01/2014						
17317-1010-05		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50 ML		0.08	01/01/2002	01/01/2014						
17317-1010-08		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50 ML		0.08	01/01/2002	01/01/2014						
17317-1011-01		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50 ML		0.08	01/01/2002	01/01/2014						
17317-1011-05		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50 ML		0.08	01/01/2002	01/01/2014						
17317-1011-08		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50 ML		0.08	01/01/2002	01/01/2014						
17317-1011-09		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50 ML		0.08	01/01/2002	01/01/2014						
17317-1012-01		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (REAGENT)	1	EA	BO	NA	GM	50 ML		0.08	01/01/2002	01/01/2014						
17317-1012-03		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (REAGENT)	1	EA	BO	NA	GM	50 ML		0.08	01/01/2002	01/01/2014						
17317-1012-08		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (REAGENT)	1	EA	BO	NA	GM	50 ML		0.08	01/01/2002	01/01/2014						
17317-1413-01		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1	EA	BO	NA	GM	500 MG		2	01/01/2002	01/01/2014						
17317-1413-03		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1	EA	BO	NA	GM	500 MG		2	01/01/2002	01/01/2014						
17317-1466-01		J3350		01/01/2002	01/01/2014	INJECTION, UREA, UP TO 40 MG	UREA (A.C.S., REAGENT)	1	EA	NA	NA	GM	40 GM		0.025	01/01/2002	01/01/2014						
17317-1466-05		J3350		01/01/2002	01/01/2014	INJECTION, UREA, UP TO 40 MG	UREA (A.C.S., REAGENT)	1	EA	NA	NA	GM	40 GM		0.025	01/01/2002	01/01/2014						
17317-1485-01		J3520		01/01/2002	01/01/2014	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (A.C.S., REAGENT)	1	EA	NA	NA	GM	150 MG		6.66666	01/01/2002	01/01/2014						
17317-1485-04		J3520		01/01/2002	01/01/2014	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (A.C.S., REAGENT)	1	EA	NA	NA	GM	150 MG		6.66666	01/01/2002	01/01/2014						
17317-1485-05		J3520		01/01/2002	01/01/2014	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (A.C.S., REAGENT)	1	EA	NA	NA	GM	150 MG		6.66666	01/01/2002	01/01/2014						
17478-2409-02		J0600		01/01/2002	01/01/2014	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (U.S.P.)	1	EA	BO	NA	GM	1000 MG		1	01/01/2002	01/01/2014						
17478-0040-01		J2060		09/21/2011	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (S.D.V.) 2 MG/ML	1	ML	VL	U	ML	2 MG		1	09/21/2011	99/99/9999						
17478-0041-01		J2310		08/07/2017	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (SDV,PF) 0.4 MG/1 ML	1	ML	VL	U	ML	1 MG		0.4	08/07/2017	99/99/9999						
17478-0042-10		J2310		08/14/2017	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	08/14/2017	99/99/9999						
17478-0081-30		J2795		06/08/2016	99/99/9999	INJECTION, ROPIVACANE HYDROCHLORIDE, 1 MG	ROPIVACANE HCL (PF, LATEX-FREE) 5 MG/1 ML	30	ML	VL	U	ML	1 MG		5	06/08/2016	99/99/9999						
17478-0114-02		J3260		12/23/2015	12/17/2018	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (MDV, USP, LATEX-FREE) 40 MG/1 ML	2	ML	VL	U	ML	80 MG		0.5	12/23/2015	12/17/2018						
17478-0114-30		J3260		12/23/2015	12/17/2018	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (MDV, USP, LATEX-FREE) 40 MG/1 ML	30	ML	VL	U	ML	80 MG		0.5	12/23/2015	12/17/2018						
17478-0171-30		J7612		06/22/2015	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	XOPENEX (PF) 1.25 MG/0.5 ML	30	EA	PC	IH	EA	0.5 MG		5	06/22/2015	99/99/9999						
17478-0172-24		J7614		04/21/2016	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX PEDIATRIC (PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.20666	04/21/2016	99/99/9999						
17478-0172-24	KO	J7614	KO	04/21/2016	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX PEDIATRIC (PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.20666	04/21/2016	99/99/9999						
17478-0173-24		J7614		12/15/2015	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.42	12/15/2015	99/99/9999						
17478-0173-24	KO	J7614	KO	12/15/2015	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.42	12/15/2015	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						
17478-0174-24	KO	J7614	KO	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						
17478-0340-38		J7682		09/11/2014	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300 MG		0.2	09/11/2014	99/99/9999						
17478-0340-38	KO	J7682	KO	09/11/2014	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										

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
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	IJ	ML	60	MG		0.5	10/01/2006	99/99/9999						
17478-0660-30		J0132		06/24/2015	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG	ACETYLCYSTEINE (SDV- 4X30ML.PF) 200 MG/ML	30	ML	VL	IV	ML	100	MG		2	06/24/2015	99/99/9999						
17478-0902-10		J1327		11/20/2017	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG		0.4	11/20/2017	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	IV	ML	5	MG		0.15	11/20/2017	99/99/9999						
17478-0931-01		J0636		02/28/2017	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL (10 X 1ML) 1 MCG/1 ML	1	ML	AM	IJ	ML	0.1	MCG		10	02/28/2017	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						
17714-0020-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999						
17714-0020-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999						
17714-0021-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG		1	01/01/2002	99/99/9999						
17714-0021-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG		1	01/01/2002	99/99/9999						
17714-0042-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	100	EA	NA	PO	EA	50	MG		0.5	01/01/2002	99/99/9999						
17714-0042-24		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICATION (CAPLET) 25 MG	24	EA	BX	PO	EA	50	MG		0.5	01/01/2002	99/99/9999						
18111-0002-02		J9206		02/28/2008	11/30/2012	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2	ML	VL	IV	ML	20	MG		1	02/28/2008	11/30/2012						
18111-0002-03		J9206		02/28/2008	11/30/2012	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5	ML	VL	IV	ML	20	MG		1	02/28/2008	11/30/2012						
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	IJ	ML	1	USP UNIT		150	07/01/2015	99/99/9999						
18860-0720-10		J2278		01/31/2011	99/99/9999	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X1ML.SINGLE-USE VIAL) 100 MCG/ML	1	ML	VL	IN	ML	1	MCG		100	01/31/2011	99/99/9999						
18860-0722-10		J2278		01/31/2011	99/99/9999	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X5ML.SINGLE-USE VIAL) 100 MCG/ML	1	ML	VL	IN	ML	1	MCG		100	01/31/2011	99/99/9999						
18860-0723-10		J2278		01/31/2011	99/99/9999	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X20ML.SINGLE-USE VIAL) 25 MCG/ML	1	ML	VL	IN	ML	1	MCG		25	01/31/2011	99/99/9999						
18864-0211-03		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SERABRINA LA FRANCE 50 MG/15 ML	480	ML	NA	PO	ML	50	MG	0.06666	01/01/2002	99/99/9999							
20254-0018-01		Q0173		01/01/2002	09/11/2014	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	100	EA	NA	PO	EA	250	MG		1	01/01/2002	09/11/2014						
20254-0018-03		Q0173		01/01/2002	09/11/2014	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	500	EA	NA	PO	EA	250	MG		1	01/01/2002	09/11/2014						
20254-0207-06		Q0163		01/01/2002	09/11/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	60	EA	NA	PO	EA	50	MG		0.5	01/01/2002	09/11/2014						
20254-0207-10		Q0163		01/01/2002	09/11/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	10	EA	DP	PO	EA	50	MG		0.5	01/01/2002	09/11/2014						
20254-0208-06		Q0163		01/01/2002	09/11/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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) 50 MG	60	EA	NA	PO	EA	50	MG		1	01/01/2002	09/11/2014						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
20254-0208-10		Q0163		01/01/2002	09/11/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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) 50 MG	10	EA	NA	PO	EA	50 MG		1	01/01/2002	09/11/2014						
21695-0010-20		J8499		11/30/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1 EA		1	11/30/2006	06/01/2014						
21695-0010-25		J8499		05/19/2008	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1 EA		1	05/19/2008	06/01/2014						
21695-0010-30		J8499		02/01/2007	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1 EA		1	02/01/2007	06/01/2014						
21695-0010-60		J8499		11/30/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1 EA		1	11/30/2006	06/01/2014						
21695-0011-30		J8499		05/19/2008	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1 EA		1	05/19/2008	06/01/2014						
21695-0012-06		Q0144		07/19/2007	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	DP	PO	EA	1 GM		0.25	07/19/2007	06/01/2014						
21695-0080-21		J7509		01/01/2007	06/01/2014	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	BO	PO	EA	4 MG		1	01/01/2007	06/01/2014						
21695-0111-00		None		02/02/2009	06/01/2014	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5 MG		1	02/02/2009	06/01/2014						
21695-0111-30		None		10/04/2011	06/01/2014	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30	EA	BO	PO	EA	2.5 MG		1	10/04/2011	06/01/2014						
21695-0170-00		J7507		12/15/2006	06/01/2014	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 1 MG	100	EA	BO	PO	EA	1 MG		1	12/15/2006	06/01/2014						
21695-0171-00		J7517		12/15/2006	06/01/2014	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	100	EA	BO	PO	EA	250 MG		1	12/15/2006	06/01/2014						
21695-0203-10		J0696		02/01/2007	06/01/2014	INJECTION, CEFTRAXONE SODIUM, PER 250 MG	CEFTRAXONE (SDV) 500 MG	1	EA	VL	U	EA	250 MG		2	02/01/2007	06/01/2014						
21695-0241-01		J3070		01/01/2007	06/01/2014	INJECTION, PENTAZOCINE, 30 MG	TALWIN 30 MG/ML	1	ML	AM	U	ML	30 MG		1	01/01/2007	06/01/2014						
21695-0245-20		J7611		04/01/2008	06/01/2014	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	06/01/2014						
21695-0304-30		Q0163		02/01/2007	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	02/01/2007	06/01/2014						
21695-0304-90		Q0163		09/17/2007	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	90	EA	BO	PO	EA	50 MG		0.5	09/17/2007	06/01/2014						
21695-0306-20		J7506		04/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5 MG		2	04/01/2007	06/01/2014						
21695-0306-21		J7506		04/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5 MG		2	04/01/2007	06/01/2014						
21695-0306-28		J7506		04/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	28	EA	BO	PO	EA	5 MG		2	04/01/2007	06/01/2014						
21695-0306-30		J7506		04/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5 MG		2	04/01/2007	06/01/2014						
21695-0306-42		J7506		04/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42	EA	BO	PO	EA	5 MG		2	04/01/2007	06/01/2014						
21695-0307-10		J7506		02/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5 MG		4	02/01/2007	06/01/2014						
21695-0307-15		J7506		09/03/2008	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5 MG		4	09/03/2008	06/01/2014						
21695-0307-18		J7506		04/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	5 MG		4	04/01/2007	06/01/2014						
21695-0307-20		J7506		07/27/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5 MG		4	07/27/2007	06/01/2014						
21695-0307-21		J7506		08/14/2008	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5 MG		4	08/14/2008	06/01/2014						
21695-0307-30		J7506		02/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5 MG		4	02/01/2007	06/01/2014						
21695-0332-25		J7613		04/01/2008	06/01/2014	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX25) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	06/01/2014						
21695-0332-25	KO	J7613	KO	04/01/2008	06/01/2014	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX25) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	06/01/2014						
21695-0365-08		J7510		10/15/2007	06/01/2014	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	10/15/2007	06/01/2014						
21695-0365-16		J7510		10/15/2007	06/01/2014	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	480	ML	BO	PO	ML	5 MG		0.6	10/15/2007	06/01/2014						
21695-0382-04		J8540		02/01/2007	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	4	EA	BO	PO	EA	0.25 MG		16	02/01/2007	06/01/2014						
21695-0414-60		Q0175		04/01/2007	06/01/2014	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	60	EA	BO	PO	EA	4 MG		1	04/01/2007	06/01/2014						
21695-0415-60		Q0175		01/01/2014	06/01/2014	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	60	EA	BO	PO	EA	4 MG		2	01/01/2014	06/01/2014						
21695-0415-60		Q0176		06/27/2007	12/31/2013	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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	60	EA	BO	PO	EA	8 MG		1	06/27/2007	12/31/2013						
21695-0453-10		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
21695-0453-10		Q0170		04/01/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	10	EA	BO	PO	EA	25 MG		1	04/01/2007	12/31/2013						

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21695-0453-15		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
21695-0453-15		Q0170		01/15/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	15	EA	BO	PO	EA	25 MG		1	01/15/2008	12/31/2013						
21695-0453-20		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
21695-0453-20		Q0170		04/01/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	20	EA	BO	PO	EA	25 MG		1	04/01/2007	12/31/2013						
21695-0453-25		Q0169		01/01/2014	06/01/2014	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	25	EA	BO	PO	EA	12.5 MG		2	01/01/2014	06/01/2014						
21695-0453-25		Q0170		04/01/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	25	EA	BO	PO	EA	25 MG		1	04/01/2007	12/31/2013						
21695-0500-30		Q0163		04/15/2008	06/01/2014	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	30	EA	BO	PO	EA	50 MG		1	04/15/2008	06/01/2014						
21695-0571-30		Q0164		08/22/2008	06/01/2014	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	08/22/2008	06/01/2014						
21695-0572-30		Q0164		01/01/2014	06/01/2014	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	30	EA	BO	PO	EA	5 MG		2	01/01/2014	06/01/2014						
21695-0572-30		Q0165		07/24/2007	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	30	EA	BO	PO	EA	10 MG		1	07/24/2007	12/31/2013						
21695-0573-20		Q0177		08/14/2008	06/01/2014	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	08/14/2008	06/01/2014						
21695-0573-30		Q0177		08/14/2008	06/01/2014	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	08/14/2008	06/01/2014						
21695-0580-05		J7506		07/25/2007	06/01/2014	PREDNISONE, ORAL, PER SMG	PREDNISONE 50 MG	5	EA	BO	PO	EA	5 MG		10	07/25/2007	06/01/2014						
21695-0587-10		J2930		08/09/2007	06/01/2014	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE 125 MG	1	EA	VL	IJ	EA	125 MG		1	08/09/2007	06/01/2014						
21695-0588-25		J1885		08/09/2007	06/01/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC (1MLX25) 30 MG/ML	1	ML	VL	IJ	ML	15 MG		2	08/09/2007	06/01/2014						
21695-0649-12		J8498		11/12/2007	06/01/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BX	RC	EA	1 EA		1	11/12/2007	06/01/2014						
21695-0703-04		Q0169		01/01/2014	06/01/2014	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 (1X120ML,TROPICAL FRUIT) 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5 MG		0.1	01/01/2014	06/01/2014						
21695-0703-04		Q0170		03/14/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL (1X120ML,FRUIT,TROPICAL) 6.25 MG/5 ML	120	ML	BO	PO	ML	25 MG		0.05	03/14/2008	12/31/2013						
21695-0721-25		J1940		03/20/2008	06/01/2014	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (25X2ML) 10 MG/ML	2	ML	VL	IJ	ML	20 MG		0.5	03/20/2008	06/01/2014						
21695-0765-48		J7506		06/09/2008	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	48	EA	NA	PO	EA	5 MG		2	06/09/2008	06/01/2014						
23155-0119-01		J8499		05/28/2013	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CALCIOTRIOL 0.5 MCG	100	EA	BO	PO	EA	1 MCG		1	05/28/2013	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
23155-0196-43		J2405		06/12/2014	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON 2 MG/ML	2 ML	VL	U	ML	ML	1 MG			2	06/12/2014	99/99/9999					
23155-0294-41		J0780		01/09/2017	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2 ML	VL	U	ML	ML	10 MG			0.5	01/09/2017	99/99/9999					
23155-0473-41		J1940		12/08/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	2 ML	VL	U	ML	ML	20 MG			0.5	12/08/2014	99/99/9999					
23155-0473-42		J1940		12/08/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	4 ML	VL	U	ML	ML	20 MG			0.5	12/08/2014	99/99/9999					
23155-0473-44		J1940		12/08/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	10 ML	VL	U	ML	ML	20 MG			0.5	12/08/2014	99/99/9999					
23155-0521-41		J1940		08/01/2015	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	PREMERPRO RX FUROSEMIDE (SDV) 10 MG/ML	2 ML	VL	U	ML	ML	20 MG			0.5	08/01/2015	99/99/9999					
23155-0521-42		J1940		08/01/2015	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	PREMERPRO RX FUROSEMIDE (SDV) 10 MG/ML	4 ML	VL	U	ML	ML	20 MG			0.5	08/01/2015	99/99/9999					
23155-0521-44		J1940		08/01/2015	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	PREMERPRO RX FUROSEMIDE (SDV) 10 MG/ML	10 ML	VL	U	ML	ML	20 MG			0.5	08/01/2015	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	U	ML	ML	1 MG			2	11/01/2015	99/99/9999					
23155-0547-42		J2405		11/01/2015	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,PF) 2 MG/1 ML	2 ML	VL	U	ML	ML	1 MG			2	11/01/2015	99/99/9999					
23155-0549-31		J2405		11/01/2015	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV) 2 MG/1 ML	20 ML	VL	U	ML	ML	1 MG			2	11/01/2015	99/99/9999					
23155-0600-41		J2250		01/30/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV) 1 MG/1 ML	2 ML	VL	U	ML	ML	1 MG			1	01/30/2017	99/99/9999					
23155-0601-41		J2250		01/30/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (MDV) 5 MG/1 ML	5 ML	VL	U	ML	ML	1 MG			5	01/30/2017	99/99/9999					
23155-0601-42		J2250		01/30/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (MDV) 5 MG/1 ML	10 ML	VL	U	ML	ML	1 MG			5	01/30/2017	99/99/9999					
23490-1113-02		J7506		10/03/2006	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	NA	PO	EA	EA	5 MG			2	10/03/2006	01/01/2013					
23490-1113-03		J7506		09/21/2006	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	NA	PO	EA	EA	5 MG			2	09/21/2006	01/01/2013					
23490-1911-02		J7509		10/03/2006	01/01/2013	METHYLPREDNISOLONE, ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	NA	PO	EA	EA	4 MG			1	10/03/2006	01/01/2013					
23490-5011-01		J8499		10/11/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG/5 ML	120 ML	BO	PO	ML	ML	1 EA			1	10/11/2007	01/01/2013					
23490-5012-01		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA	EA	1 EA			1	02/07/2007	01/01/2013					
23490-5012-02		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	BO	PO	EA	EA	1 EA			1	02/07/2007	01/01/2013					
23490-5012-03		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA	EA	1 EA			1	02/07/2007	01/01/2013					
23490-5012-04		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA	EA	1 EA			1	02/07/2007	01/01/2013					
23490-5013-01		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA	EA	1 EA			1	02/07/2007	01/01/2013					
23490-5013-02		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA	EA	1 EA			1	02/07/2007	01/01/2013					
23490-5013-03		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40 EA	BO	PO	EA	EA	1 EA			1	02/07/2007	01/01/2013					
23490-5013-04		J8499		10/11/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA	EA	1 EA			1	10/11/2007	01/01/2013					
23490-5015-01		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25 EA	BO	PO	EA	EA	1 EA			1	02/07/2007	01/01/2013					
23490-5015-02		J8499		10/11/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA	EA	1 EA			1	10/11/2007	01/01/2013					
23490-5020-01		J7613		04/01/2008	01/01/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (24X3ML) 0.083%	3 ML	VL	IH	ML	ML	1 MG		0.83	04/01/2008	01/01/2013						
23490-5020-01	KO	J7613	KO	04/01/2008	01/01/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (24X3ML) 0.083%	3 ML	VL	IH	ML	ML	1 MG		0.83	04/01/2008	01/01/2013						
23490-5020-02		J7613		04/01/2008	01/01/2013	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	ML	1 MG		0.83	04/01/2008	01/01/2013						
23490-5020-02	KO	J7613	KO	04/01/2008	01/01/2013	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	ML	1 MG		0.83	04/01/2008	01/01/2013						
23490-5020-03		J7613		04/01/2008	01/01/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	3 ML	PC	IH	ML	ML	1 MG		0.83	04/01/2008	01/01/2013						
23490-5020-03	KO	J7613	KO	04/01/2008	01/01/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	3 ML	PC	IH	ML	ML	1 MG		0.83	04/01/2008	01/01/2013						
23490-5021-02		J7611		04/01/2008	01/01/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (1X20ML) 0.5%	20 ML	BO	IH	ML	ML	1 MG			5	04/01/2008	01/01/2013					
23490-5110-09		J7500		04/30/2007	01/01/2013	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	90 EA	BO	PO	EA	EA	50 MG			1	04/30/2007	01/01/2013					
23490-5196-02		J0595		04/09/2007	01/01/2013	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE 2 MG/ML	10 ML	VL	U	ML	ML	1 MG			2	04/09/2007	01/01/2013					
23490-5404-01		J8540		02/07/2007	01/01/2013	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12 EA	BO	PO	EA	EA	0.25 MG			3	02/07/2007	01/01/2013					
23490-5407-01		J8540		02/07/2007	01/01/2013	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	6 EA	BO	PO	EA	EA	0.25 MG			16	02/07/2007	01/01/2013					
23490-5407-02		J8540		11/30/2007	01/01/2013	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	12 EA	BO	PO	EA	EA	0.25 MG			16	11/30/2007	01/01/2013					
23490-5413-00		J1100		04/09/2007	01/01/2013	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML	5 ML	VL	U	ML	ML	1 MG			4	04/09/2007	01/01/2013					
23490-5455-01		Q0163		11/30/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTIEMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE (1X120ML) 12.5 MG/5 ML	120 ML	BO	PO	ML	ML	50 MG			0.05	11/30/2007	01/01/2013					
23490-5457-00		Q0163		11/30/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTIEMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	24 EA	BO	PO	EA	EA	50 MG			0.5	11/30/2007	01/01/2013					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
23490-5457-01		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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 HYDROCHLORIDE 25 MG	6	EA	BO	PO	EA	50 MG		0.5	02/07/2007	01/01/2013						
23490-5457-02		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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 HYDROCHLORIDE 25 MG	15	EA	BO	PO	EA	50 MG		0.5	02/07/2007	01/01/2013						
23490-5457-03		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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 HYDROCHLORIDE 25 MG	20	EA	BO	PO	EA	50 MG		0.5	02/07/2007	01/01/2013						
23490-5457-04		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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 HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	50 MG		0.5	02/07/2007	01/01/2013						
23490-5457-05		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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 HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	50 MG		0.5	02/07/2007	01/01/2013						
23490-5459-01		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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 HYDROCHLORIDE 50 MG	6	EA	BO	PO	EA	50 MG		1	02/07/2007	01/01/2013						
23490-5459-02		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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 HYDROCHLORIDE 50 MG	15	EA	BO	PO	EA	50 MG		1	02/07/2007	01/01/2013						
23490-5459-03		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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 HYDROCHLORIDE 50 MG	30	EA	BO	PO	EA	50 MG		1	02/07/2007	01/01/2013						
23490-5459-04		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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 HYDROCHLORIDE 50 MG	60	EA	BO	PO	EA	50 MG		1	02/07/2007	01/01/2013						
23490-5621-02		J1940		04/30/2007	01/01/2013	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE 10 MG/ML	2	ML	VL	IJ	ML	20 MG		0.5	04/30/2007	01/01/2013						
23490-5733-01		Q0177		02/07/2007	01/01/2013	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	02/07/2007	01/01/2013						
23490-5733-02		Q0177		02/07/2007	01/01/2013	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	02/07/2007	01/01/2013						
23490-5761-01		J7644		04/09/2007	01/01/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	04/09/2007	01/01/2013						
23490-5761-01	KO	J7644	KO	04/09/2007	01/01/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	04/09/2007	01/01/2013						
23490-5792-04		J1885		04/09/2007	01/01/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	KETOROLAC TROMETHAMINE 30 MG/ML	1	ML	NA	IJ	ML	15 MG		2	04/09/2007	01/01/2013						
23490-5854-01		J1955		02/07/2007	12/31/2012	CONTRACEPTIVE USE, 150 MG	MEDROXYPROGESTERONE ACETATE 150 MG/ML	1	ML	VL	IM	ML	150 MG		1	02/07/2007	12/31/2012						
23490-5889-00		None		11/30/2007	01/01/2013	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	24	EA	BO	PO	EA	2.5 MG		1	11/30/2007	01/01/2013						
23490-5902-01		J7509		02/07/2007	01/01/2013	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	BO	PO	EA	4 MG		1	02/07/2007	01/01/2013						
23490-5914-01		J2765		04/09/2007	01/01/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HYDROCHLORIDE 5 MG/ML	2	ML	VL	IJ	ML	10 MG		0.5	04/09/2007	01/01/2013						
23490-5932-01		J2250		04/30/2007	01/01/2013	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE 1 MG/ML	2	ML	VL	IJ	ML	1 MG		1	04/30/2007	01/01/2013						
23490-5933-01		J2250		04/30/2007	01/01/2013	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE 5 MG/ML	2	ML	VL	IJ	ML	1 MG		5	04/30/2007	01/01/2013						
23490-5933-02		J2250		04/30/2007	01/01/2013	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE (10X10ML) 5 MG/ML	10	ML	VL	IJ	ML	1 MG		5	04/30/2007	01/01/2013						
23490-5955-01		J2300		04/09/2007	01/01/2013	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HYDROCHLORIDE 10 MG/ML	10	ML	VL	IJ	ML	10 MG		1	04/09/2007	01/01/2013						
23490-6144-01		J7510		04/09/2007	01/01/2013	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	04/09/2007	01/01/2013						
23490-6144-02		J7510		10/11/2007	01/01/2013	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	180	ML	BO	PO	ML	5 MG		0.6	10/11/2007	01/01/2013						
23490-6144-03		J7510		10/11/2007	01/01/2013	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	120	ML	BO	PO	ML	5 MG		0.6	10/11/2007	01/01/2013						
23490-6145-01		J7510		10/11/2007	01/01/2013	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	10/11/2007	01/01/2013						
23490-6145-02		J7510		10/11/2007	01/01/2013	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	180	ML	BO	PO	ML	5 MG		0.6	10/11/2007	01/01/2013						
23490-6145-03		J7510		10/11/2007	01/01/2013	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	120	ML	BO	PO	ML	5 MG		0.6	10/11/2007	01/01/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
23490-6157-01		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10	EA	BO	PO	EA	5 MG			2	02/07/2007	01/01/2013						
23490-6157-02		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5 MG			2	02/07/2007	01/01/2013						
23490-6157-03		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5 MG			2	02/07/2007	01/01/2013						
23490-6157-04		J7506		04/09/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	37	EA	BO	PO	EA	5 MG			2	04/09/2007	01/01/2013						
23490-6157-05		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5 MG			2	02/07/2007	01/01/2013						
23490-6157-06		J7506		11/30/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5 MG			2	11/30/2007	01/01/2013						
23490-6157-07		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5 MG			2	02/07/2007	01/01/2013						
23490-6157-08		J7506		04/09/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5 MG			2	04/09/2007	01/01/2013						
23490-6158-00		J7506		04/09/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	6	EA	BO	PO	EA	5 MG			4	04/09/2007	01/01/2013						
23490-6158-01		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5 MG			4	02/07/2007	01/01/2013						
23490-6158-02		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	5 MG			4	02/07/2007	01/01/2013						
23490-6158-03		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5 MG			4	02/07/2007	01/01/2013						
23490-6158-04		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5 MG			4	02/07/2007	01/01/2013						
23490-6158-05		J7506		10/11/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5 MG			4	10/11/2007	01/01/2013						
23490-6158-07		J7506		04/09/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	25	EA	BO	PO	EA	5 MG			4	04/09/2007	01/01/2013						
23490-6158-08		J7506		04/09/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5 MG			4	04/09/2007	01/01/2013						
23490-6158-09		J7506		10/11/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	90	EA	BO	PO	EA	5 MG			4	10/11/2007	01/01/2013						
23490-6159-01		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	10	EA	BO	PO	EA	5 MG			1	02/07/2007	01/01/2013						
23490-6159-02		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20	EA	BO	PO	EA	5 MG			1	02/07/2007	01/01/2013						
23490-6159-03		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	5 MG			1	02/07/2007	01/01/2013						
23490-6159-04		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40	EA	BO	PO	EA	5 MG			1	02/07/2007	01/01/2013						
23490-6159-05		J7506		11/30/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	28	EA	BO	PO	EA	5 MG			1	11/30/2007	01/01/2013						
23490-6159-06		J7506		11/30/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	5 MG			1	11/30/2007	01/01/2013						
23490-6174-01		J8498		02/07/2007	01/01/2013	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	3	EA	BX	RC	EA	1 EA			1	02/07/2007	01/01/2013						
23490-6180-01		J8498		02/07/2007	01/01/2013	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	12	EA	BX	RC	EA	1 EA			1	02/07/2007	01/01/2013						
23490-6182-01		J8498		02/07/2007	01/01/2013	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	6	EA	BX	RC	EA	1 EA			1	02/07/2007	01/01/2013						
23490-6182-02		J8498		02/07/2007	01/01/2013	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BX	RC	EA	1 EA			1	02/07/2007	01/01/2013						
23490-6182-03		J8498		11/30/2007	01/01/2013	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	10	EA	BX	RC	EA	1 EA			1	11/30/2007	01/01/2013						
23490-6183-01		Q0170		02/07/2007	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	10	EA	BO	PO	EA	25 MG			1	02/07/2007	01/01/2013						
23490-6183-02		Q0170		02/07/2007	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BO	PO	EA	25 MG			1	02/07/2007	01/01/2013						
23490-6183-03		Q0170		02/07/2007	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	25 MG			1	02/07/2007	01/01/2013						
23490-6183-04		Q0170		04/09/2007	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	20	EA	BO	PO	EA	25 MG			1	04/09/2007	01/01/2013						
23490-6183-06		Q0170		11/30/2007	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	25 MG			1	11/30/2007	01/01/2013						
23490-6183-07		Q0170		03/12/2008	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	90	EA	BO	PO	EA	25 MG			1	03/12/2008	01/01/2013						
23490-6183-08		Q0170		03/12/2008	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	100	EA	BO	PO	EA	25 MG			1	03/12/2008	01/01/2013						
23490-6187-01		Q0170		11/30/2007	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE (1X120ML) 6.25 MG/5 ML	120	ML	BO	PO	ML	25 MG		0.05	11/30/2007	01/01/2013							
23490-6343-01		J1080		02/07/2007	01/01/2013	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE 200 MG/ML	10	ML	NA	IM	ML	200 MG			1	02/07/2007	01/01/2013						
23490-6509-03		Q0165		11/30/2007	01/01/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10 MG			1	11/30/2007	01/01/2013						
23490-6512-01		Q0164		02/07/2007	01/01/2013	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	02/07/2007	01/01/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
23490-6512-02		Q0164		02/07/2007	01/01/2013	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	02/07/2007	01/01/2013						
23490-6687-00		J1815		04/30/2007	01/01/2013	INJECTION, INSULIN, PER 5 UNITS	INSULIN HUMAN REGULAR 100 U/ML	10	ML	NA	U	ML	5 U		20	04/30/2007	01/01/2013						
23490-6904-01		Q0144		11/12/2007	01/01/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X15ML) 100 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.02	11/12/2007	01/01/2013						
23490-6905-00		Q0144		04/09/2007	01/01/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN DIHYDRATE 200 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.04	04/09/2007	01/01/2013						
23490-6905-01		Q0144		10/11/2007	01/01/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN DIHYDRATE 200 MG/5 ML	22.5	ML	BO	PO	ML	1 GM		0.04	10/11/2007	01/01/2013						
23490-6905-02		Q0144		10/11/2007	01/01/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN DIHYDRATE 200 MG/5 ML	30	ML	BO	PO	ML	1 GM		0.04	10/11/2007	01/01/2013						
23490-7545-02		J3360		04/09/2007	01/01/2013	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/ML	10	ML	NA	U	ML	5 MG		1	04/09/2007	01/01/2013						
23490-7758-01		Q0144		02/07/2007	01/01/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	3	EA	DP	PO	EA	1 GM		0.5	02/07/2007	01/01/2013						
23490-7760-01		Q0144		02/07/2007	01/01/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	4	EA	BO	PO	EA	1 GM		0.25	02/07/2007	01/01/2013						
23490-7760-02		Q0144		04/09/2007	01/01/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1 GM		0.25	04/09/2007	01/01/2013						
23490-7854-00		J7506		11/30/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE (1X120ML) 5 MG/5 ML	120	ML	BO	PO	ML	5 MG		0.2	11/30/2007	01/01/2013						
23535-0608-61		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE	1	EA	NA	NA	GM	500 MG		2	01/01/2002	99/99/9999						
23535-0608-68		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE	1	EA	NA	NA	GM	500 MG		2	01/01/2002	99/99/9999						
24208-0002-02		J3471		09/22/2015	99/99/9999	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)	VITRASE (OVINE, SDV.PF) 200 U/1 ML	1.2	ML	VL	SC	ML	1 USP UNIT		200	09/22/2015	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						
24338-0150-20		J3315		09/25/2017	99/99/9999	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRIPTODUR (LYOPHILIZED) 22.5 MG	1	EA	VL	IM	EA	3.75 MG		6	09/25/2017	99/99/9999						
24385-0379-26		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL (CHERRY) 12.5 MG/5 ML	120	ML	BO	PO	ML	50 MG		0.05	01/01/2002	99/99/9999						
24385-0406-73		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	SLEEP TABLETS 25 MG	16	EA	NA	PO	EA	50 MG		0.5	01/01/2002	02/03/2016						
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						
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						
24385-0462-78		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	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	11/02/2017						
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						
24492-0899-99		J7682		11/01/2015	02/16/2016	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (PAK,PF) 300 MG/5 ML	5	ML	PC	IH	ML	300 MG		0.2	11/01/2015	02/16/2016						
24492-0899-99	KO	J7682	KO	11/01/2015	02/16/2016	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (PAK,PF) 300 MG/5 ML	5	ML	PC	IH	ML	300 MG		0.2	11/01/2015	02/16/2016						
24987-0362-10		J2780		12/01/2014	01/10/2017	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC 25 MG/ML	2	ML	VL	U	ML	25 MG		1	12/01/2014	01/10/2017						
25021-0155-15		J2185		03/27/2017	09/04/2018	INJECTION, MEROPENEM, 100 MG	MEROPENEM (PF, LATEX-FREE) 500 MG	10	EA	VL	IV	EA	100 MG		5	03/27/2017	09/04/2018						
25021-0156-30		J2185		03/27/2017	09/04/2018	INJECTION, MEROPENEM, 100 MG	MEROPENEM (PF, LATEX-FREE) 1 GM	10	EA	VL	IV	EA	100 MG		10	03/27/2017	09/04/2018						
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	U	EA	150 MG		1	12/15/2014	99/99/9999						
25021-0162-68		J2700		01/22/2019	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN NOVALPUS (USP, PF, LATEX-FREE) 2 GM	10	EA	VL	U	EA	250 MG		8	01/22/2019	99/99/9999						
25021-0163-68		J2700		01/22/2019	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN NOVALPUS (PHARMACY BULK PACKAGE) 10 GM	10	EA	BO	IV	EA	250 MG		40	01/22/2019	99/99/9999						
25021-0173-02		J0278		06/15/2016	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE 250 MG/1 ML	2	ML	VL	U	ML	100 MG		2.5	06/15/2016	99/99/9999						
25021-0173-04		J0278		06/15/2016	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE 250 MG/1 ML	4	ML	VL	U	ML	100 MG		2.5	06/15/2016	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
25021-0179-15		J0878		06/15/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IV	EA	1 MG		350	06/15/2018	99/99/9999						
25021-0179-16		J0878		06/15/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	10	EA	VL	IV	EA	1 MG		350	06/15/2018	99/99/9999						
25021-0184-82		J1450		04/23/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (10X100ML,PF,LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200 MG		0.01	04/23/2018	99/99/9999						
25021-0184-87		J1450		04/23/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (10X200ML,PF,LATEX-FREE) 400 MG/200 ML	200	ML	FC	IV	ML	200 MG		0.01	04/23/2018	99/99/9999						
25021-0185-10		J1570		04/16/2018	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	GANCICLOVIR (PF) 50 MG/1 ML	10	ML	VL	IV	ML	500 MG		0.1	04/16/2018	99/99/9999						
25021-0186-20		J0295		04/23/2018	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	04/23/2018	99/99/9999						
25021-0187-30		J0295		04/23/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (USP, SDV,PF,LATEX-FREE) 2 GM-1 GM	10	EA	VL	U	EA	1.5 GM		2	04/23/2018	99/99/9999						
25021-0188-99		J0295		04/23/2018	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	04/23/2018	99/99/9999						
25021-0207-05		J9000		11/01/2013	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV) 2 MG/ML	5	ML	VL	IV	ML	10 MG		0.2	11/01/2013	99/99/9999						
25021-0207-25		J9000		11/01/2013	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV) 2 MG/ML	25	ML	VL	IV	ML	10 MG		0.2	11/01/2013	99/99/9999						
25021-0207-51		J9000		11/01/2013	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV) 2 MG/ML	100	ML	VL	IV	ML	10 MG		0.2	11/01/2013	99/99/9999						
25021-0215-98		J9190		09/29/2016	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/1 ML	50	ML	VL	IV	ML	500 MG		0.1	09/29/2016	99/99/9999						
25021-0215-99		J9190		09/29/2016	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/1 ML	100	ML	VL	IV	ML	500 MG		0.1	09/29/2016	99/99/9999						
25021-0221-60		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						
25021-0230-02		J9206		07/01/2014	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML,SINGLE DOSE,PF) 20 MG/ML	2	ML	VL	IV	ML	20 MG		1	07/01/2014	99/99/9999						
25021-0230-05		J9206		07/01/2014	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML,SINGLE DOSE,PF) 20 MG/ML	5	ML	VL	IV	ML	20 MG		1	07/01/2014	99/99/9999						
25021-0231-20		J0894		09/07/2018	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	1 MG		50	09/07/2018	99/99/9999						
25021-0234-10		J9201		01/01/2015	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE HCL (SDV,USP,PF,LYPHILIZED) 200 MG	1	EA	VL	IV	EA	200 MG		1	01/01/2015	99/99/9999						
25021-0235-50		J9201		01/01/2015	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE HCL (SDV,USP,PF,LYPHILIZED) 1 GM	1	EA	VL	IV	EA	200 MG		5	01/01/2015	99/99/9999						
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	EA	0.1 MG		10	01/01/2015	99/99/9999						
25021-0237-06		J9185		01/01/2015	10/03/2018	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (USP,SINGLE-DOSE,PF) 50 MG	1	EA	VL	IV	EA	50 MG		1	01/01/2015	10/03/2018						
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						
25021-0239-26		J9201		02/19/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	26.3	ML	VL	IV	ML	200 MG		0.19	02/19/2019	99/99/9999						
25021-0239-52		J9201		02/19/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	52.6	ML	VL	IV	ML	200 MG		0.19	02/19/2019	99/99/9999						
25021-0241-10		J0594		06/19/2017	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN 6 MG/1 ML	10	ML	VL	IV	ML	1 MG		6	06/19/2017	99/99/9999						
25021-0242-02		J9185		12/19/2016	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (1X2ML,SDV,USP,PF) 25 MG/1 ML	2	ML	VL	IV	ML	50 MG		0.5	12/19/2016	99/99/9999						
25021-0245-01		J9171		02/14/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SDV,PF,LATEX-FREE) 20 MG/1 ML	1	ML	VL	IV	ML	1 MG		20	02/14/2018	99/99/9999						
25021-0245-04		J9171		02/14/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SDV,PF,LATEX-FREE) 20 MG/1 ML	4	ML	VL	IV	ML	1 MG		20	02/14/2018	99/99/9999						
25021-0301-67		J0150		05/01/2014	12/31/2014	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	ADENOSINE (10X2ML,USP,PRF SYRINGE) 3 MG/ML	2	ML	SR	IV	ML	6 MG		0.5	05/01/2014	12/31/2014						
25021-0301-67		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (10X2ML,USP,PRF SYRINGE) 3 MG/ML	2	ML	SR	IV	ML	1 MG		3	01/01/2015	99/99/9999						
25021-0305-20		J1205		10/15/2015	99/99/9999	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	CHLOROTHIAZIDE SODIUM (USP, SDV,PF,LATEX-FREE) 0.5 GM	1	EA	VL	IV	EA	500 MG		1	10/15/2015	99/99/9999						
25021-0402-01		J1644		07/06/2010	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 5000 U/ML	1	ML	VL	U	ML	1000 U		5	07/06/2010	99/99/9999						
25021-0408-51		J1327		09/17/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (PF,LATEX-FREE) 0.75 MG/1 ML	100	ML	VL	IV	ML	5 MG		0.15	09/17/2018	99/99/9999						
25021-0409-10		J1327		09/17/2018	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						
25021-0675-10		J2800		06/04/2018	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (LATEX-FREE) 100 MG/1 ML	10	ML	VL	U	ML	10 ML		0.1	06/04/2018	99/99/9999						
25021-0676-20		J2515		05/10/2017	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (MDV,PF,LATEX-FREE) 50 MG/1 ML	20	ML	VL	U	ML	50 MG		1	05/10/2017	99/99/9999						
25021-0676-50		J2515		01/29/2018	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (MDV,PF,LATEX-FREE) 50 MG/1 ML	50	ML	VL	U	ML	50 MG		1	01/29/2018	99/99/9999						
25021-0700-01		J1885		09/01/2014	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 15 MG/ML	1	ML	VL	U	ML	15 MG		1	09/01/2014	99/99/9999						
25021-0701-01		J1885		09/01/2014	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 30 MG/ML	1	ML	VL	U	ML	15 MG		2	09/01/2014	99/99/9999						
25021-0701-02		J1885		09/01/2014	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X2ML,PF) 30 MG/ML	2	ML	VL	IM	ML	15 MG		2	09/01/2014	99/99/9999						
25021-0783-05		J2469		09/19/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25 MCG		2	09/19/2018	99/99/9999						
25021-0788-74		J2469		04/18/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	SR	IV	ML	25 MCG		2	04/18/2019	99/99/9999						
25021-0807-05		J2920		04/17/2017	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 40 MG	10	EA	VL	U	EA	40 MG		1	04/17/2017	99/99/9999						
25021-0808-10		J2930		04/17/2017	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 125 MG	10	EA	VL	U	EA	125 MG		1	04/17/2017	99/99/9999						
25021-0810-30		J2930		04/17/2017	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LATEX-FREE,LYOPHILIZED) 1 GM	1	EA	VL	U	EA	125 MG		8	04/17/2017	99/99/9999						
25021-0812-30		J0132		08/29/2018	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG	ACETYLCYSTEINE (SDV,PF,LATEX-FREE) 200 MG/1 ML	30	ML	VL	IV	ML	100 MG		2	08/29/2018	99/99/9999						
25021-0827-61		J1740		09/02/2014	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG	IBANDRONATE SODIUM (PREFILLED, SINGLE-USE) 1 MG/ML	3	ML	SR	IV	ML	1 MG		1	09/02/2014	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
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	IJ	EA	50 MG		10	09/04/2018	99/99/9999						
25021-0831-01		J1631		12/11/2017	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 50 MG/1 ML	1	ML	VL	IM	ML	50 MG			12/11/2017	99/99/9999						
25021-0833-01		J1631		12/11/2017	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1	ML	VL	IM	ML	50 MG		2	12/11/2017	99/99/9999						
25021-0834-05		J1631		12/11/2017	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	5	ML	VL	IM	ML	50 MG		2	12/11/2017	99/99/9999						
25208-0001-04		J3246		09/01/2016	99/99/9999	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (PF) 0.25 MG/1 ML	15	ML	PC	IV	ML	0.25 MG		1	09/01/2016	99/99/9999						
25208-0002-01		J3246		04/01/2008	99/99/9999	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (1X100ML) 0.05 MCG/ML	100	ML	PC	IV	ML	0.25 MG		0.2	04/01/2008	12/31/2017						
25208-0002-02		J3246		04/01/2008	99/99/9999	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (1X250ML) 0.05 MCG/ML	250	ML	PC	IV	ML	0.25 MG		0.2	04/01/2008	99/99/9999						
25208-0002-03		J3246		09/01/2016	99/99/9999	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (1X100ML) 0.05 MG/1 ML	100	ML	PC	IV	ML	0.25 mg		0.2	09/01/2016	99/99/9999						
25332-0004-30		J3420		01/01/2002	01/06/2017	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	COBOLIN-M (VIAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000 MCG		1	01/01/2002	01/06/2017						
25332-0073-30		J3415		02/03/2016	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	RODEX (VIAL) 100 MCG/ML	30	ML	VL	IJ	ML	100 MG		1	01/01/2004	02/03/2016						
25332-0078-10		J3420		01/01/2002	01/06/2017	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	DEPO-COBOLIN (VIAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000 MCG		1	01/01/2002	01/06/2017						
25332-0088-05		J3490		01/01/2002	08/06/2013	UNCLASSIFIED DRUGS	PRODRON (VIAL) 250 MCG/ML	5	ML	VL	IM	ML	1 EA		1	01/01/2002	08/06/2013						
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						
30103-0322-54		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	DORMIN SLEEP AID 25 MG	32	EA	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
30103-0722-54		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	DORMIN SLEEP AID 25 MG	72	EA	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
33261-0335-21		J7509		01/15/2008	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	NA	PO	EA	4 MG		1	01/15/2008	99/99/9999						
33261-0759-20		None		06/01/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	20	EA	BO	PO	EA	2.5 MG		1	06/01/2010	99/99/9999						
33261-0759-30		None		06/01/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30	EA	BO	PO	EA	2.5 MG		1	06/01/2010	99/99/9999						
33261-0759-40		None		06/01/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	40	EA	BO	PO	EA	2.5 MG		1	06/01/2010	99/99/9999						
33261-0759-60		None		06/01/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	60	EA	BO	PO	EA	2.5 MG		1	06/01/2010	99/99/9999						
33358-0009-25		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1 EA		1	07/10/2007	99/99/9999						
33358-0010-15		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1 EA		1	07/10/2007	99/99/9999						
33358-0010-28		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	28	EA	BO	PO	EA	1 EA		1	07/10/2007	99/99/9999						
33358-0010-30		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1 EA		1	07/10/2007	99/99/9999						
33358-0010-60		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1 EA		1	07/10/2007	99/99/9999						
33358-0011-25		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25	EA	BO	PO	EA	1 EA		1	07/10/2007	99/99/9999						
33358-0011-30		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1 EA		1	07/10/2007	99/99/9999						
33358-0011-35		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1 EA		1	07/10/2007	99/99/9999						
33358-0040-06		Q0144		07/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1 GM		0.25	07/10/2007	99/99/9999						
33358-0041-10		Q0144		07/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	10	EA	BO	PO	EA	1 GM		0.5	07/10/2007	99/99/9999						
33358-0110-30		Q0163		07/10/2007	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	50 MG		0.5	07/10/2007	99/99/9999						
33358-0111-20		Q0163		07/10/2007	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	PO	EA	50 MG		1	07/10/2007	99/99/9999						
33358-0111-30		Q0163		07/10/2007	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	07/10/2007	99/99/9999						
33358-0182-20		Q0177		07/10/2007	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAM 25 MG	20	EA	BO	PO	EA	25 MG		1	07/10/2007	99/99/9999						
33358-0182-30		Q0177		07/10/2007	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAM 25 MG	30	EA	BO	PO	EA	25 MG		1	07/10/2007	99/99/9999						
33358-0241-21		J7509		07/10/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	BO	PO	EA	4 MG		1	07/10/2007	99/99/9999						
33358-0291-08		J7510		07/10/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	07/10/2007	99/99/9999						
33358-0292-12		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	12	EA	BO	PO	EA	5 MG		1	07/10/2007	12/31/2015						
33358-0292-12		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	12	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
33358-0292-15		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	15	EA	BO	PO	EA	5 MG		1	07/10/2007	12/31/2015						
33358-0292-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	15	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
33358-0292-21		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	5 MG		1	07/10/2007	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
33358-0292-21		J7512		01/01/2016	09/09/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	21	EA	BO	PO	EA	1 MG		5	01/01/2016	09/09/9999						
33358-0292-30		J7506		07/10/2007	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 5 MG	30	EA	BO	PO	EA	5 MG		1	07/10/2007	12/31/2015						
33358-0292-30		J7512		01/01/2016	09/09/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	30	EA	BO	PO	EA	1 MG		5	01/01/2016	09/09/9999						
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						
33358-0292-78		J7512		01/01/2016	09/09/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	78	EA	BO	PO	EA	1 MG		5	01/01/2016	09/09/9999						
33358-0293-20		J7506		07/10/2007	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	20	EA	BO	PO	EA	5 MG		2	07/10/2007	12/31/2015						
33358-0293-20		J7512		01/01/2016	09/09/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 10 MG	20	EA	BO	PO	EA	1 MG		10	01/01/2016	09/09/9999						
33358-0293-30		J7506		07/10/2007	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	30	EA	BO	PO	EA	5 MG		2	07/10/2007	12/31/2015						
33358-0293-30		J7512		01/01/2016	09/09/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 10 MG	30	EA	BO	PO	EA	1 MG		10	01/01/2016	09/09/9999						
33358-0293-40		J7506		07/10/2007	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	40	EA	BO	PO	EA	5 MG		2	07/10/2007	12/31/2015						
33358-0293-40		J7512		01/01/2016	09/09/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 10 MG	40	EA	BO	PO	EA	1 MG		10	01/01/2016	09/09/9999						
33358-0294-15		J7506		07/10/2007	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	15	EA	BO	PO	EA	5 MG		4	07/10/2007	12/31/2015						
33358-0294-15		J7512		01/01/2016	09/09/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	15	EA	BO	PO	EA	1 MG		20	01/01/2016	09/09/9999						
33358-0294-20		J7506		07/10/2007	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	20	EA	BO	PO	EA	5 MG		4	07/10/2007	12/31/2015						
33358-0294-20		J7512		01/01/2016	09/09/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	20	EA	BO	PO	EA	1 MG		20	01/01/2016	09/09/9999						
33358-0294-30		J7506		07/10/2007	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	30	EA	BO	PO	EA	5 MG		4	07/10/2007	12/31/2015						
33358-0294-30		J7512		01/01/2016	09/09/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	30	EA	BO	PO	EA	1 MG		20	01/01/2016	09/09/9999						
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						
33358-0294-40		J7512		01/01/2016	09/09/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	40	EA	BO	PO	EA	1 MG		20	01/01/2016	09/09/9999						
33358-0294-60		J7506		07/10/2007	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	60	EA	BO	PO	EA	5 MG		4	07/10/2007	12/31/2015						
33358-0294-60		J7512		01/01/2016	09/09/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	60	EA	BO	PO	EA	1 MG		20	01/01/2016	09/09/9999						
33358-0299-20		Q0164		07/10/2007	09/09/9999	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 5 MG	20	EA	BO	PO	EA	5 MG		1	07/10/2007	09/09/9999						
33358-0299-30		Q0164		07/10/2007	09/09/9999	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 5 MG	30	EA	BO	PO	EA	5 MG		1	07/10/2007	09/09/9999						
33358-0300-10		Q0164		01/01/2014	09/09/9999	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 10 MG	10	EA	BO	PO	EA	5 MG		2	01/01/2014	09/09/9999						
33358-0300-10		Q0165		07/10/2007	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE 10 MG	10	EA	BO	PO	EA	10 MG		1	07/10/2007	12/31/2013						
33358-0300-20		Q0164		01/01/2014	09/09/9999	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 10 MG	20	EA	BO	PO	EA	5 MG		2	01/01/2014	09/09/9999						
33358-0300-20		Q0165		07/10/2007	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE 10 MG	20	EA	BO	PO	EA	10 MG		1	07/10/2007	12/31/2013						
33358-0300-30		Q0164		01/01/2014	09/09/9999	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 10 MG	30	EA	BO	PO	EA	5 MG		2	01/01/2014	09/09/9999						
33358-0300-30		Q0165		07/10/2007	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE 10 MG	30	EA	BO	PO	EA	10 MG		1	07/10/2007	12/31/2013						
33358-0300-60		Q0164		01/01/2014	09/09/9999	PROCHLORPERAZINE 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	PROCHLORPERAZINE 10 MG	60	EA	BO	PO	EA	5 MG		2	01/01/2014	09/09/9999						
33358-0300-60		Q0165		07/10/2007	12/31/2013	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE 10 MG	60	EA	BO	PO	EA	10 MG		1	07/10/2007	12/31/2013						
33358-0301-02		J8498		07/10/2007	09/09/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	2	EA	BX	RC	EA	1 EA		1	07/10/2007	09/09/9999						
33358-0301-12		J8498		07/10/2007	09/09/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1 EA		1	07/10/2007	09/09/9999						

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
33358-0302-08		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 25 MG	8	EA	BO	PO	EA	12.5	MG		2	01/01/2014	99/99/9999					
33358-0302-08		Q0170		07/10/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	8	EA	BO	PO	EA	25	MG		1	07/10/2007	12/31/2013					
33358-0302-10		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 25 MG	10	EA	BO	PO	EA	12.5	MG		2	01/01/2014	99/99/9999					
33358-0302-10		Q0170		07/10/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	10	EA	BO	PO	EA	25	MG		1	07/10/2007	12/31/2013					
33358-0302-30		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					
33358-0302-30		Q0170		07/10/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	30	EA	BO	PO	EA	25	MG		1	07/10/2007	12/31/2013					
33358-0302-60		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	60	EA	BO	PO	EA	12.5	MG		2	01/01/2014	99/99/9999					
33358-0302-60		Q0170		07/10/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	60	EA	BO	PO	EA	25	MG		1	07/10/2007	12/31/2013					
33358-0313-01		J3415		07/10/2007	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE (SINGLE-DOSE) 100 MG/ML	1	ML	VL	IJ	ML	100	MG		1	07/10/2007	99/99/9999					
33358-0352-10		Q0173		07/10/2007	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 DOSAGE REGIMEN	TRIMETHOBENZAMIDE 250 MG	10	EA	NA	PO	EA	250	MG		1	07/10/2007	02/03/2016					
33358-0352-20		Q0173		07/10/2007	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 DOSAGE REGIMEN	TRIMETHOBENZAMIDE 250 MG	20	EA	NA	PO	EA	250	MG		1	07/10/2007	02/03/2016					
33358-0367-01		Q0144		07/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 1 GM/Packet	1	EA	BX	PO	EA	1	GM		1	07/10/2007	99/99/9999					
33358-0367-03		Q0144		07/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 1 GM/Packet	1	EA	BX	PO	EA	1	GM		1	07/10/2007	99/99/9999					
33358-0368-04		Q0144		07/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM		0.25	07/10/2007	99/99/9999					
33358-0368-30		Q0144		07/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM		0.25	07/10/2007	99/99/9999					
33358-0368-50		Q0144		07/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	50	EA	BO	PO	EA	1	GM		0.25	07/10/2007	99/99/9999					
33358-0369-02		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	2	EA	BO	PO	EA	1	MG		4	01/01/2012	99/99/9999					
33358-0370-02		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	2	EA	BO	PO	EA	1	MG		4	01/01/2012	99/99/9999					
33358-0418-30		Q0169		07/24/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	30	EA	BO	PO	EA	12.5	MG		1	07/24/2007	99/99/9999					
35356-0017-03		Q0144		09/14/2007	01/01/2015	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	3	EA	BO	PO	EA	1	GM		0.5	09/14/2007	01/01/2015					
35356-0019-10		J1650		09/14/2007	02/03/2016	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (10X0.6ML) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG		10	09/14/2007	02/03/2016					
35356-0020-10		J1650		09/14/2007	02/03/2016	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (10X0.8ML) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG		10	09/14/2007	02/03/2016					
35356-0039-12		J8498		10/19/2007	01/01/2015	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENADOZ 25 MG	12	EA	BX	RC	EA	1	EA		1	10/19/2007	01/01/2015					

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	
35356-0058-10		J1070		11/09/2007	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	DEPO-TESTOSTERONE 100 MG/ML	10	ML	VL	IM	ML	100	MG		1	11/09/2007	12/31/2014						
35356-0058-10		J1071		01/01/2015	01/01/2015	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	DEPO-TESTOSTERONE 100 MG/ML	10	ML	VL	IM	ML	1	MG	100	1	01/01/2015	01/01/2015						
35356-0082-01		J3301		02/08/2008	01/01/2015	INJECTION, TRAMACINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG 10 MG/ML	5	ML	VL	U	ML	10	MG		1	02/08/2008	01/01/2015						
35356-0083-01		J1030		02/08/2008	01/01/2015	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE 40 MG/ML	5	ML	VL	U	ML	40	MG		1	02/08/2008	01/01/2015						
35356-0084-01		J0702		02/08/2008	01/01/2015	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	CELESTONE SOLUSPAN 3 MG/ML-3 MG/ML	5	ML	VL	U	ML	3	MG		1	02/08/2008	01/01/2015						
35356-0096-60		Q0169		01/01/2014	01/01/2015	PERPHENAZINE, 4MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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	01/01/2015						
35356-0096-60		Q0176		02/29/2008	12/31/2013	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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	8	MG		1	02/29/2008	12/31/2013						
35356-0098-90		Q0169		01/01/2014	01/01/2015	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	CHLORPROMAZINE 100 MG	90	EA	BO	PO	EA	12.5	MG		8	01/01/2014	01/01/2015						
35356-0098-90		Q0172		02/29/2008	12/31/2013	CHLORPROMAZINE HYDROCHLORIDE, 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	CHLORPROMAZINE 100 MG	90	EA	BO	PO	EA	25	MG		4	02/29/2008	12/31/2013						
35356-0102-00		J1817		03/07/2008	01/01/2015	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG (100X100ML) 100 U/ML	10	ML	VL	SC	ML	50	U		2	03/07/2008	01/01/2015						
35356-0124-30		J7644		03/13/2008	01/01/2015	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	03/13/2008	01/01/2015						
35356-0124-30	KO	J7644	KO	03/13/2008	01/01/2015	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	03/13/2008	01/01/2015						
35356-0128-15		Q0144		03/13/2008	01/01/2015	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	03/13/2008	01/01/2015							
35356-0177-15		J0696		05/16/2008	01/01/2015	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X15ML) 1 GM	15	ML	NA	U	ML	250	MG		4	05/16/2008	01/01/2015						
35356-0178-05		J1040		05/16/2008	01/01/2015	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (1X5ML) 80 MG/ML	5	ML	NA	U	ML	80	MG		1	05/16/2008	01/01/2015						
35356-0180-50		J2001		05/16/2008	01/01/2015	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (1X50ML,LATEX-FREE) 2%	50	ML	NA	U	ML	10	MG		2	05/16/2008	01/01/2015						
35356-0181-30		A4216		05/16/2008	01/01/2015	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (1X30ML,LATEX-FREE) 0.9%	30	ML	NA	IV	ML	10	ML	0.1	05/16/2008	01/01/2015							
35356-0194-21		J7509		05/16/2008	01/01/2015	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (DOSE PACK) 4 MG	21	EA	NA	PO	EA	4	MG		1	05/16/2008	01/01/2015						
35356-0325-00		Q0164		01/01/2014	01/01/2015	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	100	EA	BO	PO	EA	5	MG		2	01/01/2014	01/01/2015						
35356-0325-00		Q0165		08/01/2008	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	1	EA	BO	PO	EA	10	MG		1	08/01/2008	12/31/2013						
35356-0359-30		J8540		08/08/2008	01/01/2015	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1 MG	1	EA	BO	PO	EA	0.3	MG		4	08/08/2008	01/01/2015						
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						
36000-0244-25		J3260		09/17/2016	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (MDV,USP,LATEX-FREE) 40 MG/1 ML	2	ML	VL	U	ML	80	MG		0.5	09/17/2016	99/99/9999						
36000-0282-25		J1940		07/01/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	2	ML	VL	U	ML	20	MG		0.5	07/01/2014	99/99/9999						
36000-0283-25		J1940		07/01/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	4	ML	VL	U	ML	20	MG		0.5	07/01/2014	99/99/9999						
36000-0284-25		J1940		07/01/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	10	ML	VL	U	ML	20	MG		0.5	07/01/2014	99/99/9999						
36000-0294-24		J1956		04/15/2019	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	PREMIERPRO RX LEVOFLOXACIN IN 5% DEXTROSE (PF,LATEX-FREE) 5%-250 MG/50 ML	50	ML	FC	IV	ML	250	MG		0.02	04/15/2019	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						
36000-0296-24		J1956		04/15/2019	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	PREMIERPRO RX LEVOFLOXACIN IN 5% DEXTROSE (PF,LATEX-FREE) 5%-750 MG/150 ML	150	ML	FC	IV	ML	250	MG		0.02	04/15/2019	99/99/9999						
37205-0270-62		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 MEDICINE 25 MG	24	EA	BX	PO	EA	50	MG		0.5	01/01/2002	99/99/9999						
37205-0270-78		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	COMPLETE ALLERGY MEDICINE 25 MG	100	EA	BX	PO	EA	50	MG		0.5	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
37205-0277-62		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 MEDICINE 25 MG	24	EA	BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
37205-0277-78		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	COMPLETE ALLERGY MEDICINE 25 MG	100	EA	BX	PO	EA	50 MG		0.5	01/01/2002	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						
37205-0565-34		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						
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						
3879-0006-03	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						
3879-0006-04	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						
3879-0006-05	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						
3879-0008-01	J1700			01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	99/99/9999						
3879-0008-04	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						
3879-0008-05	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						
3879-0008-08	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						
3879-0008-09	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						
3879-0011-01	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						
3879-0011-01	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
3879-0011-03	J7684			01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
3879-0011-03	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
3879-0011-04	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						
3879-0011-04	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						
3879-0011-05	J7684			01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
3879-0011-05	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
3879-0015-01	J3490			04/26/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 EA		1	04/26/2002	99/99/9999						
3879-0015-04	J3490			04/26/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 EA		1	04/26/2002	99/99/9999						
3879-0015-05	J3490			04/26/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 EA		1	04/26/2002	99/99/9999						
3879-0017-01	J7624			01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
3879-0017-01	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
3879-0017-03	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						
3879-0017-03	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
3879-0017-04	J7624			01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
3879-0017-04	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						
3879-0017-06	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						
3879-0025-01	J9190			01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P., 5-FU)	1	EA	BO	NA	GM	500 MG		2	01/01/2002	99/99/9999						
3879-0025-04	J9190			01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	01/01/2002	99/99/9999						
3879-0025-05	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						
3879-0034-04	J2010			01/01/2002	99/99/9999	INJECTION, LINCOSYCLIN HCL, UP TO 300 MG	LINCOSYCLIN HCL (U.S.P.)	1	EA	BO	NA	GM	300 MG		3.33333	01/01/2002	99/99/9999						
3879-0034-05	J2010			01/01/2002	99/99/9999	INJECTION, LINCOSYCLIN HCL, UP TO 300 MG	LINCOSYCLIN HCL (U.S.P.)	1	EA	BO	NA	GM	300 MG		3.33333	01/01/2002	99/99/9999						
3879-0034-08	J2010			08/26/2002	99/99/9999	INJECTION, LINCOSYCLIN HCL, UP TO 300 MG	LINCOSYCLIN HCL (U.S.P.)	1	EA	BO	NA	GM	300 MG		3.33333	08/26/2002	99/99/9999						
3879-0042-05	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						
3879-0043-01	J2675			10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	10	GM	BO	NA	GM	50 MG		20	10/01/2012	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0043-04		J2675		10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	25	GM	BO	NA	GM	50 MG		20	10/01/2012	99/99/9999						
38779-0043-05		J2675		10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	100	GM	BO	NA	GM	50 MG		20	10/01/2012	99/99/9999						
38779-0043-08		J2675		10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	500	GM	BO	NA	GM	50 MG		20	10/01/2012	99/99/9999						
38779-0043-09		J2675		10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1000	GM	BO	NA	GM	50 MG		20	10/01/2012	99/99/9999						
38779-0051-01		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
38779-0051-01	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
38779-0051-03		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
38779-0051-03	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
38779-0051-04		J7684		04/30/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	04/30/2002	99/99/9999						
38779-0051-04	KO	J7684	KO	04/30/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	04/30/2002	99/99/9999						
38779-0051-05		J7684		04/30/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	04/30/2002	99/99/9999						
38779-0051-05	KO	J7684	KO	04/30/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	04/30/2002	99/99/9999	01/01/2002	04/25/2002	20			
38779-0057-04		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
38779-0057-05		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
38779-0057-09		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
38779-0063-05		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCANE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	99/99/9999						
38779-0063-08		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCANE (U.S.P.)	1	EA	JR	NA	GM	1 EA		1	01/01/2002	99/99/9999						
38779-0063-09		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCANE (U.S.P.)	1	EA	JR	NA	GM	1 EA		1	01/01/2002	99/99/9999						
38779-0071-01		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
38779-0071-01	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
38779-0071-03		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
38779-0071-03	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
38779-0071-04		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
38779-0071-04	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
38779-0071-05		J7638		09/03/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	NA	NA	GM	1 MG		1000	09/03/2002	99/99/9999						
38779-0071-05	KO	J7638	KO	09/03/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	NA	NA	GM	1 MG		1000	09/03/2002	99/99/9999						
38779-0071-08		J7638		09/03/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	NA	NA	GM	1 MG		1000	09/03/2002	99/99/9999						
38779-0071-08	KO	J7638	KO	09/03/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	NA	NA	GM	1 MG		1000	09/03/2002	99/99/9999						
38779-0082-04		J2001		10/01/2012	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	25	GM	BO	NA	GM	10 MG		100	10/01/2012	99/99/9999						
38779-0082-05		J2001		10/01/2012	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	100	GM	BO	NA	GM	10 MG		100	10/01/2012	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						
38779-0082-09		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						
38779-0101-08		J3350		10/01/2012	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	500	GM	BO	NA	GM	40 GM		0.025	10/01/2012	99/99/9999						
38779-0101-09		J3350		10/01/2012	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1000	GM	BO	NA	GM	40 GM		0.025	10/01/2012	99/99/9999						
38779-0104-03		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2002	99/99/9999						
38779-0104-04		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2002	99/99/9999						
38779-0104-05		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2002	99/99/9999						
38779-0123-04		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						
38779-0123-05		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						
38779-0123-09		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						
38779-0126-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	99/99/9999						
38779-0126-03		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	99/99/9999						
38779-0126-04		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	99/99/9999						
38779-0126-06		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	99/99/9999						
38779-0142-04		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	4 MG		250	01/01/2002	99/99/9999						
38779-0142-06		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	4 MG		250	01/01/2002	99/99/9999						
38779-0144-03		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						
38779-0144-04		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0144-05		J1030		09/03/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	40 MG			25	09/03/2002	99/99/9999					
38779-0144-06		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					
38779-0146-04		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1 EA			1	01/01/2002	99/99/9999					
38779-0146-05		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1 EA			1	01/01/2002	99/99/9999					
38779-0146-08		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1 EA			1	01/01/2002	99/99/9999					
38779-0146-09		J3490		09/03/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1 EA			1	09/03/2002	99/99/9999					
38779-0150-03		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5 MG			200	01/01/2002	99/99/9999					
38779-0150-04		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5 MG			200	01/01/2002	99/99/9999					
38779-0150-05		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5 MG			200	01/01/2002	99/99/9999					
38779-0150-08		J7510		04/25/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (ANHYDROUS,MICRONIZED)	1	EA	NA	NA	GM	5 MG			200	04/25/2002	99/99/9999					
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		J7506		03/07/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5 MG			200	03/07/2002	12/31/2015					
38779-0154-03		J7506		03/07/2002	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	1 MG			1000	01/01/2016	99/99/9999					
38779-0154-04		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					
38779-0154-04		J7506		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	1 MG			1000	01/01/2016	99/99/9999					
38779-0154-05		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					
38779-0154-05		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		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					
38779-0154-08		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE ANHYDROUS (U.S.P.,MICRONIZED)	500	GM	BO	NA	GM	1 MG			1000	01/01/2016	99/99/9999					
38779-0154-09		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					
38779-0154-09		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE ANHYDROUS (U.S.P.,MICRONIZED)	1000	GM	BO	NA	GM	1 MG			1000	01/01/2016	99/99/9999					
38779-0163-03		J3490		10/01/2012	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	1 GM			1	10/01/2012	99/99/9999					
38779-0163-04		J3490		10/01/2012	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.,MICRONIZED)	25	GM	JR	NA	GM	1 GM			1	10/01/2012	99/99/9999					
38779-0163-05		J3490		10/01/2012	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.,MICRONIZED)	100	GM	BO	NA	GM	1 GM			1	10/01/2012	99/99/9999					
38779-0163-08		J3490		10/01/2012	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.,MICRONIZED)	500	GM	JR	NA	GM	1 GM			1	10/01/2012	99/99/9999					
38779-0163-09		J3490		01/31/2011	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.,MICRONIZED)	1000	GM	JR	NA	GM	1 GM			1	01/31/2011	99/99/9999					
38779-0164-03		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG			10	01/01/2002	12/31/2014					
38779-0164-03		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	5	GM	BO	NA	GM	1 MG			1000	01/01/2015	99/99/9999					
38779-0164-04		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG			10	01/01/2002	12/31/2014					
38779-0164-04		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	25	GM	BO	NA	GM	1 MG			1000	01/01/2015	99/99/9999					
38779-0164-05		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG			10	01/01/2002	12/31/2014					
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		J1070		04/30/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG			10	04/30/2002	12/31/2014					
38779-0164-08		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	500	GM	BO	NA	GM	1 MG			1000	01/01/2015	99/99/9999					
38779-0164-09		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	JR	NA	GM	100 MG			10	01/01/2002	12/31/2014					
38779-0164-09		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1000	GM	JR	NA	GM	1 MG			1000	01/01/2015	99/99/9999					
38779-0165-03		J3150		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (USP,MICRONIZED)	1	EA	BO	NA	GM	100 MG			10	01/01/2002	12/31/2014					
38779-0165-03		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (USP,MICRONIZED)	5	GM	BO	NA	GM	1 EA			1	01/01/2015	99/99/9999					
38779-0165-04		J3150		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (USP,MICRONIZED)	1	EA	BO	NA	GM	100 MG			10	01/01/2002	12/31/2014					
38779-0165-04		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (USP,MICRONIZED)	25	GM	BO	NA	GM	1 EA			1	01/01/2015	99/99/9999					
38779-0165-05		J3150		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	100 MG			10	01/01/2002	12/31/2014					
38779-0165-05		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	100	GM	BO	NA	GM	1 EA			1	01/01/2015	99/99/9999					
38779-0165-08		J3150		04/30/2002	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	100 MG			10	04/30/2002	12/31/2014					
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					
38779-0165-03		J3302		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (USP)	1	EA	BO	NA	GM	5 MG			200	01/01/2002	99/99/9999					
38779-0166-04		J3302		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (USP)	1	EA	BO	NA	GM	5 MG			200	01/01/2002	99/99/9999					
38779-0166-05		J3302		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (USP)	1	EA	BO	NA	GM	5 MG			200	01/01/2002	99/99/9999					
38779-0173-01		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	01/01/2006	99/99/9999					
38779-0173-04		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	01/01/2006	99/99/9999					
38779-0173-05		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	01/01/2006	99/99/9999					
38779-0173-08		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	01/01/2006	99/99/9999					
38779-0180-04																							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0180-05		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	12/31/2013						
38779-0180-08		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	500	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999						
38779-0180-08		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	12/31/2013						
38779-0183-03		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANLOL HCL, UP TO 1 MG	PROPRANLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0183-04		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANLOL HCL, UP TO 1 MG	PROPRANLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0183-05		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANLOL HCL, UP TO 1 MG	PROPRANLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0183-08		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANLOL HCL, UP TO 1 MG	PROPRANLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0185-04		J7609		01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0185-04	KO	J7609	KO	01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0185-05		J7609		01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0185-05	KO	J7609	KO	01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0189-03		J1320		10/01/2012	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	5	GM	BO	NA	GM	20	MG	50	1001/2012	99/99/9999						
38779-0189-04		J1320		10/01/2012	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	25	GM	BO	NA	GM	20	MG	50	1001/2012	99/99/9999						
38779-0189-05		J1320		10/01/2012	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	100	GM	BO	NA	GM	20	MG	50	1001/2012	99/99/9999						
38779-0191-03		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0191-04		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0191-05		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0191-06		J0285		11/27/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	11/27/2003	99/99/9999						
38779-0191-08		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0194-03		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						
38779-0195-01		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0195-01	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0195-03		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0195-03	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0195-06		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0195-06	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0198-00		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0198-00	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0198-03		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0198-03	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0198-04		J7626		04/19/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	09/26/2008	99/99/9999	04/19/2002	04/25/2002	2000			
38779-0198-04	KO	J7626	KO	04/19/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	09/26/2008	99/99/9999	04/19/2002	04/25/2002	2000			
38779-0198-05		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED, MICRONIZED)	1	EA	NA	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0198-05	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED, MICRONIZED)	1	EA	NA	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0198-06		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0198-06	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0215-00		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						
38779-0215-06		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						
38779-0215-09		J1160		02/05/2002	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1	EA	BO	NA	GM	0.5	MG	2000	02/05/2002	99/99/9999						
38779-0216-04		J1165		01/01/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0216-05		J1165		01/01/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						

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
38779-0216-08		J1165		01/01/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
38779-0230-03		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
38779-0230-03	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
38779-0230-04		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
38779-0230-04	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
38779-0230-05		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
38779-0230-05	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
38779-0230-06		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
38779-0230-06	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
38779-0247-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	99/99/9999						
38779-0247-05		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	99/99/9999						
38779-0253-04		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
38779-0253-08		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
38779-0253-09		J2550		09/03/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL	1	EA	NA	NA	GM	50 MG		20	09/03/2002	99/99/9999						
38779-0274-03		J3370		01/01/2002	99/99/9999	INJECTION, VANCOCYIN HCL, 500 MG	VANCOCYIN HCL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	01/01/2002	99/99/9999						
38779-0274-04		J3370		01/01/2002	99/99/9999	INJECTION, VANCOCYIN HCL, 500 MG	VANCOCYIN HCL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	01/01/2002	99/99/9999						
38779-0274-06		J3370		01/01/2002	99/99/9999	INJECTION, VANCOCYIN HCL, 500 MG	VANCOCYIN HCL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	01/01/2002	99/99/9999						
38779-0281-04		J1240		02/05/2002	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	02/05/2002	99/99/9999						
38779-0281-05		J1240		02/05/2002	10/17/2016	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	02/05/2002	10/17/2016						
38779-0281-08		J1240		02/05/2002	10/17/2016	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	02/05/2002	10/17/2016						
38779-0282-04		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
38779-0282-05		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
38779-0282-08		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
38779-0282-09		J1200		04/22/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	NA	NA	GM	50 MG		20	04/22/2002	99/99/9999						
38779-0295-03		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2006	99/99/9999						
38779-0295-04		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2006	99/99/9999						
38779-0295-05		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2006	99/99/9999						
38779-0298-04		J3410		04/30/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	04/30/2002	99/99/9999						
38779-0298-05		J3410		04/30/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	04/30/2002	99/99/9999						
38779-0301-03		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
38779-0301-03	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
38779-0301-04		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
38779-0301-04	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
38779-0301-05		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
38779-0301-05	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
38779-0301-08		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
38779-0301-08	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
38779-0301-09		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	JR	NA	GM	10 MG		100	01/01/2008	99/99/9999						
38779-0301-09	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	JR	NA	GM	10 MG		100	01/01/2008	99/99/9999						
38779-0303-03		J1110		01/01/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
38779-0303-06		J1110		01/01/2002	10/17/2016	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	10/17/2016						
38779-0310-09		J2675		09/28/2008	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED, U.S.P.)	1000	GM	BO	NA	GM	50 MG		20	09/28/2008	99/99/9999						
38779-0312-03		J7501		10/01/2012	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	5	GM	BO	NA	GM	100 MG		10	10/01/2012	99/99/9999						
38779-0312-04		J7501		10/01/2012	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	25	GM	BO	NA	GM	100 MG		40	10/01/2012	99/99/9999						
38779-0312-06		J7501		10/01/2012	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1	GM	BO	NA	GM	100 MG		10	10/01/2012	99/99/9999						
38779-0319-01		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300 MG		3.3333	01/01/2007	99/99/9999						
38779-0319-01	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300 MG		3.3333	01/01/2007	99/99/9999						
38779-0319-03		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300 MG		3.3333	01/01/2007	99/99/9999						
38779-0319-03	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYC																

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0319-04		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999						
38779-0319-04	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999						
38779-0319-05		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999						
38779-0319-05	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999						
38779-0319-06		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999						
38779-0319-06	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999						
38779-0324-03	J1730			01/01/2002	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300 MG	3.33333		01/01/2002	99/99/9999						
38779-0324-04	J1730			01/01/2002	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300 MG	3.33333		01/01/2002	99/99/9999						
38779-0324-06	J1730			01/01/2002	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300 MG	3.33333		01/01/2002	99/99/9999						
38779-0330-01	J1630			01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		01/01/2002	99/99/9999						
38779-0330-03	J1630			01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		01/01/2002	99/99/9999						
38779-0330-05	J1630			01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		01/01/2002	99/99/9999						
38779-0330-06	J1630			01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		01/01/2002	99/99/9999						
38779-0364-01		J7622		02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		02/07/2002	99/99/9999						
38779-0364-01	KO	J7622	KO	02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		02/07/2002	99/99/9999						
38779-0364-03		J7622		02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		02/07/2002	99/99/9999						
38779-0364-03	KO	J7622	KO	02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		02/07/2002	99/99/9999						
38779-0364-06		J7622		02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		02/07/2002	99/99/9999						
38779-0364-06	KO	J7622	KO	02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		02/07/2002	99/99/9999						
38779-0388-03	J0475			01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10 MG	100		01/01/2002	99/99/9999						
38779-0388-04	J0475			01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10 MG	100		01/01/2002	99/99/9999						
38779-0388-05	J0475			01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10 MG	100		01/01/2002	99/99/9999						
38779-0388-09	J0475			04/22/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	JR	NA	GM	10 MG	100		04/22/2002	99/99/9999						
38779-0393-03	J0520			01/01/2002	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		01/01/2002	10/17/2016						
38779-0393-04	J0520			01/01/2002	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		01/01/2002	10/17/2016						
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						
38779-0393-06	J0520			01/01/2002	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		01/01/2002	10/17/2016						
38779-0403-01	J2765			04/25/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	JR	NA	GM	10 MG	100		04/25/2002	99/99/9999						
38779-0403-04	J2765			01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG	100		01/01/2002	99/99/9999						
38779-0403-05	J2765			01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG	100		01/01/2002	99/99/9999						
38779-0405-01		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		01/01/2002	99/99/9999						
38779-0405-01	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		01/01/2002	99/99/9999						
38779-0405-03		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		01/01/2002	99/99/9999						
38779-0405-03	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		01/01/2002	99/99/9999						
38779-0405-04		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						
38779-0405-04	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		01/01/2002	99/99/9999						
38779-0405-05		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		01/01/2002	99/99/9999						
38779-0405-05	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		01/01/2002	99/99/9999						
38779-0405-06		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		01/01/2002	99/99/9999						
38779-0405-06	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		01/01/2002	99/99/9999						
38779-0423-04	J3230			01/01/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50 MG	20		01/01/2002	99/99/9999						
38779-0423-05	J3230			01/01/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50 MG	20		01/01/2002	99/99/9999						
38779-0454-03	J2440			01/01/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG	16.66666		01/01/2002	99/99/9999						
38779-0454-04	J2440			01/01/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG	16.66666		01/01/2002	99/99/9999						
38779-0454-05	J2440			01/01/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG	16.66666		01/01/2002	99/99/9999						
38779-0468-03	J3420			04/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000 MCG	1000		04/25/2003	99/99/9999						
38779-0468-04	J3420			04/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000 MCG	1000		04/25/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
38779-0468-05		J3420		04/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG	1000	04/25/2003	99/99/9999							
38779-0468-06		J3420		04/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG	1000	04/25/2003	99/99/9999							
38779-0495-04		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999							
38779-0495-04	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999							
38779-0495-05		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999							
38779-0495-05	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999							
38779-0495-08		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999							
38779-0495-08	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999							
38779-0495-09		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999							
38779-0495-09	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999							
38779-0534-05		J3490		04/25/2002	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	04/25/2002	99/99/9999							
38779-0534-08		J3490		04/25/2002	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	04/25/2002	99/99/9999							
38779-0534-09		J3490		04/25/2002	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	04/25/2002	99/99/9999							
38779-0536-04		J2780		05/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	99/99/9999							
38779-0536-05		J2780		05/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	99/99/9999							
38779-0536-08		J2780		05/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	99/99/9999							
38779-0536-09		J2780		05/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	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							
38779-0561-03		J0735		01/01/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999							
38779-0561-04		J0735		09/03/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/03/2002	99/99/9999							
38779-0561-06		J0735		01/01/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999							
38779-0571-05		J0280		01/01/2002	10/17/2016	INJECTION, AMINOPHYLLINE, 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, AMINOPHYLLINE, 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	
38779-0599-01		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							
38779-0599-09		J2150		01/01/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (USP-D-MANNITOL)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	99/99/9999							
38779-0632-04		J7699		05/15/2014	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1	05/15/2014	99/99/9999							
38779-0632-05		J7699		05/15/2014	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1	05/15/2014	99/99/9999							
38779-0632-08		J7699		05/15/2014	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	500	GM	BO	NA	GM	1	MG	1	05/15/2014	99/99/9999							
38779-0632-09		J7699		05/15/2014	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1000	GM	BO	NA	GM	1	MG	1	05/15/2014	99/99/9999							
38779-0655-04		J3490		08/21/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	08/21/2002	99/99/9999							
38779-0655-05		J3490		08/21/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	08/21/2002	99/99/9999							
38779-0655-08		J3490		08/21/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	08/21/2002	99/99/9999							
38779-0660-03		J7516		02/06/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG	4	02/06/2002	99/99/9999							
38779-0660-04		J7516		02/06/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG	4	02/06/2002	99/99/9999							
38779-0660-05		J7516		02/06/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG	4	02/06/2002	99/99/9999							
38779-0660-06		J7516		02/06/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG	4	02/06/2002	99/99/9999							
38779-0673-03		J2271		01/01/2002	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999							
38779-0673-03		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014							
38779-0673-04		J2271		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (U.S.P.)	25	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999							
38779-0673-04		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014							
38779-0673-05		J2271		01/01/2015	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	99/99/9999							
38779-0673-05		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014							
38779-0673-07		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	250	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999							
38779-0673-07		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014							
38779-0679-03		J0745		01/01/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2002	99/99/9999							
38779-0679-04		J0745		01/01/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2002	99/99/9999							
38779-0731-01		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	04/23/2012	99/99/9999							
38779-0731-03		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							
38779-0731																								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0925-08	J3360			04/23/2012	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (U.S.P.)	500	GM	BO	NA	GM	5 MG		200	04/23/2012	99/99/9999						
38779-0925-09	J3360			04/23/2012	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (U.S.P.)	1000	GM	BO	NA	GM	5 MG		200	04/23/2012	99/99/9999						
38779-0927-01	J2060			01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	01/01/2002	99/99/9999						
38779-0927-03	J2060			01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	01/01/2002	99/99/9999						
38779-0927-04	J2060			01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	01/01/2002	99/99/9999						
38779-0927-05	J2060			01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	01/01/2002	99/99/9999						
38779-0927-06	J2060			01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	01/01/2002	99/99/9999						
38779-0927-08	J2060			01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	01/01/2002	99/99/9999						
38779-0944-07	J0270			01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG		800000	01/01/2002	99/99/9999						
38779-0944-09	J0270			01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG		800000	01/01/2002	99/99/9999						
38779-0989-04	J3490			01/28/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/28/2002	99/99/9999						
38779-0989-05	J3490			01/28/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/28/2002	99/99/9999						
38779-0989-08	J3490			01/28/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/28/2002	99/99/9999						
38779-0989-09	J3490			01/28/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/28/2002	99/99/9999						
38779-1502-00	J2760			01/01/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999						
38779-1502-03	J2760			05/22/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	05/22/2002	99/99/9999						
38779-1502-06	J2760			01/01/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999						
38779-1502-09	J2760			05/22/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	05/22/2002	99/99/9999						
38779-1756-00	J3010			01/01/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1 MG		10000	01/01/2002	99/99/9999						
38779-1756-03	J3010			04/23/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1 MG		10000	04/23/2002	99/99/9999						
38779-1756-06	J3010			01/01/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1 MG		10000	01/01/2002	99/99/9999						
38779-1756-09	J3010			01/01/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1 MG		10000	01/01/2002	99/99/9999						
38779-1764-00	J0364			01/01/2007	99/99/9999	INJECTION, APMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
38779-1764-03	J0364			01/01/2007	99/99/9999	INJECTION, APMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
38779-1764-06	J0364			01/01/2007	99/99/9999	INJECTION, APMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
38779-1766-03	J2175			01/01/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999						
38779-1766-04	J2175			01/01/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999						
38779-1766-05	J2175			01/01/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999						
38779-1816-05	J2810			08/01/2016	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (USP)	100	GM	BO	NA	GM	40 MG		25	08/01/2016	99/99/9999						
38779-1816-08	J2810			08/01/2016	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (USP)	500	GM	BO	NA	GM	40 MG		25	08/01/2016	99/99/9999						
38779-1901-03	J1000			01/01/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999						
38779-1901-04	J1000			01/01/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999						
38779-1901-05	J1000			01/01/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999						
38779-1905-01	J1094			01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1	EA	NA	NA	GM	1 MG		1000	01/01/2003	99/99/9999						
38779-1905-03	J1094			01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1	EA	NA	NA	GM	1 MG		1000	01/01/2003	99/99/9999						
38779-1905-04	J1094			01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1	EA	NA	NA	GM	1 MG		1000	01/01/2003	99/99/9999						
38779-1905-05	J1094			01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2003	99/99/9999						
38779-1931-01	J1835			04/25/2002	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	BO	NA	GM	50 MG		20	04/25/2002	99/99/9999						
38779-1943-05	J2800			04/25/2002	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10 ML		1	04/25/2002	99/99/9999						
38779-1943-08	J2800			04/25/2002	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10 ML		1	04/25/2002	99/99/9999						
38779-1943-09	J2800			04/25/2002	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10 ML		1	04/25/2002	99/99/9999						
38779-1968-07	J3490			01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (USP)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	99/99/9999						
38779-1968-09	J3490			01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (USP)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	99/99/9999						
38779-2087-03	J7643			05/02/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	05/02/2002	99/99/9999						
38779-2087-03	KO J7643	KO		05/02/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	05/02/2002	99/99/9999						
38779-2087-06	J7643			05/02/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	05/02/2002	99/99/9999						
38779-2087-06	KO J7643	KO		05/02/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	05/02/2002	99/99/9999						
38779-2363-05	J1956			10/25/2007	99/99/9999	INJECTION, LEVOPLOXACIN, 250 MG	LEVOPLOXACIN HEMIHYDRATE (1X100MG)	1	EA	BO	NA	GM	250 MG		4	10/25/2007	99/99/9999						
39822-0123-02	J2543			02/13/2017	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	02/13/2017	99/99/9999						
39822-0125-04	J2543			02/13/2017	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	02/13/2017	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	
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							
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		01/01/2002	99/99/9999							
39822-2120-01		J9171		05/05/2017	02/22/2019	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SDV) 20 MG/1 ML	1	ML	VL	IV	ML	1	MG		05/05/2017	02/22/2019							
39822-2180-01		J9171		05/05/2017	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SDV) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG		05/05/2017	99/99/9999							
39822-2200-01		J9171		05/05/2017	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SDV) 20 MG/1 ML	10	ML	VL	IV	ML	1	MG		05/05/2017	99/99/9999							
39822-5525-03		J2550		08/01/2016	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (25X1ML.USP) 25 MG/1 ML	1	ML	AM	U	ML	50	MG	0.5	08/01/2016	99/99/9999							
39822-5550-06		J2550		08/01/2016	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (25X1ML.USP) 50 MG/1 ML	1	ML	AM	U	ML	50	MG	0.5	08/01/2016	99/99/9999							
42023-0110-01		J1380		12/10/2007	99/99/9999	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	DELESTROGEN (1X5ML.MULTIDOSE) 10 MG/ML	5	ML	VL	IM	ML	10	MG		12/10/2007	99/99/9999							
42023-0116-01		J2590		02/29/2008	09/06/2018	INJECTION, OXYTOCIN, UP TO 10 UNITS	PITOCIN (1X10ML.MDV) 10 U/ML	10	ML	VL	U	ML	10	U		02/29/2008	09/06/2018							
42023-0116-25		J2590		02/01/2008	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	PITOCIN (25X1ML) 10 U/ML	1	ML	VL	U	ML	10	U		02/01/2008	99/99/9999							
42023-0118-01		J3250		08/01/2008	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (MDV,1X20ML) 100 MG/ML	20	ML	VL	IM	ML	200	MG	0.5	08/01/2008	99/99/9999							
42023-0119-25		J3250		07/22/2008	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TIGAN (SDV, 25X2ML) 100 MG/ML	2	ML	VL	IM	ML	200	MG	1	07/22/2008	99/99/9999							
42023-0129-01		J2680		07/09/2014	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (LATEX-FREE) 25 MG/ML	5	ML	VL	U	ML	25	MG	1	07/09/2014	99/99/9999							
42023-0149-01		J9245		08/24/2016	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	MELPHALAN HYDROCHLORIDE (W/ 10ML DILUENT) 50 MG	1	EA	VL	IV	EA	50	MG	1	08/24/2016	99/99/9999							
42023-0173-25		J1570		04/05/2017	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	GANCICLOVIR (SDV,PF,LYOPHILIZED) 500 MG	25	EA	VL	U	EA	500	MG	1	04/05/2017	99/99/9999							
42023-0179-05		J0592		07/29/2015	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (6X1ML, SDV) 0.3 MG/ML	1	ML	VL	U	ML	0.1	MG	3	07/29/2015	99/99/9999							
42023-0188-10		J2710		05/22/2017	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	05/22/2017	99/99/9999							
42023-0189-10		J2710		05/22/2017	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	05/22/2017	99/99/9999							
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							
42023-0192-10		J2185		04/05/2017	12/21/2017	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 1 GM	10	EA	VL	IV	EA	100	MG	10	04/05/2017	12/21/2017							
42023-0221-10		J1335		07/26/2018	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM 1 GM	2	EA	VL	U	EA	500	MG	2	07/26/2018	99/99/9999							
42195-0121-06		J8540		01/31/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	TAPERDEX (6-DAY) 1.5 MG	21	EA	ST	PO	EA	0.25	MG	6	01/31/2018	99/99/9999							
42195-0127-07		J8540		03/01/2019	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	TAPERDEX 7-DAY 1.5 MG	27	EA	DP	PO	EA	0.25	MG	6	03/01/2019	99/99/9999							
42195-0149-12		J8540		01/31/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	TAPERDEX (12-DAY) 1.5 MG	49	EA	ST	PO	EA	0.25	MG	6	01/31/2018	99/99/9999							
42195-0151-10		J8540		01/07/2019	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							
42254-0110-30		None		01/10/2012	06/01/2014	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE, 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	01/10/2012	06/01/2014							
42291-0017-01		J8499		01/21/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR, 200 MG	100	EA	BO	PO	EA	1	MG	1	01/21/2019	99/99/9999							
42291-0017-50		J8499		01/21/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR, 200 MG	500	EA	BO	PO	EA	1	MG	1	01/21/2019	99/99/9999							
42291-0166-60		None		05/14/2018	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP, FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	05/14/2018	99/99/9999							
42291-0167-12		None		04/14/2017	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP, FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	04/14/2017	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							
42291-0191-12		None		03/24/2015	03/19/2018	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP, FILM-COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	03/24/2015	03/19/2018							
42291-0594-01		None		12/04/2014	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM (USP) 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	12/04/2014	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							
42367-0121-25		J9171		01/29/2016	09/30/2018	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (AF) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	01/29/2016	09/30/2018							
42367-0121-29		J9171		01/29/2016	09/30/2018	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (AF) 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	01/29/2016	09/30/2018							
43063-0439-30		None		03/14/2013	99/99/9999	METHOTREXATE SODIUM, 2.5 MG, ORAL	METHOTREXATE SODIUM, 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	03/14/2013	99/99/9999							
43063-0742-15		Q0164		11/06/2018	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	5	MG	2	11/06/2018	99/99/9999							
43063-0874-20		Q0169		12/05/2018	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	12.5	MG	2	12/05/2018	99/99/9999							
43063-0876-04		Q0169		12/05/2018	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 50 MG	4	EA	BO	PO	EA	12.5	MG	4	12/05/2018	99/99/9999							
43063-0911-21		J7512		11/30/2018	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	1	MG	20	11/30/2018	99/99/9999							
43066-0001-01		J9171		02/23/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X2ML.MDV) 10 MG/1 ML	2	ML	VL	IV	ML	1	MG	10	02/23/2018	99/99/9999							
43066-0006-01		J9171		02/23/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X3ML.MDV) 10 MG/1 ML	8	ML	VL	IV	ML	1	MG	10	02/23/2018	99/99/9999							
43066-0010-01		J9171		02/23/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X2ML.MDV) 10 MG/1 ML	16	ML	VL	IV	ML	1	MG	10	02/23/2018	99/99/9999							
43066-0014-01		J9263		02/23/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	02/23/2018	99/99/9999							
43066-0018-01		J9263		02/23/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	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							
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 THE TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALERCAP 25 MG	100	EA	NA														

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
43292-0557-65		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (MAX. STR.) 50 MG	50	EA	NA	PO	EA	50 MG		1	01/01/2002	99/99/9999						
43292-0557-78		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	SLEEP-TABS 25 MG	100	EA	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
43598-0309-20		J9027		11/08/2017	99/99/9999		CLOFARABINE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	1 MG		1	11/08/2017	99/99/9999						
43598-0392-48		J9245		12/21/2017	99/99/9999		MELPHALAN HYDROCHLORIDE (W/ 10ML DILUENT) 50 MG	1	EA	VL	IV	EA	50 MG		1	12/21/2017	99/99/9999						
43598-0409-25		J7614		09/16/2014	99/99/9999	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL (5X5,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.83332	09/16/2014	99/99/9999						
43598-0409-25	KO	J7614	KO	09/16/2014	99/99/9999	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL (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	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL (5X5,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.42	09/16/2014	99/99/9999						
43598-0410-25	KO	J7614	KO	09/16/2014	99/99/9999	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL (5X5,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.42	09/16/2014	99/99/9999						
43598-0412-25		J7614		09/16/2014	99/99/9999	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5MG	LEVABUTEROL HYDROCHLORIDE (5X5,PF), 0.31MG/3ML	3	ML	PC	IH	ML	0.5 MG		0.20666	09/16/2014	99/99/9999						
43598-0412-25	KO	J7614	KO	09/16/2014	99/99/9999	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5MG	LEVABUTEROL HYDROCHLORIDE (5X5,PF), 0.31MG/3ML	3	ML	PC	IH	ML	0.5 MG		0.20666	09/16/2014	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						
43598-0564-25	J2501			09/16/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (SDV) 0.005 MG/1 ML	1	ML	VL	IV	ML	1 MCG		5	09/16/2016	99/99/9999						
43598-0565-10	J2501			09/16/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (MDV) 0.005 MG/1 ML	2	ML	VL	IV	ML	1 MCG		5	09/16/2016	99/99/9999						
43598-0635-10	J1953			06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (10X100ML) 5 MG/1 ML	100	ML	BG	IV	ML	10 MG		0.5	06/13/2018	99/99/9999						
43598-0635-52	J1953			06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (1X100ML, INNER PACK) 5 MG/1 ML	100	ML	BG	IV	ML	10 MG		0.5	06/13/2018	99/99/9999						
43598-0636-10	J1953			06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (10X100ML) 10 MG/1 ML	100	ML	BG	IV	ML	10 MG		1	06/13/2018	99/99/9999						
43598-0636-52	J1953			06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (1X100ML, INNER PACK) 10 MG/1 ML	100	ML	BG	IV	ML	10 MG		1	06/13/2018	99/99/9999						
43598-0637-10	J1953			06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (10X100ML) 15 MG/1 ML	100	ML	BG	IV	ML	10 MG		1.5	06/13/2018	99/99/9999						
43598-0637-52	J1953			06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (1X100ML, INNER PACK) 15 MG/1 ML	100	ML	BG	IV	ML	10 MG		1.5	06/13/2018	99/99/9999						
43598-0650-11	J9340			05/08/2018	99/99/9999	INJECTION, THIOTEPA, 15 MG	THIOTEPA (SDV,LYOPHILIZED) 15 MG	1	EA	VL	IJ	EA	15 MG		1	05/08/2018	99/99/9999						
43598-0678-11	J9025			12/21/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE 100 MG	100	EA	VL	IJ	EA	1 MG		100	12/21/2017	99/99/9999						
43825-0102-01	J0131			01/03/2011	99/99/9999	INJECTION, ACETAMINOPHEN, 10 MG	OPRMEV 10 MG/1 ML	100	ML	VL	IV	ML	10 MG		1	01/03/2011	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						
43975-0252-14	None			08/02/2016	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5 MG		1	08/02/2016	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						
43975-0253-14	None			08/02/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20 MG		1	08/02/2016	99/99/9999						
43975-0254-05	None			08/02/2016	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100 MG		1	08/02/2016	99/99/9999						
43975-0254-14	None			08/02/2016	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100 MG		1	08/02/2016	99/99/9999						
43975-0255-05	None			08/02/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20 MG		7	08/02/2016	99/99/9999						
43975-0255-14	None			08/02/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20 MG		7	08/02/2016	99/99/9999						
43975-0256-05	None			08/02/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20 MG		9	08/02/2016	99/99/9999						
43975-0256-14	None			08/02/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20 MG		9	08/02/2016	99/99/9999						
43975-0257-05	None			08/02/2016	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250 MG		1	08/02/2016	99/99/9999						
43975-0307-10	None			04/05/2018	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25 MG		1	04/05/2018	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						
44087-0004-07	J2941			01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SEROSTIM 4 MG	1	EA	VL	SC	EA	1 MG		4	01/01/2002	99/99/9999						
44087-0005-07	J2941			01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SEROSTIM (S.D.V., W/DILUENT) 5 MG	1	EA	VL	SC	EA	1 MG		5	01/01/2002	99/99/9999						
44087-0006-07	J2941			01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SEROSTIM (S.D.V., W/DILUENT) 6 MG	1	EA	VL	SC	EA	1 MG		6	01/01/2002	99/99/9999						
44087-0016-01	J2941			04/21/2017	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAIZEN SAIZENPREP CARTRIDGE (W/DILUENT) 8.8 MG	1	EA	CT	IJ	EA	1 MG		8.8	04/21/2017	99/99/9999						
44087-0022-03	Q3026			01/01/2003	12/31/2013	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	REBIF (SRN,PREFILLED,27G,PF) 22 MCG/0.5 ML	0.5	ML	SR	SC	ML	11 MCG		4	01/01/2003	12/31/2013						
44087-0044-03	Q3026			01/01/2003	12/31/2013	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	REBIF (SRN,PREFILLED,27G,PF) 44 MCG/0.5 ML	0.5	ML	SR	SC	ML	11 MCG		8	01/01/2003	12/31/2013						
44087-1005-02	J2941			01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAIZEN (VAL, W/DILUENT) 5 MG	1	EA	VL	SC	EA	1 MG		5	01/01/2002	99/99/9999						
44087-1080-01	J2941			10/22/2004	06/01/2018	INJECTION, SOMATROPIN, 1 MG	SAIZEN CLICK EASY CARTRIDGE (W/DILUENT) 8.8 MG	1	CT	VL	IJ	EA	1 MG		8.8	10/22/2004	06/01/2018						
44087-1088-01	J2941			01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAIZEN (VAL, W/DILUENT) 8.8 MG	1	EA	VL	IJ	EA	1 MG		8.8	01/01/2002	99/99/9999						
44087-1112-01	J3490			06/15/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF (29GX12 NEEDLE,PEN) 450 IU/0.75 ML	0.75	ML	CR	SC	ML	1 EA		1	06/15/2004	99/99/9999						
44087-1113-01	J3490			06/15/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF (29GX12,PEN) 300 IU/0.5 ML	0.5	ML	CR	SC	ML	1 EA		1	06/15/2004	99/99/9999						
44087-1114-01	J3490			06/15/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF (29GX12,PEN) 900 IU/1.5 ML	1.5	ML	CR	SC	ML	1 EA		1	06/15/2004	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						
44087-3388-07	J2941			04/07/2003	99/99/9999	INJECTION, SOMATROPIN, 1 MG	ZORBTIVE (MDV, VALS, W/DILUENT) 8.8 MG	1	EA	VL	SC	EA	1 MG		8.8	04/07/2003	99/99/9999						
44087-60																							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
44087-9005-01		J3490		06/07/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF 75 IU	1	EA	VL	SC	EA	1	EA		06/07/2004	99/99/9999						
44087-9005-06		J3490		06/07/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF 75 IU	1	EA	VL	SC	EA	1	EA		06/07/2004	99/99/9999						
44087-9030-01		J3490		05/10/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F (MDV) 1450 IU	1	EA	VL	SC	EA	1	EA		05/10/2004	99/99/9999						
44087-9070-01		J3490		05/07/2007	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F (MDV) 1200 IU	1	EA	VL	SC	EA	1	EA		05/07/2007	99/99/9999						
44206-0300-01		J2791		01/01/2008	99/99/9999	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU	RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2	ML	SR	U	ML	100	IJ	7.5	01/01/2008	99/99/9999						
44206-0300-10		J2791		01/01/2008	99/99/9999	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU	RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2	ML	SR	U	ML	100	IJ	7.5	01/01/2008	99/99/9999						
44206-0416-03		J1566		01/01/2006	11/17/2016	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	CARMUNE NF (PF,NANOFILTERED) 3 GM	1	EA	VL	IV	EA	500	MG	6	01/01/2006	11/17/2016						
44206-0417-06		J1566		01/01/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	CARMUNE NF (PF,NANOFILTERED) 6 GM	1	EA	VL	IV	EA	500	MG	12	01/01/2006	99/99/9999						
44206-0418-12		J1566		01/01/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	CARMUNE NF (PF,NANOFILTERED) 12 GM	1	EA	VL	IV	EA	500	MG	24	01/01/2006	99/99/9999						
44206-0436-05		J1459		01/01/2009	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	1	ML	VL	IV	ML	500	MG	0.2	01/01/2009	99/99/9999						
44206-0437-10		J1459		01/01/2009	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	1	ML	VL	IV	ML	500	MG	0.2	01/01/2009	99/99/9999						
44206-0438-20		J1459		01/01/2009	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	1	ML	VL	IV	ML	500	MG	0.2	01/01/2009	99/99/9999						
44206-0439-40		J1459		06/01/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE), 10%	400	ML	VL	IV	ML	500	MG	0.2	06/01/2013	99/99/9999						
44206-0451-01		J1559		01/01/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE VIAL,PF) 20%	5	ML	VL	SC	ML	100	MG	2	01/01/2011	99/99/9999						
44206-0452-02		J1559		01/01/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE VIAL,PF) 20%	10	ML	VL	SC	ML	100	MG	2	01/01/2011	99/99/9999						
44206-0454-04		J1559		01/01/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE VIAL,PF) 20%	20	ML	VL	SC	ML	100	MG	2	01/01/2011	99/99/9999						
44206-0455-10		J1559		10/01/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE VIAL,PF) 20%	50	ML	VL	SC	ML	100	MG	2	10/01/2013	99/99/9999						
44567-0245-25		J0694		05/20/2015	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (USP,LATEX-FREE) 1 GM	25	EA	VL	IV	EA	1	GM	1	05/20/2015	99/99/9999						
44567-0246-25		J0694		06/25/2015	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (LATEX-FREE) 2 GM	25	EA	VL	IV	EA	1	GM	2	06/25/2015	99/99/9999						
44567-0247-10		J0694		05/20/2015	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (BULK PACKAGE,USP) 10 GM	10	EA	VL	IV	EA	1	GM	10	05/20/2015	99/99/9999						
44567-0410-24		J3475		10/24/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE-DEXTROSE (LATEX-FREE) 5%-1 GM/100 ML	100	ML	FC	IV	ML	500	MG	0.02	10/24/2016	99/99/9999						
44567-0420-24		J3475		07/23/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (NEXCEL BAG,LATEX-FREE) 40 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.08	07/23/2018	99/99/9999						
44567-0421-24		J3475		07/23/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (NEXCEL BAG,LATEX-FREE) 40 MG/1 ML	100	ML	FC	IV	ML	500	MG	0.08	07/23/2018	99/99/9999						
44567-0435-24		J1956		07/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (NEXCEL PREMIX BAG,PF) 5%-250 MG/50 ML	50	ML	FC	IV	ML	250	MG	0.02	07/01/2016	99/99/9999						
44567-0436-24		J1956		07/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (NEXCEL PREMIX BAG,PF) 5%-500 MG/100 ML	100	ML	FC	IV	ML	250	MG	0.02	07/01/2016	99/99/9999						
44567-0437-24		J1956		07/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (NEXCEL PREMIX BAG,PF) 5%-750 MG/150 ML	150	ML	FC	IV	ML	250	MG	0.02	07/01/2016	99/99/9999						
44567-0511-01		J9060		10/17/2016	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV,PF) 1 MG/1 ML	200	ML	VL	IV	ML	10	MG	0.1	10/17/2016	99/99/9999						
44567-0701-25		J0696		04/25/2013	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	25	EA	VL	U	EA	250	MG	4	04/25/2013	99/99/9999						
45802-0127-14		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	3	EA	BX	PO	EA	1	MG	4	01/01/2012	99/99/9999						
45802-0127-65		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999						
45802-0205-14		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999						
45802-0205-65		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999						
45802-0303-21		J7506		12/12/2007	04/16/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 10 MG	21	EA	DP	PO	EA	5	MG	2	12/12/2007	04/16/2013						
45802-0303-67		J7506		12/12/2007	04/16/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 10 MG	48	EA	DP	PO	EA	5	MG	2	12/12/2007	04/16/2013						
45802-0733-21		J7506		12/12/2007	04/16/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 5 MG	21	EA	DP	PO	EA	5	MG	1	12/12/2007	04/16/2013						
45802-0733-67		J7506		12/12/2007	04/16/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 5 MG	48	EA	DP	PO	EA	5	MG	1	12/12/2007	04/16/2013						
45802-0758-30		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 12.5 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
45802-0759-30		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
45963-0539-30		Q0162		08/29/2011	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,FILM-COATED) 8 MG	30	EA	BO	PO	EA	1 MG		8	08/29/2011	99/99/9999						
45963-0607-55		J9390		02/26/2015	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE (USP,SINGLE-USE VIAL,PF) 10 MG/ML	1	ML	VL	IV	ML	10 MG		1	02/26/2015	99/99/9999						
45963-0607-56		J9390		02/26/2015	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE (USP,SINGLE-USE VIAL,PF) 10 MG/ML	5	ML	VL	IV	ML	10 MG		1	02/26/2015	99/99/9999						
45963-0608-60		J9178		01/13/2015	99/99/9999	INJECTION, EPRUBICIN HCL, 2 MG	EPRUBICIN HCL (SDV,PF) 2 MG/ML	100	ML	VL	IV	ML	2 MG		1	01/13/2015	99/99/9999						
45963-0608-68		J9178		02/02/2015	99/99/9999	INJECTION, EPRUBICIN HCL, 2 MG	EPRUBICIN HCL (SDV,PF) 2 MG/ML	25	ML	VL	IV	ML	2 MG		1	02/02/2015	99/99/9999						
45963-0609-55		J9185		01/13/2015	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (USP,SDV,PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	50 MG		1	01/13/2015	99/99/9999						
45963-0611-53		J9263		01/13/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SDV,PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	0.5 MG		100	01/13/2015	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						
45963-0612-57		J9201		01/13/2015	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (SDV,USP,PF,LYOPHILIZED) 200 MG	1	EA	VL	IV	EA	200 MG		1	01/13/2015	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						
45963-0614-51		J9206		01/13/2015	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV,USP,PF) 20 MG/ML	2	ML	VL	IV	ML	20 MG		1	01/13/2015	99/99/9999						
45963-0614-55		J9206		01/13/2015	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV,USP,PF) 20 MG/ML	5	ML	VL	IV	ML	20 MG		1	01/13/2015	99/99/9999						
45963-0614-81		J9206		01/17/2019	99/99/9999	INJECTION, IRINOTECAN, 20 MG	PREMERPRO RX IRINOTECAN HCL (PF,LATEX-FREE) 20 MG/1 ML	2	ML	VL	IV	ML	20 MG		1	01/17/2019	99/99/9999						
45963-0615-56		J9351		01/13/2015	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG	TOPOTECAN HCL (SDV,PF) 4 MG	1	EA	VL	IV	EA	0.1 MG		40	01/13/2015	99/99/9999						
45963-0619-59		J9201		01/13/2015	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (SDV, USP,PF,LYOPHILIZED) 1 GM	1	EA	VL	IV	EA	200 MG		5	01/13/2015	99/99/9999						
45963-0620-60		J9201		10/21/2016	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE HCL (PF,LATEX-FREE) 2 GM	1	EA	VL	IV	EA	200 MG		10	10/21/2016	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						
45963-0623-57		J9201		04/12/2016	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	04/12/2016	99/99/9999						
45963-0624-58		J9201		04/12/2016	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	26.3	ML	VL	IV	ML	200 MG		0.19	04/12/2016	99/99/9999						
45963-0636-60		J9201		04/12/2016	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	52.6	ML	VL	IV	ML	200 MG		0.19	04/12/2016	99/99/9999						
45963-0640-77		J0594		01/04/2018	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SINGLE-USE,PF) 6 MG/1 ML	10	ML	VL	IV	ML	1 MG		6	01/04/2018	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						
45963-0687-49		J9245		01/19/2017	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	MELPHALAN HYDROCHLORIDE (INNER VIAL NDC,PF) 50 MG	1	EA	VL	IV	EA	50 MG		1	01/19/2017	99/99/9999						
45963-0733-55		J9000		01/13/2015	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,SDV,PF) 2 MG/ML	5	ML	VL	IV	ML	10 MG		0.2	01/13/2015	99/99/9999						
45963-0733-57		J9000		01/13/2015	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,SDV,PF) 2 MG/ML	10	ML	VL	IV	ML	10 MG		0.2	01/13/2015	99/99/9999						
45963-0733-60		J9000		01/13/2015	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,MDV,PF) 2 MG/ML	100	ML	VL	IV	ML	10 MG		0.2	01/13/2015	99/99/9999						
45963-0733-68		J9000		01/13/2015	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,SDV,PF) 2 MG/ML	25	ML	VL	IV	ML	10 MG		0.2	01/13/2015	99/99/9999						
45963-0734-52		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						
45963-0734-54		J9171		01/13/2015	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SINGLE-USE VIAL,PF) 20 MG/ML	1	ML	VL	IV	ML	1 MG		20	01/13/2015	99/99/9999						
45963-0734-74		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						
45963-0762-57		J0641		02/14/2017	99/99/9999	INJECTION, LEVILEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVILEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	0.5 MG		100	02/14/2017	99/99/9999						
45963-0765-52		J9171		12/22/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SINGLE-USE VIAL,PF) 20 MG/1 ML	4	ML	VL	IV	ML	1 MG		20	12/22/2016	99/99/9999						
47335-0150-40		J9045		11/17/2014	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/ML	5	ML	VL	IV	ML	50 MG		0.2	11/17/2014	99/99/9999						
47335-0151-40		J9045		11/17/2014	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/ML	15	ML	VL	IV	ML	50 MG		0.2	11/17/2014	99/99/9999						
47335-0177-95		J3245		01/01/2019	99/99/9999	INJECTION, TILDRAKIZUMAB, 1 MG	ILUMIYA (PF) 100 MG/1 ML	1	ML	SR	SC	ML	1 MG		100	01/01/2019	99/99/9999						
47335-0177-95		J3490		09/17/2018	12/31/2018	UNCLASSIFIED DRUGS	ILUMIYA (PF) 100 MG/1 ML	1	ML	SR	SC	ML	1 MG		1	09/17/2018	12/31/2018						
47335-0235-83		None		12/01/2017	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE, 2.5 MG	100	EA	BO	PO	EA	2.5 MG		1	12/01/2017	99/99/9999						
47335-0235-96		None		12/01/2017	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE, 2.5 MG	36	EA	BO	PO	EA	2.5 MG		1	12/01/2017	99/99/9999						
47335-0284-40		J9045		11/17/2014	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/ML	60	ML	VL	IV	ML	50 MG		0.2	11/17/2014	99/99/9999						
47335-0300-40		J9045		11/17/2014	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/ML	45	ML	VL	IV	ML	50 MG		0.2	11/17/2014	99/99/9999						
47335-0361-41		J0894		05/01/2014	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (W/DILUENT,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1 MG		50	05/01/2014	99/99/9999						
47335-0890-21		None		02/13/2014	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 5 MG	14	EA	BO	PO	EA	5 MG		1	02/13/2014	99/99/9999						
47335-0890-72		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE (3X5-HARD GELATIN) 5 MG	15	EA	ST	PO	EA	5 MG		1	07/11/2018	99/99/9999						
47335-0890-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE (1X5-HARD GELATIN) 5 MG	5	EA	ST	PO	EA	5 MG		1	07/11/2018	99/99/9999						
47335-0890-80		None		02/13/2014	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 5 MG	5	EA	BO	PO	EA	5 MG		1	02/13/2014	99/99/9999						
47335-0891-21		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 20 MG	14	EA	BO	PO	EA	20 MG		1	02/13/2014	99/99/9999						
47335-0891-72		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (3X5-HARD GELATIN) 20 MG	15	EA	ST	PO	EA	20 MG		1	07/11/2018	99/99/9999						
47335-0891-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (1X5-HARD GELATIN) 20 MG	5	EA	ST	PO	EA	20 MG		1	07/11/2018	99/99/9999						
47335-0891-80		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 20 MG	5	EA	BO	PO	EA	20 MG		1	02/13/2014	99/99/9999						
47335-0892-21		None		02/13/2																			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
47335-0893-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE (1X5:HARD GELATIN) 250 MG	5	EA	ST	PO	EA	250	MG	1	07/11/2018	99/99/9999							
47335-0893-80		None		02/13/2014	99/99/9999	TEMODAR, 250 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 250 MG	5	EA	BO	PO	EA	250	MG	1	02/13/2014	99/99/9999							
47335-0929-21		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 140 MG	14	EA	BO	PO	EA	20	MG	7	02/13/2014	99/99/9999							
47335-0929-72		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (3X5:HARD GELATIN) 140 MG	15	EA	ST	PO	EA	20	MG	7	07/11/2018	99/99/9999							
47335-0929-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (1X5:HARD GELATIN) 140 MG	5	EA	ST	PO	EA	20	MG	7	07/11/2018	99/99/9999							
47335-0929-80		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 140 MG	5	EA	BO	PO	EA	20	MG	7	02/13/2014	99/99/9999							
47335-0930-21		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 180 MG	14	EA	BO	PO	EA	20	MG	9	02/13/2014	99/99/9999							
47335-0930-72		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (3X5:HARD GELATIN) 180 MG	15	EA	ST	PO	EA	20	MG	9	07/11/2018	99/99/9999							
47335-0930-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (1X5:HARD GELATIN) 180 MG	5	EA	ST	PO	EA	20	MG	9	07/11/2018	99/99/9999							
47335-0930-80		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 180 MG	5	EA	BO	PO	EA	20	MG	9	02/13/2014	99/99/9999							
47335-0936-40	J9218			03/02/2015	99/99/9999	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (MDV) 5 MG/ML	1	EA	BX	SC	EA	1	MG	5	03/02/2015	99/99/9999							
47426-0201-01	J0185			01/01/2019	99/99/9999	INJECTION, APREPITANT, 1 MG	CINVANTI 130 MG/18 ML	18	ML	VL	IV	ML	1	MG	7.22222	01/01/2019	99/99/9999							
47426-0201-01	J3490			11/29/2017	12/31/2018	UNCLASSIFIED DRUGS	CINVANTI 130 MG/18 ML	18	ML	VL	IV	ML	1	MG	1	11/29/2017	12/31/2018							
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							
47781-0589-07	J1190			09/14/2017	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE (SDV,W/DILUENT) 500 MG	1	EA	VL	IV	EA	250	MG	2	09/14/2017	99/99/9999							
47781-0583-68	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							
47781-0584-68	J1885			10/10/2017	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 30 MG/1 ML	1	ML	VL	U	ML	15	MG	2	10/10/2017	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	1	11/22/2017	99/99/9999							
47781-0588-68	J2250			08/21/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LATEX-FREE) 1 MG/1 ML	2	ML	VL	U	ML	1	MG	1	08/21/2017	99/99/9999							
47781-0589-17	J2250			08/21/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LATEX-FREE) 5 MG/1 ML	5	ML	VL	U	ML	1	MG	5	08/21/2017	99/99/9999							
47781-0589-91	J2250			08/21/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LATEX-FREE) 5 MG/1 ML	10	ML	VL	U	ML	1	MG	5	08/21/2017	99/99/9999							
47781-0593-07	J9267			01/23/2018	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	01/23/2018	99/99/9999							
47781-0594-07	J9267			01/23/2018	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	01/23/2018	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							
47781-0597-91	J3370			04/01/2017	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	04/01/2017	99/99/9999							
47781-0610-23	J9060			10/09/2017	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	10/09/2017	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							
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							
47781-0622-22	J9209			04/24/2018	99/99/9999	INJECTION, MESNA, 200 MG	MESNA 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	04/24/2018	99/99/9999							
47781-0622-91	J9209			04/24/2018	99/99/9999	INJECTION, MESNA, 200 MG	MESNA 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	04/24/2018	99/99/9999							
47781-0623-07	J0895			04/26/2018	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP,PF,LATEX-FREE) 500 MG	1	EA	VL	U	EA	500	MG	1	04/26/2018	99/99/9999							
47781-0624-07	J0895			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							
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							
48879-0001-02	A4216			01/01/2006	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INHALATION (AL7025)	5	ML	EA	IH	ML	10	ML	0.1	01/01/2006	02/03/2016							
48879-0002-01	A4216			01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL7453) 0.45%	3	ML	EA	IH	ML	10	ML	0.1	01/01/2006	99/99/9999							
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							
48879-0003-01	A4216			01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL7093) 0.9%	3	ML	EA	IH	ML	10	ML	0.1	01/01/2006	99/99/9999							
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							
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							
49281-0545-05	J3490			01/01/2002	12/14/2017	UNCLASSIFIED DRUGS	ACTHB (SDV W/DIL,TX INCL,PF) 10 MCG	1	EA	VL	IM	EA	1	EA	1	01/01/2002	12/14/2017							
49281-0880-01	J9031			01/01/2002	09/01/2013	BCG (INTRAVESICAL) PER INSTILLATION	THERACYS (S.D.V.W/DILUENT,PF) 81 MG	1	EA	VL	IL	EA	1	INSTILLATION	1	01/01/2002	09/01/2013							
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							
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	VALU-DRYL ALLERGY 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	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							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
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	BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
49452-0001-03		J0133		06/01/2015	10/17/2016	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	25	GM	BO	NA	GM	5 MG		200	06/01/2015	10/17/2016						
49452-0001-04		J0133		09/01/2015	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	100	GM	BO	NA	GM	5 MG		200	09/01/2015	99/99/9999						
49452-0011-01		J3490		06/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P. MICRONIZED)	5	GM	BO	NA	GM	1 GM		1	06/01/2015	99/99/9999						
49452-0011-02		J3490		06/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P. MICRONIZED)	25	GM	BO	NA	GM	1 GM		1	06/01/2015	99/99/9999						
49452-0011-03		J3490		06/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P. MICRONIZED)	100	GM	BO	NA	GM	1 GM		1	06/01/2015	99/99/9999						
49452-0027-02		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		33.33333	06/01/2015	10/17/2016						
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						
49452-0027-04		J0745		09/01/2015	10/17/2016	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	100	GM	BO	NA	GM	30 MG		33.33333	09/01/2015	10/17/2016						
49452-0028-01		J2270		06/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (U.S.P.)	5	GM	JR	NA	GM	10 MG		100	06/01/2015	99/99/9999						
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						
49452-0028-03		J2270		06/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE	100	GM	JR	NA	GM	10 MG		100	06/01/2015	99/99/9999						
49452-0029-01		J1170		06/01/2015	10/17/2016	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	GM	BO	NA	GM	4 MG		250	06/01/2015	10/17/2016						
49452-0029-02		J1170		06/01/2015	10/17/2016	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	5	GM	JR	NA	GM	4 MG		250	06/01/2015	10/17/2016						
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	4 MG		250	09/01/2015	10/17/2016						
49452-0029-04		J1170		06/01/2015	10/17/2016	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	25	GM	JR	NA	GM	4 MG		250	06/01/2015	10/17/2016						
49452-0031-01		J2175		09/01/2015	10/17/2016	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	25	GM	BO	NA	GM	100 MG		10	09/01/2015	10/17/2016						
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						
49452-0032-01		J3010		06/01/2015	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	GM	BO	NA	GM	0.1 MG		10000	06/01/2015	99/99/9999						
49452-0032-02		J3010		06/01/2015	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	0.1	GM	JR	NA	GM	0.1 MG		10000	06/01/2015	99/99/9999						
49452-0073-03		J0270		09/01/2015	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)	ALPROSTADIL (U.S.P.)	0.1	GM	BO	NA	GM	1.25 MCG		800000	09/01/2015	10/17/2016						
49452-0073-04		J0270		09/01/2015	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)	ALPROSTADIL (U.S.P.)	0.025	GM	BO	NA	GM	1.25 MCG		800000	09/01/2015	10/17/2016						
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						
49452-0409-02		J3490		09/01/2015	10/17/2016	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	100	GM	BO	NA	GM	1 EA		1	09/01/2015	10/17/2016						
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						
49452-0409-04		J3490		09/01/2015	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	2500	GM	BO	NA	GM	1 EA		1	09/01/2015	99/99/9999						
49452-0430-01		J0280		06/01/2015	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	100	GM	BO	NA	GM	250 MG		4	06/01/2015	99/99/9999						
49452-0430-02		J0280		06/01/2015	10/17/2016	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	500	GM	BO	NA	GM	250 MG		4	06/01/2015	10/17/2016						
49452-0735-01		J9017		06/01/2015	10/17/2016	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (A.C.S. REAGENT)	125	GM	BO	NA	GM	1 MG		1000	06/01/2015	10/17/2016						
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						
49452-0783-01		J7501		09/01/2015	10/17/2016	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1	GM	BO	NA	GM	100 MG		10	09/01/2015	10/17/2016						
49452-0783-02		J7501		06/01/2015	10/17/2016	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	125	GM	BO	NA	GM	100 MG		10	06/01/2015	10/17/2016						
49452-0970-01		J3490		06/01/2015	10/17/2016	UNCLASSIFIED DRUGS	BENZOCAMINE (U.S.P.)	5	GM	BO	NA	GM	1 EA		1	06/01/2015	10/17/2016						
49452-0970-03		J3490		06/01/2015	10/17/2016	UNCLASSIFIED DRUGS	BENZOCAMINE (U.S.P.)	500	GM	BO	NA	GM	1 EA		1	06/01/2015	10/17/2016						
49452-1072-02		J3490		06/01/2015	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	GM	BO	NA	GM	1 EA		1	06/01/2015	99/99/9999						
49452-1072-03		J3490		09/01/2015	10/17/2016	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	5	GM	BO	NA	GM	1 EA		1	09/01/2015	10/17/2016						
49452-1309-01		J0945		06/01/2015	10/17/2016	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	25	GM	BO	NA	GM	10 MG		100	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						
49452-1309-05		J0945		09/01/2015	10/17/2016	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	100	GM	BO	NA	GM	10 MG		100	09/01/2015	10/17/2016						
49452-1317-01		J0595		06/01/2015	10/17/2016	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (U.S.P.)	1	GM	BO	NA	GM	1 MG		1000	06/01/2015	10/17/2016						
49452-1317-02		J0595		06/01/2015	10/17/2016	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (U.S.P.)	1	GM	BO	NA	GM	1 MG		1000	06/01/2015	10/17/2016						
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						
49452-1775-02		J1955		06/01/2015	10/17/2016	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE FREE BASE	100	GM	BO	NA	GM	1 GM		1	06/01/2015	10/17/2016						
49452-1775-03		J1955		09/01/2015	10/17/2016	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE FREE BASE	500	GM	BO	NA	GM	1 GM		1	09/01/2015	10/17/2016						
49452-1775-01		J1955		06/01/2015	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE HYDROCHLORIDE	25	GM	BO	NA	GM	1 GM		1	06/01/2015	99/99/9999						
49452-1775-02		J1955		06/01/2015	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE HYDROCHLORIDE	100	GM	BO	NA	GM	1 GM		1	06/01/2015	99/99/9999						
49452-2147-02		J0735		06/01/2015	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	GM	BO	NA	GM	1 MG		1000	06/01/2015	99/99/9999						
49452-2147-03		J0735		06/01/2015	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	5	GM	BO	NA	GM	1 MG		1000	06/01/2015	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
49452-2541-03	J1730			09/01/2015	10/17/2016	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P./N.F.)	5	GM	BO	NA	GM	300 MG		3.33333	09/01/2015	10/17/2016							
49452-2588-01	J1212			06/01/2015	10/17/2016	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (U.S.P.)	500	ML	BO	NA	ML	50 ML		0.02	06/01/2015	10/17/2016							
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							
49452-2588-04	J1212			09/01/2015	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (U.S.P.)	100	ML	BO	NA	ML	50 ML		0.02	09/01/2015	99/99/9999							
49452-2612-02	J1160			10/17/2016	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							
49452-2640-01	J1200			06/01/2015	10/17/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	100	GM	BO	NA	GM	50 MG		20	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	50 MG		20	06/01/2015	10/17/2016							
49452-2697-01	J0600			09/01/2015	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (U.S.P.)	125	GM	BO	NA	GM	1000 MG		1	04/01/2018	99/99/9999	09/01/2015	10/17/2016			1		
49452-2697-02	J0600			09/01/2015	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (U.S.P.)	500	GM	BO	NA	GM	1000 MG		1	04/01/2018	99/99/9999	09/01/2015	10/17/2016			1		
49452-2697-03	J0600			06/01/2015	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (U.S.P.)	2500	GM	BO	NA	GM	1000 MG		1	04/01/2018	99/99/9999	06/01/2015	10/17/2016			1		
49452-2702-01	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		6.66666	09/01/2015	10/17/2016							
49452-2702-02	J3520			09/01/2015	10/17/2016	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	2500	GM	BO	NA	GM	150 MG		6.66666	09/01/2015	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							
49452-2740-01	J7799			06/01/2015	10/17/2016	THROUGH DME	EPINEPHRINE (U.S.P.)	100	GM	BO	NA	GM	1 GM		1	06/01/2015	10/17/2016							
49452-2791-01	J1380			06/01/2015	10/17/2016	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	ESTRADIOL VALERATE (U.S.P.)	1	GM	BO	NA	GM	10 MG		100	06/01/2015	10/17/2016							
49452-2791-02	J1380			06/01/2015	10/17/2016	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	ESTRADIOL VALERATE (U.S.P.)	5	GM	BO	NA	GM	10 MG		100	06/01/2015	10/17/2016							
49452-2791-03	J1380			09/01/2015	10/17/2016	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	ESTRADIOL VALERATE (U.S.P.)	25	GM	BO	NA	GM	10 MG		100	09/01/2015	10/17/2016							
49452-2795-01	J1435			06/01/2015	10/17/2016	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	GM	BO	NA	GM	1 MG		1000	06/01/2015	10/17/2016							
49452-2795-02	J1435			06/01/2015	10/17/2016	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	5	GM	BO	NA	GM	1 MG		1000	06/01/2015	10/17/2016							
49452-2795-03	J1435			09/01/2015	10/17/2016	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	25	GM	BO	NA	GM	1 MG		1000	09/01/2015	10/17/2016							
49452-3038-03	J3490			09/01/2015	10/17/2016	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	25	GM	BO	NA	GM	1 GM		1	09/01/2015	10/17/2016							
49452-3038-04	J3490			09/01/2015	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	100	GM	BO	NA	GM	1 GM		1	10/18/2016	99/99/9999	09/01/2015	10/17/2016			1		
49452-3038-05	J3490			09/01/2015	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	500	GM	BO	NA	GM	1 GM		1	10/18/2016	99/99/9999	09/01/2015	10/17/2016			1		
49452-3175-01	J9190			06/01/2015	10/17/2016	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1	GM	BO	NA	GM	500 MG		2	06/01/2015	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							
49452-3175-03	J9190			06/01/2015	10/17/2016	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	25	GM	BO	NA	GM	500 MG		2	06/01/2015	10/17/2016							
49452-3175-04	J9190			06/01/2015	10/17/2016	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	100	GM	BO	NA	GM	500 MG		2	06/01/2015	10/17/2016							
49452-3222-01	J1940			06/01/2015	10/17/2016	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P./N.F.)	25	GM	BO	NA	GM	20 MG		50	06/01/2015	10/17/2016							
49452-3222-03	J1940			09/01/2015	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P./N.F.)	500	GM	BO	NA	GM	20 MG		50	09/01/2015	99/99/9999							
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	5 MG		200	06/01/2015	10/17/2016							
49452-3446-02	J1630			06/01/2015	10/17/2016	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	25	GM	BO	NA	GM	5 MG		200	06/01/2015	10/17/2016							
49452-3543-02	J3490			06/01/2015	10/17/2016	UNCLASSIFIED DRUGS	HYALLURONIC ACID	1	GM	BO	NA	GM	1 GM		1	09/01/2015	10/17/2016							
49452-3544-01	J0360			09/01/2015	10/17/2016	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	5	GM	BO	NA	GM	20 MG		50	09/01/2015	10/17/2016							
49452-3544-02	J0360			09/01/2015	10/17/2016	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	25	GM	BO	NA	GM	20 MG		50	09/01/2015	10/17/2016							
49452-3544-03	J0360			09/01/2015	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	100	GM	BO	NA	GM	20 MG		50	09/01/2015	99/99/9999							
49452-3590-01	J1700			06/01/2015	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P./MICRONIZED)	5	GM	BO	NA	GM	25 MG		40	06/01/2015	99/99/9999							
49452-3590-02	J1700			06/01/2015	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P./MICRONIZED)	25	GM	BO	NA	GM	25 MG		40	06/01/2015	99/99/9999							
49452-3590-03	J1700			06/01/2015	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P./MICRONIZED)	100	GM	BO	NA	GM	25 MG		40	06/01/2015	99/99/9999							
49452-3652-02	J3410			06/01/2015	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	25	GM	BO	NA	GM	25 MG		40	06/01/2015	99/99/9999							
49452-3652-03	J3410			09/01/2015	10/17/2016	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	100	GM	BO	NA	GM	25 MG		40	09/01/2015	10/17/2016							
49452-3659-01	Q0177			06/01/2015	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (U.S.P./N.F.)	25	GM	BO	NA	GM	25 MG		40	06/01/2015	99/99/9999							
49452-3659-02	Q0177			06/01/2015	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (U.S.P./N.F.)	100	GM	BO	NA	GM	25 MG		40	06/01/2015	99/99/9999							
49452-3845-01	J1835			06/01/2015	10/17/2016	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	GM	BO	NA	GM	50 MG		20	06/01/2015	10/17/2016							
49452-3919-05	J1885			09/01/2015	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (U.S.P.)	5	GM	BO	NA	GM	15 MG		66.66666	06/01/2015	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							
49452-4036-02	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							
49452-4050-01	J2001			06/01/2015	99/99/9999	INJECTION, LIDOCANE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCANE HCL MONOHYDRATE (U.S.P.)	25	GM	BO	NA	GM	10 MG		100	06/01/2015	99/99/9999							
49452-4050-02	J2001			06/01/2015	99/99/9999	INJECTION, LIDOCANE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCANE HCL MONOHYDRATE (U.S.P.)	100	GM	BO	NA	GM	10 MG		100	06/01/2015	99/99/9999							
49452-4050-03	J2001			06/01/2015	99/99/9999	INJECTION, LIDOCANE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCANE HCL MONOHYDRATE (

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-4686-03		J7509		06/01/2015	10/17/2016	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	4 MG		250	06/01/2015	10/17/2016						
49452-4688-01		J1030		06/01/2015	10/17/2016	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	1	GM	BO	NA	GM	40 MG		25	06/01/2015	10/17/2016						
49452-4688-02		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						
49452-4688-03		J1030		06/01/2015	10/17/2016	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	40 MG		25	06/01/2015	10/17/2016						
49452-4715-01		J2765		06/01/2015	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	10	GM	BO	NA	GM	10 MG		100	06/01/2015	99/99/9999						
49452-4715-02		J2765		06/01/2015	10/17/2016	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	25	GM	BO	NA	GM	10 MG		100	06/01/2015	10/17/2016						
49452-4715-03		J2765		06/01/2015	10/17/2016	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	100	GM	BO	NA	GM	10 MG		100	06/01/2015	10/17/2016						
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						
49452-4726-02		J3490		06/01/2015	10/17/2016	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	100	GM	JR	NA	GM	1 GM		1	06/01/2015	10/17/2016						
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						
49452-4800-01		J2300		06/01/2015	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL	0.1	GM	BO	NA	GM	10 MG		100	06/01/2015	99/99/9999						
49452-4800-02		J2300		06/01/2015	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL	1	GM	BO	NA	GM	10 MG		100	06/01/2015	99/99/9999						
49452-4800-03		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						
49452-4836-02		J2310		06/01/2015	10/17/2016	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	0.25	GM	BO	NA	GM	1 MG		1000	06/01/2015	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						
49452-4836-04		J2310		09/01/2015	10/17/2016	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	5	GM	BO	NA	GM	1 MG		1000	09/01/2015	10/17/2016						
49452-4936-01		J2360		09/01/2015	10/17/2016	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (U.S.P.)	25	GM	BO	NA	GM	60 MG		16.66666	09/01/2015	10/17/2016						
49452-4936-02		J2360		09/01/2015	10/17/2016	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (U.S.P.)	100	GM	BO	NA	GM	60 MG		16.66666	09/01/2015	10/17/2016						
49452-5000-01		J2440		06/01/2015	10/17/2016	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HCL (U.S.P.)	5	GM	BO	NA	GM	60 MG		16.66666	06/01/2015	10/17/2016						
49452-5000-02		J2440		06/01/2015	10/17/2016	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HCL (U.S.P.)	25	GM	BO	NA	GM	60 MG		16.66666	06/01/2015	10/17/2016						
49452-5000-03		J2440		06/01/2015	10/17/2016	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HCL (U.S.P.)	100	GM	BO	NA	GM	60 MG		16.66666	06/01/2015	10/17/2016						
49452-5200-03		J2560		06/01/2015	10/17/2016	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (U.S.P.)	25	GM	BO	NA	GM	120 MG		8.33333	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						
49452-5217-02		J2760		06/01/2015	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	0.5	GM	BO	NA	GM	5 MG		200	06/01/2015	99/99/9999						
49452-5217-04		J2760		09/01/2015	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	GM	BO	NA	GM	5 MG		200	09/01/2015	99/99/9999						
49452-5217-05		J2760		06/01/2015	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	5	GM	BO	NA	GM	5 MG		200	06/01/2015	99/99/9999						
49452-5290-01		J7799		06/01/2015	10/17/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	5	GM	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	BO	NA	GM	1 GM		1	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						
49452-5344-02		J1165		09/01/2015	10/17/2016	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	100	GM	BO	NA	GM	50 MG		20	09/01/2015	10/17/2016						
49452-5344-03		J1165		09/01/2015	10/17/2016	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	500	GM	BO	NA	GM	50 MG		20	09/01/2015	10/17/2016						
49452-5390-03		J3430		09/01/2015	10/17/2016	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (U.S.P.)	500	GM	BO	NA	GM	1 MG		1000	09/01/2015	10/17/2016						
49452-5770-01		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						
49452-5770-02		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		6.71141	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						
49452-5780-01		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						
49452-5780-02		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		6.71141	06/01/2015	10/17/2016						
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						
49452-5971-01		J2730		09/01/2015	99/99/9999	INJECTION, PRALDOXIME CHLORIDE, UP TO 1 GM	PRALDOXIME CHLORIDE (U.S.P.)	1	GM	BO	NA	GM	1 GM		1	09/01/2015	99/99/9999						
49452-5971-02		J2730		09/01/2015	99/99/9999	INJECTION, PRALDOXIME CHLORIDE, UP TO 1 GM	PRALDOXIME CHLORIDE (U.S.P.)	5	GM	BO	NA	GM	1 GM		1	09/01/2015	99/99/9999						
49452-5971-03		J2730		09/01/2015	99/99/9999	INJECTION, PRALDOXIME CHLORIDE, UP TO 1 GM	PRALDOXIME CHLORIDE (U.S.P.)	25	GM	BO	NA	GM	1 GM		1	09/01/2015	99/99/9999						
49452-5980-01		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						
49452-5980-02		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						
49452-5980-03		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						
49452-6000-01		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						
49452-6000-01		J7512		01/01/2016	10/17/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,ANH,MICRONIZED)	5	GM	BO	NA	GM	1 MG		1000	01/01/2016	10/17/2016						
49452-6000-02		J7506		06/01/2015	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,ANH,MICRONIZED)	25	GM	BO	NA	GM	5 MG		200	06/01/2015	12/31/2015						
49452-6000-02		J7512		01/01/2016	10/17/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,ANH,MICRONIZED)	25	GM	BO	NA	GM	1 MG		1000	01/01/2016	10/17/2016						
49452-6000-03		J7506		06/01/2015	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,ANH,MICRONIZED)	100	GM	BO	NA	GM	5 MG		200	06/01/2015	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
49452-6061-04		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	500	GM	JR	NA	GM	50 MG		20	06/01/2015	99/99/9999						
49452-6061-05		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1000	GM	JR	NA	GM	50 MG		20	06/01/2015	99/99/9999						
49452-6080-02		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLEU.S.P.)	25	GM	BO	NA	GM	50 MG		20	06/01/2015	99/99/9999						
49452-6080-03		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLEU.S.P.)	100	GM	BO	NA	GM	50 MG		20	06/01/2015	99/99/9999						
49452-6080-04		J2675		09/01/2015	10/17/2016	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLEU.S.P.,PR111)	1000	GM	BO	NA	GM	50 MG		20	09/01/2015	10/17/2016						
49452-6081-01	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						
49452-6081-02	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						
49452-6088-02	J1800			06/01/2015	10/17/2016	INJECTION, PROPANOLOL HCL, UP TO 1 MG	PROPANOLOL HCL (U.S.P.)	5	GM	BO	NA	GM	1 MG		1000	06/01/2015	10/17/2016						
49452-6089-03	J1800			06/01/2015	99/99/9999	INJECTION, PROPANOLOL HCL, UP TO 1 MG	PROPANOLOL HCL (U.S.P.)	25	GM	BO	NA	GM	1 MG		1000	06/01/2015	99/99/9999						
49452-6089-04	J1800			09/01/2015	99/99/9999	INJECTION, PROPANOLOL HCL, UP TO 1 MG	PROPANOLOL HCL	100	GM	BO	NA	GM	1 MG		1000	09/01/2015	99/99/9999						
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						
49452-6109-02	J2720			09/01/2015	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (U.S.P.)	25	GM	BO	NA	GM	10 MG		100	09/01/2015	99/99/9999						
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						
49452-6140-01	J3415			06/01/2015	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	25	GM	BO	NA	GM	100 MG		10	06/01/2015	99/99/9999						
49452-6140-02	J3415			06/01/2015	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	100	GM	BO	NA	GM	100 MG		10	06/01/2015	99/99/9999						
49452-6140-03	J3415			06/01/2015	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	100	GM	BO	NA	GM	100 MG		10	06/01/2015	99/99/9999						
49452-6222-04	J3490			09/01/2015	10/17/2016	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1000	GM	BO	NA	GM	1 GM		1	09/01/2015	10/17/2016						
49452-7660-01	J1071			06/01/2015	10/17/2016	INJECTION, TESTOSTERONE CYPIONATE, 1MG	TESTOSTERONE CYPIONATE (U.S.P.)	5	GM	BO	NA	GM	1 MG		1000	06/01/2015	10/17/2016						
49452-7660-02	J1071			06/01/2015	10/17/2016	INJECTION, TESTOSTERONE CYPIONATE, 1MG	TESTOSTERONE CYPIONATE (U.S.P.)	25	GM	BO	NA	GM	1 MG		1000	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						
49452-7720-01	J2810			06/01/2015	10/17/2016	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (U.S.P.)	100	GM	BO	NA	GM	40 MG		25	06/01/2015	10/17/2016						
49452-7720-02	J2810			06/01/2015	10/17/2016	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (U.S.P.)	500	GM	BO	NA	GM	40 MG		25	06/01/2015	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						
49452-7910-01	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						
49452-7910-02	J3302			06/01/2015	10/17/2016	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	5 MG		200	06/01/2015	10/17/2016						
49452-7910-03	J3302			06/01/2015	10/17/2016	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	10	GM	BO	NA	GM	5 MG		200	06/01/2015	10/17/2016						
49452-7910-04	J3302			09/01/2015	10/17/2016	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (MICRONIZED, U.S.P.)	100	GM	BO	NA	GM	5 MG		200	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						
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	200 MG		5	06/01/2015	10/17/2016						
49452-8070-01	J3350			06/01/2015	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,J.P.)	500	GM	BO	NA	GM	40 GM	0.025	0.025	06/01/2015	99/99/9999						
49452-8070-02	J3350			06/01/2015	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,J.P.)	2500	GM	BO	NA	GM	40 GM	0.025	0.025	06/01/2015	99/99/9999						
49452-8070-03	J3350			06/01/2015	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,J.P.)	12000	GM	BO	NA	GM	40 GM	0.025	0.025	06/01/2015	99/99/9999						
49452-8253-01	J0592			06/01/2015	10/17/2016	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	0.1	GM	JR	NA	GM	0.1 MG		10000	06/01/2015	10/17/2016						
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						
49452-8253-03	J0592			06/01/2015	10/17/2016	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1	GM	JR	NA	GM	0.1 MG		10000	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	0.1 MG		10000	09/01/2015	99/99/9999						
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						
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						
49452-9201-06	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						
49483-0061-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTHISTAMINE 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
49483-0061-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTHISTAMINE 25 MG	1000	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
49502-0101-02		J0171		12/15/2016	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE (0.15 MG/DELIVERY) 0.15 MG/0.3 ML	2	EA	SR	MR	EA	0.1 MG		1.5	12/15/2016	99/99/9999						
49502-0102-02		J0171		12/15/2016	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE AUTO-INJECTORS (0.3 MG/DELIVERY) 0.3 MG/0.3 ML	2	EA	SR	MR	EA	0.1 MG		3	12/15/2016	99/99/9999						
49502-0500-02		J0171		05/02/2001	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPIN AUTO-INJECTOR (W/TRAINER DEVICE) 0.3 MG/0.3 ML	2	EA	PG	U	EA	0.1 MG		3	05/02/2001	99/99/9999						
49502-0501-20		A4218		01/01/2006	99/99/9999	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	SODIUM CHLORIDE (NEBU-SOL/MTR DOSE DSPNS) 0.9%	120	ML	EA	IH	ML	10 ML		0.1	01/01/2006	99/99/9999						
49502-0605-30		J7606		07/02/2012	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	PERFORMIST, 20 MCG/2 ML	30	ML	PC	IH	ML	20 MCG		0.5	07/02/2012	99/99/9999						
49502-0605-30	KO	J7606	KO	07/02/2012	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	PERFORMIST, 20 MCG/2 ML	30	ML	PC	IH	ML	20 MCG		0.5	07/02/2012	99/99/9999						
49502-0605-61	KO	J7606	KO	01/01/2009	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	PERFORMIST 20 MCG/2 ML	2	ML	PC	IH	ML	20 MCG		0.5	01/01/2009	99/99/9999						
49502-0672-30		J7620		01/01/2006	04/30/2014	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	DUONEB (VAL,U.D.) 3 MG/3 ML-0.5 MG/3 ML	30	ML	PC	IH	ML	3 MG	0.33333	01/01/2006								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
49502-0692-03	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	ACCUNEBC (PF) 0.021%	3	ML	PC	IH	ML	1	MG	0.21	04/01/2008	06/17/2016							
49502-0693-03		J7613		04/01/2008	08/31/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ACCUNEBC (PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	08/31/2013							
49502-0693-03	KO	J7613	KO	04/01/2008	08/31/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ACCUNEBC (PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	08/31/2013							
49502-0806-93		J7677		07/01/2019	99/99/9999	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	YUPELR1 175 mcg/3 ml	3	ML	VL	IH	ML	1	MCG	58.333333	07/01/2019	99/99/9999							
49502-0806-93		J7699		12/14/2018	06/30/2019	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	YUPELR1 175 mcg/3 ml	3	ML	VL	IH	ML	1	EA	1	12/14/2018	06/30/2019							
49614-0146-62		Q0163		10/13/2003	07/18/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTIEMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MEDICINE SHOPPE NITE TIME SLEEP (MINI-CAPLET) 25 MG	24	EA	BO	PO	EA	50	MG	0.5	10/13/2003	07/18/2013							
49614-0379-26		Q0163		01/01/2004	07/18/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTIEMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	THE MEDICINE SHOPPE MEDI-PHEDRYL (MAY CAUSE DROWSINESS) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	01/01/2004	07/18/2013							
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							
49884-0289-01		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999							
49884-0290-01		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							
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							
49884-0290-05		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	500	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999							
49884-0373-01		J8540		01/05/2018	01/05/2018	Dexamethasone, Oral, 0.25 MG	DEXAMETHASONE 6 MG	100	EA	BO	PO	EA	0.25	MG	24	01/05/2017	01/05/2018							
49884-0673-14		J8515		01/01/2006	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8	EA	BO	PO	EA	0.25	MG	2	01/01/2006	99/99/9999							
49884-0724-01		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999							
49884-0753-13		J8999		01/26/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180	EA	BO	PO	EA	1	EA	1	01/26/2006	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							
49884-0907-61		J8999		05/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	480	ML	BO	PO	ML	1	EA	1	05/01/2004	99/99/9999							
49884-0922-02		J8999		02/09/2004	10/30/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE 50 MG	60	EA	BO	PO	EA	1	EA	1	02/09/2004	10/30/2014							
49884-0922-04		J8999		11/18/2004	10/30/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE 50 MG	250	EA	BO	PO	EA	1	EA	1	11/18/2004	10/30/2014							
49999-0003-15		Q0163		07/11/2002	06/01/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTIEMETIC 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	07/11/2002	06/01/2018							
49999-0003-20		Q0163		02/24/2005	06/01/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTIEMETIC 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							
49999-0003-30		Q0163		07/11/2002	06/01/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTIEMETIC 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							
49999-0008-00		J7506		12/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	12/01/2003	06/01/2014							
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							
49999-0008-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	5	EA	NA	PO	EA	1	MG	5	01/01/2016	99/99/9999							
49999-0008-20		J7506		07/16/2002	01/01/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20	EA	BO	PO	EA	5	MG	1	07/16/2002	01/01/2015							
49999-0008-30		J7506		07/06/2004	01/01/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	07/06/2004	01/01/2015							
49999-0008-40		J7506		01/27/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40	EA	BO	PO	EA	5	MG	1	01/27/2006	06/01/2014							
49999-0008-55		J7506		08/28/2002	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	55	EA	BO	PO	EA	5	MG	1	08/28/2002	06/01/2014							
49999-0028-05		J7506		03/13/2008	12/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	5	EA	BO	PO	EA	5	MG	2	03/13/2008	12/31/2014							
49999-0028-12		J7506		07/16/2002	12/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12	EA	BO	PO	EA	5	MG	2	07/16/2002	12/31/2014							
49999-0028-14		J7506		01/27/2006	12/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	14	EA	BO	PO	EA	5	MG	2	01/27/2006	12/31/2014							
49999-0028-15		J7506		07/11/2002	01/01/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	07/11/2002	01/01/2015							
49999-0028-20		J7506		07/16/2002	01/01/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	07/16/2002	01/01/2015							
49999-0028-21		J7506		08/08/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	08/08/2008	12/31/2015							
49999-0028-21		J7512		01/01/2016	06/01/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	06/01/2017							
49999-0028-28		J7506		07/01/2005	01/01/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	28	EA	BO	PO	EA	5	MG	2	07/01/2005	01/01/2015							
49999-0028-30		J7506		07/11/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	07/11/2002	12/31/2015							
49999-0028-30		J7512		01/01/2016	12/31/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2016							
49999-0028-40		J7506		07/16/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG	2	07/16/2002	12/31/2015							
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							
49999-0028-48		J7506		07/06/2004	12/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	48	EA	BO	PO	EA	5	MG	2	07/06/2004	12/31/2014							
49999-0028-50		J7506		07/16/2002	12/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	50	EA	BO	PO	EA	5	MG	2	07/16/2002	12/31/2014							
49999-0028-60		J7506		03/30/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG	2	03/30/2005	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
49999-0028-60		J7512		01/01/2016	06/01/2017	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 10 MG	60	EA	BO	PO	EA	1 MG		10	01/01/2016	06/01/2017						
49999-0028-90		J7506		03/30/2005	12/31/2014	PREDNISON, ORAL, PER SMG	PREDNISON 10 MG	90	EA	BO	PO	EA	5 MG		2	03/30/2005	12/31/2014						
49999-0036-12		Q0169		01/01/2014	01/01/2015	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 100 MG	12	EA	BO	PO	EA	12.5 MG		8	01/01/2014	01/01/2015						
49999-0036-12		Q0178		10/15/2004	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 100 MG	12	EA	BO	PO	EA	50 MG		2	10/15/2004	12/31/2013						
49999-0036-60		Q0169		01/01/2014	01/01/2015	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 100 MG	60	EA	BO	PO	EA	12.5 MG		8	01/01/2014	01/01/2015						
49999-0036-60		Q0178		07/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 100 MG	60	EA	BO	PO	EA	50 MG		2	07/01/2002	12/31/2013						
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						
49999-0086-00		J8499		09/01/2006	01/01/2015	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1 EA		1	09/01/2006	01/01/2015						
49999-0086-25		J8499		07/29/2002	01/01/2015	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1 EA		1	07/29/2002	01/01/2015						
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						
49999-0086-90		J8499		07/13/2005	01/01/2015	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	90	EA	BO	PO	EA	1 EA		1	07/13/2005	01/01/2015						
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						
49999-0090-05		Q0170		04/15/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	5	EA	BO	PO	EA	25 MG		1	04/15/2005	12/31/2013						
49999-0090-10		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	10	EA	BO	PO	EA	12.5 MG		2	01/01/2014	99/99/9999						
49999-0090-10		Q0170		06/05/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	25 MG		1	06/05/2002	12/31/2013						
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						
49999-0090-12		Q0170		05/07/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	25 MG		1	05/07/2003	12/31/2013						
49999-0090-15		Q0169		01/01/2014	12/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	12.5 MG		2	01/01/2014	12/31/2014						
49999-0090-15		Q0170		12/01/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	25 MG		1	12/01/2003	12/31/2013						
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						
49999-0090-20		Q0170		10/15/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25 MG		1	10/15/2003	12/31/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49999-0090-30		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						
49999-0090-30		Q0170		04/15/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25 MG		1	04/15/2005	12/31/2013						
49999-0090-60		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	60	EA	BO	PO	EA	12.5 MG		2	01/01/2014	12/31/2016						
49999-0090-60		Q0170		02/10/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	60	EA	BO	PO	EA	25 MG		1	02/10/2004	12/31/2013						
49999-0091-15		Q0163		03/26/2003	12/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	03/26/2003	12/31/2014						
49999-0091-20		Q0163		09/03/2002	01/01/2015	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	20	EA	BO	PO	EA	50 MG		1	09/03/2002	01/01/2015						
49999-0091-60		Q0163		05/07/2003	01/01/2015	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	60	EA	BO	PO	EA	50 MG		1	05/07/2003	01/01/2015						
49999-0096-04		Q0144		01/27/2006	01/01/2015	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1 GM		0.25	01/27/2006	01/01/2015						
49999-0096-06		Q0144		08/08/2002	01/01/2015	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6	EA	BO	PO	EA	1 GM		0.25	08/08/2002	01/01/2015						
49999-0110-00		J7506		07/06/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5 MG		4	07/06/2004	12/31/2015						
49999-0110-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
49999-0110-06		J7506		08/27/2002	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	6	EA	BO	PO	EA	5 MG		4	08/27/2002	12/31/2015						
49999-0110-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	6	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
49999-0110-07		J7506		04/06/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	7	EA	BO	PO	EA	5 MG		4	04/06/2005	12/31/2015						
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	1 MG		20	01/01/2016	99/99/9999						
49999-0110-10		J7506		07/06/2004	01/01/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5 MG		4	07/06/2004	01/01/2015						
49999-0110-12		J7506		07/06/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	12	EA	BO	PO	EA	5 MG		4	07/06/2004	12/31/2015						
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	1 MG		20	01/01/2016	99/99/9999						
49999-0110-14		J7506		07/06/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	14	EA	BO	PO	EA	5 MG		4	07/06/2004	12/31/2015						
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						
49999-0110-15		J7506		03/27/2006	01/01/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5 MG		4	03/27/2006	01/01/2015						
49999-0110-18		J7506		10/15/2004	01/01/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	5 MG		4	10/15/2004	01/01/2015						
49999-0110-20		J7506		07/11/2002	01/01/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5 MG		4	07/11/2002	01/01/2015						
49999-0110-21		J7506		02/24/2005	01/01/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5 MG		4	02/24/2005	01/01/2015						
49999-0110-30		J7506		03/26/2003	01/01/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5 MG		4	03/26/2003	01/01/2015						
49999-0153-21		J7509		09/03/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4 MG		1	09/03/2002	99/99/9999						
49999-0231-35		J8499		06/02/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1 EA		1	06/02/2005	99/99/9999						
49999-0260-15		Q0144		07/01/2003	01/01/2015	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.04	07/01/2003	01/01/2015						
49999-0262-04		Q0169		01/01/2014	01/01/2015	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	01/01/2015						
49999-0262-04		Q0170		07/01/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	BO	PO	ML	25 MG		0.05	07/01/2003	12/31/2013						
49999-0335-06		J7510		02/10/2004	01/01/2015	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	02/10/2004	01/01/2015						
49999-0335-24		J7510		05/10/2004	01/01/2015	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	05/10/2004	01/01/2015						
49999-0339-12		J8498		09/01/2006	01/01/2015	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 12.5 MG	12	EA	BX	RC	EA	1 EA		1	09/01/2006	01/01/2015						
49999-0340-12		J8498		01/01/2006	01/01/2015	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	01/01/2015						
49999-0344-25		J7613		04/01/2008	01/01/2015	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	01/01/2015						

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	
49999-0344-25	KO	J7613	KO	04/01/2008	01/01/2015	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	01/01/2015							
49999-0380-24	None	06/09/2004		01/01/2015		METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	24	EA	DP	PO	EA	2.5	MG	1	06/09/2004	01/01/2015							
49999-0380-36	None	12/23/2009		01/01/2015		METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	12/23/2009	01/01/2015							
49999-0385-10	J8499			06/09/2004	01/01/2015	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	10	EA	BO	PO	EA	1	EA	1	06/09/2004	01/01/2015							
49999-0385-15	J8499			06/09/2004	01/01/2015	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	15	EA	BO	PO	EA	1	EA	1	06/09/2004	01/01/2015							
49999-0385-25	J8499			06/09/2004	01/01/2015	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	06/09/2004	01/01/2015							
49999-0385-40	J8499			06/02/2005	01/01/2015	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1	EA	1	06/02/2005	01/01/2015							
49999-0437-03	J7506			08/12/2004	01/01/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	3	EA	BO	PO	EA	5	MG	10	08/12/2004	01/01/2015							
49999-0525-10	J1200			01/25/2008	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE 50 MG/ML	1	ML	VL	IU	ML	50	MG	1	01/25/2008	02/03/2016							
49999-0582-15	Q0144			01/27/2006	01/01/2015	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	01/27/2006	01/01/2015							
49999-0671-50	J2001			05/16/2008	01/01/2015	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (1X50ML) 1%	50	ML	NA	EP	ML	10	MG	1	05/16/2008	01/01/2015							
49999-0783-30	Q0162			01/01/2012	01/01/2015	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 (CAPLET) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	01/01/2015							
49999-0786-06	Q0144			01/11/2006	01/01/2015	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1	GM	0.25	01/11/2006	01/01/2015							
49999-0902-20	Q0169			01/11/2007	01/01/2015	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	20	EA	BO	PO	EA	12.5	MG	1	01/11/2007	01/01/2015							
49999-0929-01	J7510			04/20/2007	01/01/2015	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.2	04/20/2007	01/01/2015							
49999-0936-00	J7517			12/21/2007	01/01/2015	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	100	EA	BO	PO	EA	250	MG	1	12/21/2007	01/01/2015							
49999-0936-30	J7517			04/30/2007	12/31/2014	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	30	EA	BO	PO	EA	250	MG	1	04/30/2007	12/31/2014							
49999-0937-30	J7517			04/30/2007	12/31/2014	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 500 MG	30	EA	BO	PO	EA	250	MG	2	04/30/2007	12/31/2014							
49999-0986-30	J8999			06/14/2007	01/01/2015	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	AROMASIN 25 MG	30	EA	BO	PO	EA	1	EA	1	06/14/2007	01/01/2015							
49999-0993-10	J1815			06/14/2007	01/01/2015	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	06/14/2007	01/01/2015							
49999-0994-10	J1815			06/14/2007	01/01/2015	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10	ML	VL	SC	ML	5	U	20	06/14/2007	01/01/2015							
50000-2345-09	None	06/08/2018		06/08/2018	99999999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/08/2018	99999999							
50000-2345-09	None	06/08/2018		06/08/2018	99999999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/08/2018	99999999							
50000-3418-02	None	06/08/2018		06/08/2018	99999999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	06/08/2018	99999999							
50000-3418-09	None	06/08/2018		06/08/2018	99999999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/08/2018	99999999							
50111-0787-66	Q0144			01/10/2012	99999999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (6X3, FILM-COATED) 250 MG	18	EA	DP	PO	EA	1	GM	0.25	01/10/2012	99999999							
50111-0788-10	Q0144			04/05/2017	99999999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	04/05/2017	99999999							
50111-0788-67	Q0144			02/26/2014	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3, FILM-COATED) 500 MG	9	EA	BP	PO	EA	1000	MG	0.5	02/26/2014	02/03/2016							
50111-0794-78	J0456			07/25/2007	06/30/2013	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (USP) 500 MG	10	EA	VL	IU	EA	500	MG	1	07/25/2007	06/30/2013							
50242-0018-21	J2941			01/01/2002	07/31/2013	INJECTION, SOMATROPIN, 1 MG	NUTROPIN (VAL W/DILUENT) 10 MG	1	EA	VL	SC	EA	1	MG	10	01/01/2002	07/31/2013							
50242-0020-20	J2941			01/01/2002	11/30/2013	INJECTION, SOMATROPIN, 1 MG	NUTROPIN (VAL) 10 MG	1	EA	VL	SC	EA	1	MG	10	01/01/2002	11/30/2013							
50242-0022-20	J2941			01/01/2002	03/31/2013	INJECTION, SOMATROPIN, 1 MG	NUTROPIN AQ (VAL CARTON) 5 MG/ML	2	ML	VL	SC	EA	1	MG	5	01/01/2002	03/31/2013							
50242-0040-62	J2357			01/01/2005	99999999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR 150 MG	1	EA	VL	SC	EA	5	MG	30	01/01/2005	99999999							
50242-0041-63	J2997			01/18/2007	12/20/2018	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	CATHFLO ACTIVASE (INNER) 2 MG	1	EA	VL	IU	EA	1	MG	2	01/18/2007	12/20/2018							
50242-0041-64	J2997			01/01/2002	99999999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	CATHFLO ACTIVASE (VAL) 2 MG	1	EA	VL	IU	EA	1	MG	2	01/01/2002	99999999							
50242-0043-14	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							
50242-0044-13	J2997			01/01/2002	99999999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	ACTIVASE (W/DILUENT) 50 MG	1	EA	VL	IU	EA	50	MG	10	01/01/2002	99999999							
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	IU	ML	100	MG	0.1	01/01/2002	12/31/2018							
50242-0051-21	J9312			01/01/2019	99999999	INJECTION, RITUXIMAB, 100 MG	RITUXAN (S.D.V. PF) 10 MG/ML	10	ML	VL	IU	ML	100	MG	0.1	01/01/2019	99999999							
50242-0053-06	J9310			01/01/2002	12/31/2018	INJECTION, RITUXIMAB, 100 MG	RITUXAN (S.D.V. PF) 10 MG/ML	50	ML	VL	IU	ML	100	MG	0.1	01/01/2002	12/31/2018							
50242-0053-06	J9312			01/01/2019	99999999	INJECTION, RITUXIMAB, 100 MG	RITUXAN (S.D.V. PF) 10 MG/ML	50	ML	VL	IU	ML	100	MG	0.1	01/01/2019	99999999							
50242-0054-01	J9035			01/01/2005	99999999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/ML	4	ML	VL	IU	ML	10	MG	2.5	01/01/2005	99999999							
50242-0061-01	J9035			01/01/2005	99999999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/ML	16	ML	VL	IU	ML	10	MG	2.5	01/01/2005	99999999							
50242-0073-01	J2941			01/28/2008	07/31/2016	INJECTION, SOMATROPIN, 1 MG	NUTROPIN AQ PEN (1X2ML) 10 MG/ML	2	ML	CT	SC	ML	1	MG	10	01/28/2008	07/31/2016							
50242-0080-01	J2778			01/01/2008	99999999	INJECTION, RANIBIZUMAB, 0.1 MG	LUCENTIS (INTRAVITREAL INJECTION) 0.5 MG/0.05 ML	0.05	ML	VL	IO	ML	0.1	MG	1	01/01/2008	99999999							
50242-0080-02	J2778			05/15/2017	04/30/2018	INJECTION, RANIBIZUMAB, 0.1 MG	LUCENTIS (INTRAVITREAL INJECTION) 0.5 MG/0.05 ML	0.05	ML	VL	IO	ML	0.1	MG	100	05/15/2017	04/30/2018							
50242-0080-03	J2778			01/30/2017	99999999	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	99999999							
50242-0082-02	J2778			05/15/2017	99999999	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	99999999							
50242-0082-03	J2778			04/23/2018	99999999	INJECTION, RANIBIZUMAB, 0.1 MG	LUCENTIS (INTRAVITREAL PF) 0.3 MG/0.05 ML	0.05	ML	VL	IO	ML	0.1	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
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						
50268-0154-11		None		03/12/2018	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE AVPAK (INNER PACK, FILM COATED) 500 MG	1	EA	ST	PO	EA	500 MG		1	03/12/2018	99/99/9999						
50268-0154-13		None		03/12/2018	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE AVPAK (FILM COATED) 500 MG	30	EA	ST	PO	EA	500 MG		1	03/12/2018	99/99/9999						
50268-0684-15		Q0164		05/01/2019	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE AVPAK (USP, 5X10, FILM-COATED) 5 MG	50	EA	BX	PO	EA	5 MG		1	05/01/2019	99/99/9999						
50268-0685-15		Q0164		05/01/2019	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE AVPAK (USP, 5X10, FILM-COATED) 10 MG	50	EA	BX	PO	EA	5 MG		2	05/01/2019	99/99/9999						
50268-0761-11		None		03/24/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (INNER PACK) 20 MG	1	EA	ST	PO	EA	20 MG		1	03/24/2017	99/99/9999						
50268-0761-12		None		03/24/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (INNER PACK) 20 MG	20	EA	ST	PO	EA	20 MG		1	03/24/2017	99/99/9999						
50268-0762-11		None		03/24/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE (INNERPACK) 100 MG	1	EA	ST	PO	EA	100 MG		1	03/24/2017	99/99/9999						
50268-0762-12		None		03/24/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	20	EA	ST	PO	EA	100 MG		1	03/24/2017	99/99/9999						
50268-0763-11		None		03/24/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (INNERPACK) 140 MG	1	EA	ST	PO	EA	20 MG		7	03/24/2017	99/99/9999						
50268-0763-12		None		03/24/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	20	EA	ST	PO	EA	20 MG		7	03/24/2017	99/99/9999						
50383-0040-04		J7510		01/22/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF, SF, DYE-FREE) 5 MG/5 ML	120	ML	BO	PO	ML	5 MG		0.2	01/22/2003	99/99/9999						
50383-0042-24		J7510		03/24/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	03/24/2003	99/99/9999						
50383-0042-48		J7510		03/17/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	480	ML	BO	PO	ML	5 MG		0.6	03/17/2003	99/99/9999						
50383-0741-20		J7611		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1 MG		5	04/01/2008	99/99/9999						
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						
50383-0801-16		Q0170		03/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL (CHERRY) 6.25 MG/5 ML	473	ML	BO	PO	ML	25 MG		0.05	03/01/2004	12/31/2013						
50383-0810-16		J8499		06/13/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (BANANA) 200 MG/5 ML	473	ML	BO	PO	ML	1 EA		1	03/25/2019	99/99/9999	06/13/2005	09/01/2017	1			
50419-0385-01		J3490		09/18/2017	12/31/2018	UNCLASSIFIED DRUGS	ALIQOPA (LYOPHILIZED) 80 MG	1	EA	VL	IV	EA	1 MG		1	09/18/2017	12/31/2018						
50419-0385-01		J9057		01/01/2019	99/99/9999	INJECTION, COPANLISIB, 1 MG	ALIQOPA (LYOPHILIZED) 80 MG	1	EA	VL	IV	EA	1 MG		60	01/01/2019	99/99/9999						
50419-0511-06		J9185		01/01/2002	06/30/2014	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARA 50 MG	1	EA	VL	IV	EA	50 MG		1	01/01/2002	06/30/2014						
50419-0523-25		J1830		01/02/2004	99/99/9999	INJECTION INTERFERON BETA-1B, 0.25 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)	BETASERON (15 BLISTER UNITS, PF) 0.3 MG-0.54%	15	EA	VL	MR	EA	0.25 MG		18	01/02/2004	99/99/9999						
50419-0537-01		J2280		04/01/2017	99/99/9999	INJECTION, MOXFLOXACIN, 100 MG	AVELOX I.V. (SINGLE-DOSE FLEXIBAG, PF) 400 MG/250 ML	250	ML	BG	IV	ML	100 MG		0.016	04/01/2017	99/99/9999						
50436-1730-05		J7512		11/01/2018	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	1 MG		10	11/01/2018	99/99/9999						
50436-1880-01		Q0162		12/04/2018	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 HYDROCHLORIDE 8 MG	30	EA	BO	PO	EA	1 MG		8	12/04/2018	99/99/9999						
50458-0306-11		J2794		01/01/2005	99/99/9999	INJECTION, RISPERIDONE (RISPERDAL CONSTA), 0.5 MG	RISPERDAL CONSTA 25 MG	1	EA	VL	IM	EA	0.5 MG		50	01/01/2005	99/99/9999						
50458-0307-11		J2794		01/01/2005	99/99/9999	INJECTION, RISPERIDONE (RISPERDAL CONSTA), 0.5 MG	RISPERDAL CONSTA 37.5 MG	1	EA	VL	IM	EA	0.5 MG		75	01/01/2005	99/99/9999						
50458-0308-11		J2794		01/01/2005	99/99/9999	INJECTION, RISPERIDONE (RISPERDAL CONSTA), 0.5 MG	RISPERDAL CONSTA 50 MG	1	EA	VL	IM	EA	0.5 MG		100	01/01/2005	99/99/9999						
50458-0309-11		J2794		04/23/2007	99/99/9999	INJECTION, RISPERIDONE (RISPERDAL CONSTA), 0.5 MG	RISPERDAL CONSTA 12.5 MG	1	EA	VL	IM	EA	0.5 MG		25	04/23/2007	99/99/9999						
50486-0078-22		A4216		01/01/2006	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	BRONCHO SALINE 0.9%	90	ML	BO	IH	ML	10 ML		0.1	01/01/2006	02/03/2016						
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						
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						
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						
50580-0228-50		Q0163		10/30/2017	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL ALLERGY (ULTRATAR) 25 MG	100	EA	BX	PO	EA	50 MG		0.5	10/30/2017	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
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						
50580-0843-24		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	24	EA	BO	PO	EA	50 MG		0.5	02/02/2009	99/99/9999						
50742-0189-01		J7509		03/25/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4 MG		1	03/25/2019	99/99/9999						
50742-0189-21		J7509		03/25/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4 MG		1	03/25/2019	99/99/9999						
50742-0208-01		J7507		10/01/2012	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	1	EA	EA	PO	EA	1 MG		1	10/01/2012	99/99/9999						
50742-0401-02		J9206		02/05/2018	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	2	ML	VL	IV	ML	20 MG		1	02/05/2018	99/99/9999						
50742-0402-05		J9206		02/05/2018	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	5	ML	VL	IV	ML	20 MG		1	02/05/2018	99/99/9999						
50742-0405-10		J9263		02/20/2019	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5 MG		10	02/20/2019	99/99/9999						
50742-0406-20		J9263		02/20/2019	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5 MG		10	02/20/2019	99/99/9999						
50742-0428-02		J9171		04/13/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X2ML,SINGLE-USE) 10 MG/1 ML	2	ML	VL	IV	ML	1 MG		10	04/13/2018	99/99/9999						
50742-0431-08		J9171		04/13/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X1ML,SINGLE-USE) 10 MG/1 ML	8	ML	VL	IV	ML	1 MG		10	04/13/2018	99/99/9999						
50742-0438-10		J9017		11/15/2018	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1 MG		1	11/15/2018	99/99/9999						
50742-0445-05		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						
50742-0446-15		J9045		01/29/2018	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	15	ML	VL	IV	ML	50 MG		0.2	01/29/2018	99/99/9999						
50742-0447-45		J9045		01/29/2018	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	45	ML	VL	IV	ML	50 MG		0.2	01/29/2018	99/99/9999						
50742-0448-60		J9045		01/29/2018	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	60	ML	VL	IV	ML	50 MG		0.2	01/29/2018	99/99/9999						
50742-0463-16		J9171		04/13/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X16ML,SINGLE-USE) 10 MG/1 ML	16	ML	VL	IV	ML	1 MG		10	04/13/2018	99/99/9999						
50742-0494-17		J0641		09/01/2018	99/99/9999	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (PF) 10 MG/1 ML	17.5	ML	VL	IV	ML	0.5 MG		20	09/01/2018	99/99/9999						
50742-0495-25		J0641		09/01/2018	99/99/9999	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (PF) 10 MG/1 ML	25	ML	VL	IV	ML	0.5 MG		20	09/01/2018	99/99/9999						
50742-0512-20		J9027		02/25/2019	99/99/9999	INJECTION, CLOFARABINE, 1MG	CLOFARABINE (SDV,PF) 1 MG/1 ML	20	ML	VL	IV	ML	1 MG		1	02/25/2019	99/99/9999						
50962-0650-01		A4216		01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (INHALATION) 0.9%	1	ML	EA	IH	ML	10 ML		0.1	01/01/2006	99/99/9999						
51079-0028-20		J7507		08/06/2013	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (10X10,HARD GELATIN) 5 MG	100	EA	BX	PO	EA	1 MG		5	08/06/2013	99/99/9999						
51079-0066-01		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	BX	PO	EA	50 MG		1	01/01/2002	02/03/2016						
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						
51079-0077-01		Q0177		11/26/2007	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (USP) 25 MG	1	EA	NA	PO	EA	25 MG		1	11/26/2007	99/99/9999						
51079-0077-20		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (10X10) 25 MG	100	EA	BX	PO	EA	25 MG		1	11/26/2007	99/99/9999	01/01/2002	04/01/2002				
51079-0078-01		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (USP) 50 MG	1	EA	NA	PO	EA	25 MG		2	01/01/2014	99/99/9999						
51079-0078-01		Q0178		11/26/2007	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE (USP) 50 MG	1	EA	NA	PO	EA	50 MG		1	11/26/2007	12/31/2013						
51079-0078-20		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (10X10) 50 MG	100	EA	BX	PO	EA	25 MG		2	01/01/2014	99/99/9999						
51079-0078-20		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE (10X10) 50 MG	100	EA	BX	PO	EA	50 MG		1	11/26/2007	12/31/2013	01/01/2002	04/01/2002				
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						
51079-0434-20		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 20 MG	100	EA	BX	PO	EA	1 EA		1	01/01/2002	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
51079-0435-20		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						
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						
51079-0510-01		None		08/25/2014	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE,(USP,FILM COATED) 500MG	1	EA	BP	PO	EA	500	MG		1	08/25/2014	99/99/9999						
51079-0510-05		None		08/25/2014	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE,(USP,FILM COATED) 500MG	20	EA	BX	PO	EA	500	MG		1	08/25/2014	99/99/9999						
51079-0524-01		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	1	EA	BP	PO	EA	1	MG		4	01/01/2012	99/99/9999						
51079-0524-20		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) 4 MG	100	EA	BX	PO	EA	1	MG		4	01/01/2012	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						
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						
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	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	5	MG		1	01/01/2002	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	5	MG		2	01/01/2014	99/99/9999						
51079-0542-01		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE (USP) 10 MG	1	EA	BX	PO	EA	10	MG		1	01/01/2002	12/31/2013						
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	5	MG		2	01/01/2014	99/99/9999						
51079-0542-20		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE (10X10) 10 MG	100	EA	BX	PO	EA	10	MG		1	01/01/2002	12/31/2013						
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							
51079-0620-06		J7500		07/23/2010	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (5X10,USP) 50 MG	50	EA	BX	PO	EA	50	MG		1	07/23/2010	99/99/9999						
51079-0670-01		None		01/01/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM (USP) 2.5 MG	1	EA	BX	PO	EA	2.5	MG		1	01/01/1994	99/99/9999						
51079-0670-05		None		01/01/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM (2X10) 2.5 MG	20	EA	BX	PO	EA	2.5	MG		1	01/01/1994	99/99/9999						
51079-0721-20		J7517		06/01/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (10 X 10,HARD GELATIN) 250 MG	100	EA	ST	PO	EA	250	MG		1	06/01/2009	99/99/9999						
51079-0817-20		J7507		08/06/2013	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (10X10,HARD GELATIN) 0.5 MG	100	EA	BX	PO	EA	1	MG		0.5	08/06/2013	99/99/9999						
51079-0818-20		J7507		11/01/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (10X10,HARD GELATIN) 1 MG	100	EA	BX	PO	EA	1	MG		1	08/06/2013	99/99/9999	11/01/2010	07/13/2012	1			
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						
51079-0895-01		Q0170		02/01/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1	EA	BX	PO	EA	25	MG		1	02/01/2007	12/31/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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 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					
51079-0895-20		Q0170		03/14/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL (10X10) 25 MG	100	EA	BX	PO	EA	25 MG			1	02/01/2007	12/31/2013	03/14/2005	05/24/2005			
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					
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	U	EA	5 MG			1	01/31/2018	99/99/9999					
51224-0013-10		J1953		12/10/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (10X5ML, SINGLE-USE) 100 MG/1 ML	5	ML	VL	IV	ML	10 MG			10	12/10/2018	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	VL	IV	ML	10 MG			10	12/10/2018	99/99/9999					
51285-0366-01	None	03/09/2006	99/99/9999	03/09/2006	99/99/9999	METHOTREXATE, 5 MG	TREXALL (FILM-COATED) 5 MG	30	EA	BO	PO	EA	5 MG			1	03/09/2006	99/99/9999					
51285-0367-01	None	03/09/2006	99/99/9999	03/09/2006	99/99/9999	METHOTREXATE, 7.5 MG	TREXALL (FILM-COATED) 7.5 MG	30	EA	BO	PO	EA	7.5 MG			1	03/09/2006	99/99/9999					
51285-0368-01	None	12/01/2005	99/99/9999	12/01/2005	99/99/9999	METHOTREXATE, 10 MG	TREXALL (FILM-COATED) 10 MG	30	EA	BO	PO	EA	10 MG			1	12/01/2005	99/99/9999					
51285-0369-01	None	12/01/2005	99/99/9999	12/01/2005	99/99/9999	METHOTREXATE, 15 MG	TREXALL (FILM-COATED) 15 MG	30	EA	BO	PO	EA	15 MG			1	12/01/2005	99/99/9999					
51407-0095-60	None	08/08/2018	99/99/9999	08/08/2018	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE 150 MG	60	EA	BO	PO	EA	150 MG			1	08/08/2018	99/99/9999					
51407-0096-12	None	08/08/2018	99/99/9999	08/08/2018	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE 500 MG	120	EA	BO	PO	EA	500 MG			1	08/08/2018	99/99/9999					
51407-0121-01	None	06/07/2018	99/99/9999	06/07/2018	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	100	EA	BO	PO	EA	2.5 MG			1	06/07/2018	99/99/9999					
51552-0005-01	J2675	09/01/2003		01/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	01/01/2015					
51552-0005-03	J2675	09/01/2003		01/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	01/01/2015					
51552-0005-04	J2675	09/01/2003		01/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	01/01/2015					
51552-0005-05	J2675	09/01/2003		01/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	JR	NA	GM	50 MG			20	09/01/2003	01/01/2015					
51552-0005-07	J2675	09/01/2003		01/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	01/01/2015					
51552-0006-01	J2675	09/01/2003		01/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	01/01/2015					
51552-0006-03	J2675	09/01/2003		01/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	01/01/2015					
51552-0006-04	J2675	09/01/2003		01/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	01/01/2015					
51552-0006-05	J2675	09/01/2003		01/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	01/01/2015					
51552-0006-07	J2675	09/01/2003		01/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	01/01/2015					
51552-0021-01	J1700	01/01/2002		01/01/2015	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25 MG			40	01/01/2002	01/01/2015					
51552-0021-02	J1700	09/01/2003		09/01/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25 MG			40	09/01/2003	99/99/9999					
51552-0021-03	J1700	09/01/2003		09/01/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25 MG			40	09/01/2003	99/99/9999					
51552-0021-04	J1700	09/01/2003		09/01/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25 MG			40	09/01/2003	99/99/9999					
51552-0021-05	J1700	09/01/2003		09/01/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25 MG			40	09/01/2003	99/99/9999					
51552-0024-01	J1094	09/01/2003		09/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0024-02	J1094	09/01/2003		09/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0024-03	J1094	09/01/2003		09/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0024-04	J1094	09/01/2003		09/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0025-01	J7638	01/01/2002		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999					
51552-0025-01	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999					
51552-0025-02	J7638	09/01/2003		09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0025-02	KO	J7638	KO	09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0025-03	J7638	09/01/2003		09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0025-03	KO	J7638	KO	09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0025-04	J7638	09/01/2003		09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0025-04	KO	J7638	KO	09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0026-01	J7510	09/01/2003		09/01/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	09/01/2003	99/99/9999					
51552-0026-02	J7510	09/01/2003		09/01/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	09/01/2003	99/99/9999					
51552-0026-05	J7510	09/01/2003		09/01/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	09/01/2003	99/99/9999					
51552-0028-01	J7506	01/01/2012		12/31/2015	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE	1	EA	BO	NA	GM	5 MG			200	01/01/2012	12/31/2015					
51552-0028-01	J7512	01/01/2016		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE	1	GM	BO	NA	GM	1 MG			1000	01/01/2016	99/99/9999					
51552-0028-02	J7506	09/01/2003		12/31/2015	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	09/01/2003	12/31/2015					
51552-0028-02	J7512	01/01/2016		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.)	5	GM	BO	NA	GM	1 MG			1000	01/01/2016	99/99/9999					
51552-0028-04	J7506	09/01/2003		12/31/2015	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNIS																

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0029-04		J3140		09/01/2003	07/30/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	09/01/2003	07/30/2013						
51552-0029-07		J3140		09/01/2003	07/30/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	50 MG			20	09/01/2003	07/30/2013						
51552-0030-01		J3150		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2002	12/31/2014						
51552-0030-01		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.)	1 GM	BO	NA	GM	1 EA			1	01/01/2015	99/99/9999						
51552-0030-02		J3150		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	09/01/2003	12/31/2014						
51552-0030-02		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.)	5 GM	BO	NA	GM	1 EA			1	01/01/2015	99/99/9999						
51552-0030-04		J3150		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	09/01/2003	12/31/2014						
51552-0030-04		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.)	25 GM	BO	NA	GM	1 EA			1	01/01/2015	99/99/9999						
51552-0030-05		J3150		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	09/01/2003	12/31/2014						
51552-0030-05		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.)	100 GM	BO	NA	GM	1 EA			1	01/01/2015	99/99/9999						
51552-0030-08		J3150		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	100 MG			10	09/01/2003	12/31/2014						
51552-0030-08		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	0.3 GM	BO	NA	GM	1 EA			1	01/01/2015	01/01/2015						
51552-0030-09		J3150		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	100 MG			10	09/01/2003	12/31/2014						
51552-0030-09		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	0.6 GM	BO	NA	GM	1 EA			1	01/01/2015	99/99/9999						
51552-0033-01		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
51552-0033-01	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
51552-0033-02		J7684		09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0033-02	KO	J7684	KO	09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0033-03		J7684		09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0033-03	KO	J7684	KO	09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0033-05		J7684		09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0033-05	KO	J7684	KO	09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0038-03		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	09/01/2003	99/99/9999						
51552-0038-04		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	09/01/2003	99/99/9999						
51552-0038-05		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	JR	NA	GM	1 EA			1	09/01/2003	99/99/9999						
51552-0038-06		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	09/01/2003	99/99/9999						
51552-0042-01		J7643		01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
51552-0042-01	KO	J7643	KO	01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
51552-0044-02		J7609		01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	01/01/2015						
51552-0044-02	KO	J7609	KO	01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	01/01/2015						
51552-0044-04		J7609		01/01/2007	01/01/2015	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	01/01/2015						
51552-0044-04	KO	J7609	KO	01/01/2007	01/01/2015	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	01/01/2015						
51552-0044-05		J7609		01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	01/01/2015						
51552-0044-05	KO	J7609	KO	01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	01/01/2015						
51552-0044-06		J7609		01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	01/01/2015						
51552-0044-06	KO	J7609	KO	01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	01/01/2015						
51552-0044-07	KO	J7609	KO	01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	01/01/2015						
51552-0057-04		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,N.F.)	1 EA	BO	NA	GM	40 GM			0.025	01/01/2002	99/99/9999						
51552-0057-06		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						
51552-0057-08		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						
51552-0061-06		J3480		09/01/2003	01/01/2015	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.,N.F.)	1 EA	BO	NA	GM	2 MEQ			6.71141	09/01/2003	01/01/2015						
51552-0064-01		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
51552-0064-01	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0064-02		J7624		09/01/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0064-02	KO	J7624	KO	09/01/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0074-05		Q0164		01/01/2014	01/01/2015	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	01/01/2015						
51552-0074-05		Q0165		09/01/2003	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	12/31/2013						
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 N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	25	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999						
51552-0074-09		Q0165		09/01/2003	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	12/31/2013						
51552-0079-02		J7670		01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015						
51552-0079-02	KO	J7670	KO	01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015						
51552-0079-04		J7670		01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015						
51552-0079-04	KO	J7670	KO	01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015						
51552-0079-05		J7670		01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015						
51552-0079-05	KO	J7670	KO	01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015						
51552-0079-07		J7670		01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015						
51552-0079-07	KO	J7670	KO	01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015						
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						
51552-0106-05		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	10	MG	100	01/01/2004	99/99/9999						
51552-0106-06		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						
51552-0106-09		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/16/2015	99/99/9999	01/01/2004	11/06/2013	100			
51552-0124-02		J1200		09/01/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0124-04		J1200		09/01/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0124-05		J1200		09/01/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0124-06		J1200		09/01/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0130-02		J3490		09/01/2003	07/30/2013	UNCLASSIFIED DRUGS	BENZOCANINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	07/30/2013						
51552-0130-04		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCANINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
51552-0130-06		J3490		09/01/2003	07/30/2013	UNCLASSIFIED DRUGS	BENZOCANINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	07/30/2013						
51552-0139-04		J3230		09/01/2003	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0139-05		J3230		09/01/2003	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0139-07		J3230		09/01/2003	01/01/2015	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	01/01/2015						
51552-0141-02		J1980		09/01/2003	01/01/2015	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	0.25	MG	4000	09/01/2003	01/01/2015						
51552-0141-04		J1980		09/01/2003	01/01/2015	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	0.25	MG	4000	09/01/2003	01/01/2015						
51552-0147-01		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	01/01/2002	99/99/9999						
51552-0147-02		J2550		09/01/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0147-04		J2550		09/01/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0147-05		J2550		09/01/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0149-04		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	100	MG	10	01/01/2004	99/99/9999						
51552-0149-05		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999						
51552-0156-02		J7636		09/01/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0156-02	KO	J7636	KO	09/01/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0156-04		J7636		09/01/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0156-04	KO	J7636	KO	09/01/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0180-03		J2765		09/01/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0180-04		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						
51552-0180-05		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						
51552-0188-01		J1330		01/01/2002	01/01/2015	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	0.2	MG	5000	01/01/2002	01/01/2015						
51552-0188-05		J1330		09/01/2003	01/01/2015	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.,N.F.)	1	EA	VL	NA	GM	0.2	MG	5000	09/01/2003	01/01/2015						
51552-0188-07		J1330		09/01/2003	01/01/2015	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	0.2	MG	5000	09/01/2003	01/01/2015						
51552-0201-04		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
51552-0201-04	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
51552-0201-05		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
51552-0201-05	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
51552-0201-07		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
51552-0201-07	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
51552-0232-02		J7799		09/01/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0232-04		J7799		09/01/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0232-05		J7799		09/01/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0233-01		J1110		01/01/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0233-02		J1110		09/01/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0278-01		J3302		01/01/2002	01/01/2015	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	01/01/2015						
51552-0278-02		J3302		09/01/2003	01/01/2015	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	01/01/2015						
51552-0278-03		J3302		09/01/2003	01/01/2015	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	01/01/2015						
51552-0304-01		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0304-02		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0304-03		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0304-04		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (1X25GM)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0304-05		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0304-07		J0285		09/01/2003	01/01/2015	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	01/01/2015						
51552-0304-09		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0313-05		J0280		09/01/2003	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	JR	NA	GM	250	MG	4	09/01/2003	99/99/9999						
51552-0313-06		J0280		09/01/2003	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	09/01/2003	99/99/9999						
51552-0324-06		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						
51552-0324-08		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						
51552-0324-09		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						
51552-0380-05		J2150		09/01/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	ML	0.08	09/01/2003	99/99/9999						
51552-0380-06		J2150		09/01/2003	10/17/2016	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	ML	0.08	09/01/2003	10/17/2016						
51552-0380-08		J2150		09/01/2003	10/17/2016	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	09/01/2003	10/17/2016						
51552-0393-01		J7645		01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015						
51552-0393-01	KO	J7645	KO	01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015						
51552-0393-02		J7645		01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015						
51552-0393-02	KO	J7645	KO	01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015						
51552-0393-04		J7645		01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015						
51552-0393-04	KO	J7645	KO	01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015						
51552-0393-05		J7645		01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015						
51552-0393-05	KO	J7645	KO	01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015						
51552-0416-02		J2440		09/01/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	09/01/2003	99/99/9999						
51552-0416-04		J2440		09/01/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	09/01/2003	99/99/9999						
51552-0416-07		J2440		09/01/2003	01/01/2015	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	09/01/2003	01/01/2015						
51552-0423-02		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
51552-0423-02	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0423-04	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
51552-0423-05		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
51552-0423-05	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
51552-0423-07		J7632		01/01/2008	01/01/2015	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	01/01/2015						
51552-0423-07	KO	J7632	KO	01/01/2008	01/01/2015	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	01/01/2015						
51552-0430-01		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0430-01	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0430-02		J7638		09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0430-02	KO	J7638	KO	09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0435-05		J0600		09/01/2003	01/01/2015	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (U.S.P.,F.C.C.)	1	EA	BO	NA	GM	1000	MG	1	09/01/2003	01/01/2015						
51552-0445-01		J1435		01/01/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0445-02		J1435		09/01/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0445-04		J1435		09/01/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0446-03		J7681		09/01/2003	01/01/2015	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P., NF)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	01/01/2015						
51552-0446-03	KO	J7681	KO	09/01/2003	01/01/2015	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P., NF)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	01/01/2015						
51552-0446-04		J7681		09/01/2003	01/01/2015	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	01/01/2015						
51552-0446-04	KO	J7681	KO	09/01/2003	01/01/2015	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	01/01/2015						
51552-0464-02		J1320		09/01/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (1X5GM)	1	EA	BO	NA	GM	20	MG	50	09/01/2003	99/99/9999						
51552-0464-05		J1320		09/01/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (1X100MG)	1	EA	BO	NA	GM	20	MG	50	09/01/2003	99/99/9999						
51552-0464-06		J1320		09/01/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (1X500MG)	1	EA	JR	NA	GM	20	MG	50	09/01/2003	99/99/9999						
51552-0489-01		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						
51552-0489-02		J0735		09/01/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0487-05		J2810		09/01/2003	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	40	MG	25	09/01/2003	99/99/9999						
51552-0496-01		J2760		01/01/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
51552-0496-02		J2760		09/01/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0496-04		J2760		09/01/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0496-05		J2760		09/01/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0496-09		J2760		09/01/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0498-01		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						
51552-0498-03		J0270		09/01/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTAGLANDIN E1 (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	09/01/2003	99/99/9999						
51552-0498-05		J0270		09/01/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTAGLANDIN E1 (1X100MG,USP)	1	EA	BO	NA	GM	1.25	MCG	800000	09/01/2003	99/99/9999						
51552-0498-09		J0270		09/01/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTAGLANDIN E1 (1X5MG,USP)	1	EA	BO	NA	GM	1.25	MCG	800000	09/01/2003	99/99/9999						
51552-0519-01		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
51552-0519-02		J1630		09/01/2003	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0526-05		J7799		09/01/2003	01/01/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P., N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	01/01/2015						
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						
51552-0529-03		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						
51552-0532-04		J1165		09/01/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0564-04		J3140		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	12/31/2014						
51552-0564-04		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.)	25	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51552-0564-05		J3140		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	12/31/2014						
51552-0564-05		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P., MICRONIZED)	100	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51552-0564-07		J3140		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	12/31/2014						
51552-0564-07		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.)	1000	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51552-0588-06		J3520		09/01/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	09/01/2003	99/99/9999						
51552-0603-02		J7509		09/01/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	4	MG	250	09/01/2003	99/99/9999						
51552-0611-01		J7641		01/01/2002	01/01/2015	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	01/01/2015						
51552-0611-01	KO	J7641	KO	01/01/2002	01/01/2015	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	01/01/2015						

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
51552-0763-07		J3490		09/01/2003	05/01/2015	UNCLASSIFIED DRUGS	6-AMINOCAPROIC ACID (1X1000GM)	1	EA	BO	NA	GM	1	EA		1	09/01/2003	05/01/2015					
51552-0775-01		J7699		09/01/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	1	EA		1	09/01/2003	99/99/9999					
51552-0775-02		J7699		09/01/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	1	EA		1	09/01/2003	99/99/9999					
51552-0775-04		J7699		09/01/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	1	EA		1	09/01/2003	99/99/9999					
51552-0775-05		J7699		09/01/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	1	EA		1	09/01/2003	99/99/9999					
51552-0775-02		J7501		09/01/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (1X5GM)	1	EA	BO	NA	GM	100	MG		10	09/01/2003	99/99/9999					
51552-0775-04		J7501		09/01/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (1X25GM)	1	EA	BO	NA	GM	100	MG		10	09/01/2003	99/99/9999					
51552-0775-05		J7501		09/01/2003	01/01/2015	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (1X100GM)	1	EA	BO	NA	GM	100	MG		10	09/01/2003	01/01/2015					
51552-0789-01		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333		01/01/2007	99/99/9999					
51552-0789-01	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333		01/01/2007	99/99/9999					
51552-0789-02		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333		01/01/2007	99/99/9999					
51552-0789-02	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333		01/01/2007	99/99/9999					
51552-0789-04		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333		01/01/2007	99/99/9999					
51552-0789-04	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333		01/01/2007	99/99/9999					
51552-0789-05		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333		01/01/2007	99/99/9999					
51552-0789-05	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333		01/01/2007	99/99/9999					
51552-0802-02		J0360		09/01/2003	01/01/2015	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	20	MG		50	09/01/2003	01/01/2015					
51552-0829-01		J2675		09/01/2003	01/01/2015	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X1GM,USP)	1	EA	BO	NA	GM	50	MG		20	09/01/2003	01/01/2015					
51552-0829-03		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X10GM,USP)	1	EA	BO	NA	GM	50	MG		20	09/01/2003	99/99/9999					
51552-0829-04		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X25GM,USP)	1	EA	BO	NA	GM	50	MG		20	09/01/2003	99/99/9999					
51552-0829-05		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X100GM,USP)	1	EA	BO	NA	GM	50	MG		20	09/01/2003	99/99/9999					
51552-0829-06		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X500GM,USP)	1	EA	BO	NA	GM	50	MG		20	09/01/2003	99/99/9999					
51552-0829-07		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X1000GM,USP)	1	EA	BO	NA	GM	50	MG		20	09/01/2003	99/99/9999					
51552-0829-08		J2675		09/01/2003	01/01/2015	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X500GM,USP)	1	EA	BO	NA	GM	50	MG		20	09/01/2003	01/01/2015					
51552-0839-05		J2360		09/01/2003	01/01/2015	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666		09/01/2003	01/01/2015					
51552-0883-01		J7622		09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG		1000	09/01/2003	99/99/9999					
51552-0883-01	KO	J7622	KO	09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG		1000	09/01/2003	99/99/9999					
51552-0883-02		J7622		09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X5GM,USP)	1	EA	BO	NA	GM	1	MG		1000	09/01/2003	99/99/9999					
51552-0883-02	KO	J7622	KO	09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X5GM,USP)	1	EA	BO	NA	GM	1	MG		1000	09/01/2003	99/99/9999					
51552-0883-09		J7622		09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X250MG,USP)	1	EA	BO	NA	GM	1	MG		1000	09/01/2003	99/99/9999					
51552-0883-09	KO	J7622	KO	09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X250MG,USP)	1	EA	BO	NA	GM	1	MG		1000	09/01/2003	99/99/9999					
51552-0889-02		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (1X10MG,USP)	1	EA	BO	NA	GM	1	EA		1	09/01/2003	99/99/9999					
51552-0889-03		J3490		09/01/2003	01/01/2015	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (1X50MG,USP)	1	EA	BO	NA	GM	1	EA		1	09/01/2003	01/01/2015					
51552-0889-04		J3490		09/01/2003	01/01/2015	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (1X100MG,USP)	1	EA	BO	NA	GM	1	EA		1	09/01/2003	01/01/2015					
51552-0889-09		J3490		09/01/2003	01/01/2015	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (1X500MG,USP)	1	EA	BO	NA	GM	1	EA		1	09/01/2003	01/01/2015					
51552-0894-02		J0945		09/01/2003	01/01/2015	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (1X5GM,USP)	1	EA	BO	NA	GM	10	MG		100	09/01/2003	01/01/2015					
51552-0894-04		J0945		09/01/2003	01/01/2015	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (1X25GM,USP)	1	EA	BO	NA	GM	10	MG		100	09/01/2003	01/01/2015					
51552-0894-05		J0945		09/01/2003	01/01/2015	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (1X100GM,USP)	1	EA	BO	NA	GM	10	MG		100	09/01/2003	01/01/2015					
51552-0910-04		J1800		09/01/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HYDROCHLORIDE (USP,1X25GM)	1	EA	BO	NA	GM	1	MG		1000	09/01/2003	99/99/9999					
51552-0910-05		J1800		09/01/2003	01/01/2015	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HYDROCHLORIDE (USP,1X100GM)	1	EA	BO	NA	GM	1	MG		1000	09/01/2003	01/01/2015					
51552-0913-01		J1840		09/01/2003	01/01/2015	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	500	MG		2	09/01/2003	01/01/2015					
51552-0913-02		J1840		09/01/2003	01/01/2015	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	500	MG		2	09/01/2003	01/01/2015					
51552-0920-02		J1835		09/01/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X50GM)	1	EA	BO	NA	GM	50	MG		20	09/01/2003	99/99/9999					
51552-0920-04		J1835		09/01/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X25GM)	1	EA	BO	NA	GM	50	MG		20	09/01/2003	99/99/9999					
51552-0920-05		J1835		09/01/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X100GM)	1	EA	BO	NA	GM	50	MG		20	09/01/2003	99/99/9999					
51552-0920-06		J1835		09/01/2003	01/01/2015	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X500GM)	1	EA	BO	NA	GM	50	MG		20	09/01/2003	01/01/2015					
51552-0940-02		J1940		09/01/2003	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P.)	1	EA	BO	NA	GM	20	MG		50	09/01/2003	99/99/9999					
51552-0952-01		J0515		09/01/2003	01/01/2015	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG		1000	09/01/2003	01/01/2015					
51552-0958-02		J1030		09/01/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP,1X50GM,MICRONIZED)	1	EA	BO	NA	GM</											

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
51552-0979-04		Q0177		01/01/2014	01/01/2015	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 (U.S.P.)	25	GM	BO	NA	GM	25 MG		40	01/01/2014	01/01/2015						
51552-0979-04		Q0178		09/01/2003	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	09/01/2003	12/31/2013						
51552-0991-01		J0760		09/01/2003	99/99/9999	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (1X1GM,USP)	1	EA	BO	NA	GM	1 MG		1000	09/01/2003	99/99/9999						
51552-0999-02		J7636		09/01/2003	01/01/2015	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE (1X5GM)	1	EA	BO	NA	GM	1 MG		1000	09/01/2003	01/01/2015						
51552-0999-04		J7636		09/01/2003	01/01/2015	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE (1X25GM)	1	EA	BO	NA	GM	1 MG		1000	09/01/2003	01/01/2015						
51552-1018-05		J2800		09/01/2003	01/01/2015	METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (USP,1X100GM)	1	EA	BO	NA	GM	10 ML		1	09/01/2003	01/01/2015						
51552-1025-02		J3360		09/01/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X5GM,USP)	1	EA	BO	NA	GM	5 MG		200	09/01/2003	99/99/9999						
51552-1025-04		J3360		09/01/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X25GM,USP)	1	EA	BO	NA	GM	5 MG		200	09/01/2003	99/99/9999						
51552-1025-05		J3360		09/01/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X100GM,USP)	1	EA	BO	NA	GM	5 MG		200	09/01/2003	99/99/9999						
51552-1031-01		J1450		09/01/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (1X1GM)	1	EA	JR	NA	GM	200 MG		5	09/01/2003	99/99/9999						
51552-1031-02		J1450		09/01/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (1X5GM)	1	EA	JR	NA	GM	200 MG		5	09/01/2003	99/99/9999						
51552-1031-04		J1450		09/01/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (1X25GM)	1	EA	JR	NA	GM	200 MG		5	09/01/2003	99/99/9999						
51552-1036-01		J3370		09/01/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HYDROCHLORIDE (1X1GM,USP)	1	EA	JR	NA	GM	500 MG		2	09/01/2003	99/99/9999						
51552-1036-09		J3370		09/01/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HYDROCHLORIDE (1X250MG,USP)	1	EA	JR	NA	GM	500 MG		2	09/01/2003	99/99/9999						
51552-1045-01		J3420		09/01/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (1X1GM,USP)	1	EA	BO	NA	GM	1000 MCG		1000	09/01/2003	99/99/9999						
51552-1045-09		J3420		09/01/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (1X500MG,USP)	1	EA	BO	NA	GM	1000 MCG		1000	09/01/2003	99/99/9999						
51552-1053-06		J1212		09/01/2003	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE	473	ML	BO	NA	ML	50 %		0.02	09/01/2003	99/99/9999						
51552-1054-01		J8610		09/01/2003	01/01/2015	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE (USP,1X1GM)	1	EA	BO	NA	GM	2.5 MG		400	09/01/2003	01/01/2015						
51552-1054-09		J8610		09/01/2003	01/01/2015	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE (USP,1X100MG)	1	EA	BO	NA	GM	2.5 MG		400	09/01/2003	01/01/2015						
51552-1063-02		J3430		09/01/2003	01/01/2015	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (USP,1X5GM)	1	EA	BO	NA	GM	1 MG		1000	09/01/2003	01/01/2015						
51552-1069-02		J2460		09/01/2003	99/99/9999	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	OXYTETRACYCLINE HCL (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	09/01/2003	99/99/9999						
51655-0020-24		J7506		01/01/2002	11/16/2012	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	30	EA	BO	PO	EA	5 MG		4	01/01/2002	11/16/2012						
51655-0020-52		J7506		01/01/2002	11/16/2012	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	20	EA	BO	PO	EA	5 MG		4	01/01/2002	11/16/2012						
51655-0020-53		J7506		01/01/2002	11/16/2012	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	10	EA	BO	PO	EA	5 MG		4	01/01/2002	11/16/2012						
51655-0020-80		J7506		06/22/2005	11/16/2012	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	8	EA	NA	PO	EA	5 MG		4	06/22/2005	11/16/2012						
51655-0084-27		Q0170		01/01/2002	11/16/2012	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	12	EA	BO	PO	EA	25 MG		1	01/01/2002	11/16/2012						
51655-0084-53		Q0170		06/22/2005	11/16/2012	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	10	EA	NA	PO	EA	25 MG		1	06/22/2005	11/16/2012						
51655-0086-24		J7506		01/01/2002	11/16/2012	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	30	EA	BO	PO	EA	5 MG		1	01/01/2002	11/16/2012						
51655-0086-27		J7506		01/01/2002	11/16/2012	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	12	EA	BO	PO	EA	5 MG		1	01/01/2002	11/16/2012						
51655-0086-51		J7506		06/22/2005	11/16/2012	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	40	EA	NA	PO	EA	5 MG		1	06/22/2005	11/16/2012						
51655-0087-24		J7506		01/01/2005	11/16/2012	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	30	EA	NA	PO	EA	5 MG		2	01/01/2005	11/16/2012						
51655-0087-28		J7506		06/22/2005	11/16/2012	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	21	EA	NA	PO	EA	5 MG		2	06/22/2005	11/16/2012						
51655-0087-49		J7506		06/22/2005	11/16/2012	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	42	EA	NA	PO	EA	5 MG		2	06/22/2005	11/16/2012						
51655-0088-24		Q0163		01/01/2002	11/16/2012	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	BX	PO	EA	50 MG		1	01/01/2002	11/16/2012						
51655-0088-52		Q0163		01/01/2002	11/16/2012	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	11/16/2012						
51655-0093-87		Q0164		06/22/2005	11/16/2012	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	6	EA	NA	PO	EA	5 MG		1	06/22/2005	11/16/2012						
51655-0113-24		Q0163		01/01/2002	11/16/2012	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	11/16/2012						
51655-0113-25		Q0163		01/01/2002	11/16/2012	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	11/16/2012						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51655-0113-27		Q0163		01/01/2002	11/16/2012	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	12	EA	BX	PO	EA	50 MG		0.5	01/01/2002	11/16/2012						
51655-0113-80		Q0163		06/22/2005	11/16/2012	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	8	EA	NA	PO	EA	50 MG		0.5	06/22/2005	11/16/2012						
51655-0133-54		Q0163		06/22/2005	11/16/2012	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	NA	PO	EA	50 MG		0.5	06/22/2005	11/16/2012						
51655-0294-89		Q0165		06/22/2005	11/16/2012	PROCHLORPERAZINE 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	PROCHLORPERAZINE 10 MG	4	EA	NA	PO	EA	10 MG		1	06/22/2005	11/16/2012						
51655-0296-51		J8499		06/22/2005	11/16/2012	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40	EA	NA	PO	EA	1 EA		1	06/22/2005	11/16/2012						
51655-0296-54		J8499		06/22/2005	11/16/2012	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	15	EA	NA	PO	EA	1 EA		1	06/22/2005	11/16/2012						
51655-0296-76		J8499		06/22/2005	11/16/2012	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	NA	PO	EA	1 EA		1	06/22/2005	11/16/2012						
51655-0300-51		J8499		06/22/2005	11/16/2012	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40	EA	NA	PO	EA	1 EA		1	06/22/2005	11/16/2012						
51655-0300-54		J8499		06/22/2005	11/16/2012	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	NA	PO	EA	1 EA		1	06/22/2005	11/16/2012						
51655-0300-76		J8499		06/22/2005	11/16/2012	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	NA	PO	EA	1 EA		1	06/22/2005	11/16/2012						
51655-0523-53		Q0173		01/01/2002	11/16/2012	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	10	EA	BO	PO	EA	250 MG		1	01/01/2002	11/16/2012						
51655-0533-52		Q0177		06/22/2005	11/16/2012	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	06/22/2005	11/16/2012						
51672-4091-03		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (1x50ML) 4MG/5ML	1	ML	BO	PO	ML	1 MG		0.8	01/01/2012	99/99/9999						
51754-1000-04		J3475		04/24/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SDV,PF) 500 MG/1 ML	10	ML	VL	IU	ML	500 MG		1	04/24/2018	99/99/9999						
51754-2500-03		J1570		06/01/2017	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	GANCICLOVIR-SODIUM CHLORIDE (PF) 500 MG/250 ML-0.8%	250	ML	BG	IV	ML	500 MG		0.004	06/01/2017	99/99/9999						
51754-5060-01		J0702		02/04/2019	99/99/9999	INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG	BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPH (MDV) 3 MG/1 ML-3 MG/1 ML	5	ML	VL	IU	ML	6 MG		1	02/04/2019	99/99/9999						
51862-0083-14		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5 MG		1	11/18/2016	99/99/9999						
51862-0083-51		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 5MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5 MG		1	11/18/2016	99/99/9999						
51862-0084-14		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20 MG		1	11/18/2016	99/99/9999						
51862-0084-51		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20 MG		1	11/18/2016	99/99/9999						
51862-0085-14		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100 MG		1	11/18/2016	99/99/9999						
51862-0085-51		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100 MG		1	11/18/2016	99/99/9999						
51862-0086-14		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20 MG		7	11/18/2016	99/99/9999						
51862-0086-51		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20 MG		7	11/18/2016	99/99/9999						
51862-0087-14		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20 MG		9	11/18/2016	99/99/9999						
51862-0087-51		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20 MG		9	11/18/2016	99/99/9999						
51862-0088-51		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250 MG		1	11/18/2016	99/99/9999						
51862-0458-47		J7515		07/18/2016	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (USP,MODIFIED) 25 MG	30	EA	ST	PO	EA	25 MG		1	07/18/2016	99/99/9999						
51862-0460-47		J7502		08/03/2016	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (USP,SOFT GELATIN) 100 MG	30	EA	BX	PO	EA	100 MG		1	08/03/2016	99/99/9999						
51927-1000-00		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (U.S.P.; CII)	1	GM	JR	NA	GM	10 MG		100	01/01/2015	99/99/9999						
51927-1000-00		J2271		09/08/2003	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.; CII)	1	EA	JR	NA	GM	100 MG		10	09/08/2003	12/31/2014						
51927-1001-00		J7636		09/08/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1001-00		J7636	KO	09/08/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1003-00		J1170		09/08/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.; CII)	1	EA	JR	NA	GM	4 MG		250	09/08/2003	99/99/9999						
51927-1005-00		J2060		09/08/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.; CII)	1	EA	JR	NA	GM	2 MG		500	09/08/2003	99/99/9999						
51927-1007-00		J1960		09/08/2003	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.; CII)	1	EA	BO	NA	GM	2 MG		500	09/08/2003	99/99/9999						
51927-1012-00		J0592		09/08/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.; CII)	1	EA	JR	NA	GM	0.1 MG		10000	09/08/2003	99/99/9999						
51927-1013-00		J0745		09/08/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.; CII)	1	EA	BO	NA	GM	30 MG		33.33333	09/08/2003	99/99/9999						
51927-1014-00		J3360		09/08/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (U.S.P.; CII)	1	EA	JR	NA	GM	5 MG		200	09/08/2003	99/99/9999						
51927-1017-00		J1230		09/08/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.; CII)	1	EA	BO	NA	GM	10 MG		100	09/08/2003	99/99/9999						
51927-1018-00		J2175		09/08/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.; CII)	1	EA	BO	NA	GM	100 MG		10	09/08/2003	99/99/9999						
51927-1019-00		J3010		09/08/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1 MG		10000	09/08/2003	99/99/9999						
51927-1026-00		J3140		09/08/2003	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE	1	EA	JR	NA	GM	50 MG		20	09/08/2003	12/31/2014						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51927-1026-00		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (USP, NON MICRONIZED; SOY)	1	GM	JR	NA	GM	1 EA		1	01/01/2015	99/99/9999						
51927-1027-00		J3140		09/08/2003	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.; SOY, CIII)	1	EA	JR	NA	GM	50 MG		20	09/08/2003	12/31/2014						
51927-1027-00		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED (U.S.P.; SOY, CIII)	1	GM	JR	NA	GM	1 EA		1	01/01/2015	99/99/9999						
51927-1029-00		J3150		09/08/2003	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE MICRONIZED (U.S.P., MICRONIZED)	1	EA	JR	NA	GM	100 MG		10	09/08/2003	12/31/2014						
51927-1029-00		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE MICRONIZED (MICRONIZED, CIII)	1	GM	JR	NA	GM	1 EA		1	01/01/2015	99/99/9999						
51927-1046-00		J2675		09/08/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51927-1078-00		J1200		09/08/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	JR	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51927-1080-00		J1240		09/08/2003	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51927-1082-00		J2765		09/08/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	09/08/2003	99/99/9999						
51927-1085-00		J9190		09/08/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P., -5 FU)	1	EA	JR	NA	GM	500 MG		2	09/08/2003	99/99/9999						
51927-1099-00		J3480		12/04/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (USP, GRANULAR)	1	EA	BO	NA	GM	2 MEQ		6.71141	12/04/2003	99/99/9999						
51927-1093-00		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (USP)	1	EA	BO	NA	GM	100 MG		10	01/01/2004	99/99/9999						
51927-1110-00		J1700		09/08/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	25 MG		40	09/08/2003	99/99/9999						
51927-1148-00		J7510		09/08/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE MICRONIZED (ANHYDROUS)	1	EA	JR	NA	GM	5 MG		200	09/08/2003	99/99/9999						
51927-1194-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCANE	1	EA	JR	NA	GM	1 EA		1	09/08/2003	99/99/9999						
51927-1202-00		J0706		12/04/2003	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (PURIFIED)	1	EA	BO	NA	GM	5 MG		200	12/04/2003	99/99/9999						
51927-1213-00		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1	EA	JR	NA	GM	10 MG		100	01/01/2004	99/99/9999						
51927-1225-00		J7799		09/08/2003	99/99/9999	THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	JR	NA	GM	1 EA		1	09/08/2003	99/99/9999						
51927-1242-00		J3411		01/01/2004	99/99/9999	INJECTION, THAMINE HCL, 100 MG	THAMINE HYDROCHLORIDE (USP)	1	EA	BO	NA	GM	100 MG		10	01/01/2004	99/99/9999						
51927-1289-00		J3350		12/04/2003	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (USP)	1	EA	BO	NA	GM	40 GM		0.025	12/04/2003	99/99/9999						
51927-1317-00		J3520		12/04/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (USP, DHYDRATE)	1	EA	BO	NA	GM	150 MG		6.66666	12/04/2003	99/99/9999						
51927-1325-00		J2650		09/08/2003	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	1 ML		20	09/08/2003	99/99/9999						
51927-1326-00		J7684		09/08/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., MICRONIZED)	1	EA	JR	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1326-00	KO	J7684	KO	09/08/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., MICRONIZED)	1	EA	JR	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1332-00		J1030		09/08/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40 MG		25	09/08/2003	99/99/9999						
51927-1347-00		J0500		09/08/2003	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	20 MG		50	09/08/2003	99/99/9999						
51927-1400-00		J3410		09/08/2003	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	JR	NA	GM	25 MG		40	09/08/2003	99/99/9999						
51927-1430-00		J7638		09/08/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1430-00	KO	J7638	KO	09/08/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1433-00		J1630		09/08/2003	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	JR	NA	GM	5 MG		200	09/08/2003	99/99/9999						
51927-1435-00		J7506		09/08/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (USP)	1	EA	BO	NA	GM	5 MG		200	09/08/2003	12/31/2015						
51927-1435-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE MICRONIZED (USP)	1	GM	BO	NA	GM	1 1000		200	01/01/2016	99/99/9999						
51927-1441-00		J9017		12/04/2003	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (TECHNICAL)	1	EA	BO	NA	GM	1 MG		1000	12/04/2003	99/99/9999						
51927-1444-00		J0280		09/08/2003	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (U.S.P., ANHYDROUS)	1	EA	JR	NA	GM	250 MG		4	09/08/2003	99/99/9999						
51927-1449-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1	EA	JR	NA	GM	1 EA		1	09/08/2003	99/99/9999						
51927-1454-00		J7624		09/08/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	JR	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1454-00	KO	J7624	KO	09/08/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	JR	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1510-00		J2810		09/08/2003	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE (USP, ANHYDROUS)	1	EA	BO	NA	GM	40 MG		25	09/08/2003	99/99/9999						
51927-1565-00		J8610		09/08/2003	99/99/9999	INJECTION, METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1	EA	BO	NA	GM	2.5 MG		400	09/08/2003	99/99/9999						
51927-1571-00		J1245		09/08/2003	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	09/08/2003	99/99/9999						
51927-1573-00		J7609		01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
51927-1573-00	KO	J7609	KO	01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
51927-1575-00		J7643		09/08/2003	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1575-00	KO	J7643	KO	09/08/2003	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1597-00		J3490		12/04/2003	99/99/9999	UNCLASSIFIED DRUGS	ETHANOLAMINE (MONOETHANOLAMINE)	1	EA	BO	NA	GM	1 EA		1	12/04/2003	99/99/9999						
51927-1601-00		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM		1	01/01/2008	99/99/9999						
51927-1601-00	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM		1	01/01/2008	99/99/9999						
51927-1603-00		J1320		09/08/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	JR	NA	GM	20 MG		50	09/08/2003	99/99/9999						
51927-1606-00		J1800		09/08/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1610-00		J7699		09/08/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	JR	NA	GM	1 EA		1	09/08/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51927-1648-00		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
51927-1648-00	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
51927-1659-00		J1180		09/08/2003	99/99/9999	INJECTION, DYPHYLLINE, UP TO 500 MG	DYPHYLLINE	1	EA	BO	NA	GM	500 MG		2	09/08/2003	99/99/9999						
51927-1662-00		J3420		12/04/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (USP)	1	EA	BO	NA	GM	1000 MCG		1000	12/04/2003	99/99/9999						
51927-1683-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1 EA		1	09/08/2003	99/99/9999						
51927-1706-00		J1110		09/08/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1709-00		J1435		09/08/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P. E-1)	1	EA	JR	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1715-00		J7799		09/08/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE HCL (USP)	1	EA	BO	NA	GM	1 EA		1	09/08/2003	99/99/9999						
51927-1722-00		J3430		12/04/2003	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	MENADIONE (USP)	1	EA	BO	NA	GM	1 MG		1000	12/04/2003	99/99/9999						
51927-1726-00		J0285		09/08/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P. - ORAL GRADE)	1	EA	JR	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51927-1742-00		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	09/08/2003	99/99/9999						
51927-1775-00		J2440		09/08/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	JR	NA	GM	60 MG		16.66666	09/08/2003	99/99/9999						
51927-1776-00		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						
51927-1781-00		J2150		12/04/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (USP)	1	EA	BO	NA	GM	50 ML		0.08	12/04/2003	99/99/9999						
51927-1784-00		J1940		09/08/2003	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P.)	1	EA	BO	NA	GM	20 MG		50	09/08/2003	99/99/9999						
51927-1788-00		J3000		09/08/2003	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE	1	EA	BO	NA	GM	1 GM		1	09/08/2003	99/99/9999						
51927-1794-00		J7641		09/08/2003	99/99/9999	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1794-00	KO	J7641	KO	09/08/2003	99/99/9999	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1829-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS	CORTISONE ACETATE MICRONIZED (USP)	1	EA	JR	NA	GM	1 EA		1	09/08/2003	99/99/9999						
51927-1831-00		J1980		09/08/2003	99/99/9999	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	0.25 MG		4000	09/08/2003	99/99/9999						
51927-1838-00		J1165		09/08/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	JR	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51927-1865-00		J1955		12/04/2003	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (USP)	1	EA	BO	NA	GM	1 GM		1	12/04/2003	99/99/9999						
51927-1895-00		J0760		09/08/2003	99/99/9999	INJECTION, COLCHICINE, PER 1 MG	COLCHICINE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1925-00		J3430		09/08/2003	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (USP - VITAMIN K1)	1	EA	BO	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1950-00		J0945		09/08/2003	99/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	09/08/2003	99/99/9999						
51927-1951-00		J7624		09/08/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1951-00	KO	J7624	KO	09/08/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1954-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	1 EA		1	09/08/2003	99/99/9999						
51927-1956-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1	EA	JR	NA	GM	1 EA		1	09/08/2003	99/99/9999						
51927-1981-00		J3250		09/12/2003	99/99/9999	INJECTION, TRIMETHOBNZAMIDE HCL, UP TO 200 MG	TRIMETHOBNZAMIDE HCL	1	EA	BO	NA	GM	200 MG		5	09/12/2003	99/99/9999						
51927-2007-00		J0475		09/08/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	JR	NA	GM	10 MG		100	09/08/2003	99/99/9999						
51927-2097-00		J0520		09/08/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	JR	NA	GM	5 MG		200	09/08/2003	99/99/9999						
51927-2101-00		J0770		09/08/2003	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM (USP)	1	EA	BO	NA	GM	150 MG		6.66666	09/08/2003	99/99/9999						
51927-2116-00		J0152		01/01/2004	12/31/2013	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	ADENOSINE	1	EA	BO	NA	GM	30 MG		33.33333	01/01/2004	12/31/2013						
51927-2118-00		J2360		09/08/2003	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (USP)	1	EA	BO	NA	GM	60 MG		16.66666	09/08/2003	99/99/9999						
51927-2132-00		J0152		01/01/2004	12/31/2013	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	ADENOSINE (TRIHYDRATE)	1	EA	BO	NA	GM	30 MG		33.33333	01/01/2004	12/31/2013						
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 N/A ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	1	GM	BO	NA	GM	5 MG		200	01/01/2014	99/99/9999						
51927-2134-00		Q0165		09/08/2003	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/A ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	09/08/2003	12/31/2013						
51927-2140-00		J2300		09/08/2003	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL	1	EA	BO	NA	GM	10 MG		100	09/08/2003	99/99/9999						
51927-2182-00		J1790		09/08/2003	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (USP)	1	EA	BO	NA	GM	5 MG		200	09/08/2003	99/99/9999						
51927-2196-00		J0270		09/08/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	JR	NA	GM	1.25 MCG		800000	09/08/2003	99/99/9999						
51927-2206-00		J0780		09/08/2003	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (USP)	1	EA	BO	NA	GM	10 MG		100	09/08/2003	99/99/9999						
51927-2231-00		J1094		09/08/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-2234-00		J2680		09/08/2003	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	09/08/2003	99/99/9999						
51927-2258-00		J7501		09/08/2003	99/99/9999	INJECTION, AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (USP)	1	EA	BO	NA	GM	100 MG		10	09/08/2003	99/99/9999						
51927-2303-00		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P., HEMIHYDRATE)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
51927-2318-00		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/A ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (U.S.P.)	1	GM	JR	NA	GM	25 MG		40	01/01/2014	99/99/9999						

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
51927-2316-00		Q0178		09/08/2003	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN ANTI-EMETIC AT THE TIME OF CHEMO THERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (U.S.P.)	1	EA	JR	NA	GM	50 MG		20	09/08/2003	12/31/2013						
51927-2319-00		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL	1	EA	BO	NA	GM	40 MG		25	01/01/2006	99/99/9999						
51927-2375-00		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (USP)	1	EA	BO	NA	GM	300 MG		3.33333	01/01/2007	99/99/9999						
51927-2375-00	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (USP)	1	EA	BO	NA	GM	300 MG		3.33333	01/01/2007	99/99/9999						
51927-2375-00		J0735		09/08/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-2519-00		J2800		09/08/2003	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10 ML		1	09/08/2003	99/99/9999						
51927-2669-00		J2760		09/08/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	09/08/2003	99/99/9999						
51927-2692-00		J0640		09/08/2003	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (USP; ANHYDROUS)	1	EA	JR	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51927-2704-00		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2006	99/99/9999						
51927-2706-00		J1070		09/08/2003	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.; CIII)	1	EA	JR	NA	GM	100 MG		10	09/08/2003	12/31/2014						
51927-2706-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.; CIII)	1	GM	JR	NA	GM	1 MG		1000	01/01/2015	99/99/9999						
51927-2732-00		J3475		12/04/2003	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (USP; HEPTAHYDRATE)	1	EA	BO	NA	GM	500 MG		2	12/04/2003	99/99/9999						
51927-2742-00		J1730		09/08/2003	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300 MG		3.33333	09/08/2003	99/99/9999						
51927-2762-00		J9340		09/08/2003	99/99/9999	INJECTION, THIOPEPA, 15 MG	THIOPEPA (U.S.P.)	1	EA	BO	NA	GM	15 MG		66.66666	09/08/2003	99/99/9999						
51927-2765-00		J7681		09/08/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 9 MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-2765-00	KO	J7681	KO	09/08/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 9 MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-2772-00		J9181		01/01/2009	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (U.S.P.) 1 GM	1	EA	BO	NA	GM	10 MG		100	01/01/2009	99/99/9999						
51927-2895-00		J1600		09/08/2003	99/99/9999	INJECTION, GOLD SODIUM THIOSALATE, UP TO 50 MG	GOLD SODIUM THIOSALATE	1	EA	BO	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51927-2986-00		J0595		01/01/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (U.S.P.; CM)	1	EA	BO	NA	GM	1 MG		1000	01/01/2004	99/99/9999						
51927-2994-00		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2006	99/99/9999						
51927-3023-00		J2780		09/08/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25 MG		40	09/08/2003	99/99/9999						
51927-3115-00		J2690		09/08/2003	99/99/9999	INJECTION, PROCANAMIDE HCL, UP TO 1 GM	PROCANAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	1 GM		1	09/08/2003	99/99/9999						
51927-3163-00		J1000		09/08/2003	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (U.S.P.)	1	EA	JR	NA	GM	5 MG		200	09/08/2003	99/99/9999						
51927-3177-00		J2010		09/08/2003	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	300 MG		3.33333	09/08/2003	99/99/9999						
51927-3196-00		J7516		09/08/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A (USP)	1	EA	JR	NA	GM	250 MG		4	09/08/2003	99/99/9999						
51927-3213-00		J3490		01/13/2015	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	GM	BO	NA	GM	1 MG		1	01/13/2015	99/99/9999						
51927-3258-00		J2460		09/08/2003	99/99/9999	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	OXYTETRACYCLINE HCL (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51927-3286-00		J1644		09/08/2003	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (USP)	1	EA	BO	NA	GM	1000 U		160	09/08/2003	99/99/9999						
51927-3335-00		J2310		09/08/2003	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-3370-00		J3302		09/08/2003	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5 MG	TRIAMCINOLONE DIACETATE (USP)	1	EA	JR	NA	GM	5 MG		200	09/08/2003	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						
51927-3422-00		J0636		09/08/2003	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL IN ALMOND OIL (NF) 1 MCG/ML	1	ML	BO	NA	ML	0.1 MCG		10	09/08/2003	99/99/9999						
51927-3484-00		J2725		09/08/2003	99/99/9999	INJECTION, PROTIRELIN, PER 250 MCG	PROTIRELIN	1	EA	BO	NA	GM	250 MCG		4000	09/08/2003	99/99/9999						
51927-3530-00		J2675		09/08/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51927-3557-00		J7507		01/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS	0.001	GM	JR	NA	GM	1 MG		1000	01/01/2004	99/99/9999						
51927-3613-00		J2515		03/26/2004	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	03/26/2004	99/99/9999						
51927-3634-00		J3490		01/04/2008	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HYDROCHLORIDE (USP)	1	EA	BO	NA	GM	1 EA		1	01/04/2008	99/99/9999						
51927-3643-00		J7640		01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE (DIHYDRATE)	1	EA	BO	NA	GM	12 MCG		83333.33	01/01/2006	99/99/9999						
51927-3643-00	KO	J7640	KO	01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE (DIHYDRATE)	1	EA	BO	NA	GM	12 MCG		83333.33	01/01/2006	99/99/9999						
51927-9017-00		J2675		09/08/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.; WETTABLE POWDER)	1	EA	JR	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51927-9018-00		J2550		09/08/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	JR	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51991-0064-98		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	10/30/2017	99/99/9999						
51991-0065-98		J3489		10/30/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SINGLE-USE) 4 MG/5 ML METHYLERGONOVINE MALEATE (USP) 0.2 MG/1 ML	5	ML	VL	IV	ML	1 MG		0.8	10/30/2017	99/99/9999						
51991-0144-17		J2210		11/10/2016	99/99/9999	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	METHYLERGONOVINE MALEATE (USP) 0.2 MG/1 ML	1	ML	AM	U	ML	0.2 MG		1	11/10/2016	99/99/9999						
51991-0188-31		J7509		11/05/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIT OF USE) 4 MG	21	EA	DP	PO	EA	4 MG		1	11/05/2003	99/99/9999						
51991-0218-98		J9263		09/27/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SINGLE-USE,PF) 50 MG	1	EA	VL	IV	EA	0.5 MG		100	09/27/2017	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	0.5 MG		200	09/27/2017	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						
51991-0458-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL	PREDNISONE (U.S.P.) 1 MG	100	EA	BO	PO	EA	1 MG		1	01/01/2016	99/99/9999						
51991-0797-98		J9025		09/25/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (PF,LYOPHILIZED) 100 MG	1	EA	VL	U	EA											

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
52544-0154-02		J3315		12/30/2004	03/12/2017	INJECTION, TRIPROLELIN PAMOATE, 3.75 MG	TRELSTAR LA (SDV) 11.25 MG	1	EA	VL	IM	EA	3.75	MG		3	12/30/2004	03/12/2017						
52565-0096-01		J2780		01/11/2017	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC 25 MG/1 ML	40	ML	VL	U	ML	25	MG		1	01/11/2017	99/99/9999						
52565-0101-10		J2780		01/11/2017	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC 25 MG/1 ML	2	ML	VL	U	ML	25	MG		1	01/11/2017	99/99/9999						
52565-0102-01		J2780		01/11/2017	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC (M.D.V.) 25 MG/1 ML	6	ML	VL	U	ML	25	MG		1	01/11/2017	99/99/9999						
52609-0001-05		None		05/20/2011	99/99/9999	MELPHALAN, ORAL, 2 MG	ALKERAN (FILM-COATED) 2 MG	50	EA	BO	PO	EA	2	MG		1	05/20/2011	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	U	EA	500	MG		4	05/23/2018	99/99/9999						
52609-4505-06		J0895		04/16/2018	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP, SINGLE USE) 500 MG	4	EA	VL	U	EA	500	MG		1	04/16/2018	99/99/9999						
52652-2001-01		None		04/25/2017	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	XATMEP 2.5 MG/1 ML	120	ML	BO	PO	ML	2.5	MG		1	04/25/2017	99/99/9999						
52652-2001-06		None		07/31/2018	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	XATMEP 2.5 MG/1 ML	60	ML	BO	PO	ML	2.5	MG		1	07/31/2018	99/99/9999						
52769-0470-72		J1566		01/01/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	POLYGAM (W/50 ML DILUENT) 2.5 MG	1	EA	NA	IV	EA	500	MG	0.005	01/01/2006	99/99/9999							
52959-0043-00		Q0163		06/17/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	06/17/2003	99/99/9999							
52959-0043-04		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	4	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
52959-0043-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
52959-0043-15		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
52959-0043-20		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
52959-0043-24		Q0163		05/12/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	05/12/2003	99/99/9999							
52959-0043-30		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
52959-0043-50		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	50	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
52959-0043-60		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 25 MG	60	EA	BO	PO	EA	50	MG	0.5	01/01/2002	02/03/2016							
52959-0053-06		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 50 MG	6	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999							
52959-0053-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999							
52959-0053-12		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	DIPHENHYDRAMINE HCL 50 MG	12	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999							
52959-0053-15		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							
52959-0053-20		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 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0053-30		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
52959-0053-52		Q0163		01/24/2005	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	52	EA	BO	PO	EA	50 MG		1	01/24/2005	99/99/9999						
52959-0078-00		J7500		01/01/2002	99/99/9999	AZATHIOPRINE, 0.10 MG	IMURAN 50 MG	100	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
52959-0100-00		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4 MG		1	01/01/2002	99/99/9999						
52959-0123-03		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	120	ML	BO	PO	ML	50 MG		0.05	01/01/2002	99/99/9999						
52959-0123-06		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	180	ML	BO	PO	ML	50 MG		0.05	01/01/2002	99/99/9999						
52959-0126-00		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						
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						
52959-0126-05		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						
52959-0126-05		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						
52959-0126-07		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						
52959-0126-07		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	7	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
52959-0126-10		J7506		08/19/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10	EA	BO	PO	EA	5 MG		2	08/19/2003	12/31/2015						
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						
52959-0126-12		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						
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						
52959-0126-15		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						
52959-0126-15		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						
52959-0126-18		J7506		01/15/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	18	EA	BO	PO	EA	5 MG		2	01/15/2002	12/31/2015						
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						
52959-0126-20		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						
52959-0126-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
52959-0126-21		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						
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						
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						
52959-0126-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	25	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
52959-0126-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
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						
52959-0126-37		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						
52959-0126-37		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	37	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
52959-0126-40		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
52959-0126-40		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
52959-0126-42		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						
52959-0126-42		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	42	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
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						
52959-0126-44		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	44	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
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						
52959-0126-45		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	45	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
52959-0126-50		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	50	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
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	1 MG		10	01/01/2016	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						
52959-0126-60		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						
52959-0127-00		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						
52959-0127-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
52959-0127-07		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						
52959-0127-07		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						
52959-0127-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
52959-0127-12		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	12	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
52959-0127-12		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	12	EA	BO	PO	EA	1 MG		20	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0127-18		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	18	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
52959-0127-20		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 20 MG	20	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
52959-0127-20		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	20	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
52959-0127-21		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	21	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
52959-0127-21		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	21	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
52959-0127-25		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	25	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
52959-0127-25		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	25	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
52959-0127-30		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	30	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
52959-0127-30		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	30	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
52959-0127-37		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	37	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
52959-0127-37		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	37	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
52959-0127-42		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	42	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
52959-0127-42		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	42	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
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						
52959-0158-06	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						
52959-0178-06		J2360		01/01/2002	01/27/2016	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	NORFLEX 30 MG/ML	2	ML	AM	IJ	ML	60 MG		0.5	01/01/2002	01/27/2016						
52959-0220-00		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	100	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
52959-0220-00		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	100	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
52959-0220-10		J7506		08/19/2003	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	10	EA	BO	PO	EA	5 MG		1	08/19/2003	12/31/2015						
52959-0220-10		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	10	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
52959-0220-20		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	20	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
52959-0220-20		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	20	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
52959-0220-21		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	21	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
52959-0220-21		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	21	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
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						
52959-0220-30		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	30	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
52959-0220-36		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	36	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
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		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	40	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
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						
52959-0220-60		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	60	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
52959-0220-60		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	60	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
52959-0220-75		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	75	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
52959-0220-75		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	75	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
52959-0237-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
52959-0244-00		None		10/02/2000	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5 MG		1	10/02/2000	99/99/9999						
52959-0291-00		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPAZINE 25 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	02/03/2016						
52959-0313-15		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.02	01/01/2002	99/99/9999						
52959-0330-00		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
52959-0330-25		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	25	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
52959-0330-50		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	50	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
52959-0355-06		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
52959-0355-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
52959-0391-15		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						
52959-0391-15		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE 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	COMPAZINE 10 MG	15	EA	BO	PO	EA	10 MG		1	01/01/2002	12/31/2013						
52959-0392-12		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25 MG		3	01/01/2006	99/99/9999						
52959-0392-21		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	21	EA	DP	PO	EA	0.25 MG		3	01/01/2006	99/99/9999						
52959-0392-28		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	28	EA	BO	PO	EA	0.25 MG		3	01/01/2006	99/99/9999						
52959-0433-10		Q0177		06/06/2002	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	06/06/2002	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
52959-0433-15		Q0177		02/28/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25 MG		1	02/28/2002	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 N/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						
52959-0433-30		Q0177		10/17/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25 MG		1	10/17/2002	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 N/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						
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 N/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						
52959-0476-02		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 N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	120	EA	BO	PO	EA	5 MG		2	01/01/2014	99/99/9999						
52959-0476-02		Q0165		08/09/2005	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10 MG		1	08/09/2005	12/31/2013						
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 N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	5 MG		2	01/01/2014	99/99/9999						
52959-0476-10		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10 MG		1	01/01/2002	12/31/2013						
52959-0476-15		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	5 MG		2	01/01/2014	99/99/9999						
52959-0476-15		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10 MG		1	01/01/2002	12/31/2013						
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 N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	20	EA	BO	PO	EA	5 MG		2	01/01/2014	99/99/9999						
52959-0476-20		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10 MG		1	01/01/2002	12/31/2013						
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 N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	24	EA	BO	PO	EA	5 MG		2	01/01/2014	99/99/9999						
52959-0476-24		Q0165		10/27/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10 MG		1	10/27/2004	12/31/2013						
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 N/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
52959-0476-30		Q0165		11/22/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10 MG		1	11/22/2004	12/31/2013						
52959-0476-60		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	5 MG		2	01/01/2014	99/99/9999						
52959-0476-60		Q0165		11/22/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	10 MG		1	11/22/2004	12/31/2013						
52959-0479-10		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 DOSAGE REGIMEN	TRIMETHOBENZAMIDE HCL 250 MG	10	EA	BO	PO	EA	250 MG		1	01/01/2002	02/03/2016						
52959-0479-12		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 DOSAGE REGIMEN	TRIMETHOBENZAMIDE HCL 250 MG	12	EA	BO	PO	EA	250 MG		1	01/01/2002	02/03/2016						
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 DOSAGE REGIMEN	TRIMETHOBENZAMIDE HCL 250 MG	20	EA	BO	PO	EA	250 MG		1	01/01/2002	02/03/2016						
52959-0479-30		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	30	EA	BO	PO	EA	250 MG		1	01/01/2002	10/17/2016						
52959-0505-06		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK 250 MG	6	EA	DP	PO	EA	1 GM		0.25	01/01/2002	99/99/9999						
52959-0517-25		J8499		01/01/2002	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						
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						
52959-0517-35		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
52959-0544-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
52959-0544-10		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	10	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
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						
52959-0544-15		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						
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						
52959-0544-25		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
52959-0544-30		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
52959-0544-40		J8499		08/24/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40	EA	BO	PO	EA	1 EA		1	08/24/2007	99/99/9999						
52959-0544-50		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	50	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
52959-0547-04		J8540		05/16/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	DEXAMETHASONE 4 MG	4	EA	BO	PO	EA	0.25 MG		16	05/16/2007	99/99/9999						
52959-0547-10		J8540		01/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	DEXAMETHASONE 4 MG	10	EA	BO	PO	EA	0.25 MG		16	01/01/2006	99/99/9999						
52959-0547-11		J8540		01/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	DEXAMETHASONE 4 MG	11	EA	BO	PO	EA	0.25 MG		16	01/01/2006	99/99/9999						
52959-0547-12		J8540		01/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	DEXAMETHASONE 4 MG	12	EA	BO	PO	EA	0.25 MG		16	01/01/2006	99/99/9999						
52959-0547-16		J8540		01/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	DEXAMETHASONE 4 MG	16	EA	BO	PO	EA	0.25 MG		16	01/01/2006	99/99/9999						
52959-0547-20		J8540		01/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	DEXAMETHASONE 4 MG	20	EA	BO	PO	EA	0.25 MG		16	01/01/2006	99/99/9999						
52959-0547-30		J8540		01/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	DEXAMETHASONE 4 MG	30	EA	BO	PO	EA	0.25 MG		16	01/01/2006	99/99/9999						
52959-0547-50		J8540		01/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	DEXAMETHASONE 4 MG	50	EA	BO	PO	EA	0.25 MG		16	01/01/2006	99/99/9999						
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	1 EA		1	01/01/2006	02/03/2016						
52959-0561-04		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	4	EA	BX	RC	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	1 EA		1	01/01/2006	02/03/2016						
52959-0562-06		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	6	EA	NA	RC	EA	1 EA		1	01/01/2006	02/03/2016						
52959-0622-60		J7510		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	PREDNISOLONE (CHERRY) 15 MG/5 ML	480	ML	BO	PO	EA	5 MG		0.6	01/01/2002	99/99/9999						
52959-0657-03		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.04	01/01/2002	99/99/9999						
52959-0657-06		Q0144		01/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	22.5	ML	BO	PO	ML	1 GM		0.04	01/01/2006	99/99/9999						
52959-0678-30		J8499		10/07/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1 EA		1	10/07/2003	99/99/9999						
52959-0741-20		J7611		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1 MG		5	04/01/2008	99/99/9999						
52959-0748-01		J8501		08/22/2007	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 40 MG	1	EA	BO	PO	EA	5 MG		8	08/22/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0804-04		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5 MG		0.1	01/01/2014	99/99/9999						
52959-0804-04		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 6.25 MG/5 ML	120	ML	BO	PO	ML	25 MG		0.05	01/01/2002	12/31/2013						
52959-0804-08		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 6.25 MG/5 ML	240	ML	BO	PO	ML	12.5 MG		0.1	01/01/2014	99/99/9999						
52959-0804-08		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 6.25 MG/5 ML	240	ML	BO	PO	ML	25 MG		0.05	01/01/2002	12/31/2013						
52959-0817-10		Q0173		10/04/2005	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOBENZAMIDE HCL 300 MG	10	EA	BO	PO	EA	250 MG		1.2	10/04/2005	99/99/9999						
52959-0833-06		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	6	EA	BO	PO	EA	25 MG		2	01/01/2014	99/99/9999						
52959-0833-06		Q0178		10/14/2005	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	6	EA	BO	PO	EA	50 MG		1	10/14/2005	12/31/2013						
52959-0833-20		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	25 MG		2	01/01/2014	99/99/9999						
52959-0833-20		Q0178		10/14/2005	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	50 MG		1	10/14/2005	12/31/2013						
52959-0838-06		Q0144		11/22/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1 GM		0.25	11/22/2005	99/99/9999						
52959-0914-30		Q0169		11/26/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	30	EA	BO	PO	EA	12.5 MG		1	11/26/2007	99/99/9999						
52959-0927-03		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						
52959-0928-30		J8999		05/15/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	30	EA	NA	PO	EA	1 EA		1	05/15/2008	99/99/9999						
52959-0932-30		Q0144		05/23/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X30ML CHERRY) 200 MG/5 ML	30	ML	BO	PO	ML	1 GM		0.04	05/23/2008	99/99/9999						
53100-0128-22		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	SOMINEX 25 MG	16	EA	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
53100-0128-32		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	SOMINEX 25 MG	32	EA	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
53100-0128-51		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	SOMINEX 25 MG	72	EA	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
53100-0128-75		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	SOMINEX 50 MG	16	EA	NA	PO	EA	50 MG		1	01/01/2002	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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
53270-0053-01		J1573		08/01/2010	12/31/2016	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	NOVAPLUS HEPAGAM B (1X1ML>312IU/ML)SDV	1	ML	VL	IJ	ML	0.5	ML		2	08/01/2010	12/31/2016						
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>312IU/ML)SDV	1	ML	VL	IJ	ML	0.5	ML		2	08/01/2010	12/31/2016						
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	IJ	150	06/01/2010	12/31/2016							
53270-3100-01		J2792		06/01/2010	12/31/2016	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (1X4.4ML)SDV) 5000 IU	1	ML	VL	IV	ML	100	IJ	50	06/01/2010	12/31/2016							
53270-3300-01		J2792		06/01/2010	12/31/2016	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (1X1.3ML)SDV) 1500 IU	1	ML	VL	IV	ML	100	IJ	15	06/01/2010	12/31/2016							
53270-3500-01		J2792		06/01/2010	12/31/2016	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (1X2.2ML)SDV) 2500 IU	1	ML	VL	IV	ML	100	IJ	25	06/01/2010	12/31/2016							
53489-0376-01		Q0173		08/29/2003	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	100	EA	BO	PO	EA	250	MG	1.2	08/29/2003	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							
54288-0100-01		J3489		01/09/2019	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SINGLE-USE,LATEX-FREE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	01/09/2019	99/99/9999							
54482-0053-01		J8999		01/01/2002	03/29/2018	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MATULANE 50 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	03/29/2018							
54482-0147-01		J1955		01/01/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	CARNITOR (S.D.V.) 200 MG/ML	5	ML	VL	IV	ML	1	GM	0.2	01/01/2002	99/99/9999							
54505-0101-01		J0171		11/13/2014	10/03/2015	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE 0.15 MG/0.15 ML	1	EA	SR	IJ	EA	0.1	MG	1.5	11/13/2014	10/03/2015							
54569-0239-00		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	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
54569-0239-01		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	24	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
54569-0239-02		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							
54569-0239-03		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
54569-0239-08		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	DIPHENHYDRAMINE HCL 25 MG	6	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999							
54569-0241-00		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 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999							
54569-0241-02		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							
54569-0241-03		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999							
54569-0241-05		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	10	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999							
54569-0322-00		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							
54569-0322-03		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	20	EA	BO	PO	EA	0.25	MG	3	01/01/2006	99/99/9999							
54569-0324-04		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	8	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999							
54569-0327-00		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (UNIT OF USE) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999							
54569-0330-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015							
54569-0330-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999							
54569-0330-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	50	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015							
54569-0330-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	50	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999							
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	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							
54569-0330-04		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							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-0330-04		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						
54569-0330-07		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	60	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
54569-0330-07		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						
54569-0331-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	10	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
54569-0331-00		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						
54569-0331-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
54569-0331-01		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						
54569-0331-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
54569-0331-02		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						
54569-0331-04		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	50	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
54569-0331-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	50	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
54569-0331-04		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	50	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
54569-0331-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	50	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
54569-0331-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
54569-0331-05		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						
54569-0331-07		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
54569-0331-07		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						
54569-0331-08		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
54569-0331-08		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						
54569-0332-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
54569-0332-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
54569-0332-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
54569-0332-02		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						
54569-0332-03		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
54569-0332-03		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						
54569-0332-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
54569-0332-05		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						
54569-0332-09		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	18	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
54569-0332-09		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	8	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
54569-0333-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 50 MG	8	EA	BO	PO	EA	5 MG		10	01/01/2002	12/31/2015						
54569-0333-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 50 MG	8	EA	BO	PO	EA	1 MG		50	01/01/2016	99/99/9999						
54569-0336-01		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	6	EA	BO	PO	EA	0.25 MG		8	01/01/2006	99/99/9999						
54569-0350-05		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	6	EA	BO	PO	EA	5 MG		1	01/01/2002	99/99/9999						
54569-0355-00		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 (FILM-COATED) 10 MG	30	EA	BO	PO	EA	5 MG		2	01/01/2014	99/99/9999						
54569-0355-00		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE 10 MG	30	EA	BO	PO	EA	10 MG		1	12/07/2005	12/31/2013	01/01/2002	01/31/2003			1	
54569-0355-02		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 (FILM-COATED) 10 MG	10	EA	BO	PO	EA	5 MG		2	01/01/2014	99/99/9999						
54569-0355-02		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10 MG		1	01/01/2002	12/31/2013						
54569-1036-00		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						
54569-1046-00		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 PLAIN 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5 ML		0.1	01/01/2014	99/99/9999						
54569-1046-00		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	BO	PO	ML	25 MG		0.05	01/01/2002	12/31/2013						
54569-1335-00		J7510		01/01/2002	11/08/2012	PREDNISOLONE ORAL, PER 5 MG	PEDIAPRED 5 MG/5 ML	120	ML	BO	PO	ML	5 MG		0.2	01/01/2002	11/08/2012						
54569-1377-00		J0696		01/01/2002	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (VIAL) 500 MG	1	EA	VL	IJ	ML	250 MG		2	01/01/2002	01/31/2014						
54569-1387-00		J2010		01/01/2002	99/99/9999	INJECTION, LINCOSYDIN HCL, UP TO 300 MG	LINCOSYN (VIAL) 300 MG/ML	10	ML	VL	IJ	ML	300 MG		1	01/15/2004	99/99/9999	01/01/2002	01/31/2003			1	
54569-1411-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10	ML	VL	IM	ML	1 MG		200	01/01/2015	99/99/9999						
54569-1411-00		J1080		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10	ML	VL	IM	ML	200 MG		1	01/15/2004	12/31/2014	01/01/2002	01/31/2003			1	
54569-1522-00		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP) 0.9%	10	ML	AM	IV	ML	10 ML		0.1	01/01/2004	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
54569-1555-00		J2930		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (ACT-O-VAL) 125 MG	1	EA	VL	IJ	EA	125 MG			05/23/2007	99/99/9999	01/01/2002	01/31/2003				
54569-1555-01		J2930		06/05/2002	02/03/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (ACT-O-VAL) 125 MG	1	EA	VL	IJ	EA	125 MG			06/05/2002	02/03/2016						
54569-1754-00		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 HYDROCHLORIDE 25 MG	12	EA	BO	PO	EA	12.5 MG			01/01/2014	99/99/9999						
54569-1754-00		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	25 MG			01/01/2002	12/31/2013						
54569-1754-01		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	10	EA	BO	PO	EA	12.5 MG			01/01/2014	99/99/9999						
54569-1754-01		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	25 MG			01/01/2002	12/31/2013						
54569-1754-05		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	60	EA	BO	PO	EA	12.5 MG			01/01/2014	99/99/9999						
54569-1754-05		Q0170		12/07/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	60	EA	BO	PO	EA	25 MG			12/07/2007	12/31/2013						
54569-1754-06		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 HYDROCHLORIDE 25 MG	20	EA	BO	PO	EA	12.5 MG			01/01/2014	99/99/9999						
54569-1754-06		Q0170		07/02/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25 MG			07/02/2002	12/31/2013						
54569-1754-09		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	30	EA	BO	PO	EA	12.5 MG			01/01/2014	99/99/9999						
54569-1754-09		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25 MG			01/01/2002	12/31/2013						
54569-1818-02		None		02/08/2018	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	100	EA	BO	PO	EA	2.5 MG			02/08/2018	99/99/9999						
54569-1818-04		None		01/08/2015	10/17/2016	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	12	EA	BO	PO	EA	2.5 MG			01/08/2015	10/17/2016						
54569-1818-08		None		10/20/2000	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	32	EA	NA	PO	EA	2.5 MG			10/20/2000	99/99/9999						
54569-1818-09		None		05/13/2008	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5 MG			05/13/2008	99/99/9999						
54569-1827-01		J3301		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-10 (VIAL) 10 MG/ML	5	ML	VL	IJ	ML	10 MG			01/15/2004	99/99/9999	01/01/2002	01/31/2003				
54569-1901-01		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	5	ML	VL	IJ	ML	40 MG			01/15/2004	99/99/9999	01/01/2002	01/31/2003				
54569-2318-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N (VIAL) 100 U/ML	10	ML	VL	SC	ML	5 U			01/01/2003	99/99/9999						
54569-2319-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R (VIAL) 100 U/ML	10	ML	VL	IJ	ML	5 U			01/01/2003	99/99/9999						
54569-2353-05		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	30	EA	BO	PO	EA	25 MG			01/01/2002	99/99/9999						
54569-2571-01		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	20	EA	BO	PO	EA	25 MG			01/01/2014	99/99/9999						
54569-2571-01		Q0178		01/01/2002	12/31/2013	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	50 MG			09/01/2005	12/31/2013	01/01/2002	06/10/2003				
54569-2580-00		J1000		01/01/2002	10/17/2016	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	DEPO-ESTRADIOL 5 MG/ML	5	ML	VL	IM	ML	5 MG			01/15/2004	10/17/2016	01/01/2002	01/31/2003				
54569-2646-00		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1	EA	NA	IM	EA	75 IU			01/01/2006	99/99/9999						
54569-2918-00		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	ML	5 U			01/01/2003	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	
54569-2918-02		J1815		09/22/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (10X10ML) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5 U		20	09/22/2003	99/99/9999							
54569-3043-00		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 20 MG	20	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015							
54569-3043-00		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	20	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999							
54569-3043-01		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 20 MG	12	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015							
54569-3043-01		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							
54569-3043-02		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 20 MG	6	EA	BO	PO	EA	5 MG		4	11/17/2003	12/31/2015	01/01/2002	06/10/2003				4	
54569-3043-02		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	6	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999							
54569-3043-05		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 20 MG	14	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015	01/01/2002	06/10/2003				4	
54569-3043-05		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	14	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999							
54569-3043-06		J7506		11/07/2006	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 20 MG	25	EA	BO	PO	EA	5 MG		4	11/07/2006	12/31/2015							
54569-3043-06		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	25	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999							
54569-3078-00		A4216		01/18/2007	99/99/9999	MIL	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10	5	ML	VL	IH	ML	10 ML		0.1	01/18/2007	99/99/9999							
54569-3260-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	SODIUM CHLORIDE/RESPIRATORY THERAPY 0.9%	50	ML	VL	U	ML	1 EA		1	01/01/2002	02/03/2016							
54569-3302-00		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 10 MG	60	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015							
54569-3302-00		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 10 MG	60	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999							
54569-3302-01		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 10 MG	20	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015							
54569-3302-01		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							
54569-3413-00		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 5 MG	21	EA	DP	PO	EA	5 MG		1	01/01/2002	12/31/2015							
54569-3413-00		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	21	EA	DP	PO	EA	1 MG		5	01/01/2016	99/99/9999							
54569-3467-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5 U		20	01/01/2003	99/99/9999							
54569-3504-00		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	8	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999							
54569-3504-01		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	10	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999							
54569-3701-00		J1050		01/01/2013	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	DEPO-PROVERA CONTRACEPTIVE (VIAL) 150 MG/ML	1	ML	VL	IM	ML	1 MG		150	01/01/2013	99/99/9999							
54569-3701-00		J1055		01/15/2004	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (VIAL) 150 MG/ML	1	ML	VL	IM	ML	150 MG		1	01/15/2004	12/31/2012							
54569-3704-00		J3030		01/01/2002	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 (S.D.V.) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6 MG		2	01/01/2002	99/99/9999							
54569-3765-01		J8999		10/20/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60	EA	BO	PO	EA	1 EA		1	10/20/2005	99/99/9999							
54569-3833-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R (VIAL) 100 U/ML	10	ML	VL	U	ML	5 U		20	01/26/2004	99/99/9999	01/01/2003	06/10/2003				20	
54569-3835-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N (VIAL) 100 U/ML	10	ML	VL	SC	ML	5 U		20	09/22/2003	99/99/9999	01/01/2003	06/10/2003				20	
54569-3899-00		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999							
54569-3899-00	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							
54569-3900-00		J7611		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1 MG		5	04/01/2008	99/99/9999							
54569-3946-00		J1030		01/01/2002	99/99/9999	INJECTION, METHYL-PREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (VIAL) 40 MG/ML	1	ML	VL	U	ML	40 MG		1	01/22/2004	99/99/9999	01/01/2002	01/31/2003				1	
54569-4026-04		J7506		08/24/2010	12/31/2015	PREDNISON, ORAL, PER SMG	PREDNISON 5 MG	40	EA	TAB	PO	EA	5 MG		1	08/24/2010	12/31/2015							
54569-4026-04		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 5 MG	40	EA	TAB	PO	EA	1 MG		5	01/01/2016	99/99/9999							
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	10 MG		2	01/01/2002	02/03/2016							
54569-4168-00		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 HYDROCHLORIDE 25 MG	5	EA	BO	PO	EA	12.5 MG		2	01/01/2014	99/99/9999							
54569-4168-00		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	5	EA	BO	PO	EA	25 MG		1	01/01/2002	12/31/2013							
54569-4197-00		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 (AF) 12.5 MG/5 ML	120	ML	BO	PO	ML	50 MG		0.05	01/01/2002	99/99/9999							
54569-4230-00		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							
54569-4232-00		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.02	01/01/2002	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-4265-00		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	10	ML	VL	U	ML	40	MG	1	01/15/2004	99/99/9999	01/01/2002	01/31/2003	1			
54569-4482-00		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						
54569-4482-01		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						
54569-4482-04		J8499		09/11/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1	EA	1	01/01/2005	99/99/9999	09/11/2002	06/10/2003	1			
54569-4482-06		J8499		04/26/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	21	EA	BO	PO	EA	1	EA	1	04/26/2005	99/99/9999						
54569-4497-00		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						
54569-4522-00		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	01/01/2002	99/99/9999						
54569-4522-01		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	2	EA	BO	PO	EA	1	GM	0.25	01/01/2002	99/99/9999						
54569-4522-02		Q0144		08/26/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	01/05/2004	99/99/9999	08/26/2002	06/10/2003	0.25			
54569-4567-00		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	1	EA	BX	PO	EA	1	GM	1	01/01/2002	99/99/9999						
54569-4648-00		J1100		01/01/2002	02/03/2016	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (25X5ML) 4 MG/ML	5	ML	NA	U	ML	1	MG	4	01/01/2002	02/03/2016						
54569-4720-00		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
54569-4720-02		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	3	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
54569-4724-00		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
54569-4734-00		J1610		01/01/2002	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT 1 MG	1	EA	VL	U	EA	1	MG	1	01/01/2002	99/99/9999						
54569-4748-00		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						
54569-4748-00	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						
54569-4765-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	14	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
54569-4765-02		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
54569-4765-03		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
54569-4765-04		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						
54569-4765-05		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	45	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
54569-4765-06		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
54569-4765-09		J8499		06/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	45	EA	BO	PO	EA	1	EA	1	06/01/2006	99/99/9999						
54569-4827-00		J7510		12/02/2011	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (2X120 ML,RED CHERRY) 15 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.6	12/02/2011	99/99/9999						
54569-4827-01		J7510		09/27/2013	02/03/2016	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (4X60 ML,RED CHERRY) 15 MG/5 ML	60	ML	BO	PO	ML	5	MG	0.6	09/27/2013	02/03/2016						
54569-4904-00		J1050		01/01/2013	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	DEPO-PROVERA CONTRACEPTIVE (SRN, PREFILLED) 150 MG/ML	1	ML	SR	IM	ML	1	MG	150	01/01/2013	99/99/9999						
54569-4904-00		J1055		01/15/2004	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA (SRN, PREFILLED) 150 MG/ML	1	ML	SR	IM	ML	150	MG	1	01/15/2004	12/31/2012						
54569-4910-00		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						
54569-4910-00	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						
54569-4930-00		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAZEN (VIAL, W/DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	01/01/2002	99/99/9999						
54569-5247-00		J2310		01/01/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (VIAL, FLPTOP) 0.4 MG/ML	1	ML	VL	U	ML	1	MG	0.4	01/01/2002	99/99/9999						
54569-5311-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (S.D.V.,TAX INCL.,PF) 10 MCG/0.5 ML	0.5	ML	VL	IM	ML	1	EA	1	01/01/2002	02/03/2016						
54569-5312-00		J2001		11/08/2007	02/03/2016	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL 2%	5	ML	SR	U	ML	10	MG	2	11/08/2007	02/03/2016						
54569-5312-01		J2001		11/08/2007	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (5X5ML) 2%	5	ML	SR	U	ML	10	MG	2	11/08/2007	99/99/9999						
54569-5408-00		J3490		07/18/2002	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B (TIP-LOK W/O NDL,TAX,PF) 20 MCG/ML	1	ML	SR	IM	ML	1	EA	1	07/18/2002	99/99/9999						
54569-5445-00		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) 0.042%	3	ML	VL	IH	ML	0.5	MG	0.84	04/01/2008	99/99/9999						
54569-5445-00	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	VL	IH	ML	0.5	MG	0.84	04/01/2008	99/99/9999						
54569-5448-00		Q0144		09/09/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX TRI-PAK 500 MG	1	EA	DP	PO	EA	1	GM	0.5	09/09/2002	99/99/9999						
54569-5527-00		J1055		08/15/2003	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE 150 MG/ML	1	ML	VL	IM	ML	150	MG	1	08/15/2003	12/31/2012						
54569-5533-00		J3420		09/19/2003	01/28/2013	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	09/19/2003	01/28/2013						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-5589-00		Q0173		08/26/2004	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	TRIMETHOBENZAMIDE HCL 300 MG	12	EA	BO	PO	EA	250 MG		1.2	08/26/2004	99/99/9999						
54569-5589-01		Q0173		09/02/2005	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	6	EA	BO	PO	EA	250 MG		1.2	09/02/2005	99/99/9999						
54569-5605-00		J1815		02/16/2006	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10	ML	VL	SC	ML	5 U		20	02/16/2006	99/99/9999						
54569-5610-00		J0150		09/30/2004	12/31/2014	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	ADENOSINE 3 MG/ML	2	ML	NA	IV	ML	6 MG		0.5	09/30/2004	12/31/2014						
54569-5610-00		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	NA	IV	ML	1 MG		3	01/01/2015	99/99/9999						
54569-5629-00		J3490		11/10/2004	02/03/2016	UNCLASSIFIED DRUGS	RECOMBIVAX HB PEDIATRIC/ADOLESCENT (S.D.V., TAX INCL PF) 5 MCG/0.5 ML	0.5	ML	VL	IM	ML	1 EA		1	11/10/2004	02/03/2016						
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						
54569-5715-00		J8999		07/15/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1 EA		1	07/15/2005	99/99/9999						
54569-5720-00		J0696		07/26/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE 250 MG	1	EA	VL	U	EA	250 MG		1	07/26/2005	99/99/9999						
54569-5721-00		J0696		07/26/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE 500 MG	1	EA	VL	U	EA	250 MG		2	07/26/2005	99/99/9999						
54569-5723-00		J0696		07/27/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE 250 MG	1	EA	VL	U	EA	250 MG		1	07/27/2005	99/99/9999						
54569-5724-00		J0696		07/27/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE 500 MG	1	EA	VL	U	EA	250 MG		2	07/27/2005	99/99/9999						
54569-5725-00		J0696		07/27/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE 1 GM	1	EA	VL	U	EA	250 MG		4	07/27/2005	99/99/9999						
54569-5729-00		J8540		01/01/2006	99/99/9999	DEKAMETHASONE, ORAL, 0.25 MG	DEKAMETHASONE 4 MG	28	EA	BO	PO	EA	0.25 MG		16	01/01/2006	99/99/9999						
54569-5741-00		J8501		10/24/2005	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND TRI-FOLD PACK	3	EA	PG	PO	EA	5 MG		19	10/24/2005	99/99/9999						
54569-5744-00		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
54569-5744-01		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	6	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
54569-5745-00		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
54569-5745-01		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	4	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
54569-5745-02		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	6	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
54569-5749-00		J7510		01/21/2014	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE, GRAPE) 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	01/21/2014	99/99/9999						
54569-5754-00		Q0144		11/24/2005	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	99/99/9999						
54569-5755-00		Q0144		11/24/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	DP	PO	EA	1 GM		0.25	11/24/2005	99/99/9999						
54569-5756-00		Q0144		11/24/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	3	EA	DP	PO	EA	1 GM		0.5	11/24/2005	99/99/9999						
54569-5764-00		J2792		01/12/2006	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	HYPERRHO S/D (FULL DOSE)	1	ML	SR	IM	ML	100 IU		15	01/12/2006	99/99/9999						
54569-5781-00		J1324		01/01/2007	99/99/9999	INJECTION, ENFUVRITIDE, 1 MG	FUZEON 90 MG	60	EA	PG	SC	EA	1 MG		90	01/01/2007	10/17/2016						
54569-5795-00		J2300		05/12/2006	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (10X1ML) 10 MG/ML	1	ML	AM	U	ML	10 MG		1	05/12/2006	99/99/9999						
54569-5804-00		Q0144		06/30/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 600 MG	8	EA	BO	PO	EA	1 GM		0.6	06/30/2006	99/99/9999						
54569-5806-00		Q0144		07/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 1 GMP/packet	1	EA	BX	PO	EA	1 GM		1	07/24/2006	99/99/9999						
54569-5807-00		Q0144		07/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 100 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.02	07/24/2006	99/99/9999						
54569-5808-00		Q0144		07/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.04	07/24/2006	99/99/9999						
54569-5809-00		Q0144		07/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	22.5	ML	BO	PO	ML	1 GM		0.04	07/24/2006	99/99/9999						
54569-5810-00		Q0144		07/25/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	30	ML	BO	PO	ML	1 GM		0.04	07/25/2006	99/99/9999						
54569-5815-00		J1200		08/03/2006	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HYDROCHLORIDE (25X1ML) 50 MG/ML	1	ML	VL	U	ML	50 MG		1	08/03/2006	99/99/9999						
54569-5828-00		J1460		09/26/2006	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN S/D (SDV)	2	ML	VL	IM	ML	1 ML		1	09/26/2006	99/99/9999						
54569-5840-00		J7506		10/10/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5 MG		2	10/10/2006	12/31/2015						
54569-5840-00		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						
54569-5841-00		J7506		10/10/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	48	EA	BO	PO	EA	5 MG		2	10/10/2006	12/31/2015						
54569-5841-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	48	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
54569-5857-00		J8999		11/06/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	30	EA	BO	PO	EA	1 EA		1	11/06/2006	99/99/9999						
54569-5862-00		J3490		11/13/2006	09/07/2016	UNCLASSIFIED DRUGS	PROPOFOL (SDV,5X20ML) 10 MG/ML	20	ML	VL	IV	ML	1 EA		1	11/13/2006	09/07/2016						
54569-5873-00		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 (FILM-COATED) 8 MG	4	EA	BO	PO	EA	1 MG		8	01/01/2012	99/99/9999						
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						
54569-5911-00		J7506		05/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (PACK) 5 MG	48	EA	BO	PO	EA	5 MG		1	05/10/2007	12/31/2015						
54569-5911-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (PACK) 5 MG	48	EA	BO	PO	EA	1 MG		5	01/01/2016	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						
54766-0149-23		J0630		08/31/2015	09/15/2016	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	MACALCIN 200 IU/1 ML	2	ML	VL	U	ML	400 U		0.5	08/31/2015	09/15/2016						
54766-0590-10		J7500		01/01/2018	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	100	EA	BO	PO	EA	50 MG		1	01/01/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54838-0135-40		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 TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SILADRYL ALLERGY (AF,SF) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999						
54838-0135-70		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	SILADRYL ALLERGY 12.5 MG/5 ML	237	ML	BO	PO	ML	50	MG	0.05	01/01/2002	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 TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SILADRYL ALLERGY (AF,SF) 12.5 MG/5 ML	473	ML	BO	PO	ML	50	MG	0.05	01/01/2002	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	118	ML	BO	PO	ML	50	MG	0.05	01/01/2002	03/01/2018						
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	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	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 (VAL) 50 MG/ML	10	ML	AM	IJ	ML	50	MG	1	01/01/2002	02/03/2016						
54868-0015-00		J1265		12/11/2006	02/03/2016	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HYDROCHLORIDE 80 MG/ML	125	ML	NA	IV	ML	40	MG	2	12/11/2006	02/03/2016						
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						
54868-0026-01		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						
54868-0026-04		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	50	MG	0.5	01/01/2002	99/99/9999						
54868-0026-05		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 25 MG	10	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
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						
54868-0026-07		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	60	EA	BO	PO	EA	50	MG	0.5	06/29/2006	99/99/9999						
54868-0102-00		J7120		12/11/2006	02/03/2016	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (12X1000ML)	1000	ML	PC	IV	ML	1000	ML	0.001	12/11/2006	02/03/2016						
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						
54868-0169-01		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 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	02/03/2016						
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						
54868-0183-00		A4216		01/01/2004	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION BACTERIOSTATIC (VAL)	30	ML	VL	IV	ML	10	ML	0.1	01/01/2004	02/03/2016						
54868-0186-00		J0595		01/01/2004	02/03/2016	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL (M.D.V.) 2 MG/ML	10	ML	VL	IJ	ML	1	MG	2	01/01/2004	02/03/2016						
54868-0206-00		J0702		01/01/2002	02/03/2016	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	CELESTONE SOLUSPAN (M.D.V.) 3 MG/ML-3 MG/ML	5	ML	VL	IJ	ML	3	MG	1	01/01/2002	02/03/2016						
54868-0216-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	DEPO-TESTOSTERONE (VAL) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999						
54868-0216-00		J1080		09/20/2007	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE (VAL) 200 MG/ML	10	ML	VL	IM	ML	200	MG	1	09/20/2007	12/31/2014						
54868-0218-00		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						
54868-0218-01		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	10	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-0218-04		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					
54868-0218-05		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	18	EA	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	PO	EA	0.25	MG		16	01/01/2006	99/99/9999					
54868-0218-07		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	40	EA	BO	PO	EA	0.25	MG		16	01/01/2006	99/99/9999					
54868-0218-08		J8540		09/11/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (USP) 4 MG	50	EA	BO	PO	EA	0.25	MG		16	09/11/2006	99/99/9999					
54868-0218-09		J8540		04/03/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	5	EA	BO	PO	EA	0.25	MG		16	04/03/2008	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	IM	ML	25	MG		2	01/01/2002	02/03/2016					
54868-0234-00		J3301		01/01/2002	99/99/9999	INJECTION, TRAMCICLONINE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-10 (VAL) 10 MG/ML	5	ML	VL	U	ML	10	MG		1	01/01/2002	99/99/9999					
54868-0258-01		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					
54868-0258-01		J7506		01/01/2002	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG		5	01/01/2002	12/31/2015					
54868-0258-02		J7506		01/01/2002	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG		1	01/01/2002	12/31/2015					
54868-0258-02		J7506		01/01/2002	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	20	EA	BO	PO	EA	5	MG		1	01/01/2002	12/31/2015					
54868-0258-02		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					
54868-0258-02		J7506		01/01/2002	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	20	EA	BO	PO	EA	5	MG		1	01/01/2002	12/31/2015					
54868-0258-04		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					
54868-0258-05		J7506		01/01/2002	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	36	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					
54868-0258-06		J7506		01/01/2002	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	55	EA	BO	PO	EA	5	MG		1	01/01/2002	12/31/2015					
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					
54868-0258-08		J7506		01/01/2002	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	60	EA	BO	PO	EA	5	MG		1	01/01/2002	12/31/2015					
54868-0258-08		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	15	EA	BO	PO	EA	5	MG		1	03/14/2002	12/31/2015					
54868-0258-09		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					
54868-0261-00		J0780		01/01/2002	06/14/2016	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYALATE (M.D.V.) 5 MG/ML	10	ML	VL	U	ML	10	MG		0.5	01/01/2002	06/14/2016					
54868-0262-00		J2550		01/01/2002	02/03/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (M.D.V.) 50 MG/ML	10	ML	VL	U	ML	50	MG		1	01/01/2002	02/03/2016					
54868-0262-01		J2550		09/29/2005	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (10X25ML,MDV) 50 MG/ML	10	ML	VL	U	ML	50	MG		1	09/29/2005	99/99/9999					
54868-0296-01		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	500	ML	FC	IV	ML	500	ML		0.002	01/01/2002	99/99/9999					
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					
54868-0296-04		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					
54868-0554-00		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL (AMP) 50 MG/ML	1	ML	VL	U	ML	50	MG		1	01/01/2002	02/03/2016					
54868-0559-00		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VAL) 1 GM	1	EA	VL	U	EA	500	MG		2	01/01/2002	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	AM	U	EA	50	MG		0.5	01/01/2002	02/03/2016					
54868-0601-01		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	2	EA	BX	RC	EA	1	EA		1	01/01/2006	99/99/9999					
54868-0601-02		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1	EA		1	01/01/2006	99/99/9999					
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					
54868-0617-01		J3360		03/07/2002	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (M.D.V., FLTPOT) 5 MG/ML	10	ML	VL	U	ML	5	MG		1	03/07/2002	99/99/9999					
54868-0617-02		J3360		04/03/2008	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X10ML,M.D.V.) 5 MG/ML	10	ML	VL	U	ML	5	MG		1	04/03/2008	99/99/9999					
54868-0622-00		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPAZINE 25 MG	12	EA	BX	RC	EA	1	EA		1	01/01/2006	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	BX	RC	EA	1	EA		1	01/01/2006	02/03/2016					
54868-0710-00		J7030		01/01/2002	09/11/2016	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE 0.9%	1000	ML	FC	IV	ML	1000	ML		0.001	01/01/2002	09/11/2016					
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	ML	500	ML		0.002	01/01/2002	09/11/2016					
54868-0710-03		J7050		12/12/2006	09/11/2016	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (NORMAL SALINE,48X100ML) 0.9%	100	ML	FC	IV	ML	250	ML		0.004	12/12/2006	09/11/2016					
54868-0710-04		J7030		12/15/2006	09/11/2016	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (NORMAL SALINE,12X1000ML) 0.9%	1000	ML	FC	IV	ML	1000	ML		0.001	12/15/2006	09/11/2016					
54868-0710-05		A4216		12/15/2006	09/11/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (NORMAL SALINE,48X500ML) 0.9%	50	ML	FC	IV	ML	10	ML		0.1	12/15/2006	09/11/2016					
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					
54868-0721-00		O0169		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 ANTIEMETIC 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					
54868-0734-00		J3490		08/27/2002	99/99/9999	UNCLASSIFIED DRUGS	ENGERX-B (S.D.V.,PF) 20 MCG/ML	1	ML	VL	IM	ML	1	EA		1	08/27/2002	99/99/9999					
54868-0748-00		J2310		01/01/2002	02/03/2016	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (SRN PREFILLED,MIN-I-JET) 0.4 MG/ML	1	ML	SR	U	ML	1	MG		0.4	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					
54868-0753-01		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					
54868-0756-00		J3250		01/01/2002	02/03/2016	INJECTION, TRIMETHOPRIMAZIDINE HCL, UP TO 200 MG	TIGAN (VAL) 100 MG/ML	20	ML	VL	IM	ML	200	MG		0.5	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	
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						
54868-0836-03		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 10 MG	50	EA	BO	PO	EA	1	MG		10	01/01/2016	99/99/9999						
54868-0836-04		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	15	EA	BO	PO	EA	5	MG		2	01/01/2002	12/31/2015						
54868-0836-04		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 10 MG	15	EA	BO	PO	EA	1	MG		10	01/01/2016	99/99/9999						
54868-0836-05		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	60	EA	BO	PO	EA	5	MG		2	01/01/2002	12/31/2015						
54868-0836-05		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 10 MG	60	EA	BO	PO	EA	1	MG		10	01/01/2016	99/99/9999						
54868-0836-07		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						
54868-0836-07		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						
54868-0836-08		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	20	EA	BO	PO	EA	5	MG		2	01/01/2002	12/31/2015						
54868-0836-08		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						
54868-0858-00		J3410		01/01/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (VIAL) 25 MG/ML	1	ML	VL	IM	ML	25	MG		1	01/01/2002	99/99/9999						
54868-0871-00		J1100		01/01/2002	02/03/2016	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	5	ML	VL	U	ML	1	MG		4	01/01/2002	02/03/2016						
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	U	ML	1	MG		4	07/21/2003	99/99/9999						
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						
54868-0908-00		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 50 MG	30	EA	BO	PO	EA	5	MG		10	01/01/2002	12/31/2015						
54868-0908-00		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 50 MG	30	EA	BO	PO	EA	1	MG		50	01/01/2016	99/99/9999						
54868-0908-01		J7506		11/10/2005	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 50 MG	10	EA	BO	PO	EA	5	MG		10	11/10/2005	12/31/2015						
54868-0908-01		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 50 MG	10	EA	BO	PO	EA	1	MG		50	01/01/2016	99/99/9999						
54868-0908-02		J7506		02/16/2006	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 50 MG	3	EA	BO	PO	EA	5	MG		10	02/16/2006	12/31/2015						
54868-0908-02		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 50 MG	3	EA	BO	PO	EA	1	MG		50	01/01/2016	99/99/9999						
54868-0908-03		J7506		05/16/2006	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON (USP) 50 MG	50	EA	BO	PO	EA	5	MG		10	05/16/2006	12/31/2015						
54868-0908-03		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON (USP) 50 MG	50	EA	BO	PO	EA	1	MG		50	01/01/2016	99/99/9999						
54868-0908-04		J7506		02/06/2007	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON (USP) 50 MG	60	EA	BO	PO	EA	5	MG		10	02/06/2007	12/31/2015						
54868-0908-04		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON (USP) 50 MG	60	EA	BO	PO	EA	1	MG		50	01/01/2016	99/99/9999						
54868-0916-00		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	30	EA	BO	PO	EA	0.25	MG		3	01/01/2006	99/99/9999						
54868-0921-01		J7500		01/01/2002	02/03/2016	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	30	EA	BO	PO	EA	50	MG		1	01/01/2002	02/03/2016						
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						
54868-0921-04		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						
54868-0923-01		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	DELTAZONE 5 MG	30	EA	BO	PO	EA	5	MG		1	01/01/2002	12/31/2015						
54868-0923-01		J7512		01/01/2016	02/03/2016	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	DELTAZONE 5 MG	30	EA	BO	PO	EA	1	MG		5	01/01/2016	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	BO	PO	ML	5	MG		0.6	12/16/2003	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						
54868-1050-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG		1	01/01/2002	99/99/9999						
54868-1050-03		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						
54868-1050-04		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 TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	40	EA	BO	PO	EA	50	MG		1	01/01/2002	02/03/2016						
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	BO	PO	EA	50	MG		1	01/01/2002	99/99/9999						
54868-1050-06		Q0163		04/15/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15	EA	NA	PO	EA	50	MG		1	04/15/2002	99/99/9999						
54868-1082-00		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	5	MG		2	01/01/2014	99/99/9999						
54868-1082-00		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	10	MG		1	01/01/2002	12/31/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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 N/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						
54868-1082-01		Q0165		01/29/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10 MG		1	01/29/2004	12/31/2013						
54868-1082-02		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 N/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						
54868-1082-02		Q0165		06/03/2005	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10 MG		1	06/03/2005	12/31/2013						
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 N/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						
54868-1082-03		Q0165		08/24/2007	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10 MG		1	08/24/2007	12/31/2013						
54868-1082-04		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 N/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						
54868-1082-04		Q0165		02/10/2005	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10 MG		1	02/10/2005	12/31/2013						
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 N/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						
54868-1082-05		Q0165		06/09/2005	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10 MG		1	06/09/2005	12/31/2013						
54868-1082-06		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 N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	90	EA	BO	PO	EA	5 MG		2	01/01/2014	99/99/9999						
54868-1082-06		Q0165		04/16/2007	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	90	EA	BO	PO	EA	10 MG		1	04/16/2007	12/31/2013						
54868-1119-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 1 MG	100	EA	BO	PO	EA	5 MG		0.2	01/01/2002	12/31/2015						
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	1 MG		1	01/01/2016	99/99/9999						
54868-1119-02		J7506		12/09/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 1 MG	90	EA	BO	PO	EA	5 MG		0.2	12/09/2002	12/31/2015						
54868-1119-02		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	90	EA	BO	PO	EA	1 MG		1	01/01/2016	02/03/2016						
54868-1119-03		J7506		12/09/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 1 MG	30	EA	BO	PO	EA	5 MG		0.2	12/09/2002	12/31/2015						
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						
54868-1119-04		J7506		06/01/2004	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 1 MG	15	EA	BO	PO	EA	5 MG		0.2	06/01/2004	12/31/2015						
54868-1119-04		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	15	EA	BO	PO	EA	1 MG		1	01/01/2016	02/03/2016						
54868-1119-05		J7506		10/05/2004	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 1 MG	60	EA	BO	PO	EA	5 MG		0.2	10/05/2004	12/31/2015						
54868-1119-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	60	EA	BO	PO	EA	1 MG		1	01/01/2016	99/99/9999						
54868-1126-00		J8999		08/11/2003	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	50	EA	BO	PO	EA	1 EA		1	08/11/2003	02/03/2016						
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						
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						
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						
54868-1126-04		J8999		05/23/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	5	EA	BO	PO	EA	1 EA		1	05/23/2006	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
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					
54868-1183-00		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	100	EA	BO	PO	EA	5 MG			4	01/01/2002	12/31/2015					
54868-1183-00		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	100	EA	BO	PO	EA	1 MG			20	01/01/2016	99/99/9999					
54868-1183-01		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	15	EA	BO	PO	EA	5 MG			4	01/01/2002	12/31/2015					
54868-1183-01		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	15	EA	BO	PO	EA	1 MG			20	01/01/2016	99/99/9999					
54868-1183-02		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	60	EA	BO	PO	EA	5 MG			4	01/01/2002	12/31/2015					
54868-1183-02		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	60	EA	BO	PO	EA	1 MG			20	01/01/2016	99/99/9999					
54868-1183-03		J7506		01/01/2002	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	30	EA	BO	PO	EA	5 MG			4	01/01/2002	12/31/2015					
54868-1183-03		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	30	EA	BO	PO	EA	1 MG			20	01/01/2016	99/99/9999					
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					
54868-1183-07		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	20	EA	BO	PO	EA	1 MG			20	01/01/2016	99/99/9999					
54868-1183-08		J7506		08/19/2003	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	10	EA	BO	PO	EA	5 MG			2	08/19/2003	12/31/2015					
54868-1183-08		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					
54868-1183-09		J7506		08/15/2005	12/31/2015	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	25	EA	BO	PO	EA	5 MG			4	08/15/2005	12/31/2015					
54868-1183-09		J7512		01/01/2016	99/99/9999	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISON 20 MG	25	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 THE 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						
54868-1227-02		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 THE 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						
54868-1323-00		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	12.5 MG			2	01/01/2014	99/99/9999					
54868-1323-00		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25 MG			1	01/01/2002	12/31/2013					
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					
54868-1323-01		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	25 MG			1	01/01/2002	12/31/2013					
54868-1323-02		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	12.5 MG			2	01/01/2014	99/99/9999					
54868-1323-02		Q0170		01/01/2002	12/31/2013	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	25 MG			1	07/02/2003	12/31/2013	01/01/2002	04/15/2002		1	
54868-1323-04		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	12.5 MG			2	01/01/2014	99/99/9999					
54868-1323-04		Q0170		01/01/2002	12/31/2013	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	25 MG			1	01/01/2002	12/31/2013					
54868-1323-05		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					
54868-1323-05		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25 MG			1	01/01/2002	12/31/2013					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
54868-1323-06		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25 MG		1	01/01/2002	12/31/2013						
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	12.5 MG		2	01/01/2014	99/99/9999						
54868-1323-07		Q0170		06/15/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	60	EA	BO	PO	EA	25 MG		1	06/15/2005	12/31/2013						
54868-1323-08		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	50	EA	BO	PO	EA	12.5 MG		2	01/01/2014	99/99/9999						
54868-1323-08		Q0170		09/21/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	50	EA	BO	PO	EA	25 MG		1	09/21/2005	12/31/2013						
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						
54868-1367-00		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						
54868-1429-01		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N 100 UML	10	ML	VL	SC	ML	5 U		20	01/01/2003	99/99/9999						
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						
54868-1629-00		J8999		10/03/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100	EA	BO	PO	EA	1 EA		1	10/03/2005	99/99/9999						
54868-1629-01		J8999		10/03/2005	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	14	EA	BO	PO	EA	1 EA		1	10/03/2005	02/03/2016						
54868-1629-02		J8999		07/06/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	30	EA	BO	PO	EA	1 EA		1	07/06/2007	99/99/9999						
54868-1720-00		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PEDIAPRED 5 MG/5 ML	120	ML	BO	PO	ML	5 MG		0.2	01/01/2002	99/99/9999						
54868-1729-00		J1000		01/01/2002	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						
54868-1744-00		J8540		01/01/2006	99/99/9999	DEKAMETHASONE, ORAL, 0.25 MG	DEKAMETHASONE 1.5 MG	100	EA	BO	PO	EA	0.25 MG		6	01/01/2006	99/99/9999						
54868-1795-00		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (M.D.V.) 1%	50	ML	VL	EP	ML	10 MG		1	01/01/2004	99/99/9999						
54868-1798-01		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (M.D.V.) 2%	10	ML	VL	IJ	ML	10 MG		2	01/01/2004	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						
54868-1854-04		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	50 MG		1	01/01/2002	12/31/2013						
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						
54868-1867-00		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	BO	PO	ML	25 MG		0.05	01/01/2002	12/31/2013						
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						
54868-1932-01		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	1	EA	BX	RC	EA	1 EA		1	01/01/2006	02/03/2016						
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						
54868-1963-00		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	TORCAN 10 MG	15	EA	BO	PO	EA	10 MG		1	02/11/2003	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
54868-1963-01		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						
54868-2048-00		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						
54868-2048-01		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (VIAL) 50 MG/ML	1	ML	VL	U	ML	50 MG		1	01/01/2002	02/03/2016						
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						
54868-2064-00		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (M.D.V.) 2%	50	ML	VL	U	ML	10 MG		2	01/01/2004	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	U	ML	10 MG		2	06/23/2006	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	50 MG		1	09/29/2005	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						
54868-2184-02		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						
54868-2184-03		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						
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						
54868-2219-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	RECOMBIVAX HB (3 DOSE VIAL, TAX INCL) 10 MCG/ML	3	ML	VL	IM	ML	1 EA		1	01/01/2002	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						
54868-2299-00		J1940		09/29/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (ABDOJECT) 10 MG/ML	250	ML	VL	U	ML	20 MG		0.5	09/29/2005	99/99/9999						
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						
54868-2302-00		Q0172		01/01/2002	12/31/2013	CHLORPROMAZINE HYDROCHLORIDE, 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	CHLORPROMAZINE HCL 50 MG	10	EA	BO	PO	EA	25 MG		2	01/01/2002	12/31/2013						
54868-2302-02		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	100	EA	BO	PO	EA	5 MG		10	01/01/2014	02/03/2016						
54868-2303-02		Q0172		01/01/2002	12/31/2013	CHLORPROMAZINE HYDROCHLORIDE, 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	CHLORPROMAZINE HCL 50 MG	100	EA	BO	PO	EA	25 MG		2	01/01/2002	12/31/2013						
54868-2320-01		J3360		01/01/2002	02/03/2016	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/ML	2	ML	SR	U	ML	5 MG		1	01/01/2002	02/03/2016						
54868-2320-02		J3360		01/01/2002	02/03/2016	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (AMP) 5 MG/ML	2	ML	AM	U	ML	5 MG		1	01/01/2002	02/03/2016						
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						
54868-2347-00		Q0172		01/01/2002	12/31/2013	CHLORPROMAZINE HYDROCHLORIDE, 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	CHLORPROMAZINE HCL 100 MG	100	EA	BO	PO	EA	25 MG		4	01/01/2002	12/31/2013						
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						
54868-2429-01		J0515		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						
54868-2464-00		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						
54868-2464-00		Q0172		01/01/2002	12/31/2013	CHLORPROMAZINE HYDROCHLORIDE, 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	CHLORPROMAZINE HCL 25 MG	30	EA	BO	PO	EA	25 MG		1	01/01/2002	12/31/2013						
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						
54868-2464-02		Q0172		08/08/2007	12/31/2013	CHLORPROMAZINE HYDROCHLORIDE, 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	CHLORPROMAZINE HCL 25 MG	60	EA	NA	PO	EA	25 MG		1	08/08/2007	12/31/2013						
54868-2472-00		J7613		04/01/2008	99/99/9999	ALBUTEROL INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
54868-2472-01		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						
54868-2489-01		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL 100 MG/ML	2	ML	VL	U	ML	100 MG		1	01/01/2004	99/99/9999						
54868-2522-00		J1440		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (S.D.V.,PF) 300 MCG/ML	1	ML	VL	U	ML	300 MCG		1	01/01/2002	12/31/2013						
54868-2523-00		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (S.D.V.) 10000 U/ML	1	ML	VL	U	ML	1000 U		10	01/01/2006	99/99/9999						
54868-2523-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (S.D.V.) 10000 U/ML	1	ML	VL	U	ML	1000 U		10	01/01/2006	99/99/9999						
54868-2526-00		J1642		01/01/2002	06/30/2015	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (VALDOSETTE) 100 U/ML	1	ML	VL	IV	ML	10 U		10	01/01/2002	06/30/2015						
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						
54868-2528-00		J2545		01/01/2007	02/03/2016	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	02/03/2016						
54868-2530-00		J3070		01/01/2002	02/03/2016	INJECTION, PENTAZOCINE, 30 MG	TALWIN LACTATE (VIAL) 30 MG/ML	10	ML	VL	U	ML	30 MG		1	01/01/2002	02/03/2016						
54868-2652-00		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 (S.D.V.) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6 MG		2	01/01/2002	02/03/2016						
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						
54868-2684-01		Q0171		02/01/2007	12/31/2013	CHLORPROMAZINE HYDROCHLORIDE, 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	CHLORPROMAZINE 10 MG	30	EA	BO	PO	EA	10 MG		1	02/01/2007	12/31/2013						
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						
54868-2687-01		Q0176		01/01/2002	12/31/2013	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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	8 MG		1	01/01/2002	12/31/2013						
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						
54868-2687-02		Q0176		06/12/2007	12/31/2013	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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	8 MG		1	06/12/2007	12/31/2013						
54868-2746-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5 U		20	01/01/2003	99/99/9999						
54868-2777-00		J1817		05/07/2007	02/03/2016	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	NOVOLOG 100 U/ML	10	ML	VL	SC	ML	50 U		2	05/07/2007	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						
54868-2844-00		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						
54868-2844-00		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 50 MG	60	EA	BO	PO	EA	25 MG		2	01/01/2002	12/31/2013						
54868-2844-01		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	30	EA	BO	PO	EA	12.5 MG		4	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
54868-2844-01		Q0170		04/21/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 50 MG	30	EA	BO	PO	EA	25 MG		2	04/21/2008	12/31/2013						
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		1	01/01/2002	02/03/2016						
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		1	01/01/2002	02/03/2016						
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						
54868-2892-03		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						
54868-2892-04		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 DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25 MG		1	10/11/2005	99/99/9999						
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						
54868-2913-01		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						
54868-2913-02		J7509		07/29/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	60	EA	BO	PO	EA	4 MG		1	07/29/2003	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	1 EA		1	01/01/2002	02/03/2016						
54868-3004-02		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
54868-3004-03		J8999		02/02/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	180	EA	BO	PO	EA	1 EA		1	02/02/2006	99/99/9999						
54868-3004-04		J8999		04/10/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	100	EA	BO	PO	EA	1 EA		1	04/10/2006	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						
54868-3025-00		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						
54868-3050-00		J1441		08/14/2006	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NEUPOGEN 480 MCG/0.8 ML	10	ML	SR	U	ML	480 MCG		1.25	08/14/2006	12/31/2013						
54868-3084-00		Q0167		01/01/2002	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 (SOFTGEL) 2.5 MG	60	EA	BO	PO	EA	2.5 MG		1	01/01/2002	99/99/9999						
54868-3084-01		Q0167		02/11/2004	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 2.5 MG	30	EA	BO	PO	EA	2.5 MG		1	02/11/2004	99/99/9999						
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						
54868-3089-00		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						
54868-3089-01		J7799		12/05/2007	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (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						
54868-3112-00		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
54868-3112-01		J8498		01/01/2006	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						
54868-3134-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	MARCANIE HCL (S.D.V) 10.5%	30	ML	VL	U	ML	1 EA		1	01/01/2002	02/03/2016						
54868-3134-01		J3490		02/02/2007	99/99/9999	UNCLASSIFIED DRUGS	MARCANIE HCL 0.5%	50	ML	VL	U	ML	1 EA		1	02/02/2007	99/99/9999						
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						
54868-3157-01		J8540		05/10/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (USP, GLUTEN-FREE) 2 MG	48	EA	BO	PO	EA	0.25 MG		8	05/10/2007	99/99/9999						
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						
54868-3188-00		J2820		05/23/2006	02/03/2016	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	LEUKINE 500 MCG/ML	5	ML	VL	IV	ML	50 MCG		10	05/23/2006	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						
54868-3189-00		Q0168		06/07/2005	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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	5 MG		1	06/07/2005	12/31/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-3189-01		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 5 MG	100	EA	BO	PO	EA	2.5 MG		2	01/01/2014	02/03/2016						
54868-3189-01		Q0168		01/30/2006	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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 5 MG	100	EA	BO	PO	EA	5 MG		1	01/30/2006	12/31/2013						
54868-3189-02		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 5 MG	60	EA	BO	PO	EA	2.5 MG		2	01/01/2014	02/03/2016						
54868-3189-02		Q0168		02/07/2006	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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 5 MG	60	EA	BO	PO	EA	5 MG		1	02/07/2006	12/31/2013						
54868-3189-03		Q0168		06/06/2006	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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 5 MG	15	EA	NA	PO	EA	5 MG		1	06/06/2006	12/31/2013						
54868-3220-00		J7510		01/01/2002	02/03/2016	PREDNISOLONE ORAL, PER 5 MG	PRELONE (CHERRY) 15 MCG/5 ML	240	ML	BO	PO	EA	5 MG		0.6	01/01/2002	02/03/2016						
54868-3221-00		J0696		01/01/2002	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 500 MG	1	EA	VL	IJ	EA	250 MG		2	01/01/2002	01/31/2014						
54868-3221-01		J0696		01/01/2002	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 500 MG	1	EA	VL	IJ	EA	250 MG		2	01/01/2002	01/31/2014						
54868-3230-01		J2175		01/01/2002	02/03/2016	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (UNI-AMP) 50 MG/ML	25	ML	AM	IJ	ML	100 MG		0.5	01/01/2002	02/03/2016						
54868-3236-00		J3490		01/02/2003	02/03/2016	UNCLASSIFIED DRUGS	ENGERX-B PEDIATRIC 10 MCG/0.5 ML	0.5	ML	VL	IM	ML	1 EA		1	01/02/2003	02/03/2016						
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						
54868-3277-00		J1950		01/01/2002	10/17/2016	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT (S.D.V.) 3.75 MG	1	EA	BX	IM	EA	3.75 MG		1	01/01/2002	10/17/2016						
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	IJ	EA	1 MU		50	07/02/2003	02/03/2016						
54868-3344-00		J3303		01/01/2002	02/03/2016	INJECTION, TRAMCINOLONE HEXACETONIDE, PER 5MG	ARISTOSPAN (M.D.V.) 20 MG/ML	1	ML	VL	IJ	ML	5 MG		4	01/01/2002	02/03/2016						
54868-3348-01		J1051		01/01/2003	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	DEPO-PROVERA (VIAL) 400 MG/ML	2.5	ML	VL	IM	ML	50 MG		8	01/01/2003	12/31/2012						
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						
54868-3392-00		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						
54868-3407-00		J7611		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1 MG		5	04/01/2008	99/99/9999						
54868-3429-00		J0698		01/01/2002	02/03/2016	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 1 GM	1	EA	VL	IJ	EA	1 GM		1	01/01/2002	02/03/2016						
54868-3429-01		J0698		01/01/2002	02/03/2016	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 1 GM	1	EA	VL	IJ	EA	1 GM		1	01/01/2002	02/03/2016						
54868-3437-00		J3490		02/02/2007	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE 0.25%	50	ML	VL	IJ	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	NUBAIN (M.D.V.) 10 MG/ML	10	ML	VL	IJ	ML	10 MG		1	01/01/2002	06/30/2015						
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	ML	5 U		20	01/01/2003	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	IJ	EA	500 MG		2	01/01/2002	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						
54868-3508-01		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	ZOFRAN 4 MG	30	EA	BO	PO	EA	1 MG		4	01/01/2012	02/03/2016						
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	ZOFRAN 4 MG	10	EA	BO	PO	EA	1 MG		4	01/01/2012	02/03/2016						
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						
54868-3509-01		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	ZOFRAN 8 MG	15	EA	BO	PO	EA	1 MG		8	01/01/2012	02/03/2016						
54868-3509-02		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 8 MG	10	EA	BO	PO	EA	1 MG		8	01/01/2012	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
54868-3509-03		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	1 MG		8	01/01/2012	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						
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						
54868-3566-00		J2060		01/01/2002	09/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 2 MG/ML	10	ML	VL	IU	ML	2 MG		1	01/01/2002	09/99/9999						
54868-3566-01		J2060		01/01/2002	09/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 2 MG/ML	1	ML	VL	IU	ML	2 MG		1	01/01/2002	09/99/9999						
54868-3566-02		J2060		01/10/2007	09/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 2 MG/ML	25	ML	VL	IU	ML	2 MG		1	01/10/2007	09/99/9999						
54868-3599-00		J1815		06/30/2005	02/03/2016	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R 100 U/ML	10	ML	VL	IU	ML	5 U		20	06/30/2005	02/03/2016						
54868-3608-00		J2300		01/01/2002	09/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL 10 MG/ML	1	ML	AM	IU	ML	10 MG		1	01/01/2002	09/99/9999						
54868-3608-01		J2300		05/24/2007	02/03/2016	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (10X1ML) 10 MG/ML	1	ML	AM	IU	ML	10 MG		1	05/24/2007	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	IU	ML	10 MG		2	01/01/2002	06/30/2015						
54868-3613-00		J1055		01/01/2002	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (SRN, PREFILLED) 150 MG/ML	1	ML	VL	IM	ML	150 MG		1	01/01/2002	12/31/2012						
54868-3615-00		J1642		01/01/2002	06/30/2015	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (VAL, DOSETTE, PF) 100 U/ML	1	ML	VL	IV	ML	10 U		10	01/01/2002	06/30/2015						
54868-3618-00		J1071		01/01/2015	09/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (M.D.V.) 200 MG/ML	10	ML	VL	IM	ML	1 MG		200	01/01/2015	09/99/9999						
54868-3618-00		J1080		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (M.D.V.) 200 MG/ML	10	ML	VL	IM	ML	200 MG		1	04/14/2005	12/31/2014	01/01/2002	11/08/2002			1	
54868-3618-01		J1071		01/01/2015	09/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE 200 MG/ML	1	ML	VL	IM	ML	1 MG		200	01/01/2015	09/99/9999						
54868-3618-01		J1080		08/10/2007	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE 200 MG/ML	1	ML	VL	IM	ML	200 MG		1	08/10/2007	12/31/2014						
54868-3619-00		J1815		01/01/2003	09/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R 100 U/ML	10	ML	VL	IU	ML	5 U		20	01/01/2003	09/99/9999						
54868-3623-00		J2930		01/01/2002	02/03/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (W/DILUENT) 500 MG	1	EA	VL	IU	EA	125 MG		4	01/01/2002	02/03/2016						
54868-3637-00		J2930		01/01/2002	02/03/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (ACT-O-VAL) 125 MG	1	EA	VL	IU	EA	125 MG		1	01/01/2002	02/03/2016						
54868-3637-01		J2930		01/01/2002	02/03/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (ACT-O-VAL) 125 MG	1	EA	VL	IU	EA	125 MG		1	01/01/2002	02/03/2016						
54868-3644-00		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	IU	ML	50 MG		0.2	01/01/2002	02/03/2016						
54868-3645-00		J1940		01/01/2002	02/03/2016	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (CARPUJECT) 10 MG/ML	2	EA	SR	IU	ML	20 MG		0.5	01/01/2002	02/03/2016						
54868-3648-00		Q0144		11/16/2005	09/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (TRI-PACK) 500 MG	3	EA	DP	PO	EA	1 GM		0.5	11/16/2005	09/99/9999						
54868-3686-00		J2300		01/01/2002	06/30/2015	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAIN (AMP, W/O SULFITE/PARABEN) 10 MG/ML	1	ML	AM	IU	ML	10 MG		1	01/01/2002	06/30/2015						
54868-3686-01		J2300		01/01/2002	06/30/2015	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAIN (AMP, W/O SULFITE/PARABEN) 10 MG/ML	1	ML	AM	IU	ML	10 MG		1	01/01/2002	06/30/2015						
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						
54868-3695-00		J3490		01/01/2002	09/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (S.D.V.) 150 MG/ML	2	ML	VL	IU	ML	1 EA		1	01/01/2002	09/99/9999						
54868-3703-00		J7799		01/01/2002	02/03/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTRROSE (18GX1-1/2) 50%	50	ML	VL	IV	ML	1 EA		1	01/01/2002	02/03/2016						
54868-3738-00		J3010		01/01/2002	02/03/2016	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP) 0.05 MG/ML	2	ML	AM	IU	ML	0.1 MG		0.5	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	IU	ML	0.1 MG		0.5	01/01/2002	02/03/2016						
54868-3826-00		None		02/07/2011	09/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	16	EA	DP	PO	EA	2.5 MG		1	02/07/2011	09/99/9999						
54868-3826-01		None		12/04/2002	09/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	12	EA	DP	PO	EA	2.5 MG		1	12/04/2002	09/99/9999						
54868-3826-03		None		08/25/2003	09/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	20	EA	BO	PO	EA	2.5 MG		1	08/25/2003	09/99/9999						
54868-3826-04		None		08/25/2003	09/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	28	EA	BO	PO	EA	2.5 MG		1	08/25/2003	09/99/9999						
54868-3826-05		None		07/20/2004	09/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5 MG		1	07/20/2004	09/99/9999						
54868-3826-06		None		11/22/2004	09/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	50	EA	BO	PO	EA	2.5 MG		1	11/22/2004	09/99/9999						
54868-3826-07		None		11/04/2005	09/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30	EA	BO	PO	EA	2.5 MG		1	11/04/2005	09/99/9999						
54868-3826-08		None		06/29/2010	09/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	40	EA	BO	PO	EA	2.5 MG		1	06/29/2010	09/99/9999						
54868-3826-09		None		09/13/2010	09/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	2	EA	BO	PO	EA	2.5 MG		1	09/13/2010	09/99/9999						
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	IU	ML	120 MG		0.25	01/01/2002	02/03/2016						
54868-3873-00		J1800		12/11/2006	09/99/9999	INJECTION, PROPANLOL HCL, UP TO 1 MG	PROPRANOLOL (S.D.V., 10X1ML) 1 MG/ML	1	ML	VL	IV	ML	1 MG		1	12/11/2006	09/99/9999						
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						
54868-3890-00		J1790		01/01/2002	02/03/2016	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (AMP) 2.5 MG/ML	1	ML	AM	IU	ML	5 MG		0.5	01/01/2002	02/03/2016						
54868-3894-00		J2001		01/01/2004	02/03/2016	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (AMP) 2%	5	ML	AM	IU	ML	10 MG		2	01/01/2004	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	IU	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	IU	ML	40 MG		1	02/02/2007	02/03/2016						
54868-3905-00		A4217		01/01/2004	09/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	6000	ML	FC	IU	ML	500 ML		0.002	01/01/2004	09/99/9999						
54868-3975-00		A4216		01/01/2004	09/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	5	ML	VL	IV	ML	10 ML		0.1	01/01/2004	09/99/9999						
54868-3979-00		J0740		04/12/2006	02/03/2016	INJECTION, CIDOFOVIR, 375 MG	VISTIDE 75 MG/ML	5	ML	VL	IV	ML	375 MG		0.2	04/12/2006	02/03/2016						
54868-3996-00		J8499		01/01/2002	09/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	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
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 EA	1	06/12/2003	99/99/9999						
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 EA	1	09/25/2003	99/99/9999						
54868-3997-03		J8499		10/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	10	EA	BO	PO	EA	1 EA	1 EA	1	10/20/2003	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	1 EA	1 EA	1	11/03/2003	99/99/9999						
54868-3997-05		J8499		08/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1 EA	1 EA	1	08/01/2005	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 EA	1	01/01/2002	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 EA	1	01/01/2002	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 EA	1	03/05/2003	02/03/2016						
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 EA	1	12/08/2003	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 EA	1	01/28/2004	99/99/9999						
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 EA	1	06/09/2004	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 EA	1	07/06/2004	99/99/9999						
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 EA	1	07/23/2004	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 EA	1	04/22/2005	99/99/9999						
54868-4021-00		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (AMP) 25 MG/ML	1	ML	AM	IJ	ML	50 MG	50 MG	0.5	01/01/2002	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	IJ	EA	500 MG	500 MG	1	01/01/2002	99/99/9999						
54868-4050-00		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE	25	GM	JR	NA	GM	10 MG	10 MG	100	01/01/2015	99/99/9999						
54868-4050-00		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE	1	EA	JR	NA	GM	100 MG	100 MG	10	01/01/2002	12/31/2014						
54868-4076-00		Q0144		01/01/2002	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1 GM	1 GM	0.02	01/01/2002	02/03/2016						
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	1 GM	0.04	01/01/2002	02/03/2016						
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	1 GM	0.04	01/01/2002	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	1 GM	0.04	01/01/2002	02/03/2016						
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	1 MG	0.2	01/01/2002	99/99/9999						
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	1 MG	0.2	01/01/2002	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	1 MG	0.2	01/01/2002	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	1 MG	0.2	01/01/2002	99/99/9999						
54868-4096-00		J7506		11/27/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (6 DAY DOSEPAK) 5 MG	21	EA	BX	PO	EA	5 MG	5 MG	1	11/27/2002	12/31/2015						
54868-4096-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (6 DAY DOSEPAK) 5 MG	21	EA	BX	PO	EA	1 MG	1 MG	5	01/01/2016	99/99/9999						
54868-4100-00		J1055		01/01/2002	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (SRN, PREFILLED) 150 MG/ML	1	ML	SR	IM	ML	150 MG	150 MG	1	01/01/2002	12/31/2012						
54868-4100-01		J1055		02/11/2002	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (SRN, PREFILLED) 150 MG/ML	1	ML	SR	IM	ML	150 MG	150 MG	1	02/11/2002	12/31/2012						
54868-4103-00		J1580		02/12/2003	02/03/2016	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (FLIPTOP VIAL) 40 MG/ML	2	ML	VL	IJ	ML	80 MG	80 MG	0.5	02/12/2003	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	IJ	ML	80 MG	80 MG	0.5	01/01/2002	99/99/9999						
54868-4109-00		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 100 MG	100	EA	BO	PO	EA	12.5 MG	12.5 MG	8	01/01/2014	99/99/9999						
54868-4109-00		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 100 MG	100	EA	BO	PO	EA	50 MG	50 MG	2	01/01/2002	12/31/2013						
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	1000 USP Units	1000 USP Units	10	07/13/2007	02/03/2016						
54868-4123-00		J0585		01/01/2002	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	BOTOX 100 U	1	EA	VL	IM	EA	1 U	1 U	100	01/01/2002	99/99/9999						
54868-4137-00		J0780		01/01/2002	02/03/2016	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (CARPUJECT) 5 MG/ML	2	ML	SR	IJ	ML	10 MG	10 MG	0.5	01/01/2002	02/03/2016						
54868-4138-00		Q0180		02/10/2005	02/03/2016	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION 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	ANZEMET 100 MG	5	EA	BO	PO	EA	100 MG	100 MG	1	02/10/2005	02/03/2016						
54868-4139-00		Q0166		06/03/2005	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	2	EA	BO	PO	EA	1 MG	1 MG	1	06/03/2005	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
54868-4139-01		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						
54868-4139-02		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						
54868-4139-03		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						
54868-4139-04		Q0166		09/22/2005	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	3	EA	BO	PO	EA	1 MG		1	09/22/2005	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						
54868-4139-06	Q0166			06/07/2006	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	30	EA	BO	PO	EA	1 MG		1	06/07/2006	02/03/2016						
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						
54868-4142-01	None			08/03/2006	02/03/2016	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	25	EA	BO	PO	EA	20 MG		1	08/03/2006	02/03/2016						
54868-4142-02	None			01/26/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	10	EA	BO	PO	EA	20 MG		1	01/26/2006	99/99/9999						
54868-4142-03	None			03/16/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	60	EA	BO	PO	EA	20 MG		1	03/16/2006	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						
54868-4142-05	None			03/23/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	20	EA	BO	PO	EA	20 MG		1	03/23/2006	99/99/9999						
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						
54868-4143-00	None			02/19/2005	99/99/9999	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	60	EA	BO	PO	EA	150 MG		1	02/19/2005	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						
54868-4143-02	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						
54868-4143-03	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						
54868-4154-00	J3490			01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (S.D.V.) 150 MG/ML	4	ML	VL	U	ML	1 EA		1	01/01/2002	02/03/2016						
54868-4167-00	J2765			01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (S.D.V.) 5 MG/ML	2	ML	VL	IV	ML	10 MG		0.5	01/01/2002	99/99/9999						
54868-4169-00	J3490			03/02/2004	02/03/2016	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (S.D.V.) 150 MG/ML	2	ML	VL	U	ML	1 EA		1	03/02/2004	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	U	ML	10 MG		1	01/01/2002	02/03/2016						
54868-4194-00	J3490			01/01/2002	06/30/2013	UNCLASSIFIED DRUGS	BREVITAL SODIUM (VAL) 5 GM	1	EA	VL	IV	EA	1 EA		1	01/01/2002	06/30/2013						
54868-4287-00	J8999			01/17/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	30	EA	BO	PO	EA	1 EA		1	01/17/2005	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						
54868-4287-03	J8999			09/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	90	EA	BO	PO	EA	1 EA		1	09/22/2005	99/99/9999						
54868-4287-04	J8999			01/18/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	60	EA	BO	PO	EA	1 EA		1	01/18/2008	99/99/9999						
54868-4296-00	A4217			01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	500	ML	VL	IR	ML	500 ML		0.002	01/01/2004	99/99/9999						
54868-4311-00	A4217			01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	500	ML	NA	IV	ML	500 ML		0.002	01/01/2004	99/99/9999						
54868-4319-00	J1750			01/01/2009	99/99/9999	INJECTION, IRON DEXTRAN, 50 MG	INFED (ZMLX10) 50 MG/ML	2	ML	VL	U	ML	50 MG		1	01/01/2009	99/99/9999						
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						
54868-4339-01	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						
54868-4339-02	None			02/03/2006	02/03/2016	MELPHALAN, 2 MG, ORAL	ALKERAN 2 MG	24	EA	BO	PO	EA	2 MG		1	02/03/2006	02/03/2016						
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						
54868-4339-04	None			02/05/2008	02/03/2016	MELPHALAN, 2 MG, ORAL	ALKERAN 2 MG	32	EA	BO	PO	EA	2 MG		1	02/05/2008	02/03/2016						
54868-4381-00	J1815			01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 75/25 (VAL) 75 U/ML-25 U/ML	10	ML	VL	SC	ML	5 U		20	01/01/2003	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						
54868-4409-00	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						
54868-4419-00	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						
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						
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% PENICILLIN G POTASSIUM (VAL,PHARMACY BOTTLE) 20 Million U	10	ML	VL	IV	ML	10 ML		0.1	01/01/2004	99/99/9999						
54868-4488-00	J2540			01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	1	EA	VL	IV	EA	600000 U		33.33333	01/01/2002	99/99/9999						
54868-4508-00	J1720			01/01/2002	02/03/2016	MG	SOLU-CORTEF (ACT-Q-VAL) 1 GM	1	EA	VL	U	EA	100 MG		10	01/01/2002	02/03/2016						
54868-4527-00	J0456			01/01/2002	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	ZITHROMAX (VAL) 500 MG	1	EA	VL	IV	EA	500 MG		1	01/01/2002	99/99/9999						
54868-4547-00	J0744			01/01/2002	07/29/2013	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (VAL) 1.0 MG/ML	40	ML	VL	IV	ML	200 MG		0.05	01/01/2002	07/29/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
54868-4580-00		J2250		01/01/2002	02/03/2016	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VAL.PF) 5 MG/ML	5	ML	VL	U	ML	1	MG		5	01/01/2002	02/03/2016						
54868-4586-00		J3360		01/23/2002	02/03/2016	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (22GX1 114' CARPUJECT) 5 MG/ML	2	ML	SR	U	ML	5	MG		1	01/23/2002	02/03/2016						
54868-4626-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS (VAL) 100 U/ML	10	ML	VL	SC	ML	5	U		20	01/01/2003	99/99/9999						
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						
54868-4629-00		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						
54868-4644-00		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						
54868-4644-01		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						
54868-4644-02		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						
54868-4651-00		J0690		09/15/2003	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VAL.PF) 500 MG	1	EA	VL	U	EA	500	MG		1	09/15/2003	99/99/9999						
54868-4686-00		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 25 MG	6	EA	BX	RC	EA	1	EA		1	01/01/2006	02/03/2016						
54868-4686-01		J8498		04/26/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 25 MG	12	EA	NA	RC	EA	1	EA		1	04/26/2006	99/99/9999						
54868-4716-00		J9250		12/16/2002	02/03/2016	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (P.F.V.PF) 25 MG/ML	10	ML	VL	U	ML	5	MG		5	12/16/2002	02/03/2016						
54868-4721-00		Q0164		02/10/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	30	EA	BO	PO	EA	5	MG		1	02/10/2003	99/99/9999						
54868-4721-01		Q0164		04/08/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	15	EA	BO	PO	EA	5	MG		1	04/08/2003	99/99/9999						
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 N/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						
54868-4721-03		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 N/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						
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						
54868-4749-00		J7510		02/28/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG		0.6	02/28/2003	99/99/9999						
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						
54868-4751-00		J2175		03/11/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (CARPUJECT) 100 MG/ML	1	ML	AM	U	ML	100	MG		1	03/11/2003	99/99/9999						
54868-4751-01		J2175		07/03/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE 100 MG/ML	1	ML	AM	U	ML	100	MG		1	07/03/2003	99/99/9999						
54868-4752-00		J2270		03/11/2003	02/03/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE 10 MG/ML	1	ML	VL	U	ML	10	MG		1	03/11/2003	02/03/2016						
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						
54868-4773-01		J8999		08/06/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1	EA		1	08/06/2003	99/99/9999						
54868-4773-02		J8999		07/07/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	50	EA	BO	PO	EA	1	EA		1	07/07/2005	99/99/9999						
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						
54868-4781-00		J3490		04/24/2003	02/03/2016	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (PEDIATRIC.PF) 10 MCG/0.5 ML	0.5	ML	VL	IM	ML	1	EA		1	04/24/2003	02/03/2016						
54868-4794-02		J8498		08/08/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 12.5 MG	2	EA	BX	RC	EA	1	EA		1	08/08/2007	99/99/9999						
54868-4804-00		J2270		05/30/2003	06/30/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (22G.SLIM PK.LATEX-FREE) 10 MG/ML	1	ML	EA	U	ML	10	MG		1	05/30/2003	06/30/2015						
54868-4809-00		J9250		06/03/2003	02/03/2016	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VAL, L.P.P.) 25 MG/ML	10	ML	EA	U	ML	5	MG		5	06/03/2003	02/03/2016						
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						
54868-4952-00		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						
54868-4952-01		J7509		10/30/2003	02/03/2016	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 2 MG	10	EA	BO	PO	EA	4	MG		0.5	10/30/2003	02/03/2016						
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						
54868-4998-00		J1940		02/18/2004	02/03/2016	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VAL.FLIPTOPABOJECT) 10 MG/ML	2	ML	VL	U	ML	20	MG		0.5	02/18/2004	02/03/2016						
54868-5000-00		J8999		02/19/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ARIMIDEX 1 MG	30	EA	BO	PO	EA	1	EA		1	02/19/2004	99/99/9999						
54868-5005-00		None		01/18/2006	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	100	EA	BO	PO	EA	50	MG		1	01/18/2006	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						
54868-5016-00		J3121		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, 1 MG	DELATESTRYL 200 MG/ML	5	ML	VL	IM	ML	1	MG		200	01/01/2015	99/99/9999						
54868-5016-00		J3130		03/09/2004	12/31/2014	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	DELATESTRYL 200 MG/ML	5	ML	VL	IM	ML	200	MG		1	03/09/2004	12/31/2014						
54868-5020-00		J1440		03/11/2004	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (PF, SINGLEJECT) 300 MCG/0.5 ML	0.5	ML	SR	U	ML	300	MCG		2	03/11/2004	12/31/2013						
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	10	ML		0.1	01/01/2006	99/99/9999						
54868-5036-00		J3490		03/31/2004	02/03/2016	UNCLASSIFIED DRUGS	PEG-INTRON (PF, REDOPEN) 150 MCG	1	EA	BX	MR	EA	1	EA		1	03/31/2004	02/03/2016						
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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-5089-00		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	ZOFTRAN ODT 8 MG	2	EA	BO	PO	EA	1 MG		8	01/01/2012	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						
54868-5089-02		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	ZOFTRAN ODT 8 MG	10	EA	BX	PO	EA	1 MG		8	01/01/2012	02/03/2016						
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 TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFTRAN ODT 8 MG	3	EA	BO	PO	EA	1 MG		8	01/01/2012	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	ZOFTRAN ODT 8 MG	20	EA	BO	PO	EA	1 MG		8	01/01/2012	02/03/2016						
54868-5089-05		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	ZOFTRAN ODT 8 MG	30	EA	BX	PO	EA	1 MG		8	01/01/2012	02/03/2016						
54868-5108-05	J1817			07/15/2004	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (IE., INSULIN PUMP) PER 50 UNITS	HUMALOG 100 U/ML	10	ML	VL	SC	ML	50 U		2	07/15/2004	99/99/9999						
54868-5113-00	J1650			07/29/2004	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 80 MG/8 ML	0.8	ML	SR	SC	ML	10 MG		10	07/29/2004	99/99/9999						
54868-5112-01	J1650			09/08/2004	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 80 MG/8 ML	0.8	ML	SR	SC	ML	10 MG		10	09/08/2004	99/99/9999						
54868-5137-00	J1170			08/13/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUDI (AMP) 4 MG/ML	10	ML	AM	U	ML	4 MG		1	08/13/2004	02/03/2016						
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						
54868-5201-00	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						
54868-5213-00	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						
54868-5213-00	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						
54868-5218-00	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						
54868-5218-01	None			12/22/2005	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	10	EA	BO	PO	EA	25 MG		1	12/22/2005	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						
54868-5230-00	J7506			02/25/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	21	EA	BO	PO	EA	5 MG		2	02/25/2005	12/31/2015						
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						
54868-5231-01	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						
54868-5231-02	J8501			03/04/2008	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 80 MG	2	EA	DP	PO	EA	5 MG		16	03/04/2008	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						
54868-5257-00	J1055			03/30/2005	12/31/2012	CONTRACEPTIVE USE, 150 MG	MEDROXYPROGESTERONE ACETATE 150 MG/ML	1	ML	VL	IM	ML	150 MG		1	03/30/2005	12/31/2012						
54868-5260-00	None			06/28/2005	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	30	EA	BO	PO	EA	500 MG		1	06/28/2005	99/99/9999						
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						
54868-5260-02	None			06/29/2005	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	120	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						
54868-5260-04	None			01/12/2006	02/03/2016	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	14	EA	BO	PO	EA	500 MG		1	01/12/2006	02/03/2016						
54868-5260-05	None			01/12/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	28	EA	BO	PO	EA	500 MG		1	01/12/2006	99/99/9999						
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						
54868-5260-07	None			01/12/2006	02/03/2016	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	70	EA	BO	PO	EA	500 MG		1	01/12/2006	02/03/2016						
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						
54868-5260-09	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						
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						
54868-5262-00	J8999			05/23/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPYRINE 50 MG	60	EA	BO	PO	EA	1 EA		1	05/23/2005	99/99/9999						
54868-5262-01	J8999			05/23/2005	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPYRINE 50 MG	25	EA	BO	PO	EA	1 EA		1	05/23/2005	02/03/2016						
54868-5310-00	J7500			05/23/2005	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	30	EA	BO	PO	EA	50 MG		1	05/23/2005	99/99/9999						
54868-5310-01	J7500			05/23/2005	02/03/2016	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	120	EA	BO	PO	EA	50 MG		1	05/23/2005	02/03/2016						
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						
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						
54868-5310-04	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						
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						
54868-5325-00	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						
54868-5327-00	J1815			06/09/2005	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	UMIL-30 U/ML (PREFILLED SYRINGE) 70 U/ML-30 U/ML	3	ML	SR	SC	ML	5 U		20	06/09/2005	99/99/9999						
54868-5334-00	J8540			01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXPAK 1.5 MG	51	EA	DP	PO	EA	0.25 MG		6	01/01/2006	99/99/9999						
54868-5334-01	J8540			08/31/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXPAK 1.5 MG	35	EA	NA	PO	EA	0.25 MG		6	08/31/2007	99/99/9999						
54868-5348-00	None			02/03/2016	99/99/9999	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	25	EA	NA	PO	EA	5 MG		1	10/20/2005	02/03/2016						
54868-5348-01	None			04/13/2006	99/99/9999	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	5	EA	BO	PO	EA	5 MG		1	04/13/2006	99/99/9999						
54868-5350-00	None			10/31/2007	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	15	EA	BO	PO	EA	100 MG		1	10/31/2007	99/99/9999						
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						
54868-5350-02																							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-5354-00				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					
54868-5355-00				12/20/2005	02/03/2016	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE 50 MG	20	EA	BX	PO	EA	50	MG		1	12/20/2005	02/03/2016					
54868-5355-01				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					
54868-5355-02				01/30/2006	02/03/2016	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE 50 MG	1	EA	BO	PO	EA	50	MG		1	01/30/2006	02/03/2016					
54868-5389-00		J8999		09/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	240	ML	BO	PO	ML	1	EA		1	09/01/2005	99/99/9999					
54868-5389-01		J8999		12/14/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	480	ML	BO	PO	ML	1	EA		1	12/14/2005	99/99/9999					
54868-5404-00		Q0144		09/02/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZMAX (CHERRY-BANANA) 2 GM/80 ML	1	EA	BO	PO	EA	1	GM		2	09/02/2005	99/99/9999					
54868-5406-00		J3110		09/06/2005	02/03/2016	INJECTION, TERIPARATIDE, 10 MCG	FORTEO (RDNA ORIGIN) 250 MCG/ML	3	ML	SR	SC	ML	10	MCG		25	09/06/2005	02/03/2016					
54868-5428-00		J0881		08/10/2007	06/30/2013	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP 0.2 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG		500	08/10/2007	06/30/2013					
54868-5429-00		J0881		03/20/2008	06/30/2013	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1X0.6ML, PREFILLED, PF) 0.3 MG/0.6 ML	0.6	ML	SR	IJ	ML	1	MCG		500	03/20/2008	06/30/2013					
54868-5440-00		J1650		09/29/2005	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG		10	09/29/2005	99/99/9999					
54868-5440-01		J1650		11/01/2005	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG		10	11/01/2005	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					
54868-5459-00		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) 0.042%	3	ML	PC	IH	ML	0.5	MG		0.84	04/01/2008	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					
54868-5471-00		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					
54868-5478-00		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					
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					
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					
54868-5487-00		Q0144		12/13/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	6	EA	BO	PO	EA	1	GM		0.5	12/13/2005	99/99/9999					
54868-5487-01		Q0144		08/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	60	EA	BO	PO	EA	1	GM		0.5	08/10/2007	99/99/9999					
54868-5501-00		J1652		01/11/2006	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARXTRA 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG		25	01/11/2006	99/99/9999					
54868-5501-01		J1652		01/11/2006	02/03/2016	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARXTRA 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG		25	01/11/2006	02/03/2016					
54868-5501-02		J1652		11/13/2006	02/03/2016	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARXTRA 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG		25	11/13/2006	02/03/2016					
54868-5511-00		J3535		10/21/2008	99/99/9999	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	IPRATROPIUM BROMIDE (0.017 MG/ACTUATION)	12.9	GM	PC	IH	GM	1	MG		0.017	10/21/2008	99/99/9999					
54868-5522-00		J7502		02/10/2006	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE 100 MG	30	EA	BO	PO	EA	100	MG		1	02/10/2006	99/99/9999					
54868-5533-00		J0696		02/17/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	VL	IJ	EA	250	MG		2	02/17/2006	99/99/9999					
54868-5551-00		J0150		03/16/2006	12/31/2014	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A4270)	ADENOSINE 3 MG/ML	2	ML	VL	IV	ML	6	MG		0.5	03/16/2006	12/31/2014					
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					
54868-5569-00		J8217		04/12/2006	02/03/2016	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPROM DEPOT 30 MG	1	EA	BX	IM	EA	7.5	MG		4	04/12/2006	02/03/2016					
54868-5569-00		J2355		04/13/2006	02/03/2016	INJECTION, OPRELVEKIN, 5 MG	NEUMEGA 5 MG	1	EA	VL	SC	EA	5	MG		1	04/13/2006	02/03/2016					
54868-5587-00		J1650		05/17/2006	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG		10	05/17/2006	99/99/9999					
54868-5587-01		J1650		09/25/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG		10	09/25/2007	99/99/9999					
54868-5589-00		J0696		05/12/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG		1	05/12/2006	99/99/9999					
54868-5596-00		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					
54868-5612-00		J0770		06/12/2006	02/03/2016	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE 150 MG	1	EA	VL	IJ	EA	150	MG		1	06/12/2006	02/03/2016					
54868-5621-00		J7626		07/17/2007	99/99/9999	BIODESONIDE, 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					
54868-5621-00	KO	J7626	KO	07/17/2007	99/99/9999	BIODESONIDE, 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					
54868-5634-00		J2941		06/30/2006	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK 0.4 MG	7	EA	CT	SC	EA	1	MG		0.4	06/30/2006	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					
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					
54868-5648-01		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					
54868-5648-02		Q0144		08/03/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	15	ML	BO	PO	ML	1	GM		0.04	08/03/2006	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	VL	IH	ML	1	GM		0.2	08/10/2007	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					
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					
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					
54868-5673-01		J0885		03/24/2008	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (M.D.V. 1X4ML) 20000 U/ML	4	ML	VL	IJ	ML	1000	U		20	03/24/2008	99/99/9999					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
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							
54868-5709-00	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							
54868-5711-00		J2250		12/27/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (10X2ML) 1 MG/ML	2	ML	VL	U	ML	1 MG		1	12/27/2006	99/99/9999							
54868-5714-00		A4216		12/11/2006	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (20X25ML) 0.9%	20	ML	VL	IV	ML	10 ML		0.1	12/11/2006	02/03/2016							
54868-5716-00		J2370		12/11/2006	01/15/2013	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HYDROCHLORIDE (SDV,25X1ML) 10 MG/ML	1	ML	VL	U	ML	1 ML		1	12/11/2006	01/15/2013							
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	250 MG		0.05	12/11/2006	99/99/9999							
54868-5717-01		J1250		01/02/2007	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE (10X40ML) 12.5 MG/ML	40	ML	VL	IV	ML	250 MG		0.05	01/02/2007	99/99/9999							
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							
54868-5722-00		J0282		12/11/2006	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE (SDV,10X3ML) 50 MG/ML	3	ML	VL	IV	ML	30 MG	1.66666	12/11/2006	99/99/9999								
54868-5724-00		J3475		12/12/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNES SULF (25X10ML) 500 MG/ML	10	ML	SR	U	ML	500 MG		1	12/12/2006	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	BO	PO	EA	1 MG		8	01/01/2012	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							
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							
54868-5749-01		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 THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON ODT 8 MG	15	EA	BO	PO	EA	1 MG		8	01/01/2012	99/99/9999							
54868-5752-00		J0285		01/25/2007	02/03/2016	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B 50 MG	1	EA	VL	IV	EA	50 MG		1	01/25/2007	02/03/2016							
54868-5760-00		J2941		08/17/2007	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQWICK 0.8 MG	1	EA	CT	SC	EA	1 MG		0.8	08/17/2007	99/99/9999							
54868-5765-00		J1815		04/04/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	15	ML	CT	SC	ML	5 U		20	04/04/2007	99/99/9999							
54868-5774-00		J7626		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							
54868-5774-00	KO	J7626	KO	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							
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							
54868-5801-00		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							
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							
54868-5802-00		J0885		08/13/2007	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (SDV,1MLX4) 4000 U/ML	1	ML	VL	U	ML	1000 U		40	08/13/2007	99/99/9999							
54868-5808-00		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							
54868-5825-00		J0152		10/18/2007	12/31/2013	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	ADENOSCAN 3 MG/ML	30	ML	VL	IV	ML	30 MG		0.1	10/18/2007	12/31/2013							
54868-5825-01		J0152		10/18/2007	12/31/2013	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	ADENOSCAN 3 MG/ML	20	ML	VL	IV	ML	30 MG		0.1	10/18/2007	12/31/2013							
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							
54868-5836-00		J1817		12/03/2007	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (IE, INSULIN PUMP) PER 50 UNITS	INSULIN-HUMALOG (1X15ML) 100 U/ML	15	ML	CT	SC	ML	50 U		2	12/03/2007	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							
54868-5867-00		J0881		03/20/2008	06/30/2013	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1X1ML, PREFILLED,PF) 0.5 MG/ML	1	ML	SR	U	ML	1 MCG		500	03/20/2008	06/30/2013							
54868-5887-00		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 (STRAWBERRY) 4 MG	10	EA	BX	PO	EA	1 MG		4	01/01/2012	99/99/9999							
54868-5888-00		J2405		05/09/2008	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (1X10ML) 2 MG/ML	10	ML	NA	U	ML	1 MG		2	05/09/2008	99/99/9999							
54868-5899-00		J1815		05/12/2008	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG PEN (1X15ML) 100 U/ML	15	ML	CT	SC	ML	5 U		20	05/12/2008	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							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54888-8624-01		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						
54879-0021-01		None		05/08/2018	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25 MG		1	05/08/2018	99/99/9999						
54879-0022-01		None		05/08/2018	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	100	EA	BO	PO	EA	50 MG		1	05/08/2018	99/99/9999						
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						
54888-1082-03		Q0165		10/20/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	100	EA	NA	PO	EA	10 MG		1	10/20/2004	12/31/2013						
55045-1124-00		Q0163		05/01/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50 MG		1	05/01/2004	06/01/2014						
55045-1124-01		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	3	EA	BO	PO	EA	50 MG		1	12/06/2004	06/01/2014						
55045-1124-02		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	NA	PO	EA	50 MG		1	12/06/2004	06/01/2014						
55045-1124-03		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	90	EA	NA	PO	EA	50 MG		1	12/06/2004	06/01/2014						
55045-1124-04		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	120	EA	NA	PO	EA	50 MG		1	12/06/2004	06/01/2014						
55045-1124-05		Q0163		01/01/2003	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/01/2003	06/01/2014						
55045-1124-06		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	6	EA	NA	PO	EA	50 MG		1	12/06/2004	06/01/2014						
55045-1124-07		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	NA	PO	EA	50 MG		1	12/06/2004	06/01/2014						
55045-1124-08		Q0163		01/01/2003	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/01/2003	06/01/2014						
55045-1124-09		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	NA	PO	EA	50 MG		1	12/06/2004	06/01/2014						
55045-1125-00		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	120	EA	NA	PO	EA	50 MG		0.5	12/06/2004	06/01/2014						
55045-1125-01		Q0163		07/01/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	07/01/2004	06/01/2014						
55045-1125-02		Q0163		02/01/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	NA	PO	EA	50 MG		0.5	02/01/2004	06/01/2014						

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
55045-1125-03		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	NA	PO	EA	50 MG		0.5	12/06/2004	06/01/2014						
55045-1125-04		Q0163		01/01/2003	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	12	EA	BO	PO	EA	50 MG		0.5	01/01/2003	06/01/2014						
55045-1125-05		Q0163		01/02/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/02/2004	06/01/2014						
55045-1125-06		Q0163		01/01/2003	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/01/2003	06/01/2014						
55045-1125-08		Q0163		01/01/2003	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/01/2003	06/01/2014						
55045-1125-09		Q0163		02/01/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	NA	PO	EA	50 MG		0.5	02/01/2004	06/01/2014						
55045-1126-02		Q0164		01/01/2014	06/01/2014	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	06/01/2014						
55045-1126-02		Q0165		04/01/2005	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10 MG		1	04/01/2005	12/31/2013						
55045-1126-03		Q0164		01/01/2014	06/01/2014	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	5	EA	BO	PO	EA	5 MG		2	01/01/2014	06/01/2014						
55045-1126-03		Q0165		07/01/2003	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	5	EA	BO	PO	EA	10 MG		1	07/01/2003	12/31/2013						
55045-1126-04		Q0164		01/01/2014	06/01/2014	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	12	EA	BO	PO	EA	5 MG		2	01/01/2014	06/01/2014						
55045-1126-04		Q0165		01/01/2003	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE 10 MG	12	EA	BO	PO	EA	10 MG		1	01/01/2003	12/31/2013						
55045-1126-06		Q0164		01/01/2014	06/01/2014	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	06/01/2014						
55045-1126-06		Q0165		11/10/2005	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	10 MG		1	11/10/2005	12/31/2013						
55045-1126-07		Q0164		01/01/2014	06/01/2014	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	06/01/2014						
55045-1126-07		Q0165		07/01/2005	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	20	EA	BO	PO	EA	10 MG		1	07/01/2005	12/31/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-1126-08		Q0164		01/01/2014	06/01/2014	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	06/01/2014						
55045-1126-08		Q0165		07/01/2003	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10 MG		1	07/01/2003	12/31/2013						
55045-1252-02		Q0163		01/01/2003	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (AF) 12.5 MG/5 ML	118	ML	BO	PO	ML	50 MG		0.05	01/01/2003	06/01/2014						
55045-1259-09	J7509			01/01/2003	06/01/2014	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSEPAK) 4 MG	21	EA	DP	PO	EA	4 MG		1	01/01/2003	06/01/2014						
55045-1260-00	J7506			12/06/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSEPAK) 5 MG	48	EA	DP	PO	EA	5 MG		1	12/06/2004	06/01/2014						
55045-1260-09	J7506			01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSEPAK) 5 MG	21	EA	DP	PO	EA	5 MG		1	01/01/2003	06/01/2014						
55045-1308-01	J8540			01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100	EA	BO	PO	EA	0.25 MG		3	01/01/2006	06/01/2014						
55045-1308-02	J8540			01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE, ORAL, 0.25 MG	60	EA	BO	PO	EA	0.25 MG		3	01/01/2006	06/01/2014						
55045-1308-03	J8540			01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE, ORAL, 0.25 MG	90	EA	BO	PO	EA	0.25 MG		3	01/01/2006	06/01/2014						
55045-1308-06	J8540			01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	6	EA	BO	PO	EA	0.25 MG		3	01/01/2006	06/01/2014						
55045-1308-07	J8540			01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE, ORAL, 0.25 MG	20	EA	BO	PO	EA	0.25 MG		3	01/01/2006	06/01/2014						
55045-1308-08	J8540			01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	30	EA	BO	PO	EA	0.25 MG		3	01/01/2006	06/01/2014						
55045-1308-09	J8540			01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	36	EA	BO	PO	EA	0.25 MG		3	01/01/2006	06/01/2014						
55045-1444-01	J7506			12/06/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	35	EA	NA	PO	EA	5 MG		4	12/06/2004	06/01/2014						
55045-1444-02	J7506			05/01/2005	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	42	EA	BO	PO	EA	5 MG		4	05/01/2005	06/01/2014						
55045-1444-03	J7506			01/01/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	5 MG		4	01/01/2004	06/01/2014						
55045-1444-04	J7506			01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	12	EA	BO	PO	EA	5 MG		4	01/01/2003	06/01/2014						
55045-1444-07	J7506			01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5 MG		4	01/01/2003	06/01/2014						
55045-1444-08	J7506			01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5 MG		4	01/01/2003	06/01/2014						
55045-1480-01	J7506			01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5 MG		1	01/01/2003	06/01/2014						
55045-1480-02	J7506			12/06/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60	EA	NA	PO	EA	5 MG		1	12/06/2004	06/01/2014						
55045-1480-05	J7506			12/06/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	15	EA	NA	PO	EA	5 MG		1	12/06/2004	06/01/2014						
55045-1480-06	J7506			12/06/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20	EA	NA	PO	EA	5 MG		1	12/06/2004	06/01/2014						
55045-1480-07	J7506			01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	5 MG		1	01/01/2003	06/01/2014						
55045-1480-08	J7506			01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	5 MG		1	01/01/2003	06/01/2014						
55045-1480-09	J7506			01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40	EA	BO	PO	EA	5 MG		1	01/01/2003	06/01/2014						
55045-1533-01	J7506			05/01/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	NA	PO	EA	5 MG		2	05/01/2004	06/01/2014						
55045-1533-03	J7506			01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5 MG		2	01/01/2003	06/01/2014						
55045-1533-06	J7506			01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42	EA	BO	PO	EA	5 MG		2	01/01/2003	06/01/2014						
55045-1533-07	J7506			01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5 MG		2	01/01/2003	06/01/2014						
55045-1533-08	J7506			01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5 MG		2	01/01/2003	06/01/2014						
55045-1533-09	J7506			01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5 MG		2	01/01/2003	06/01/2014						
55045-1596-00		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	12.5 MG		2	01/01/2014	06/01/2014						
55045-1596-00		Q0170		12/06/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25 MG		1	12/06/2004	12/31/2013						
55045-1596-01		Q0169		01/01/2014	06/01/2014	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	120	EA	BO	PO	EA	12.5 MG		2	01/01/2014	06/01/2014						
55045-1596-01		Q0170		12/06/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	120	EA	BO	PO	EA	25 MG		1	12/06/2004	12/31/2013						
55045-1596-02		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
55045-1596-02		Q0170		08/09/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	12	EA	NA	PO	EA	25 MG		1	08/09/2004	12/31/2013						
55045-1596-03		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
55045-1596-03		Q0170		01/01/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	25 MG		1	01/01/2003	12/31/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-1596-04		Q0169		01/01/2014	06/01/2014	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	NA	PO	EA	12.5	MG	2	01/01/2014	06/01/2014						
55045-1596-04		Q0170		02/09/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	60	EA	NA	PO	EA	25	MG	1	02/09/2003	12/31/2013						
55045-1596-05		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
55045-1596-05		Q0170		01/01/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	25	MG	1	01/01/2003	12/31/2013						
55045-1596-06		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
55045-1596-06		Q0170		01/01/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25	MG	1	01/01/2003	12/31/2013						
55045-1596-08		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
55045-1596-08		Q0170		01/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25	MG	1	05/23/2005	12/31/2013	01/01/2004	05/22/2005	1			
55045-1596-09		Q0169		01/01/2014	06/01/2014	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	90	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014						
55045-1596-09		Q0170		12/06/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	90	EA	BO	PO	EA	25	MG	1	12/06/2004	12/31/2013						
55045-1628-03		Q0173		01/01/2003	06/01/2014	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	10	EA	BO	PO	EA	250	MG	1	01/01/2003	06/01/2014						
55045-1643-09		Q0169		01/01/2014	06/01/2014	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	118	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	06/01/2014						
55045-1643-09		Q0170		01/01/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL (FRUIT TROPICAL) 6.25 MG/5 ML	118	ML	BO	PO	ML	25	MG	0.05	01/01/2003	12/31/2013						
55045-1661-00		Q0177		01/01/2014	06/01/2014	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	NA	PO	EA	25	MG	2	01/01/2014	06/01/2014						
55045-1661-00		Q0178		12/06/2004	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	100	EA	NA	PO	EA	50	MG	1	12/06/2004	12/31/2013						
55045-1661-01		Q0177		01/01/2014	06/01/2014	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	NA	PO	EA	25	MG	2	01/01/2014	06/01/2014						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-1661-01		Q0178		12/06/2004	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	120	EA	NA	PO	EA	50 MG			1	12/06/2004	12/31/2013					
55045-1661-02		Q0177		01/01/2014	06/01/2014	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	NA	PO	EA	25 MG			2	01/01/2014	06/01/2014					
55045-1661-02		Q0178		12/06/2004	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	20	EA	NA	PO	EA	50 MG			1	12/06/2004	12/31/2013					
55045-1661-03		Q0177		01/01/2014	06/01/2014	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	40	EA	NA	PO	EA	25 MG			2	01/01/2014	06/01/2014					
55045-1661-03		Q0178		09/01/2004	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	40	EA	NA	PO	EA	50 MG			1	09/01/2004	12/31/2013					
55045-1661-06		Q0177		01/01/2014	06/01/2014	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	NA	PO	EA	25 MG			2	01/01/2014	06/01/2014					
55045-1661-06		Q0178		09/01/2004	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	60	EA	NA	PO	EA	50 MG			1	09/01/2004	12/31/2013					
55045-1661-08		Q0177		01/01/2014	06/01/2014	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	06/01/2014					
55045-1661-08		Q0178		06/01/2003	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	50 MG			1	06/01/2003	12/31/2013					
55045-1661-09		Q0177		01/01/2014	06/01/2014	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	NA	PO	EA	25 MG			2	01/01/2014	06/01/2014					
55045-1661-09		Q0178		12/06/2004	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	90	EA	NA	PO	EA	50 MG			1	12/06/2004	12/31/2013					
55045-1696-02		Q0164		12/06/2004	06/01/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (FILM-COATED) 5 MG	10	EA	NA	PO	EA	5 MG			1	12/06/2004	06/01/2014					
55045-1749-02		J8498		01/01/2006	06/01/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	4	EA	BO	RC	EA	1 EA			1	01/01/2006	06/01/2014					
55045-1811-03		J7509		12/06/2004	06/01/2014	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	40	EA	NA	PO	EA	4 MG			1	12/06/2004	06/01/2014					
55045-1811-08		J7509		12/06/2004	06/01/2014	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	30	EA	NA	PO	EA	4 MG			1	12/06/2004	06/01/2014					
55045-1970-05		J8540		01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	8	EA	BO	PO	EA	0.25 MG			16	01/01/2006	06/01/2014					
55045-2043-07		J7613		04/01/2008	06/01/2014	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX25) 0.083%	3	ML	NA	IH	ML	1 MG		0.83	04/01/2008	06/01/2014						
55045-2043-07	KO	J7613	KO	04/01/2008	06/01/2014	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX25) 0.083%	3	ML	NA	IH	ML	1 MG		0.83	04/01/2008	06/01/2014						
55045-2133-03		J3360		03/24/2003	06/01/2014	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/ML	10	ML	VL	IU	ML	5 MG			1	03/24/2003	06/01/2014					
55045-2195-02		Q0177		12/06/2004	06/01/2014	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	NA	PO	EA	25 MG			1	12/06/2004	06/01/2014					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-2195-04		Q0177		07/01/2004	06/01/2014	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	07/01/2004	06/01/2014						
55045-2195-05		Q0177		03/24/2003	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25	MG	1	03/24/2003	06/01/2014						
55045-2195-06		Q0177		12/06/2004	06/01/2014	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	12/06/2004	06/01/2014						
55045-2195-07		Q0177		03/01/2004	06/01/2014	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	03/01/2004	06/01/2014						
55045-2195-08		Q0177		02/01/2004	06/01/2014	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	02/01/2004	06/01/2014						
55045-2195-09		Q0177		12/06/2004	06/01/2014	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	NA	PO	EA	25	MG	1	12/06/2004	06/01/2014						
55045-2372-05		Q0144		01/19/2005	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	01/19/2005	06/01/2014						
55045-2373-05		Q0144		01/19/2005	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	01/19/2005	06/01/2014						
55045-2373-06		Q0144		01/01/2003	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	01/01/2003	06/01/2014						
55045-2373-08		Q0144		01/19/2005	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	01/19/2005	06/01/2014						
55045-2400-02		J8498		01/01/2006	06/01/2014	ANTHEMATIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	06/01/2014						
55045-2470-02		J7611		04/01/2008	06/01/2014	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	06/01/2014						
55045-2492-06		Q0144		07/03/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK 250 MG	6	EA	BX	PO	EA	1	GM	0.25	07/03/2006	06/01/2014						
55045-2533-00		J0595		01/01/2004	06/01/2014	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL 2 MG/ML	10	ML	VL	IJ	ML	1	MG	2	01/01/2004	06/01/2014						
55045-2565-00		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014						
55045-2565-02		J8499		12/06/2004	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	12/06/2004	06/01/2014						
55045-2565-04		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014						
55045-2565-05		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	15	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014						
55045-2565-08		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014						
55045-2571-00		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014						
55045-2571-02		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014						
55045-2571-04		J8499		01/01/2003	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2003	06/01/2014						
55045-2571-05		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	50	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014						
55045-2571-06		J8499		03/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	NA	PO	EA	1	EA	1	03/01/2005	06/01/2014						
55045-2571-08		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014						
55045-2648-00		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014						
55045-2648-02		J8499		07/01/2003	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	15	EA	BO	PO	EA	1	EA	1	07/01/2003	06/01/2014						
55045-2648-03		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014						
55045-2648-05		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	50	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014						
55045-2648-06		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014						
55045-2665-02		J8540		01/01/2006	06/01/2014	Dexamethasone, Oral, 0.25 MG	DEXAMETHASONE 0.5 MG	12	EA	BO	PO	EA	0.25	MG	2	01/01/2006	06/01/2014						
55045-2781-06		Q0163		07/01/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	NA	PO	EA	50	MG	0.5	07/01/2004	06/01/2014						
55045-2857-01		J2250		12/01/2005	06/01/2014	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE 5 MG/ML	1	ML	VL	IJ	ML	1	MG	5	12/01/2005	06/01/2014						
55045-2885-00		J7510		01/02/2006	06/01/2014	PREDNISOLONE ORAL, PER 5 MG	ORAPRED 10X20MG, 15 MG/5 ML	20	ML	BO	PO	ML	5	MG	0.6	01/02/2006	06/01/2014						
55045-2885-08		J7510		07/05/2006	06/01/2014	PREDNISOLONE ORAL, PER 5 MG	ORAPRED 15 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.6	07/05/2006	06/01/2014						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-2887-02		J2250		08/27/2003	06/01/2014	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X2ML) 1 MG/ML	2	ML	EA	U	ML	1	MG		1	08/27/2003	06/01/2014					
55045-2963-01		J7506		12/06/2004	06/01/2014	PREDNISON, ORAL, PER 5MG	PREDNISON (DOSEPACK) 10 MG	21	EA	DP	PO	EA	5	MG		2	12/06/2004	06/01/2014					
55045-2963-02		J7506		12/06/2004	06/01/2014	PREDNISON, ORAL, PER 5MG	PREDNISON (DOSEPACK) 10 MG	48	EA	DP	PO	EA	5	MG		2	12/06/2004	06/01/2014					
55045-2968-01		J0595		01/01/2005	06/01/2014	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 2 MG/ML	1	ML	NA	U	ML	1	MG		2	01/01/2005	06/01/2014					
55045-2968-02		J0595		04/11/2006	06/01/2014	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE 2 MG/ML	1	ML	NA	U	ML	1	MG		2	04/11/2006	06/01/2014					
55045-3011-02		J8498		01/01/2006	06/01/2014	SPECIFIED	PROMETHAZINE HCL 25 MG	4	EA	BX	RC	EA	1	EA		1	01/01/2006	06/01/2014					
55045-3011-03		J8498		01/01/2006	06/01/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	NA	RC	EA	1	EA		1	01/01/2006	06/01/2014					
55045-3029-02		J1080		01/01/2003	06/01/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE 200 MG/ML	10	ML	VL	IM	ML	200	MG		1	01/01/2003	06/01/2014					
55045-3203-03		Q0173		05/01/2005	06/01/2014	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	10	EA	NA	PO	EA	250	MG		1.2	05/01/2005	06/01/2014					
55045-3212-03		J1100		07/01/2006	06/01/2014	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE 4 MG/ML	30	ML	NA	U	ML	1	MG		4	07/01/2006	06/01/2014					
55045-3231-01		J2001		07/01/2006	06/01/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HYDROCHLORIDE 1%	50	ML	NA	U	ML	10	MG		1	07/01/2006	06/01/2014					
55045-3232-01		J0690		09/01/2004	06/01/2014	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM 1 GM	1	EA	NA	U	ML	500	MG		2	09/01/2004	06/01/2014					
55045-3242-02		J1030		07/01/2006	06/01/2014	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO MEDROL 40 MG/ML	10	ML	NA	U	ML	40	MG		1	07/01/2006	06/01/2014					
55045-3242-05		J1030		07/01/2006	06/01/2014	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO MEDROL 40 MG/ML	5	ML	NA	U	ML	40	MG		1	07/01/2006	06/01/2014					
55045-3243-01		J1040		07/20/2006	06/01/2014	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	DEPO MEDROL 80 MG/ML	1	ML	VL	U	ML	80	MG		1	07/20/2006	06/01/2014					
55045-3248-01		J3301		07/21/2006	06/01/2014	INJECTION, TRAMICINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG 40 40 MG/ML	1	ML	VL	U	ML	10	MG		4	07/21/2006	06/01/2014					
55045-3249-05		J2001		07/01/2006	06/01/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HYDROCHLORIDE 2%	50	ML	NA	U	ML	10	MG		2	07/01/2006	06/01/2014					
55045-3251-05		J3490		07/01/2006	06/01/2014	UNCLASSIFIED DRUGS	MARCAINE HYDROCHLORIDE 0.5%	50	ML	NA	U	ML	1	EA		1	07/01/2006	06/01/2014					
55045-3252-02		J3490		07/01/2006	06/01/2014	UNCLASSIFIED DRUGS	MARCAINE HYDROCHLORIDE 0.25%	50	ML	NA	U	ML	1	EA		1	07/01/2006	06/01/2014					
55045-3281-03		J7506		12/20/2004	06/01/2014	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	15	EA	NA	PO	EA	5	MG		2	12/20/2004	06/01/2014					
55045-3281-04		J7506		02/11/2005	06/01/2014	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	18	EA	NA	PO	EA	5	MG		2	02/11/2005	06/01/2014					
55045-3298-01		J1200		01/01/2005	06/01/2014	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL 50 MG/ML	10	ML	NA	U	ML	50	MG		1	01/01/2005	06/01/2014					
55045-3442-06		Q0144		12/05/2005	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	NA	PO	EA	1	GM		0.25	12/05/2005	06/01/2014					
55045-3471-01		J7500		03/01/2006	06/01/2014	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100	EA	BO	PO	EA	50	MG		1	03/01/2006	06/01/2014					
55045-3503-01		J0696		06/28/2006	06/01/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	VL	U	EA	250	MG		2	06/28/2006	06/01/2014					
55045-3505-01		J1055		06/28/2006	12/31/2012	CONTRACEPTIVE USE, 150 MG	DEPO PROVERA 150 MG/ML	1	ML	VL	IM	ML	150	MG		1	06/28/2006	12/31/2012					
55045-3506-01		J1815		06/28/2006	06/01/2014	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R U-100 100 U/ML	10	ML	VL	U	ML	5	U		20	06/28/2006	06/01/2014					
55045-3508-01		J1815		06/30/2006	06/01/2014	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U		20	06/30/2006	06/01/2014					
55045-3509-01		J2930		07/10/2006	06/01/2014	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU MEDROL 125 MG	1	EA	VL	U	EA	125	MG		1	07/10/2006	06/01/2014					
55045-3511-01		J0696		07/11/2006	06/01/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	U	EA	250	MG		4	07/11/2006	06/01/2014					
55045-3511-02		J0696		07/14/2006	06/01/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	U	EA	250	MG		4	07/14/2006	06/01/2014					
55045-3512-01		J3030		07/11/2006	06/01/2014	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 (5X0.5ML) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6	MG		2	07/11/2006	06/01/2014					
55045-3513-01		J7509		06/23/2006	06/01/2014	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 8 MG	25	EA	BO	PO	EA	4	MG		2	06/23/2006	06/01/2014					
55045-3514-01		J2550		07/12/2006	06/01/2014	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HYDROCHLORIDE (25X1ML) 25 MG/ML	1	ML	AM	U	ML	50	MG		0.5	07/12/2006	06/01/2014					
55045-3515-01		J2310		07/12/2006	06/01/2014	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HYDROCHLORIDE 0.4 MG/ML	1	ML	AM	U	ML	1	MG		0.4	07/12/2006	06/01/2014					
55045-3516-01		J0696		07/12/2006	06/01/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	U	EA	250	MG		1	07/12/2006	06/01/2014					
55045-3685-01		J1815		11/15/2006	06/01/2014	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10	ML	VL	SC	ML	5	U		20	11/15/2006	06/01/2014					
55045-3693-01		Q0144		12/06/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	3	EA	NA	PO	EA	1	GM		0.5	12/06/2006	06/01/2014					
55045-3698-03		Q0144		12/26/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	30	ML	BO	PO	ML	1	GM		0.04	12/26/2006	06/01/2014					
55045-3710-01		A4216		01/01/2007	06/01/2014	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (10MLX25) 0.9%	10	ML	NA	U	ML	10	ML		0.1	01/01/2007	06/01/2014					
55045-3725-01		Q0144		12/26/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 100 MG/5 ML	15	ML	BO	PO	ML	1	GM		0.02	12/26/2006	06/01/2014					
55045-3726-02		Q0144		12/26/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM		0.04	12/26/2006	06/01/2014					
55045-3727-01		Q0144		12/26/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	15	ML	BO	PO	ML	1	GM		0.04	12/26/2006	06/01/2014					
55045-3729-03		Q0162		01/01/2012	06/01/2014	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 4 MG	30	EA	BO	PO	EA	1	MG		4	01/01/2012	06/01/2014					
55045-3773-05		J3490		04/06/2007	06/01/2014	UNCLASSIFIED DRUGS	BACTRACIN 50000 U	1	EA	NA	IM	EA	1	EA		1	04/06/2007	06/01/2014					
55045-3815-01		Q0162		01/01/2012	06/01/2014	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	06/01/2014					
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					

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
55111-0153-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1 MG		4	01/01/2012	99/99/9999						
55111-0154-13		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (1X3,FILM-COATED) 8 MG	3	EA	BX	PO	EA	1 MG		8	01/01/2012	99/99/9999						
55111-0154-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1 MG		8	01/01/2012	99/99/9999						
55111-0156-11		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (1X1,FILM-COATED) 24 MG	1	EA	BP	PO	EA	1 MG		24	01/01/2012	99/99/9999						
55111-0525-01		J7507		05/14/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	CAP	PO	EA	1 MG	0.5	05/14/2010	99/99/9999							
55111-0526-01		J7507		05/14/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	CAP	PO	EA	1 MG	1	05/14/2010	99/99/9999							
55111-0527-01		J7507		05/14/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	CAP	PO	EA	1 MG	5	05/14/2010	99/99/9999							
55111-0652-07		J0583		05/31/2017	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SINGLE-USE,LYOPHILIZED) 250 MG	1	EA	VL	IV	EA	1 MG	250	05/31/2017	99/99/9999							
55111-0652-37		J0583		05/31/2017	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SINGLE-USE,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1 MG	250	05/31/2017	99/99/9999							
55111-0653-01		J7520		10/27/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 1 MG	100	EA	BO	PO	EA	1 MG	1	10/27/2014	99/99/9999							
55111-0654-01		J7520		10/27/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 2 MG	100	EA	BO	PO	EA	1 MG	2	10/27/2014	99/99/9999							
55111-0694-07		J2469		03/23/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25 MCG	2	03/23/2018	99/99/9999							
55150-0177-05		J1953		04/21/2016	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (LATEX-FREE) 100 MG/1 ML	5	ML	VL	IV	ML	10 MG	10	04/21/2016	99/99/9999							
55150-0180-03		J0282		05/04/2018	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/1 ML	3	ML	VL	IV	ML	30 MG	1.66666	05/04/2018	99/99/9999							
55150-0181-09		J0282		05/04/2018	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/1 ML	9	ML	VL	IV	ML	30 MG	1.66666	05/04/2018	99/99/9999							
55150-0182-18		J0282		05/04/2018	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/1 ML	18	ML	VL	IV	ML	30 MG	1.66666	05/04/2018	99/99/9999							
55150-0186-05		J2469		02/07/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25 MCG	2	02/07/2019	99/99/9999							
55150-0191-83		J1740		09/08/2015	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG	IBANDRONATE SODIUM 1 MG/1 ML	3	ML	SR	IV	ML	1 MG	1	09/08/2015	99/99/9999							
55150-0192-20		J0153		02/08/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	20	ML	VL	IV	ML	1 MG	3	02/08/2018	99/99/9999							
55150-0193-30		J0153		02/08/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	30	ML	VL	IV	ML	1 MG	3	02/08/2018	99/99/9999							
55150-0195-20		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 2 MG/1 ML	20	ML	VL	U	ML	1 MG	2	10/31/2016	99/99/9999							
55150-0196-99		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 2 MG/1 ML	100	ML	BO	U	ML	1 MG	2	10/31/2016	99/99/9999							
55150-0197-20		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	U	ML	1 MG	5	10/31/2016	99/99/9999							
55150-0198-30		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	U	ML	1 MG	5	10/31/2016	99/99/9999							
55150-0199-20		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 7.5 MG/1 ML	20	ML	VL	U	ML	1 MG	7.5	10/31/2016	99/99/9999							
55150-0200-10		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 10 MG/1 ML	10	ML	VL	U	ML	1 MG	10	10/31/2016	99/99/9999							
55150-0201-20		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 10 MG/1 ML	20	ML	VL	U	ML	1 MG	10	10/31/2016	99/99/9999							
55150-0204-20		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							
55150-0207-20		J2185		03/27/2017	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (USP) 500 MG	10	EA	VL	IV	EA	100 MG	5	03/27/2017	99/99/9999							
55150-0208-30		J2185		03/27/2017	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (USP) 1 GM	10	EA	VL	IV	EA	100 MG	10	03/27/2017	99/99/9999							
55150-0210-10		J0583		09/27/2018	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SINGLE-USE VIAL) 250 MG	10	EA	VL	IV	EA	1 MG	250	09/27/2018	99/99/9999							
55150-0218-99		J1327		12/14/2015	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (PF,LATEX-FREE) 0.75 MG/1 ML	100	ML	VL	IV	ML	5 MG	0.15	12/14/2015	99/99/9999							
55150-0219-10		J1327		12/14/2015	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (PF,LATEX-FREE) 2 MG/1 ML	10	ML	VL	IV	ML	5 MG	0.4	12/14/2015	99/99/9999							
55150-0220-99		J1327		12/14/2015	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (PF,LATEX-FREE) 2 MG/1 ML	100	ML	VL	IV	ML	5 MG	0.4	12/14/2015	99/99/9999							
55150-0223-10		J2800		07/07/2016	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (LATEX-FREE) 100 MG/1 ML	10	ML	VL	U	ML	10 ML	0.1	07/07/2016	99/99/9999							
55150-0230-10		J1652		01/12/2018	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5 MG	10	01/12/2018	99/99/9999							
55150-0231-10		J1652		01/12/2018	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5 MG	25	01/12/2018	99/99/9999							
55150-0232-10		J1652		01/12/2018	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5 MG	25	01/12/2018	99/99/9999							
55150-0233-10		J1652		01/12/2018	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5 MG	25	01/12/2018	99/99/9999							
55150-0237-01		J1100		02/19/2016	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (USP, SDV,LATEX-FREE) 4 MG/1 ML	1	ML	VL	U	ML	1 MG	4	02/19/2016	99/99/9999							
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	1 MG	4	02/19/2016	99/99/9999							
55150-0239-30		J1100		02/19/2016	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (USP, MDV,LATEX-FREE) 4 MG/1 ML	30	ML	VL	U	ML	1 MG	4	02/19/2016	99/99/9999							
55150-0241-10		J0883		02/07/2019	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	1 MG	1	02/07/2019	99/99/9999							
55150-0242-51		J2020		09/26/2016	99/99/9999	INJECTION, LINEZOLID, 200MG	LINEZOLID 2 MG/1 ML	300	ML	FC	IV	ML	200 MG	0.01	09/26/2016	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3		
55150-0243-46		J1956		09/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X50ML, SINGLE-USE,PF) 5%-250 MG/50 ML	50	ML	FC	IV	ML	250	MG	0.02	09/01/2016	99/99/9999								
55150-0244-47		J1956		09/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X100ML, SINGLE-USE,PF) 5%-500 MG/100 ML	100	ML	FC	IV	ML	250	MG	0.02	09/01/2016	99/99/9999								
55150-0245-52		J1956		09/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X150ML, SINGLE-USE,PF) 5%-750 MG/150 ML	150	ML	FC	IV	ML	250	MG	0.02	09/01/2016	99/99/9999								
55150-0246-47		J1953		01/06/2017	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 500 MG/100 ML-0.82%	100	ML	BG	IV	ML	10	MG	0.5	01/06/2017	99/99/9999								
55150-0247-47		J1953		01/06/2017	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 1000 MG/100 ML-0.75%	100	ML	BG	IV	ML	10	MG	1	01/06/2017	99/99/9999								
55150-0248-47		J1953		01/06/2017	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 1500 MG/100 ML-0.54%	100	ML	BG	IV	ML	10	MG	1.5	01/06/2017	99/99/9999								
55150-0259-30		J0132		10/06/2016	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG	ACETYLCYSTEINE (SDV, 4X30ML,PF) 200 MG/1 ML	30	ML	VL	IV	ML	100	MG	2	10/06/2016	99/99/9999								
55150-0266-05		J3489		09/27/2018	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SINGLE-USE/LATEX-FREE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	09/27/2018	99/99/9999								
55150-0267-05		J2680		04/21/2018	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (MDV,LATEX-FREE) 25 MG/1 ML	5	ML	VL	U	ML	25	MG	1	04/21/2018	99/99/9999								
55150-0282-09		J1335		05/03/2019	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM NOVAPLUS (LATEX-FREE,LYOPHILIZED) 1 GM	10	EA	VL	U	EA	500	MG	2	05/03/2019	99/99/9999								
55150-0282-20		J1335		06/27/2018	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (LATEX-FREE,LYOPHILIZED) 1 GM	10	EA	VL	U	EA	500	MG	2	06/27/2018	99/99/9999								
55150-0292-01		J7643		01/08/2019	99/99/9999	MILLIGRAM	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1	ML	VL	U	ML	1	MG	0.2	01/08/2019	99/99/9999								
55150-0292-01	KO	J7643	KO	01/08/2019	99/99/9999	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								
55150-0293-02		J7643		01/08/2019	99/99/9999	MILLIGRAM	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	2	ML	VL	U	ML	1	MG	0.2	01/08/2019	99/99/9999								
55150-0293-02	KO	J7643	KO	01/08/2019	99/99/9999	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	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								
55150-0294-05	KO	J7643	KO	01/08/2019	99/99/9999	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								
55150-0295-20		J7643		01/08/2019	99/99/9999	MILLIGRAM	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	20	ML	VL	U	ML	1	MG	0.2	01/08/2019	99/99/9999								
55150-0295-20	KO	J7643	KO	01/08/2019	99/99/9999	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								
55289-0006-10		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	10	EA	BO	PO	EA	1	EA	1	01/01/2002	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								
55289-0006-35		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								
55289-0006-50		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								
55289-0100-01		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								
55289-0100-10		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	10	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016								
55289-0100-15		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								
55289-0100-20		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								
55289-0100-30		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								
55289-0100-40		Q0163		09/09/2002	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	40	EA	BO	PO	EA	50	MG	1	09/09/2002	02/03/2016								
55289-0119-02		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	2	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999								
55289-0119-06		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0224-04		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					
55289-0224-04		Q0165		05/21/2002	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	4	EA	BO	PO	EA	10	MG		1	05/21/2002	12/31/2013					
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					
55289-0224-06		Q0165		03/07/2008	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10	MG		1	03/07/2008	12/31/2013					
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					
55289-0224-12		Q0165		04/02/2008	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	12	EA	BO	PO	EA	10	MG		1	04/02/2008	12/31/2013					
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					
55289-0226-15		Q0177		03/06/2008	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	15	EA	BO	PO	EA	25	MG		1	03/06/2008	99/99/9999					
55289-0273-10		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	10	EA	BO	PO	EA	1	EA		1	01/01/2002	99/99/9999					
55289-0273-25		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					
55289-0273-30		J8499		08/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA		1	08/01/2006	99/99/9999					
55289-0273-35		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1	EA		1	01/01/2002	99/99/9999					
55289-0273-50		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					
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					
55289-0310-04		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM		0.25	01/01/2002	99/99/9999					
55289-0310-06		Q0144		01/15/2004	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6	EA	BO	PO	EA	1	GM		0.25	01/15/2004	99/99/9999					
55289-0310-14		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	14	EA	BO	PO	EA	1	GM		0.25	01/01/2002	99/99/9999					
55289-0330-05		J7506		04/25/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 50 MG	5	EA	BO	PO	EA	5	MG		10	04/25/2008	12/31/2015					
55289-0330-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	5	EA	BO	PO	EA	1	MG		50	01/01/2016	99/99/9999					
55289-0330-07		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					
55289-0330-07		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 50 MG	7	EA	BO	PO	EA	1	MG		50	01/01/2016	99/99/9999					
55289-0330-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	10	EA	BO	PO	EA	5	MG		10	01/01/2002	12/31/2015					
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					
55289-0352-05		J7506		05/01/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	5	EA	BO	PO	EA	5	MG		4	05/01/2008	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					
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					
55289-0352-07		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	7	EA	BO	PO	EA	1	MG		20	01/01/2016	03/08/2017					
55289-0352-09		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	9	EA	BO	PO	EA	5	MG		4	01/01/2002	12/31/2015					
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					
55289-0352-10		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					
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					
55289-0352-12		J7506		05/01/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	12	EA	BO	PO	EA	5	MG		4	05/01/2008	12/31/2015					
55289-0352-12		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	12	EA	BO	PO	EA	1	MG		20	01/01/2016	03/08/2017					
55289-0352-14		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	14	EA	BO	PO	EA	5	MG		4	01/01/2002	12/31/2015					
55289-0352-14		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	14	EA	BO	PO	EA	1	MG		20	01/01/2016	03/08/2017					
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					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0352-15		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						
55289-0352-20		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5 MG		4	01/01/2002	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						
55289-0352-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
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						
55289-0352-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5 MG		4	01/01/2002	12/31/2015						
55289-0352-30		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	1 MG		20	01/01/2016	03/08/2017						
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						
55289-0354-10		Q0178		10/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	10	EA	BO	PO	EA	50 MG		1	10/01/2002	12/31/2013						
55289-0373-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
55289-0373-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1 MG		5	11/22/2016	99/99/9999	01/01/2016	02/03/2016		5		
55289-0373-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	30	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
55289-0373-30		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						
55289-0373-36		J7506		01/01/2002	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	36	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
55289-0373-36		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						
55289-0373-42		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	42	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
55289-0373-42		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	42	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
55289-0373-46		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	46	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
55289-0373-46		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	46	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
55289-0373-55		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	50	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
55289-0373-55		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						
55289-0373-60		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	60	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
55289-0373-60		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						
55289-0373-72		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	72	EA	BO	PO	EA	5 MG		1	01/01/2002	12/31/2015						
55289-0373-72		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	72	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
55289-0438-20		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
55289-0438-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	1 MG		10	01/01/2016	03/08/2017						
55289-0438-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
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						
55289-0438-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
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						
55289-0438-36		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	36	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
55289-0438-36		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	36	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 SMG	PREDNISONE 10 MG	38	EA	BO	PO	EA	5 MG		2	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	BO	PO	EA	1 MG		10	01/01/2016	03/08/2017						
55289-0438-40		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
55289-0438-40		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	1 MG		10	01/01/2016	03/08/2017						
55289-0438-42		J7506		03/18/2008	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE (USP) 10 MG	42	EA	BO	PO	EA	5 MG		2	03/18/2008	12/31/2015						
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						
55289-0438-50		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	50	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
55289-0438-50		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	50	EA	BO	PO	EA	1 MG		10	01/01/2016	03/08/2017						
55289-0438-60		J7506		03/05/2002	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5 MG		2	03/05/2002	12/31/2015						
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						
55289-0462-05		J8499		01/15/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	5	EA	BO	PO	EA	1 EA		1	01/15/2004	99/99/9999						
55289-0462-12		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						
55289-0462-15		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						
55289-0462-21		J8499		08/17/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21	EA	BO	PO	EA	1 EA		1	08/17/2006	99/99/9999						
55289-0462-25		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0462-30		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0462-35		J8499		04/21/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	35	EA	BO	PO	EA	1 EA		1	04/21/2008	99/99/9999						
55289-0462-60		J8499		03/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	60	EA	BO	PO	EA	1 EA		1	03/01/2006	99/99/9999						
55289-0464-15		Q0169		01/01/2014	04/12/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EM																	

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
55289-0464-15		Q0170		12/01/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	25 MG		1	12/01/2003	12/31/2013						
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						
55289-0464-79		Q0170		02/01/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	1	EA	BO	PO	EA	25 MG		1	05/24/2005	12/31/2013	02/01/2005	05/23/2005				1
55289-0479-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
55289-0479-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
55289-0479-12		Q0163		07/01/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	12	EA	BO	PO	EA	50 MG		0.5	07/01/2006	99/99/9999						
55289-0479-15		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
55289-0479-20		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
55289-0479-24		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
55289-0479-30		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
55289-0531-04		Q0169		01/01/2014	07/12/2017	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) 50 MG	4	EA	BO	PO	EA	12.5 MG		4	01/01/2014	07/12/2017						
55289-0531-04		Q0170		02/26/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	4	EA	BO	PO	EA	25 MG		2	02/26/2008	12/31/2013						
55289-0559-03		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,STRAWBERRY) 4 MG	3	EA	BO	PO	EA	1 MG		4	01/01/2012	99/99/9999						
55289-0559-05		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	5	EA	BO	PO	EA	1 MG		4	01/01/2012	99/99/9999						
55289-0559-06		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,STRAWBERRY) 4 MG	6	EA	BO	PO	EA	1 MG		4	01/01/2012	99/99/9999						
55289-0564-15		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	15	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0564-20		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	20	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0564-48		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	48	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0568-10		Q0164		07/01/2005	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	10	EA	BO	PO	EA	5 MG		1	07/01/2005	99/99/9999						
55289-0568-12		Q0164		10/01/2002	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	12	EA	BO	PO	EA	5 MG		1	10/01/2002	99/99/9999						
55289-0568-30	Q0164			11/15/2007	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	30	EA	BO	PO	EA	5 MG		1	11/15/2007	99/99/9999						
55289-0582-04	J8540			10/01/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	4	EA	BO	PO	EA	0.25 MG		16	10/01/2007	99/99/9999						
55289-0582-10	J8540			04/10/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	10	EA	BO	PO	EA	0.25 MG		16	04/10/2008	99/99/9999						
55289-0629-10	J8499			08/26/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	10	EA	BO	PO	EA	1 EA		1	08/26/2002	99/99/9999						
55289-0629-30	J8499			06/05/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1 EA		1	06/05/2007	99/99/9999						
55289-0629-50	J8499			04/23/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 800 MG	50	EA	BO	PO	EA	1 EA		1	04/23/2008	99/99/9999						
55289-0649-30	J7509			10/15/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	30	EA	BO	PO	EA	4 MG		1	10/15/2003	99/99/9999						
55289-0649-98	J7509			01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	120	EA	BO	PO	EA	4 MG		1	01/01/2002	99/99/9999						
55289-0691-12	J8499			01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	12	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0691-15	J8499			01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	15	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0691-25	J8499			01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	25	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0924-30	None			11/01/2005	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30	EA	BO	PO	EA	2.5 MG		1	11/01/2005	99/99/9999						
55289-0928-02	J8498			03/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE (USP) 25 MG	2	EA	BX	RC	EA	1 EA		1	03/01/2006	99/99/9999						
55289-0928-04	J8498			05/09/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	4	EA	BX	RC	EA	1 EA		1	05/09/2006	99/99/9999						
55289-0928-06	J8498			01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	6	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
55289-0928-79	J8498			01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	1	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
55289-0940-02	J8498			03/01/2006	02/05/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	2	EA	BX	RC	EA	1 EA		1	03/01/2006	02/05/2018						
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						
55289-0948-02	Q0169			05/09/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	2	EA	BO	PO	EA	12.5 MG		1	05/09/2006	99/99/9999						
55289-0953-06	Q0173			05/09/2006	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOBENZAMIDE 300 MG	6	EA	BO	PO	EA	250 MG		1.2	05/09/2006	99/99/9999						
55289-0964-04	Q0144			11/01/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	4	EA	BO	PO	EA	1 GM		0.25	11/01/2005	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						
55292-0702-54	J1640			07/01/2017	99/99/9999	PANHEMATIN (PF LYOPHIZED) 350 MG	PANHEMATIN (PF LYOPHIZED) 350 MG	1	EA	VL	IV	EA	1 MG		350	07/01/2017	99/99/9999						
55292-0702-55	J1640			07/01/2017	99/99/9999	PANHEMATIN (PF LYOPHIZED) 350 MG	PANHEMATIN (PF LYOPHIZED) 350 MG	1	EA	VL	IV	EA	1 MG		350	07/01/2017	99/99/9999						
55390-0003-10	J1800			01/01/2002	99/99/9999	INJECTION, PROPANLOL HCL, UP TO 1 MG	PROPANLOL HCL (S.D.V.) 1 MG/ML	1	ML	VL	IV	EA	1 MG		1	01/01/2002	99/99/9999						
55390-0004-01	J1610			01/01/2002	04/08/2015	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON DIAGNOSTIC KIT (VIAL W/STERILE WATER) 1 MG	1	EA	VL	U	EA	1 MG		1	01/01/2002	04/08/2015						
55390-0004-10	J1610			01/01/2002	04/08/2015	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON (VIAL) 1 MG	1	EA	VL	U	EA	1 MG		1	01/01/2002	04/08/2015						
55390-0009-01	J0640			01/01/2002	09/05/2014	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (S.D.V.,PF) 10 MG/ML	50	ML	VL	U	ML	50 MG		0.2	01/01/2002	09/05/2014						
55390-0012-01	J1450			07/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE 200 MG/100 ML	100	ML	VL	IV	ML	200 MG		0.01	07/29/2004	99/99/9999						
55390-0013-10	J1110			09/03/2003	11/09/2016	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (VIAL) 1 MG/ML	1	ML	VL	U	ML	1 MG		1	09/03/2003	11/09/2016						
55390-0014-02	J1190			04/08/2005	09/05/2014	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE 250 MG	1	EA	VL	IV	EA	250 MG		1	04/08/2005	09/05/2014						
55390-0020-10	J2260			05/31/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	20	ML	VL	IV	ML	5 MG		0.2	05/31/2002	99/99/9999						
55390-0021-01	J2260			05/31/2015	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	05/31/2015	05/31/2015						
55390-0029-10	J3490			01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V.,PF) 10 MG/ML	1	ML	VL	U	EA	1 EA		1	01/01/2002	99/99/9999						
55390-0030-10	J9340			01/01/2002	09/05/2014	INJECTION, THOTPEA, 15 MG	THIOTPEA (S.D.V.) 15 MG	1	EA	VL	U	EA	15 MG		1	01/01/2002	09/05/2014						
55390-0031-10	J9250			01/01/2002	09/05/2014	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	2	ML	VL	U	ML	5 MG		5	01/01/2002	09/05/2014						
55390-0032-10	J9250			01/01/2002	09/05/2014	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	4	ML	VL	U	ML	5 MG		5	01/01/2002	09/05/2014						
55390-0033-10	J9250			01/01/2002	09/05/2014	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	8	ML	VL	U	ML	5 MG		5	01/01/2002	09/05/2014						
55390-0034-10	J9250			01/01/2002	09/05/2014	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	10	ML	VL	U	ML	5 MG		5	01/01/2002	09/05/2014						
55390-0045-01	J9209			02/24/2004	09/05/2014	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200 MG		0.5	02/24/2004	09/05/2014						
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						
55390-0051-10	J0640			01/01/2002	09/05/2014	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (VIAL) 50 MG	1	EA	VL	U	EA	50 MG		1	01/01/2002	09/05/2014						
55390-0052-10	J0640			01/01/2002	09/05/2014	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (VIAL) 100 MG	1	EA	VL	U	EA	50 MG		2	01/01/2002	09/05/2014						
55390-0053-01	J0640			01/01/2002	09/05/2014	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (VIAL) 200 MG	1	EA	VL	U	EA	50 MG		4	01/01/2002	09/05/2014						
55390-0054-01	J0640			01/01/2002	09/05/2014	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (S.D.V.,PF) 350 MG	1	EA	VL	U	EA	50 MG		7	01/01/2002	09/05/2014						
55390-0058-10	J2360			04/28/2003	09/05/2014	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (S.D.V.) 30 MG/ML	2	ML	VL	U	ML	60 MG		0.5	04/28/2003	09/05/2014						

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	
55390-0060-02		J1190		04/08/2005	09/05/2014	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE 500 MG	1	EA	VL	IV	EA	250	MG	2	04/08/2005	09/05/2014							
55390-0067-10		J0150		06/16/2004	12/31/2014	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A4279)	ADENOSINE (S.D.V.) 3 MG/ML	2	ML	VL	IV	ML	6	MG	0.5	06/16/2004	12/31/2014							
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	IV	ML	1	MG	3	01/01/2015	99/99/9999							
55390-0069-01		J9390		02/03/2004	12/31/2012	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	02/03/2004	12/31/2012							
55390-0070-01		J9390		02/03/2004	12/31/2012	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	02/03/2004	12/31/2012							
55390-0074-10		J2260		05/31/2002	04/18/2013	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE NOVAPLUS (S.D.V.) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	05/31/2002	04/18/2013							
55390-0075-10		J2260		05/31/2002	04/18/2013	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE NOVAPLUS (S.D.V.) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	05/31/2002	04/18/2013							
55390-0076-01		J2260		05/31/2002	04/18/2013	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE NOVAPLUS (S.D.V.) 1 MG/ML	50	ML	VL	IV	ML	5	MG	0.2	05/31/2002	04/18/2013							
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							
55390-0077-10		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							
55390-0091-10		J9360		01/01/2002	09/05/2014	INJECTION, VINBLASTINE SULFATE, 1 MG	VINBLASTINE SULFATE (VIAL) 10 MG	1	EA	VL	IV	EA	1	MG	10	01/01/2002	09/05/2014							
55390-0100-10		J0562		06/03/2005	09/05/2014	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE 0.3 MG/ML	1	EA	VL	U	ML	0.1	MG	3.24	06/03/2005	09/05/2014							
55390-0101-10		J3105		04/28/2004	99/99/9999	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	TERBUTALINE SULFATE 1 MG/ML	2	ML	VL	SC	ML	1	MG	1	04/28/2004	99/99/9999							
55390-0106-01		J9999		09/01/2004	09/05/2014	NOT OTHERWISE CLASSIFIED, ANTI-NEOPLASTIC DRUGS	ALLOPURINOL SODIUM (S.D.V.,PF) 500 MG	1	EA	VL	IV	EA	1	EA	1	09/01/2004	09/05/2014							
55390-0108-01		J9150		01/01/2002	09/05/2014	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (S.D.V.,PF) 5 MG/ML	10	ML	VL	IV	ML	10	MG	0.5	01/01/2002	09/05/2014							
55390-0108-10		J9150		01/01/2002	09/05/2014	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (S.D.V.,PF) 5 MG/ML	4	ML	VL	IV	ML	10	MG	0.5	01/01/2002	09/05/2014							
55390-0113-01		J2760		01/01/2002	01/05/2015	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (S.D.V.) 5 MG	1	EA	VL	U	EA	5	MG	1	01/01/2002	01/05/2015							
55390-0114-05		J9265		01/01/2002	09/05/2014	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	5	ML	VL	IV	ML	30	MG	0.2	01/01/2002	09/05/2014							
55390-0114-20		J9265		01/01/2002	09/05/2014	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	16.7	ML	VL	IV	ML	30	MG	0.2	01/01/2002	09/05/2014							
55390-0114-50		J9265		01/01/2002	09/05/2014	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	50	ML	VL	IV	ML	30	MG	0.2	01/01/2002	09/05/2014							
55390-0115-01		J9065		01/01/2002	04/18/2013	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE NOVAPLUS (S.D.V.,PF) 1 MG/ML	10	ML	VL	IV	ML	1	MG	1	01/01/2002	04/18/2013							
55390-0121-01		J2405		12/26/2006	03/14/2016	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20	ML	VL	U	ML	1	MG	2	12/26/2006	03/14/2016							
55390-0122-10		J7516		01/01/2002	09/05/2014	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (S.D.V.) 50 MG/ML	5	ML	VL	IV	ML	250	MG	0.2	01/01/2002	09/05/2014							
55390-0123-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (VIAL 30 ML) 600 MG	1	EA	VL	IV	EA	1	EA	1	01/01/2002	99/99/9999							
55390-0124-01		J9065		01/01/2002	09/05/2014	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE (S.D.V.,PF) 1 MG/ML	10	ML	VL	IV	ML	1	MG	1	01/01/2002	09/05/2014							
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							
55390-0126-05		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	5	ML	VL	U	ML	1	MG	5	01/01/2002	99/99/9999							
55390-0126-10		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	10	ML	VL	U	ML	1	MG	5	01/01/2002	99/99/9999							
55390-0127-01		J2430		01/01/2002	09/05/2014	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (VIAL) 30 MG	1	EA	VL	IV	EA	30	MG	1	01/01/2002	09/05/2014							
55390-0128-01		J2430		01/01/2002	09/05/2014	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (VIAL) 90 MG	1	EA	VL	IV	EA	30	MG	3	01/01/2002	09/05/2014							
55390-0131-10		J9100		01/01/2002	09/05/2014	INJECTION, CYTARABINE, 100 MG	CYTARABINE (VIAL) 100 MG	1	EA	VL	U	EA	100	MG	1	01/01/2002	09/05/2014							
55390-0135-01		J9200		01/01/2002	09/05/2014	INJECTION, FLOXURIDINE, 500 MG	FLOXURIDINE (VIAL) 0.5 GM	1	EA	VL	U	EA	500	MG	1	01/01/2002	09/05/2014							
55390-0136-05		J1955		01/01/2002	09/05/2014	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (S.D.V.) 200 MG/ML	5	ML	VL	U	EA	200	MG/ML	0.2	01/01/2002	09/05/2014							
55390-0137-02		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 1 MG/ML	2	ML	VL	U	ML	1	MG	1	01/01/2002	99/99/9999							
55390-0137-05		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 1 MG/ML	5	ML	VL	U	ML	1	MG	1	01/01/2002	99/99/9999							
55390-0138-01		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	1	ML	VL	U	ML	1	MG	5	01/01/2002	99/99/9999							
55390-0138-02		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	2	ML	VL	U	ML	1	MG	5	01/01/2002	99/99/9999							
55390-0142-10		J9150		01/01/2002	04/18/2013	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL NOVAPLUS (S.D.V.,PF) 5 MG/ML	4	ML	VL	IV	ML	10	MG	0.5	01/01/2002	04/18/2013							
55390-0143-01		J9260		09/07/2005	09/05/2014	METHOTREXATE SODIUM, 50 MG	METHOTREXATE SODIUM (S.D.V.,30ML,VIAL,PF) 1 GM	1	EA	VL	U	EA	50	MG	20	09/07/2005	09/05/2014							
55390-0147-01		J1630		01/01/2002	09/05/2014	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	09/05/2014							
55390-0147-10		J1630		01/01/2002	09/05/2014	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (S.D.V.) 5 MG/ML	1	ML	VL	IM	ML	5	MG	1	01/01/2002	09/05/2014							
55390-0157-01		J2430		01/01/2003	04/18/2013	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (LYOPHILIZED) 30 MG	1	EA	VL	IV	EA	30	MG	1	01/01/2003	04/18/2013							
55390-0159-01		J2430		01/01/2003	04/18/2013	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (LYOPHILIZED) 90 MG	1	EA	VL	IV	EA	30	MG	3	01/01/2003	04/18/2013							
55390-0160-10		J2354		05/04/2005	09/05/2014	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE 50 MCG/ML	1	ML	VL	U	ML	25	MCG	2	05/04/2005	09/05/2014							
55390-0161-10		J2354		04/04/2005	09/05/2014	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE 100 MCG/ML	1	ML	VL	U	ML	25	MCG	4	04/04/2005	09/05/2014							
55390-0162-10		J2354		04/04/2005	09/05/2014	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE 500 MCG/ML	1	ML	VL	U	ML	25	MCG	20	04/04/2005	09/05/2014							
55390-0163-01		J2354		05/25/2005	09/05/2014	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 200 MCG/ML	5	ML	VL	U	ML	25	MCG	8	05/25/2005	09/05/2014							
55390-0164-01		J2354		05/25/2005	01/14/2016	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 1000 MCG/ML	5	ML	VL	U	ML	25	MCG	40	05/25/2005	01/14/2016							

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
55513-0478-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (M.D.V.,M20) 20000 U/ML	1	ML	VL	U	ML	1000 U		20	01/01/2006	99/99/9999						
55513-0478-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (M.D.V.,M20) 20000 U/ML	1	ML	VL	U	ML	1000 U		20	01/01/2006	99/99/9999						
55513-0530-01		J1440		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (S.D.V.,PF) 300 MCG/ML	1	ML	VL	U	ML	300 MCG		1	01/01/2002	12/31/2013						
55513-0530-01		J1442		03/17/1997	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (S.D.V.,PF) 300 MCG/1 ML	1	ML	VL	U	ML	1 MCG		300	03/17/1997	99/99/9999						
55513-0530-10		J1440		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (S.D.V.,1MLX10,PF) 300 MCG/ML	1	ML	VL	U	ML	300 MCG		1	01/01/2002	12/31/2013						
55513-0530-10		J1442		03/17/1997	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (SDV,1MLX10,PF) 300 MCG/1 ML	1	ML	VL	U	ML	1 MCG		300	03/17/1997	99/99/9999						
55513-0546-01		J1441		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NEUPOGEN (S.D.V.,PF) 480 MCG/1.6 ML	1.6	ML	VL	U	ML	480 MCG		0.625	01/01/2002	12/31/2013						
55513-0546-01		J1442		03/17/1997	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (S.D.V.,PF) 480 MCG/1.6 ML	1.6	ML	VL	U	ML	1 MCG		300	03/17/1997	99/99/9999						
55513-0546-10		J1441		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NEUPOGEN (S.D.V.,1.6MLX10,PF) 480 MCG/1.6 ML	1.6	ML	VL	U	ML	480 MCG		0.625	01/01/2002	12/31/2013						
55513-0546-10		J1442		03/17/1997	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (SDV,1.6MLX10,PF) 480 MCG/1.6 ML	1.6	ML	VL	U	ML	1 MCG		300	03/17/1997	99/99/9999						
55513-0710-01		J0897		06/05/2010	99/99/9999	INJECTION, DENOSUMAB, 1 MG	PROLIA (PF) 60 MG/1 ML	1	ML	SR	SC	ML	1 MG		60	06/05/2010	99/99/9999						
55513-0730-01		J0897		11/20/2010	99/99/9999	INJECTION, DENOSUMAB, 1 MG	XGEVA (PF) 120 MG/1.7 ML	1.7	ML	VL	SC	ML	1 MG		70.58823	11/20/2010	99/99/9999						
55513-0740-01		J0606		10/09/2017	99/99/9999	INJECTION, 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						
55513-0740-10		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						
55513-0741-01		J0606		10/09/2017	99/99/9999	INJECTION, ETELICALCETIDE, 0.1 MG	PARSABIV (PF) 5 MG/1 ML	1	ML	VL	IV	ML	0.1 MG		50	10/09/2017	99/99/9999						
55513-0741-10		J0606		10/09/2017	99/99/9999	INJECTION, ETELICALCETIDE, 0.1 MG	PARSABIV (PF) 5 MG/1 ML	1	ML	VL	IV	ML	0.1 MG		50	10/09/2017	99/99/9999						
55513-0742-01		J0606		10/09/2017	99/99/9999	INJECTION, ETELICALCETIDE, 0.1 MG	PARSABIV (SDV,PF) 10 MG/2 ML	2	ML	VL	IV	ML	0.1 MG		50	10/09/2017	99/99/9999						
55513-0742-10		J0606		10/09/2017	99/99/9999	INJECTION, ETELICALCETIDE, 0.1 MG	PARSABIV (SDV,PF) 10 MG/2 ML	2	ML	VL	IV	ML	0.1 MG		50	10/09/2017	99/99/9999						
55513-0924-01		J1440		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (26GX5/8",SINGLE USE) 300 MCG/0.5 ML	0.5	ML	SR	U	ML	300 MCG		2	01/01/2002	12/31/2013						
55513-0924-01		J1442		08/08/2000	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (26GX5/8",SINGLE-USE) 300 MCG/0.5 ML	0.5	ML	SR	U	ML	1 MCG		600	08/08/2000	99/99/9999						
55513-0924-10		J1440		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (26GX5/8",0.5MLX10,PF) 300 MCG/0.5 ML	0.5	ML	SR	U	ML	300 MCG		2	01/01/2002	12/31/2013						
55513-0924-10		J1442		08/08/2000	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (26GX5/8",0.5MLX10,PF) 300 MCG/0.5 ML	0.5	ML	SR	U	ML	1 MCG		600	08/08/2000	99/99/9999						
55513-0954-01		J9303		01/01/2008	99/99/9999	INJECTION, PANITUMUMAB, 10 MG	VECTIBIX 20 MG/ML	5	ML	VL	IV	ML	10 MG		2	01/01/2008	99/99/9999						
55513-0956-01		J9303		01/01/2008	99/99/9999	INJECTION, PANITUMUMAB, 10 MG	VECTIBIX 20 MG/ML	20	ML	VL	IV	ML	10 MG		2	01/01/2008	99/99/9999						
55553-0042-05		J3302		01/01/2002	05/15/2016	INJECTION, TRAMCICLOLINE DIACETATE, PER 5MG	CLINACORT (VAL) 40 MG/ML	5	ML	VL	U	ML	5 MG		8	01/01/2002	05/15/2016						
55553-0055-50		J2001		01/01/2004	02/10/2016	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	ANESTACANE (VAL) 1%	50	ML	VL	EP	ML	10 MG		1	01/01/2004	02/10/2016						
55553-0056-50		J2001		01/01/2004	02/10/2016	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	ANESTACANE (VAL) 2%	50	ML	VL	U	ML	10 MG		2	01/01/2004	02/10/2016						
55553-0091-10		J3420		01/01/2002	02/03/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITA #12 (VAL) 1000 MCG/ML	10	ML	VL	IM	ML	1000 MCG		1	01/01/2002	02/03/2016						
55553-0091-30		J3420		01/01/2002	02/03/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITA #12 (VAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000 MCG		1	01/01/2002	02/03/2016						
55553-0092-05		J1094		01/01/2003	02/03/2016	INJECTION, DEXAMETHASONE ACETATE, 1 MG	CORTASTAT LA (VAL) 8 MG/ML	5	ML	VL	IM	ML	1 MG		8	01/01/2003	02/03/2016						
55553-0129-10		J2360		01/01/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ANTIFLEX (AMP) 30 MG/ML	10	ML	AM	U	ML	60 MG		0.5	01/01/2002	99/99/9999						
55553-0171-10		J3410		01/01/2002	02/03/2016	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	RESTALL (VAL) 50 MG/ML	10	ML	VL	IM	ML	25 MG		2	01/01/2002	02/03/2016						
55553-0661-10		J1100		01/01/2002	02/03/2016	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	CORTASTAT 10 (VAL) 10 MG/ML	10	ML	VL	U	ML	1 MG		10	01/01/2002	02/03/2016						
55553-0807-05		J1100		01/01/2002	02/03/2016	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	CORTASTAT (VAL) 4 MG/ML	5	ML	VL	U	ML	1 MG		4	01/01/2002	02/03/2016						
55553-0827-10		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BANARIL (VAL) 50 MG/ML	10	ML	VL	U	ML	50 MG		1	01/01/2002	99/99/9999						
55566-0302-01		J0795		01/01/2006	99/99/9999	INJECTION, CORTICORELIN OVINE TRIFLUORATE, 1 MICROGRAM	ACTHREL (S.D.V.) 0.1 MG	1	EA	VL	IV	EA	1 MCG		100	01/01/2006	99/99/9999						
55566-1000-01		J3490		02/14/2019	99/99/9999	UNCLASSIFIED DRUGS	GANIRELIX ACETATE 250 MCG/0.5 ML	0.5	ML	SR	SC	ML	1 EA		1	02/14/2019	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						
55566-1502-01		J0725		09/15/2017	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	NOVAREL (10MLVALBACTRIOSTITCH20) 5000 U	1	EA	VL	IM	EA	1000 U		5	09/15/2017	99/99/9999						
55566-1801-01		J2941		05/18/2015	99/99/9999	INJECTION, SOMATROPIN, 1 MG	ZOMACTON (VAL W/DILUENT) 5 MG	1	EA	VL	SC	EA	1 MG		5	05/18/2015	99/99/9999						
55566-1901-01		J2941		05/18/2015	99/99/9999	INJECTION, SOMATROPIN, 1 MG	ZOMACTON (VAL W/DILUENT) 10 MG	1	EA	VL	SC	EA	1 MG		10	05/18/2015	99/99/9999						
55566-1902-01		J2941		09/26/2018	99/99/9999	INJECTION, SOMATROPIN, 1 MG	ZOMACTON WITH VAL ADAPTER (LYOPHILIZED) 10 MG	1	EA	VL	SC	EA	1 MG		10	09/26/2018	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	U	ML	1 MCG		4	04/15/2015	99/99/9999						
55566-2300-00		J2597		05/10/2015	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP 4 MCG/ML	10	ML	VL	U	ML	1 MCG		4	05/10/2015	99/99/9999						
55566-5030-01		J2597		01/01/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (AMP,PF) 4 MCG/ML	1	ML	AM	U	ML	1 MCG		4	01/01/2002	99/99/9999						
55566-5040-01		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						
55566-8505-06		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	BRAVELLE (SDV W/QU-CAP) 75 IU	1	EA	VL	U	EA	75 IU		1	01/01/2006	99/99/9999						
55700-0705-06		Q0144		11/30/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1000 MG		0.25	11/30/2018	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							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3		
57664-0683-31		J2020		08/10/2017	99/99/9999	INJECTION, LINEZOLID, 200 MG	LINEZOLID (INNER PACK,LATEX-FREE) 2 MG/1 ML	300	ML	BG	IV	ML	200	MG	0.01	08/10/2017	99/99/9999								
57664-0683-57		J2020		08/10/2017	99/99/9999	INJECTION, LINEZOLID, 200 MG	LINEZOLID (10X300ML BAGS) 2 MG/1 ML	300	ML	BG	IV	ML	200	MG	0.01	08/10/2017	99/99/9999								
57665-0001-01		J2004		01/01/2006	99/99/9999	INJECTION, PEGADOMASE BOVINE, 25 IU	ADAGEN (VAL) 250 U/ML	1.5	ML	VL	IM	ML	25	IU	10	01/01/2006	99/99/9999								
57665-0101-41		J0287		01/01/2004	99/99/9999	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	ABELCET (W/FILTER NEEDLE) 5 MG/ML	20	ML	VL	IV	ML	10	MG	0.5	11/15/2004	99/99/9999	01/01/2004	01/01/2004		0.5				
57665-0331-01		J9088		01/01/2004	08/07/2017	INJECTION, CYTARABINE LIPOSOME, 10 MG	DEPOCYT (S.D.V.) 10 MG/ML	5	ML	VL	IN	ML	10	MG	1	01/01/2004	08/07/2017								
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								
57844-0713-19		J2941		01/18/2005	05/17/2015	INJECTION, SOMATROPIN, 1 MG	TEV-TROPIN (VIAL W/DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	01/18/2005	05/17/2015								
57894-0030-01		J1745		01/01/2002	99/99/9999	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	REMICADE (S.D.V. PF) 100 MG	1	EA	VL	IV	EA	10	MG	10	01/01/2002	99/99/9999								
57894-0054-27		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	1	MG	5	09/27/2016	12/31/2016								
57894-0200-01		J0130		01/01/2017	99/99/9999	INJECTION ABCIXIMAB, 10 MG	REOPRO (VIAL,PF) 2 MG/1 ML	5	ML	VL	IV	ML	10	MG	0.2	01/01/2017	99/99/9999								
57896-0781-01		Q0163		08/01/2002	01/24/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GERIDRYL 25 MG	100	EA	NA	PO	EA	50	MG	0.5	08/01/2002	01/24/2014								
57896-0782-01		Q0163		08/01/2002	01/24/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GERIDRYL (CAPLET) 25 MG	100	EA	NA	PO	EA	50	MG	0.5	08/01/2002	01/24/2014								
57902-0249-01		J9019		11/01/2017	99/99/9999	INJECTION,ASPARAGINASE (ERWINAZE), 1000 IU	ERWINAZE (SDV,LYOPHILIZED POWDER) 10000 iu	1	EA	VL	IJ	EA	1000	IU	10	11/01/2017	99/99/9999								
57902-0249-05		J9019		11/01/2017	99/99/9999	INJECTION,ASPARAGINASE (ERWINAZE), 1000 IU	ERWINAZE (LYOPHILIZED POWDER) 10000 iu	1	EA	VL	IJ	EA	1000	IU	10	11/01/2017	99/99/9999								
58016-0084-00		Q0162		01/01/2012	01/31/2014	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	100	EA	BO	PO	EA	1	MG	8	01/01/2012	01/31/2014								
58016-0084-10		Q0162		01/01/2012	01/31/2014	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	10	EA	BO	PO	EA	1	MG	8	01/01/2012	01/31/2014								
58016-0084-30		Q0162		01/01/2012	01/31/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	01/31/2014								
58016-0084-60		Q0162		01/01/2012	01/31/2014	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	60	EA	BO	PO	EA	1	MG	8	01/01/2012	01/31/2014								
58016-0084-90		Q0162		01/01/2012	01/31/2014	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	90	EA	BO	PO	EA	1	MG	8	01/01/2012	01/31/2014								
58016-0086-00		Q0144		02/01/2006	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	100	EA	BO	PO	EA	1	GM	0.25	02/01/2006	01/31/2014								
58016-0086-30		Q0144		02/01/2006	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	30	EA	BO	PO	EA	1	GM	0.25	02/01/2006	01/31/2014								
58016-0086-60		Q0144		02/01/2006	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	60	EA	BO	PO	EA	1	GM	0.25	02/01/2006	01/31/2014								
58016-0086-90		Q0144		02/01/2006	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	90	EA	BO	PO	EA	1	GM	0.25	02/01/2006	01/31/2014								
58016-0111-00		J8499		09/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	09/01/2006	01/31/2014								
58016-0111-15		J8499		09/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	15	EA	BO	PO	EA	1	EA	1	09/01/2006	01/31/2014								
58016-0111-20		J8499		09/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	20	EA	BO	PO	EA	1	EA	1	09/01/2006	01/31/2014								
58016-0111-25		J8499		09/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	09/01/2006	01/31/2014								
58016-0111-30		J8499		09/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	09/01/2006	01/31/2014								
58016-0111-60		J8499		09/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	60	EA	BO	PO	EA	1	EA	1	09/01/2006	01/31/2014								
58016-0111-90		J8499		09/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	90	EA	BO	PO	EA	1	EA	1	09/01/2006	01/31/2014								
58016-0112-00		J8499		05/31/2005	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	05/31/2005	01/31/2014								
58016-0112-20		J8499		05/31/2005	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1	EA	1	05/31/2005	01/31/2014								
58016-0112-30		J8499		05/31/2005	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	05/31/2005	01/31/2014								
58016-0112-60		J8499		08/09/2002	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1	EA	1	08/09/2002	01/31/2014								
58016-0112-90		J8499		05/31/2005	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	90	EA	BO	PO	EA	1	EA	1	05/31/2005	01/31/2014								
58016-0126-12		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12	EA	NA	PO	EA	5	MG	2	01/01/2002	01/31/2014								
58016-0170-00		J8999		02/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	100	EA	BO	PO	EA	1	EA	1	02/01/2006	01/31/2014								
58016-0170-30		J8999		02/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	30	EA	BO	PO	EA	1	EA	1	02/01/2006	01/31/2014								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
58016-0170-60		J8999		02/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	60	EA	BO	PO	EA	1	EA	1	02/01/2006	01/31/2014							
58016-0170-90		J8999		02/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	90	EA	BO	PO	EA	1	EA	1	02/01/2006	01/31/2014							
58016-0170-99		J8999		02/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180	EA	BO	PO	EA	1	EA	1	02/01/2006	01/31/2014							
58016-0216-00	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014							
58016-0216-10	J7506			01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10	EA	NA	PO	EA	5	MG	2	01/01/2007	01/31/2014							
58016-0216-12	J7506			03/22/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12	EA	BO	PO	EA	5	MG	2	03/22/2002	01/31/2014							
58016-0216-14	J7506			03/22/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	14	EA	BO	PO	EA	5	MG	2	03/22/2002	01/31/2014							
58016-0216-15	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014							
58016-0216-20	J7506			03/22/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	03/22/2002	01/31/2014							
58016-0216-21	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014							
58016-0216-22	J7506			01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	22	EA	NA	PO	EA	5	MG	2	01/01/2007	01/31/2014							
58016-0216-24	J7506			03/22/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	24	EA	BO	PO	EA	5	MG	2	03/22/2002	01/31/2014							
58016-0216-28	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	28	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014							
58016-0216-30	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014							
58016-0216-32	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	32	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014							
58016-0216-40	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014							
58016-0216-42	J7506			01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42	EA	NA	PO	EA	5	MG	2	01/01/2007	01/31/2014							
58016-0216-50	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	50	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014							
58016-0216-60	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014							
58016-0216-84	J7506			01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	84	EA	NA	PO	EA	5	MG	2	01/01/2007	01/31/2014							
58016-0216-90	J7506			01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	90	EA	BO	PO	EA	5	MG	2	01/01/2007	01/31/2014							
58016-0217-00	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014							
58016-0217-05	J7506			01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	5	EA	NA	PO	EA	5	MG	4	01/01/2007	01/31/2014							
58016-0217-07	J7506			01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	7	EA	NA	PO	EA	5	MG	4	01/01/2007	01/31/2014							
58016-0217-10	J7506			03/21/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	03/21/2002	01/31/2014							
58016-0217-12	J7506			01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	12	EA	NA	PO	EA	5	MG	4	01/01/2007	01/31/2014							
58016-0217-15	J7506			03/21/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	03/21/2002	01/31/2014							
58016-0217-16	J7506			03/21/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	16	EA	BO	PO	EA	5	MG	4	03/21/2002	01/31/2014							
58016-0217-18	J7506			03/21/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	5	MG	4	03/21/2002	01/31/2014							
58016-0217-20	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014							
58016-0217-21	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014							
58016-0217-22	J7506			03/21/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	22	EA	BO	PO	EA	5	MG	4	03/21/2002	01/31/2014							
58016-0217-23	J7506			01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	23	EA	NA	PO	EA	5	MG	4	01/01/2007	01/31/2014							
58016-0217-24	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	24	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014							
58016-0217-28	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	28	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014							
58016-0217-30	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014							
58016-0217-40	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	40	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014							
58016-0217-60	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	60	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014							
58016-0218-00	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014							
58016-0218-20	J7506			03/22/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20	EA	BO	PO	EA	5	MG	1	03/22/2002	01/31/2014							
58016-0218-21	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014							
58016-0218-24	J7506			03/22/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	24	EA	BO	PO	EA	5	MG	1	03/22/2002	01/31/2014							
58016-0218-30	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014							
58016-0218-33	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	33	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014							
58016-0218-36	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014							
58016-0218-40	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014							
58016-0218-50	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	50	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014							
58016-0218-55	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	55	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014							
58016-0218-60	J7506			01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014							
58016-0218-69	J7506			01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	69	EA	NA	PO	EA	5	MG	1	01/01/2007	01/31/2014							
58016-0218-90	J7506			05/31/2005	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	90	EA	BO	PO	EA	5	MG	1	05/31/2005	01/31/2014							
58016-0259-00		Q0177		01/01/2002	01/31/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/A ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	100	EA	BO	PO													

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0259-00		Q0177		01/01/2007	01/31/2014	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	NA	PO	EA	25 MG		1	01/01/2007	01/31/2014						
58016-0290-00	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	100	EA	BO	PO	EA	0.25 MG		2	01/01/2006	01/31/2014						
58016-0290-02	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	120	EA	BO	PO	EA	0.25 MG		2	01/01/2006	01/31/2014						
58016-0290-03	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	150	EA	BO	PO	EA	0.25 MG		2	01/01/2006	01/31/2014						
58016-0290-12	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	12	EA	BO	PO	EA	0.25 MG		2	01/01/2006	01/31/2014						
58016-0290-15	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	15	EA	BO	PO	EA	0.25 MG		2	01/01/2006	01/31/2014						
58016-0290-20	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	20	EA	BO	PO	EA	0.25 MG		2	01/01/2006	01/31/2014						
58016-0290-30	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	30	EA	BO	PO	EA	0.25 MG		2	01/01/2006	01/31/2014						
58016-0290-73	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	300	EA	BO	PO	EA	0.25 MG		2	01/01/2006	01/31/2014						
58016-0290-89	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	200	EA	BO	PO	EA	0.25 MG		2	01/01/2006	01/31/2014						
58016-0291-60	J8540			01/01/2007	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	60	EA	BO	PO	EA	0.25 MG		2	01/01/2007	01/31/2014						
58016-0293-00	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100	EA	BO	PO	EA	0.25 MG		3	01/01/2006	01/31/2014						
58016-0293-06	J8540			01/01/2007	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	6	EA	NA	PO	EA	0.25 MG		3	01/01/2007	01/31/2014						
58016-0293-12	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25 MG		3	01/01/2006	01/31/2014						
58016-0293-15	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	15	EA	BO	PO	EA	0.25 MG		3	01/01/2006	01/31/2014						
58016-0293-20	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	20	EA	BO	PO	EA	0.25 MG		3	01/01/2006	01/31/2014						
58016-0293-30	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	30	EA	BO	PO	EA	0.25 MG		3	01/01/2006	01/31/2014						
58016-0326-00		Q0164		03/01/2007	01/31/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5 MG		1	03/01/2007	01/31/2014						
58016-0326-12		Q0164		09/15/2003	01/31/2014	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	09/15/2003	01/31/2014						
58016-0326-30		Q0164		03/01/2007	01/31/2014	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	03/01/2007	01/31/2014						
58016-0326-60		Q0164		03/01/2007	01/31/2014	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	03/01/2007	01/31/2014						
58016-0326-90		Q0164		03/01/2007	01/31/2014	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	90	EA	BO	PO	EA	5 MG		1	03/01/2007	01/31/2014						
58016-0391-00		Q0144		01/15/2004	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	100	EA	BO	PO	EA	1 GM		0.25	01/15/2004	01/31/2014						
58016-0391-01		Q0144		04/03/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK 250 MG	6	EA	BX	PO	EA	1 GM		0.25	04/03/2002	01/31/2014						
58016-0391-06		Q0144		01/01/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6	EA	BO	PO	EA	1 GM		0.25	01/01/2002	01/31/2014						
58016-0391-10		Q0144		01/01/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10	EA	BO	PO	EA	1 GM		0.25	01/01/2002	01/31/2014						
58016-0391-15		Q0144		01/01/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	15	EA	BO	PO	EA	1 GM		0.25	01/01/2002	01/31/2014						
58016-0391-18		Q0144		01/01/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	18	EA	BX	PO	EA	1 GM		0.25	01/01/2002	01/31/2014						
58016-0391-20		Q0144		01/01/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	20	EA	BO	PO	EA	1 GM		0.25	01/01/2002	01/31/2014						
58016-0391-28		Q0144		01/01/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	28	EA	BO	PO	EA	1 GM		0.25	01/01/2002	01/31/2014						
58016-0391-30		Q0144		01/01/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1 GM		0.25	01/01/2002	01/31/2014						
58016-0391-60		Q0144		01/15/2004	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	60	EA	BO	PO	EA	1 GM		0.25	01/15/2004	01/31/2014						
58016-0391-90		Q0144		01/15/2004	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	90	EA	BO	PO	EA	1 GM		0.25	01/15/2004	01/31/2014						
58016-0408-00		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/31/2014						
58016-0408-06		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/31/2014						
58016-0408-09		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/01/2002	01/31/2014						

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
58016-0408-10		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/31/2014						
58016-0408-12		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	12	EA	BO	PO	EA	50 MG		0.5	01/01/2002	01/31/2014						
58016-0408-14		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/01/2002	01/31/2014						
58016-0408-15		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/31/2014						
58016-0408-20		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/31/2014						
58016-0408-21		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/01/2002	01/31/2014						
58016-0408-24		Q0163		01/01/2007	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	NA	PO	EA	50 MG		0.5	01/01/2007	01/31/2014						
58016-0408-25		Q0163		01/01/2007	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	NA	PO	EA	50 MG		0.5	01/01/2007	01/31/2014						
58016-0408-28		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/01/2002	01/31/2014						
58016-0408-30		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/31/2014						
58016-0408-40		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	40	EA	BO	PO	EA	50 MG		0.5	01/01/2002	01/31/2014						
58016-0408-60		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/31/2014						
58016-0409-00		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/31/2014						
58016-0409-10		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/31/2014						
58016-0409-12		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/31/2014						
58016-0409-15		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	01/31/2014						

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
58016-0409-20		Q0163		01/01/2002	01/31/2014	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	01/31/2014						
58016-0409-21		Q0163		01/01/2007	01/31/2014	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	21	EA	BO	PO	EA	50 MG		1	01/01/2007	01/31/2014						
58016-0409-24		Q0163		03/26/2002	01/31/2014	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	24	EA	BO	PO	EA	50 MG		1	03/26/2002	01/31/2014						
58016-0409-30		Q0163		01/01/2002	01/31/2014	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	30	EA	BO	PO	EA	50 MG		1	01/01/2002	01/31/2014						
58016-0409-40		Q0163		01/01/2007	01/31/2014	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	40	EA	NA	PO	EA	50 MG		1	01/01/2007	01/31/2014						
58016-0409-60		Q0163		08/01/2006	01/31/2014	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	60	EA	BO	PO	EA	50 MG		1	08/01/2006	01/31/2014						
58016-0409-90		Q0163		08/01/2006	01/31/2014	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	90	EA	BO	PO	EA	50 MG		1	08/01/2006	01/31/2014						
58016-0424-00		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	12.5 MG		2	01/01/2014	01/31/2014						
58016-0424-00		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25 MG		1	01/01/2002	12/31/2013						
58016-0424-02		Q0169		01/01/2014	01/31/2014	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	120	EA	BO	PO	EA	12.5 MG		2	01/01/2014	01/31/2014						
58016-0424-02		Q0170		09/15/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	120	EA	BO	PO	EA	25 MG		1	09/15/2003	12/31/2013						
58016-0424-03		Q0169		01/01/2014	01/31/2014	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	150	EA	BO	PO	EA	12.5 MG		2	01/01/2014	01/31/2014						
58016-0424-03		Q0170		09/15/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	150	EA	BO	PO	EA	25 MG		1	09/15/2003	12/31/2013						
58016-0424-10		Q0169		01/01/2014	01/31/2014	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	01/31/2014						
58016-0424-10		Q0170		03/26/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	25 MG		1	03/26/2002	12/31/2013						
58016-0424-12		Q0169		01/01/2014	01/31/2014	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	01/31/2014						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
58016-0424-12		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	25	MG		1	01/01/2002	12/31/2013						
58016-0424-15		Q0169		01/01/2014	01/31/2014	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	01/31/2014						
58016-0424-15		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	25	MG		1	01/01/2002	12/31/2013						
58016-0424-20		Q0169		01/01/2014	01/31/2014	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	01/31/2014						
58016-0424-20		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25	MG		1	01/01/2002	12/31/2013						
58016-0424-30		Q0169		01/01/2014	01/31/2014	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	01/31/2014						
58016-0424-30		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25	MG		1	01/01/2002	12/31/2013						
58016-0424-40		Q0169		01/01/2014	01/31/2014	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	NA	PO	EA	12.5	MG		2	01/01/2014	01/31/2014						
58016-0424-40		Q0170		01/01/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	40	EA	NA	PO	EA	25	MG		1	01/01/2007	12/31/2013						
58016-0424-48		Q0169		01/01/2014	01/31/2014	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	48	EA	NA	PO	EA	12.5	MG		2	01/01/2014	01/31/2014						
58016-0424-48		Q0170		01/01/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	48	EA	NA	PO	EA	25	MG		1	01/01/2007	12/31/2013						
58016-0424-50		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	50	EA	BO	PO	EA	12.5	MG		2	01/01/2014	01/31/2014						
58016-0424-50		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	50	EA	BO	PO	EA	25	MG		1	01/01/2002	12/31/2013						
58016-0424-60		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	60	EA	BO	PO	EA	12.5	MG		2	01/01/2014	01/31/2014						
58016-0424-60		Q0170		07/13/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	60	EA	BO	PO	EA	25	MG		1	07/13/2003	12/31/2013						
58016-0424-73		Q0169		01/01/2014	01/31/2014	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	300	EA	BO	PO	EA	12.5	MG		2	01/01/2014	01/31/2014						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0424-73		Q0170		09/15/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	300	EA	BO	PO	EA	25 MG		1	09/15/2003	12/31/2013						
58016-0424-89		Q0169		01/01/2014	01/31/2014	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	200	EA	BO	PO	EA	12.5 MG		2	01/01/2014	01/31/2014						
58016-0424-89		Q0170		09/15/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	200	EA	BO	PO	EA	25 MG		1	09/15/2003	12/31/2013						
58016-0424-90		Q0169		01/01/2014	01/31/2014	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	90	EA	BO	PO	EA	12.5 MG		2	01/01/2014	01/31/2014						
58016-0424-90		Q0170		09/15/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	90	EA	BO	PO	EA	25 MG		1	09/15/2003	12/31/2013						
58016-0464-10		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	10	EA	BO	PO	EA	12.5 MG		4	01/01/2014	01/31/2014						
58016-0464-10		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	10	EA	BO	PO	EA	50 MG		1	01/01/2002	12/31/2013						
58016-0464-15		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	15	EA	BO	PO	EA	12.5 MG		4	01/01/2014	01/31/2014						
58016-0464-15		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	15	EA	BO	PO	EA	50 MG		1	01/01/2002	12/31/2013						
58016-0464-20		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	12.5 MG		4	01/01/2014	01/31/2014						
58016-0464-20		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	50 MG		1	01/01/2002	12/31/2013						
58016-0464-30		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	12.5 MG		4	01/01/2014	01/31/2014						
58016-0464-30		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	50 MG		1	01/01/2002	12/31/2013						
58016-0603-01		A4216		01/01/2006	01/31/2014	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 0.9%	3	ML	EA	IH	ML	10 ML		0.1	01/01/2006	01/31/2014						
58016-0627-00		J8499		01/29/2002	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1 EA		1	01/29/2002	01/31/2014						
58016-0627-20		J8499		01/29/2002	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	20	EA	BO	PO	EA	1 EA		1	01/29/2002	01/31/2014						
58016-0627-30		J8499		01/29/2002	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1 EA		1	01/29/2002	01/31/2014						
58016-0627-60		J8499		01/29/2002	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60	EA	BO	PO	EA	1 EA		1	01/29/2002	01/31/2014						
58016-0627-90		J8499		01/29/2002	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	90	EA	BO	PO	EA	1 EA		1	01/29/2002	01/31/2014						
58016-0673-12		J7510		01/01/2002	01/31/2014	PREDNISOLONE ORAL, PER 5 MG	PRELONE 15 MG/5 ML	60	ML	EA	PO	ML	5 MG		0.6	01/01/2002	01/31/2014						
58016-0673-24		J7510		01/01/2002	01/31/2014	PREDNISOLONE ORAL, PER 5 MG	PRELONE 15 MG/5 ML	120	ML	EA	PO	ML	5 MG		0.6	01/01/2002	01/31/2014						
58016-0673-48		J7510		01/01/2002	01/31/2014	PREDNISOLONE ORAL, PER 5 MG	PRELONE 15 MG/5 ML	240	ML	EA	PO	ML	5 MG		0.6	01/01/2002	01/31/2014						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0706-00		Q0164		01/01/2014	01/31/2014	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	01/31/2014						
58016-0706-00		Q0165		09/23/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	10 MG		1	09/23/2004	12/31/2013						
58016-0706-02		Q0164		01/01/2014	01/31/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	120	EA	BO	PO	EA	5 MG		2	01/01/2014	01/31/2014						
58016-0706-02		Q0165		09/23/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	120	EA	BO	PO	EA	10 MG		1	09/23/2004	12/31/2013						
58016-0706-03		Q0164		01/01/2014	01/31/2014	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	150	EA	BO	PO	EA	5 MG		2	01/01/2014	01/31/2014						
58016-0706-03		Q0165		09/23/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	150	EA	BO	PO	EA	10 MG		1	09/23/2004	12/31/2013						
58016-0706-08		Q0164		01/01/2014	01/31/2014	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	NA	PO	EA	5 MG		2	01/01/2014	01/31/2014						
58016-0706-08		Q0165		01/01/2007	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	8	EA	NA	PO	EA	10 MG		1	01/01/2007	12/31/2013						
58016-0706-30		Q0164		01/01/2014	01/31/2014	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	01/31/2014						
58016-0706-30		Q0165		09/23/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10 MG		1	09/23/2004	12/31/2013						
58016-0706-60		Q0164		01/01/2014	01/31/2014	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	BO	PO	EA	5 MG		2	01/01/2014	01/31/2014						
58016-0706-60		Q0165		09/23/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	10 MG		1	09/23/2004	12/31/2013						
58016-0706-90		Q0164		01/01/2014	01/31/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	90	EA	BO	PO	EA	5 MG		2	01/01/2014	01/31/2014						
58016-0706-90		Q0165		09/23/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	90	EA	BO	PO	EA	10 MG		1	09/23/2004	12/31/2013						
58016-0781-00	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100	EA	BO	PO	EA	0.25 MG		16	01/01/2006	01/31/2014						
58016-0781-08	J8540			01/01/2007	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	8	EA	NA	PO	EA	0.25 MG		16	01/01/2007	01/31/2014						
58016-0781-10	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	10	EA	BO	PO	EA	0.25 MG		16	01/01/2006	01/31/2014						
58016-0781-12	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	12	EA	BO	PO	EA	0.25 MG		16	01/01/2006	01/31/2014						
58016-0781-14	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	14	EA	BO	PO	EA	0.25 MG		16	01/01/2006	01/31/2014						
58016-0781-15	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	15	EA	BO	PO	EA	0.25 MG		16	01/01/2006	01/31/2014						
58016-0781-20	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	20	EA	BO	PO	EA	0.25 MG		16	01/01/2006	01/31/2014						
58016-0781-21	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	21	EA	BO	PO	EA	0.25 MG		16	01/01/2006	01/31/2014						
58016-0781-24	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	24	EA	BO	PO	EA	0.25 MG		16	01/01/2006	01/31/2014						
58016-0781-28	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	28	EA	BO	PO	EA	0.25 MG		16	01/01/2006	01/31/2014						
58016-0781-30	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	30	EA	BO	PO	EA	0.25 MG		16	01/01/2006	01/31/2014						
58016-0781-40	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	40	EA	BO	PO	EA	0.25 MG		16	01/01/2006	01/31/2014						
58016-0781-50	J8540			01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	50	EA	BO	PO	EA	0.25 MG		16	01/01/2006	01/31/2014						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0826-00		Q0162		01/01/2012	01/31/2014	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	100	EA	BO	PO	EA	1 MG		4	01/01/2012	01/31/2014						
58016-0826-30		Q0162		01/01/2012	01/31/2014	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	01/31/2014						
58016-0826-60		Q0162		01/01/2012	01/31/2014	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	60	EA	BO	PO	EA	1 MG		4	01/01/2012	01/31/2014						
58016-0826-90		Q0162		01/01/2012	01/31/2014	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	90	EA	BO	PO	EA	1 MG		4	01/01/2012	01/31/2014						
58016-0951-00		Q0167		01/01/2014	01/31/2014	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	100	EA	BO	PO	EA	2.5 MG		2	01/01/2014	01/31/2014						
58016-0951-00		Q0168		04/01/2004	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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	100	EA	BO	PO	EA	5 MG		1	04/01/2004	12/31/2013						
58016-0951-30		Q0167		01/01/2014	01/31/2014	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	30	EA	BO	PO	EA	2.5 MG		2	01/01/2014	01/31/2014						
58016-0951-30		Q0168		04/01/2004	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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	30	EA	BO	PO	EA	5 MG		1	04/01/2004	12/31/2013						
58016-0951-60		Q0167		01/01/2014	01/31/2014	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	60	EA	BO	PO	EA	2.5 MG		2	01/01/2014	01/31/2014						
58016-0951-60		Q0168		04/01/2004	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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	60	EA	BO	PO	EA	5 MG		1	04/01/2004	12/31/2013						
58016-0951-90		Q0167		01/01/2014	01/31/2014	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	90	EA	BO	PO	EA	2.5 MG		2	01/01/2014	01/31/2014						
58016-0951-90		Q0168		04/01/2004	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE 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	90	EA	BO	PO	EA	5 MG		1	04/01/2004	12/31/2013						
58016-0973-00		Q0173		01/01/2002	01/31/2014	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	100	EA	BO	PO	EA	250 MG		1	01/01/2002	01/31/2014						
58016-0973-02		Q0173		09/15/2003	01/31/2014	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	120	EA	BO	PO	EA	250 MG		1	09/15/2003	01/31/2014						
58016-0973-03		Q0173		09/15/2003	01/31/2014	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	150	EA	BO	PO	EA	250 MG		1	09/15/2003	01/31/2014						
58016-0973-08		Q0173		01/01/2002	01/31/2014	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	8	EA	BO	PO	EA	250 MG		1	01/01/2002	01/31/2014						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0973-10		Q0173		09/15/2003	01/31/2014	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	10	EA	BO	PO	EA	250 MG		1	09/15/2003	01/31/2014						
58016-0973-12		Q0173		01/01/2002	01/31/2014	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	12	EA	BO	PO	EA	250 MG		1	01/01/2002	01/31/2014						
58016-0973-15		Q0173		01/01/2002	01/31/2014	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	15	EA	BO	PO	EA	250 MG		1	01/01/2002	01/31/2014						
58016-0973-20		Q0173		01/01/2002	01/31/2014	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	01/31/2014						
58016-0973-24		Q0173		01/01/2002	01/31/2014	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	24	EA	BO	PO	EA	250 MG		1	01/01/2002	01/31/2014						
58016-0973-30		Q0173		01/01/2002	01/31/2014	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	30	EA	BO	PO	EA	250 MG		1	01/01/2002	01/31/2014						
58016-0973-50		Q0173		01/01/2002	01/31/2014	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	50	EA	BO	PO	EA	250 MG		1	01/01/2002	01/31/2014						
58016-0973-60		Q0173		09/15/2003	01/31/2014	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	60	EA	BO	PO	EA	250 MG		1	09/15/2003	01/31/2014						
58016-0973-73		Q0173		09/15/2003	01/31/2014	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	300	EA	BO	PO	EA	250 MG		1	09/15/2003	01/31/2014						
58016-0973-89		Q0173		09/15/2003	01/31/2014	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	200	EA	BO	PO	EA	250 MG		1	09/15/2003	01/31/2014						
58016-0973-90		Q0173		09/15/2003	01/31/2014	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	90	EA	BO	PO	EA	250 MG		1	09/15/2003	01/31/2014						
58016-2001-01		J7509		10/01/2006	01/31/2014	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4 MG		1	10/01/2006	01/31/2014						
58016-2004-01		J7509		01/01/2002	01/31/2014	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4 MG		1	01/01/2002	01/31/2014						
58016-3018-03		J8498		01/01/2006	01/31/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	01/31/2014						
58016-3066-01		J8498		01/01/2006	01/31/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	01/31/2014						
58016-3067-01		J8498		01/01/2006	01/31/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	01/31/2014						
58016-3222-01		J8498		01/01/2006	01/31/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPazine 5 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	01/31/2014						
58016-4008-01		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	NA	PO	ML	12.5 MG		0.1	01/01/2014	01/31/2014						
58016-4008-01		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	NA	PO	ML	25 MG		0.05	01/01/2002	12/31/2013						
58016-4144-01		J7510		01/01/2002	01/31/2014	PREDNISOLONE ORAL, PER 5 MG	PEDIAPRED 5 MG/5 ML	120	ML	BO	PO	ML	5 MG		0.2	01/01/2002	01/31/2014						
58016-4719-01		J7509		02/16/2005	01/31/2014	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 8 MG	25	EA	BO	PO	EA	4 MG		2	02/16/2005	01/31/2014						
58016-4770-01		J2300		02/01/2006	01/31/2014	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (10X1ML AMPS) 10 MG/ML	1	ML	AM	U	ML	10 MG		1	02/01/2006	01/31/2014						
58016-4771-01		J2941		02/01/2006	01/31/2014	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN 13.8 MG	1	EA	CT	SC	EA	1 MG		13.8	02/01/2006	01/31/2014						
58016-4786-01		J0696		02/01/2006	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	U	EA	250 MG		4	02/01/2006	01/31/2014						
58016-4788-01		J1815		02/01/2006	01/31/2014	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N 100 U/ML	10	ML	VL	SC	ML	5 U		20	02/01/2006	01/31/2014						
58016-4790-01		J0696		02/01/2006	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	U	EA	250 MG		1	02/01/2006	01/31/2014						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-4811-01		J2765		02/01/2006	01/31/2014	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (25X2ML) 5 MG/ML	2	ML	VL	IV	ML	10 MG		0.5	02/01/2006	01/31/2014						
58016-4814-01		Q0144		12/20/2005	01/31/2014	AZITHROMYCN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCN 250 MG	6	EA	DP	PO	EA	1 GM		0.25	12/20/2005	01/31/2014						
58016-4832-01		J7506		02/01/2006	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1	EA	DP	PO	EA	5 MG		1	02/01/2006	01/31/2014						
58016-4834-01		J0696		02/01/2006	01/31/2014	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE 2 GM	1	EA	VL	U	EA	250 MG		8	02/01/2006	01/31/2014						
58016-4838-01		A4216		02/01/2006	01/31/2014	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	BRONCHO SALINE 0.9% AEROSAL 0.9%	240	ML	BO	IH	ML	10 ML		0.1	02/01/2006	01/31/2014						
58016-4840-01		J2001		02/01/2006	01/31/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE (SDA) 1%	5	ML	AM	EP	ML	10 MG		1	02/01/2006	01/31/2014						
58016-4843-01		J7510		02/01/2006	01/31/2014	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	02/01/2006	01/31/2014						
58016-4849-01		J7644		02/01/2006	01/31/2014	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM (2.5MLX25) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	02/01/2006	01/31/2014						
58016-4849-01	KO	J7644	KO	02/01/2006	01/31/2014	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM (2.5MLX25) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	02/01/2006	01/31/2014						
58016-4855-01		J3303		02/01/2006	01/31/2014	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	ARISTOSPAN 20 MG/ML	5	ML	VL	U	ML	5 MG		4	02/01/2006	01/31/2014						
58016-4868-01		J0595		03/15/2006	01/31/2014	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 2 MG/ML	1	ML	VL	U	ML	1 MG		2	03/15/2006	01/31/2014						
58016-4872-01		J1650		04/01/2006	01/31/2014	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10 MG		10	04/01/2006	01/31/2014						
58016-4893-01		J1040		06/01/2006	01/31/2014	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE 80 MG/ML	1	ML	VL	U	ML	80 MG		1	06/01/2006	01/31/2014						
58016-4897-01		J2920		07/01/2006	01/31/2014	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	SOLU-MEDROL (SDV) 40 MG	1	EA	VL	U	EA	40 MG		1	07/01/2006	01/31/2014						
58016-4995-01		A4216		01/01/2007	01/31/2014	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (10MLX100) 0.9%	10	ML	SR	U	ML	10 ML		0.1	01/01/2007	01/31/2014						
58016-5009-01		J8498		01/01/2006	01/31/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	01/31/2014						
58016-6404-01		J7611		04/01/2008	01/31/2014	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	01/31/2014						
58016-6506-01		J8498		01/01/2006	01/31/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	01/31/2014						
58016-9191-01		J0702		01/01/2002	01/31/2014	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	3 MG		1	01/01/2002	01/31/2014						
58016-9299-01		J3410		01/01/2002	01/31/2014	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL 50 MG/ML	10	ML	VL	IM	ML	25 MG		2	01/01/2002	01/31/2014						
58016-9331-01		J2001		08/01/2004	01/31/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (M.D.V.) 1%	50	ML	VL	EP	ML	10 MG		1	08/01/2004	01/31/2014						
58016-9343-01		J3490		01/01/2002	01/31/2014	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.) 0.5%	50	ML	VL	U	ML	1 EA		1	01/01/2002	01/31/2014						
58016-9384-01		J2300		01/01/2002	01/31/2014	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (M.D.V.) 10 MG/ML	10	ML	VL	U	ML	10 MG		1	01/01/2002	01/31/2014						
58016-9413-01		J1885		01/01/2002	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 30 MG/ML	2	ML	VL	IM	ML	15 MG		2	01/01/2002	01/31/2014						
58016-9438-01		J0696		02/22/2002	01/31/2014	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	ROCEPHIN 1 GM	1	EA	VL	U	EA	250 MG		4	02/22/2002	01/31/2014						
58016-9452-01		J2930		01/01/2002	01/31/2014	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL 125 MG	1	EA	VL	U	EA	125 MG		1	01/01/2002	01/31/2014						
58016-9453-01		J0696		01/01/2002	01/31/2014	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	ROCEPHIN 250 MG	1	EA	VL	U	EA	250 MG		1	01/01/2002	01/31/2014						
58016-9464-01		A4216		01/01/2004	01/31/2014	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION	50	ML	VL	U	ML	10 ML		0.1	01/01/2004	01/31/2014						
58016-9551-01		J0696		01/01/2002	01/31/2014	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	ROCEPHIN 500 MG	1	EA	VL	U	EA	250 MG		2	01/01/2002	01/31/2014						
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						
58160-0820-11		J3490		02/01/2007	10/03/2017	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (10X0.5ML,SDV,TAXINCL,PF) 10 MCG/0.5 ML	0.5	ML	VL	IM	ML	1 EA		1	02/01/2007	10/03/2017						
58160-0821-11		J3490		02/01/2007	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B (SDV,TAXINCL,PF) 20 MCG/ML	1	ML	VL	IM	ML	1 EA		1	02/01/2007	99/99/9999						
58160-0856-35		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (TIPOK,23GX1,TAX INC,PF) 10 MCG/0.5 ML	0.5	ML	SR	IM	ML	1 EA		1	01/01/2002	02/03/2016						
58281-0560-01		J0475		01/01/2002	01/24/2018	INJECTION, BACLOFEN, 10 MG	LIORRESAL INTRATHECAL REFILL KIT (1X20 ML AMP) 0.5 MG/ML	20	ML	BX	IN	EA	10 MG		1	01/01/2002	01/24/2018						
58281-0560-02		J0475		04/02/2004	01/24/2018	INJECTION, BACLOFEN, 10 MG	LIORRESAL INTRATHECAL REFILL KIT (2X20ML AMP) 0.5 MG/ML	20	ML	BX	MR	EA	10 MG		2	04/02/2004	01/24/2018						
58281-0561-02		J0475		01/01/2002	01/24/2018	INJECTION, BACLOFEN, 10 MG	LIORRESAL INTRATHECAL REFILL KIT (2X5 ML AMP) 2 MG/ML	5	ML	BX	IN	EA	10 MG		2	01/01/2002	01/24/2018						
58281-0562-01		J0476		01/01/2002	07/10/2017	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	LIORRESAL INTRATHECAL SCREENING KIT (1X1 ML AMP) 0.05 MCG/ML	1	ML	AM	IN	EA	50 MCG		1	01/01/2002	07/10/2017						
58281-0563-01		J0475		10/21/2003	07/23/2017	INJECTION, BACLOFEN, 10 MG	LIORRESAL INTRATHECAL REFILL KIT (1X20ML AMP) 2 MG/ML	20	ML	BX	MR	EA	10 MG		4	10/21/2003	07/23/2017						
58281-0563-02		J0475		04/02/2004	07/23/2017	INJECTION, BACLOFEN, 10 MG	LIORRESAL INTRATHECAL REFILL KIT (2X20ML AMP) 2 MG/ML	20	ML	BX	MR	EA	10 MG		8	04/02/2004	07/23/2017						
58406-0425-34		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	4	EA	BX	SC	EA	25 MG		1	01/01/2002	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						
58406-0435-01		J1438		11/17/2004	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 (ACTUAL FILL 50MG/0.98ML) 50 MG/ML	0.98	ML	SR	SC	ML	25 MG		2	11/17/2004	99/99/9999						
58406-0435-04		J1438		11/17/2004	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 (ACTUAL FILL 50MG/0.98ML) 50 MG/ML	0.98	ML	SR	SC	ML	25 MG		2	11/17/2004	99/99/9999						
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 (SUIRECT) (CK AUTOINJECTOR) 50 MG/ML	0.98	ML	SR	SC	ML	25 MG		2	07/17/2006	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	
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	25	MG		2	07/17/2006	99/99/9999						
58406-0455-01		J1438		04/30/2007	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 (27G,1/2",PF) 50 MG/ML	0.51	ML	SR	SC	ML	25	MG		2	04/30/2007	99/99/9999						
58406-0455-04		J1438		04/30/2007	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 (4X0.51ML,27G,1/2",PF) 50 MG/ML	0.51	ML	SR	SC	ML	25	MG		2	04/30/2007	99/99/9999						
58406-0456-01		J1438		11/17/2017	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,PF) 50 MG/1 ML	0.98	ML	BX	SC	ML	25	MG		2	11/17/2017	99/99/9999						
58406-0456-04		J1438		11/17/2017	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,PF) 50 MG/1 ML	0.98	ML	BX	SC	ML	25	MG		2	11/17/2017	99/99/9999						
58463-0010-08		J8540		04/18/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DECADRON (RASPBERRY) 0.5 MG/5 ML	237	ML	BO	PO	ML	0.25	MG		0.4	04/18/2018	99/99/9999						
58468-0030-02		J3240		05/01/2016	99/99/9999	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	THYROGEN (LYOPHILIZED) 1.1 MG	2	EA	VL	IM	EA	1.1	MG		1	05/01/2016	99/99/9999						
58468-0040-01		J0180		01/01/2005	99/99/9999	INJECTION, AGALSIDASE BETA, 1 MG	FABRAZYME (PF) 35 MG	1	EA	VL	IV	EA	1	MG		35	01/01/2005	99/99/9999						
58468-0041-01		J0180		01/01/2005	99/99/9999	INJECTION, AGALSIDASE BETA, 1 MG	FABRAZYME (PF) 5 MG	1	EA	VL	IV	EA	1	MG		5	01/01/2005	99/99/9999						
58468-0070-01		J1931		01/01/2005	99/99/9999	INJECTION, LARONIDASE, 0.1 MG	ALDURAZYME (PF) 0.58 MG/ML	5	ML	VL	IV	ML	0.1	MG		5.8	01/01/2005	99/99/9999						
58468-0080-01		J7511		12/01/2005	99/99/9999	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	THYMOGLOBULIN (VIAL DILUENT) 25 MG	1	EA	VL	IV	EA	25	MG		1	12/01/2005	99/99/9999						
58468-0100-01		J9027		01/01/2006	12/14/2014	INJECTION, CLOFARABINE, 1 MG	CLOLAR (SINGLE-USE VIAL,PF) 1 MG/ML	20	ML	VL	IV	EA	1	MG		1	01/01/2006	12/14/2014						
58468-0121-01		J1270		06/11/2014	99/99/9999	INJECTION, DOXERCALFEROL, 1 MCG	HECTOROL (50X2ML,MDV) 2 MCG/ML	2	ML	VL	IV	ML	1	MCG		2	06/11/2014	99/99/9999						
58468-0218-02		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	120	EA	NA	PO	EA	0.25	MG		16	01/01/2006	99/99/9999						
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						
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 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						
58864-0162-56		Q0163		03/01/2004	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 HCL (REDI-SCRIPT) 25 MG	56	EA	BO	PO	EA	50	MG		0.5	03/01/2004	99/99/9999						
58864-0191-25		J8499		03/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (REDI-SCRIPT) 800 MG	25	EA	BO	PO	EA	1	EA		1	03/01/2004	99/99/9999						
58864-0191-35		J8499		03/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (REDI-SCRIPT) 800 MG	35	EA	BO	PO	EA	1	EA		1	03/01/2004	99/99/9999						
58864-0362-20		J7506		03/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,REDI-SCRIPT) 5 MG	20	EA	BO	PO	EA	5	MG		1	03/01/2004	12/31/2015						
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	PO	EA	1	MG		5	01/01/2016	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	5	MG		1	03/01/2004	12/31/2015						
58864-0362-56		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,REDI-SCRIPT) 5 MG	56	EA	BO	PO	EA	1	MG		5	01/01/2016	99/99/9999						
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						
58864-0423-15		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						
58864-0423-20		J7506		06/01/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG		2	06/01/2005	12/31/2015						
58864-0423-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG		10	01/01/2016	99/99/9999						
58864-0423-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (REDI-SCRIPT) 10 MG	30	EA	BO	PO	EA	5	MG		2	01/01/2002	12/31/2015						
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						
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						
58864-0423-40		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (REDI-SCRIPT) 10 MG	40	EA	BO	PO	EA	1	MG		10	01/01/2016	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						
58864-0424-14		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						
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						
58864-0424-20		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		J7506		03/02/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (REDI-SCRIPT) 20 MG	30	EA	BO	PO	EA	5	MG		4	03/02/2004	12/31/2015						
58864-0424-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (REDI-SCRIPT) 20 MG	30	EA	BO	PO	EA	1	MG		20	01/01/2016	99/99/9999						
58864-0602-01		J8499		06/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (REDI-SCRIPT) 400 MG	100	EA	BO	PO	EA	1	EA		1	06/01/2004	99/99/9999						
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						
58864-0644-42		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 (REDI-SCRIPT) 10 MG	42	EA	BO	PO	EA	5	MG		2	01/01/2014	99/99/9999						
58864-0644-42		Q0165		03/01/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE (REDI-SCRIPT) 10 MG	42	EA	BO	PO	EA	10	MG		1	03/01/2004	12/31/2013						
58864-0655-04		Q0144		07/01/2005	99/99/9999	ZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM		0.25	07/01/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
58864-0655-06		Q0144		09/10/2003	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (REDI-SCRIPT) 250 MG	6	EA	BO	PO	EA	1	GM	0.25	09/10/2003	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							
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							
58864-0702-01		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							
58864-0761-10		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 (REDI-SCRIPT) 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999							
58864-0761-10		Q0170		08/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL (REDI-SCRIPT) 25 MG	10	EA	BO	PO	EA	25	MG	1	08/01/2004	12/31/2013							
58864-0761-30		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							
58864-0761-30		Q0170		05/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25	MG	1	05/01/2004	12/31/2013							
58864-0761-42		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	42	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999							
58864-0761-42		Q0170		08/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	42	EA	BO	PO	EA	25	MG	1	08/01/2004	12/31/2013							
58864-0791-06		Q0144		07/01/2004	03/13/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN DIHYDRATE 250 MG	6	EA	BO	PO	EA	1	GM	0.25	07/01/2004	03/13/2019							
58864-0876-35	J8499			01/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2005	99/99/9999							
58914-0300-52	J0500			06/22/2004	99/99/9999	INJECTION, DICYCLOMINES HCL, UP TO 20 MG	BENTYL (ASP) 10 MG/ML	2	ML	AM	IM	EA	20	MG	0.5	03/23/2007	99/99/9999	06/22/2004	11/14/2004	0.5				
59075-0730-15	J2323			01/01/2008	04/01/2014	INJECTION, NATALIZUMAB, 1 MG	TYSABRI 20 MG/ML	15	ML	VL	IV	ML	1	MG	20	01/01/2008	04/01/2014							
59137-0510-04	J9250			09/22/2014	99/99/9999	METHOTREXATE SODIUM, 5 MG	RASUVO (1X4 AUTO INJECTORS,PF) 10 MG/0.2 ML	0.2	ML	CT	SC	ML	5	MG	10	09/22/2014	99/99/9999							
59148-0016-65	J0400			01/01/2008	06/15/2015	INJECTION, ARIPIRAZOLE, INTRAMUSCULAR, 0.25 MG	ABILIFY (SDV) 9.75 MG/1.3 ML	1.3	ML	VL	IM	ML	0.25	MG	30	01/01/2008	06/15/2015							
59148-0046-70	J0894			10/21/2015	99/99/9999	INJECTION, DECITABINE, 1 MG	DACOGEN (SDV) 50 MG	1	EA	VL	IV	EA	1	MG	50	10/21/2015	99/99/9999							
59353-0002-01	J0885			05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 2000 U/1 ML	1	ML	VL	U	ML	1000	U	2	05/25/2018	12/31/2018							
59353-0002-01	Q5106			01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 2000 U/1 ML	1	ML	VL	U	ML	1000	U	2	01/01/2019	99/99/9999							
59353-0002-10	J0885			05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 2000 U/1 ML	1	ML	VL	U	ML	1000	U	2	05/25/2018	12/31/2018							
59353-0002-10	Q5106			01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 2000 U/1 ML	1	ML	VL	U	ML	1000	U	2	01/01/2019	99/99/9999							
59353-0003-01	J0885			05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 3000 U/1 ML	1	ML	VL	U	ML	1000	U	3	05/25/2018	12/31/2018							
59353-0003-01	Q5106			01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 3000 U/1 ML	1	ML	VL	U	ML	1000	U	3	01/01/2019	99/99/9999							
59353-0003-10	J0885			05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 3000 U/1 ML	1	ML	VL	U	ML	1000	U	3	05/25/2018	12/31/2018							
59353-0003-10	Q5106			01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 3000 U/1 ML	1	ML	VL	U	ML	1000	U	3	01/01/2019	99/99/9999							
59353-0004-01	J0885			05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 4000 U/1 ML	1	ML	VL	U	ML	1000	U	4	05/25/2018	12/31/2018							
59353-0004-01	Q5106			01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 4000 U/1 ML	1	ML	VL	U	ML	1000	U	4	01/01/2019	99/99/9999							
59353-0004-10	J0885			05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 4000 U/1 ML	1	ML	VL	U	ML	1000	U	4	05/25/2018	12/31/2018							
59353-0004-10	Q5106			01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 4000 U/1 ML	1	ML	VL	U	ML	1000	U	4	01/01/2019	99/99/9999							
59353-0010-01	J0885			05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 10000 U/1 ML	1	ML	VL	U	ML	1000	U	10	05/25/2018	12/31/2018							
59353-0010-01	Q5106			01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 10000 U/1 ML	1	ML	VL	U	ML	1000	U	10	01/01/2019	99/99/9999							
59353-0010-10	J0885			05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 10000 U/1 ML	1	ML	VL	U	ML	1000	U	10	05/25/2018	12/31/2018							
59353-0010-10	Q5106			01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 10000 U/1 ML	1	ML	VL	U	ML	1000	U	10	01/01/2019	99/99/9999							
59572-0884-01	J9315			09/18/2016	99/99/9999	INJECTION, RGMIDEPSIN, 1 MG	ISTODAX (W/DILUENT) 10 MG	1	EA	VL	IV	EA	1	MG	10	09/18/2016	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
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 ELXIR 12.5 MG/5 ML	120	ML	EA	PO	ML	50 MG		0.05	01/01/2002	02/03/2016						
59618-0200-06		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 25 MG	24	EA	NA	PO	EA	50 MG		0.5	01/01/2002	02/03/2016						
59627-0111-03	J1826			04/01/2015	99/99/9999	INJECTION, INTERFERON BETA-1A, 30 MCG	AVONEX (4 DOSE PACKS, S.D.V.) 30 MCG	4	EA	BX	IM	EA	30 MCG		1	04/01/2015	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	30 MCG		1	04/01/2015	99/99/9999						
59627-0333-04	J1826			04/01/2015	99/99/9999	INJECTION, INTERFERON BETA-1A, 30 MCG	AVONEX PEN (SINGLE USE,25G,5/8") 30 MCG/0.5 ML	1	EA	BX	MR	EA	30 MCG		1	04/01/2015	99/99/9999						
59651-0007-15	Q0144			12/19/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 100 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.02	12/19/2018	99/99/9999						
59651-0008-15	Q0144			12/19/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.04	12/19/2018	99/99/9999						
59651-0008-23	Q0144			12/19/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	22.5	ML	BO	PO	ML	1 GM		0.04	12/19/2018	99/99/9999						
59651-0008-30	Q0144			12/19/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	30	ML	BO	PO	ML	1 GM		0.04	12/19/2018	99/99/9999						
59676-0302-01	J0885			01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VIAL) 2000 U/ML	1	ML	VL	U	ML	1000 U		2	01/01/2006	99/99/9999						
59676-0302-02	J0885			01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VOLUME PACK VIAL) 2000 U/ML	1	ML	VL	U	ML	1000 U		2	01/01/2006	99/99/9999						
59676-0303-01	J0885			01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VIAL) 3000 U/ML	1	ML	VL	U	ML	1000 U		3	01/01/2006	99/99/9999						
59676-0303-02	J0885			01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VOLUME PACK VIAL) 3000 U/ML	1	ML	VL	U	ML	1000 U		3	01/01/2006	99/99/9999						
59676-0304-01	J0885			01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VIAL) 4000 U/ML	1	ML	VL	U	ML	1000 U		4	01/01/2006	99/99/9999						
59676-0304-02	J0885			01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VOLUME PACK VIAL) 4000 U/ML	1	ML	VL	U	ML	1000 U		4	01/01/2006	99/99/9999						
59676-0310-01	J0885			01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VIAL) 10000 U/ML	1	ML	VL	U	ML	1000 U		10	01/01/2006	99/99/9999						
59676-0310-02	J0885			01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VOLUME PACK VIAL) 10000 U/ML	1	ML	VL	U	ML	1000 U		10	01/01/2006	99/99/9999						
59676-0312-04	J0885			01/18/2008	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (4X2MLMDV) 10000 U/ML	2	ML	VL	U	ML	1000 U		10	01/18/2008	99/99/9999						
59676-0320-04	J0885			01/01/2016	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (MULTIDOSE) 20000 U/ML	1	ML	VL	U	ML	1000 U		20	01/01/2016	99/99/9999						
59676-0320-04	J0886			10/15/2007	12/31/2015	INJECTION, EPOETIN ALFA, 1000 UNITS, (FOR ESRD ON DIALYSIS)	PROCRT (MULTIDOSE) 20000 U/ML	1	ML	VL	U	ML	1000 U		20	10/15/2007	12/31/2015						
59676-0340-01	J0885			01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (PF) 4000 U/ML	1	ML	VL	U	ML	1000 U		40	01/01/2006	99/99/9999						
59676-0610-01	J9999			10/23/2015	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	YONDELIS (PF,LYOPHILIZED) 1 MG	1	EA	VL	IV	EA	1 MG		1	10/23/2015	99/99/9999						
59676-0966-01	Q2050			07/24/2017	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	07/24/2017	99/99/9999						
59676-0966-02	Q2050			08/28/2017	99/99/9999	OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	25	ML	VL	IV	ML	10 MG		0.2	08/28/2017	99/99/9999						
59730-6502-01	J1556			12/19/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN (BIVGAM), 500 MG	BIVGAM (LATEX-FREE) 100 MG/ML	50	ML	VL	IV	ML	500 MG		0.2	12/19/2012	99/99/9999						
59730-6503-01	J1556			12/19/2012	12/16/2016	INJECTION, IMMUNE GLOBULIN (BIVGAM), 500 MG	BIVGAM (LATEX-FREE) 100 MG/ML	100	ML	VL	IV	ML	500 MG		0.2	12/19/2012	12/16/2016						
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 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						
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						
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						
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						
59746-0001-03	J7509			01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4 MG		1	01/01/2002	99/99/9999						
59746-0001-06	J7509			01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4 MG		1	01/01/2002	99/99/9999						
59746-0002-04	J7509			09/24/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 8 MG	25	EA	BO	PO	EA	4 MG		2	09/24/2007	99/99/9999						
59746-0003-14	J7509			07/20/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 16 MG	50	EA	BO	PO	EA	4 MG		4	07/20/2007	99/99/9999						
59746-0007-06	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	NA	PO	EA	5 MG		1	01/01/2002	12/31/2015						
59746-0007-06	J7512			01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	NA	PO	EA	1 MG		5	01/01/2016	02/03/2016						
59746-0007-10	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	NA	PO	EA	5 MG		1	01/01/2002	12/31/2015						
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						
59746-0008-06	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	NA	PO	EA	5 MG		2	01/01/2002	12/31/2015						
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						
59746-0008-10	J7506			01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000	EA	NA	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
59746-0008-10		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	1000	EA	NA	PO	EA	1 MG		10	01/01/2016	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						
59746-0113-06		Q0164		01/01/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5 MG		1	01/01/2002	99/99/9999						
59746-0115-06		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	5 MG		2	01/01/2014	99/99/9999						
59746-0115-06		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	10 MG		1	01/01/2002	12/31/2013						
59746-0171-06		J7506		10/21/2005	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	5 MG		0.2	10/21/2005	12/31/2015						
59746-0171-06		J7506		10/21/2005	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	1000	EA	BO	PO	EA	5 MG		0.2	10/21/2005	12/31/2015						
59746-0171-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	1000	EA	BO	PO	EA	1 MG		1	01/01/2016	99/99/9999						
59746-0172-06		J7506		08/03/2007	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	5 MG		1	08/03/2007	12/31/2015						
59746-0172-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
59746-0172-10		J7506		08/03/2007	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	5 MG		1	08/03/2007	12/31/2015						
59746-0172-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
59746-0173-06		J7506		08/03/2007	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	100	EA	BO	PO	EA	5 MG		2	08/03/2007	12/31/2015						
59746-0173-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	100	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
59746-0173-09		J7506		08/03/2007	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	500	EA	BO	PO	EA	5 MG		2	08/03/2007	12/31/2015						
59746-0173-09		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	1000	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
59746-0173-10		J7506		08/03/2007	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	1000	EA	BO	PO	EA	5 MG		2	08/03/2007	12/31/2015						
59746-0173-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	1000	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
59746-0175-06		J7506		08/03/2007	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	100	EA	BO	PO	EA	5 MG		4	08/03/2007	12/31/2015						
59746-0175-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	100	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
59746-0175-09		J7506		08/03/2007	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	500	EA	BO	PO	EA	5 MG		4	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	1000	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
59746-0175-10		J7506		08/03/2007	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	1000	EA	BO	PO	EA	5 MG		4	08/03/2007	12/31/2015						
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						
59762-0100-01		J8515		01/01/2006	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8	EA	BO	PO	EA	0.25 MG		2	01/01/2006	99/99/9999						
59762-1001-01		J7520		01/16/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 0.5 MG	100	EA	BO	PO	EA	1 MG		0.5	01/16/2014	99/99/9999						
59762-1002-01		J7520		10/27/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 1 MG	100	EA	BO	PO	EA	1 MG		1	10/27/2014	99/99/9999						
59762-1003-01		J7520		10/27/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 2 MG	100	EA	BO	PO	EA	1 MG		2	10/27/2014	99/99/9999						
59762-2576-01		J9211		08/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	5	ML	VL	IV	ML	5 MG		0.2	08/27/2007	99/99/9999						
59762-2586-01		J9211		08/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	10	ML	VL	IV	ML	5 MG		0.2	08/27/2007	99/99/9999						
59762-2596-01		J9211		08/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	20	ML	VL	IV	ML	5 MG		0.2	08/27/2007	99/99/9999						
59762-3051-01		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 1 GMPacket	10	EA	BX	PO	EA	1 GM		1	07/07/2006	99/99/9999						
59762-3051-02		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 1 GMPacket	3	EA	BX	PO	EA	1 GM		1	07/07/2006	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	1 GM		0.25	11/14/2005	99/99/9999						
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						
59762-3070-01		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3	EA	DP	PO	EA	1 GM		0.5	11/14/2005	99/99/9999						
59762-3070-02		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						
59762-3080-01		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30	EA	BO	PO	EA	1 GM		0.6	11/14/2005	99/99/9999						
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						
59762-3120-01		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 200 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.04	07/07/2006	99/99/9999						
59762-3130-01		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 200 MG/5 ML	22.5	ML	BO	PO	ML	1 GM		0.04	07/07/2006	99/99/9999						
59762-3140-01		Q0144		07/07/2006	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						
59762-4537-01		J1050		09/27/2004	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE 150 MG/ML	1	ML	VL	IM	ML	1 MG		150	09/27/2004	99/99/9999						
59762-4537-01		J1055		09/27/2004	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	MEDROXYPROGESTERONE ACETATE 150 MG/ML	1	ML	VL	IM	ML	150 MG		1	09/27/2004	12/31/2012						
59762-4537-02		J1055		09/27/2004	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	MEDROXYPROGESTERONE ACETATE 150 MG/ML	1	ML	VL	IM	ML	150 MG		1	09/27/2004	12/31/2012						
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						
59762-4538-01		J1055		07/30/2011	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	MEDROXYPROGESTERONE ACETATE (PREFILLED SYRINGE,USP) 150 MG/ML	1	ML	SR	IM	ML	150 MG		1	07/30/2011	12/31/2012						
59762-4538-02		J1050		09/17/2012	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (1X1ML) strength 150 mg/1 ml	1	ML	SY	IM	ML	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
59762-5091-01		J9178		08/08/2007	99/99/9999	INJECTION, EPRUBICIN HCL, 2 MG	EPRUBICIN HYDROCHLORIDE (SINGLE USE,PF) 2 MG/ML	25	ML	VL	IV	ML	2 MG		1	08/08/2007	99/99/9999						
59762-5093-01		J9178		08/08/2007	99/99/9999	INJECTION, EPRUBICIN HCL, 2 MG	EPRUBICIN HYDROCHLORIDE (SINGLE USE,PF) 2 MG/ML	100	ML	VL	IV	ML	2 MG		1	08/08/2007	99/99/9999						
59762-7529-01		J9206		02/27/2008	01/01/2013	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML,SDV) 20 MG/ML	2	ML	VL	IV	ML	20 MG		1	02/27/2008	01/01/2013						
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						
59923-0703-05	None			01/25/2019	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5 MG		1	01/25/2019	99/99/9999						
59923-0704-14	None			01/25/2019	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5 MG		1	01/25/2019	99/99/9999						
59923-0705-05	None			01/25/2019	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20 MG		1	01/25/2019	99/99/9999						
59923-0706-14	None			01/25/2019	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20 MG		1	01/25/2019	99/99/9999						
59923-0707-05	None			01/25/2019	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100 MG		1	01/25/2019	99/99/9999						
59923-0708-14	None			01/25/2019	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100 MG		1	01/25/2019	99/99/9999						
59923-0709-05	None			01/25/2019	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20 MG		7	01/25/2019	99/99/9999						
59923-0710-14	None			01/25/2019	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20 MG		7	01/25/2019	99/99/9999						
59923-0711-05	None			01/25/2019	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20 MG		9	01/25/2019	99/99/9999						
59923-0712-14	None			01/25/2019	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20 MG		9	01/25/2019	99/99/9999						
59923-0713-05	None			01/25/2019	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250 MG		1	01/25/2019	99/99/9999						
59923-0714-02	J9206			03/01/2019	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						
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						
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						
60242-0202-01	Q0163			07/06/2007	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 HYDROCHLORIDE 50 MG	100	EA	BO	PO	EA	50 MG		1	07/06/2007	02/03/2016						
60242-0202-10	Q0163			07/06/2007	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 HYDROCHLORIDE 50 MG	1000	EA	BO	PO	EA	50 MG		1	07/06/2007	02/03/2016						
60429-0377-01	J7507			02/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1 MG		0.5	02/10/2016	99/99/9999						
60429-0378-01	J7507			02/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1 MG		1	02/10/2016	99/99/9999						
60429-0379-01	J7507			02/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1 MG		5	02/10/2016	99/99/9999						
60429-0846-60	J8499			11/12/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE 450 MG	60	EA	BO	PO	EA	1 MG		1	11/12/2018	99/99/9999						
60432-0126-08	J8999			11/17/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/ML	240	ML	BO	PO	ML	1 EA		1	11/17/2004	99/99/9999						
60432-0126-16	J8999			12/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/ML	480	ML	BO	PO	ML	1 EA		1	12/01/2006	99/99/9999						
60432-0140-50	J7502			09/28/2004	02/01/2015	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE 100 MG/ML	50	ML	BO	PO	ML	100 MG		1	09/28/2004	02/01/2015						
60432-0212-08	J7510			10/25/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE, GRAPE) 15 MG/5 ML	237	ML	BO	PO	ML	5 MG		0.6	10/25/2004	99/99/9999						
60432-0466-08	J8540			01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (RASPBERRY) 0.5 MG/5 ML	240	ML	BO	PO	ML	0.25 MG		0.4	01/01/2006	99/99/9999						
60432-0608-04	Q0169			01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL (TROPICAL FRUIT) 6.25 MG/5 ML	118	ML	BO	PO	ML	12.5 MG		0.1	01/01/2014	99/99/9999						
60432-0608-04	Q0170			01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL (FRUIT, TROPICAL) 6.25 MG/5 ML	120	ML	BO	PO	ML	25 MG		0.05	01/01/2002	12/31/2013						
60432-0608-16	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 (TROPICAL FRUIT) 6.25 MG/5 ML	473	ML	BO	PO	ML	12.5 MG		0.1	01/01/2014	99/99/9999						
60432-0608-16	Q0170			01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL (FRUIT, TROPICAL) 6.25 MG/5 ML	480	ML	BO	PO	ML	25 MG		0.05	01/01/2002	12/31/2013						
60492-0051-01	J1571			01/01/2008	04/17/2013	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	HEPAGAM B (SDV,PF)	5	ML	VL	IM	ML	0.5 ML		2	01/01/2008	04/17/2013						
60492-0051-02	J1573			01/01/2008	04/17/2013	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	NOVAPLUS HEPAGAM B (>1560/SML,PF)	5	ML	VL	U	ML	0.5 ML		2	01/01/2008	04/17/2013						
60492-0052-01	J1571			01/01/2008	04/17/2013	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	HEPAGAM B (SDV,PF)	1	ML	VL	IM	ML	0.5 ML		2	01/01/2008	04/17/2013						
60492-0052-02	J1573			01/01/2008	04/17/2013	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	NOVAPLUS HEPAGAM B (>312IU/ML,PF)	1	ML	VL	U	ML	0.5 ML		2	01/01/2008	04/17/2013						
80505-0042-06	J8499			03/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 200 MG	100	EA	BO	PO	EA	1 EA		1	03/01/2006	99/99/9999						
80505-0133-00	J7515			05/17/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE 25 MG	30	EA	BO	PO	EA	25 MG		1	05/17/2002	99/99/9999						
80505-0134-00	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						
80505-0354-01	J7502			08/01/2005	01/31/2014	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (U.S.P.) 100 MG/ML	50	ML	BO	PO	ML	100 MG		1	08/01/2005	01/31/2014						
80505-0368-01	J8999			06/23/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP,LEMON-LIME) 40 MG/ML	240	ML	BO	PO	ML	1 EA		1	06/23/2006	01/31/2014						
80505-0381-05	Q0162			01/01/2012	01/31/2014	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, 1X50ML) 4 MG/5 ML	1	EA	BO	PO	ML	1 MG		0.8	01/01/2012	01/31/2014						
80505-0679-08	J0696			09/01/2005	04/17/2013	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X100ML PIGGYBACK) 1 GM	1	EA	VL	U	EA	250 MG		4	09/01/2005	04/17/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
80505-0679-09		J0696		09/01/2005	04/17/2013	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X100ML) 2 GM	1	EA	VL	U	EA	250 MG			8	09/01/2005	04/17/2013					
80505-0681-00		J0692		06/19/2007	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	1	EA	VL	U	EA	500 MG			4	06/19/2007	03/18/2019					
80505-0681-01		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					
80505-0681-04		J0692		06/19/2007	02/04/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	10	EA	VL	U	EA	500 MG			4	06/19/2007	02/04/2019					
80505-0686-01	J2543			10/06/2015	09/09/9999	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	09/09/9999					
80505-0686-04	J2543			09/21/2009	02/20/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125 GM			2	09/21/2009	02/20/2019					
80505-0687-01	J2543			10/06/2015	09/09/9999	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	09/09/9999					
80505-0687-04	J2543			09/21/2009	09/09/9999	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	09/09/9999					
80505-0688-01	J2543			10/06/2015	09/09/9999	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	09/09/9999					
80505-0702-01	J1631			01/01/2002	01/31/2014	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	01/31/2014					
80505-0703-01	J1631			01/01/2002	01/31/2014	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	01/31/2014					
80505-0705-00	J1885			02/28/2005	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 15 MG/ML	1	ML	VL	U	ML	15 MG			1	02/28/2005	01/31/2014					
80505-0706-00	J1885			02/28/2005	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 30 MG/ML	1	ML	VL	U	ML	15 MG			2	02/28/2005	01/31/2014					
80505-0706-01	J1885			02/28/2005	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2	ML	VL	IM	ML	15 MG			2	02/28/2005	01/31/2014					
80505-0715-00	J1245			08/01/2004	01/31/2014	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE 5 MG/ML	2	ML	VL	U	ML	10 MG			0.5	08/01/2004	01/31/2014					
80505-0715-01	J1245			08/01/2004	01/31/2014	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (10X10) 5 MG/ML	10	ML	VL	IV	ML	10 MG			0.5	08/01/2004	01/31/2014					
80505-0722-00	J0282			01/31/2014	01/31/2014	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (SDV) 50 MG/ML	3	ML	VL	IV	ML	30 MG		1.66666	06/01/2003	01/31/2014						
80505-0722-01	J0282			12/20/2005	01/31/2014	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (SDS, 10X3ML) 50 MG/ML	3	ML	SR	IV	ML	30 MG		1.66666	12/20/2005	01/31/2014						
80505-0725-01	J1885			11/01/2004	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 15 MG/ML	1	ML	SR	U	ML	15 MG			1	11/01/2004	01/31/2014					
80505-0726-01	J1885			11/01/2004	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	1	ML	SR	U	ML	15 MG			2	11/01/2004	01/31/2014					
80505-0726-02	J1885			11/01/2004	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	2	ML	SR	U	ML	15 MG			2	11/01/2004	01/31/2014					
80505-0727-03	J1630			01/24/2005	01/31/2014	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (PF) 5 MG/ML	1	ML	SR	IM	ML	5 MG			1	01/24/2005	01/31/2014					
80505-0733-01	J1450			05/25/2005	08/08/2013	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (FLEXBAG) 200 MG/100 ML	100	ML	PC	IV	ML	200 MG		0.01	05/25/2005	08/08/2013						
80505-0733-02	J1450			05/25/2005	08/08/2013	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (FLEXBAG) 400 MG/200 ML	200	ML	PC	IV	ML	200 MG		0.01	05/25/2005	08/08/2013						
80505-0734-01	J1450			05/25/2005	08/08/2013	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (FLEXBAG, DEXTROSE) 200 MG/100 ML	100	ML	PC	IV	ML	200 MG		0.01	05/25/2005	08/08/2013						
80505-0734-02	J1450			05/25/2005	01/31/2014	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (FLEXBAG, DEXTROSE) 400 MG/200 ML	200	ML	PC	IV	ML	200 MG		0.01	05/25/2005	01/31/2014						
80505-0744-01	J2405			12/26/2006	01/31/2014	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (5X2ML, SDV, USP) 2 MG/ML	2	ML	VL	U	ML	1 MG			2	12/26/2006	01/31/2014					
80505-0744-06	J2405			12/26/2006	01/31/2014	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV, USP) 2 MG/ML	20	ML	VL	U	ML	1 MG			2	12/26/2006	01/31/2014					
80505-0748-04	J0690			09/19/2005	09/09/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM 500 MG	1	EA	VL	U	EA	500 MG			1	09/19/2005	09/09/9999					
80505-0748-05	J0690			09/19/2005	09/09/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM 500 MG	1	EA	VL	U	EA	500 MG			1	09/19/2005	09/09/9999					
80505-0749-04	J0690			09/19/2005	05/28/2016	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM 1 GM	1	EA	VL	U	EA	500 MG			2	09/19/2005	05/28/2016					
80505-0749-05	J0690			09/16/2005	09/09/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM 1 GM	1	EA	VL	U	EA	500 MG			2	09/16/2005	09/09/9999					
80505-0750-00	J0696			08/02/2005	09/09/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X10ML) 250 MG	1	EA	VL	U	EA	250 MG			1	08/02/2005	09/09/9999					
80505-0750-01	J0696			11/02/2015	09/09/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV, USP, CRYSTALLINE) 250 MG	1	EA	VL	U	EA	250 MG			1	11/02/2015	09/09/9999					
80505-0750-04	J0696			08/02/2005	09/09/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X10ML) 250 MG	1	EA	VL	U	EA	250 MG			1	08/02/2005	09/09/9999					
80505-0751-00	J0696			08/02/2005	09/09/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X10ML) 500 MG	1	EA	VL	U	EA	250 MG			2	08/02/2005	09/09/9999					
80505-0751-01	J0696			11/02/2015	09/09/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV, USP, CRYSTALLINE) 500 MG	1	EA	VL	U	EA	250 MG			2	11/02/2015	09/09/9999					
80505-0751-04	J0696			08/02/2005	09/09/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X10ML) 500 MG	1	EA	VL	U	EA	250 MG			2	08/02/2005	09/09/9999					
80505-0752-00	J0696			08/02/2005	04/17/2013	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X20ML) 1 GM	1	EA	VL	U	EA	250 MG			4	08/02/2005	04/17/2013					
80505-0752-03	J0696			11/02/2015	09/09/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV, USP, CRYSTALLINE) 1 GM	1	EA	VL	U	EA	250 MG			4	11/02/2015	09/09/9999					
80505-0752-04	J0696			08/02/2005	09/09/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X20ML) 1 GM	1	EA	VL	U	EA	250 MG			4	08/02/2005	09/09/9999					
80505-0753-03	J0696			11/02/2015	09/09/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV, USP, CRYSTALLINE) 2 GM	1	EA	VL	U	EA	250 MG			8	11/02/2015	09/09/9999					
80505-0753-04	J0696			08/02/2005	09/09/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X20ML) 2 GM	1	EA	VL	U	EA	250 MG			8	08/02/2005	09/09/9999					
80505-0759-01	J0694			10/06/2015	09/09/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM 1 GM	1	EA	VL	IV	EA	1 GM			1	10/06/2015	09/09/9999					
80505-0759-05	J0694			01/23/2006	09/09/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 1 GM	1	EA	VL	IV	EA	1 GM			1	01/23/2006	09/09/9999					
80505-0769-00	J0690			06/13/2006	09/09/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN 10 GM	1	EA	VL	IV	EA	500 MG			20	06/13/2006	09/09/9999					
80505-0773-00	J2543			09/21/2009	09/09/9999	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	09/21/2009	09/09/9999					
80505-0791-04	J1650			01/16/2019	09/09/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 30 MG/0.3 ML	0.3	ML	SY	U	ML	10 MG			10	01/16/2019	09/09/9999					
80505-0792-04	J1650			01/16/2019	09/09/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 40 MG/0.4 ML	0.4	ML	SY	U												

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60505-0806-01	KO	J7644	KO	01/01/2002	01/31/2014	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (AMP) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/01/2002	01/31/2014						
60505-0807-01		J7669		01/01/2002	01/31/2014	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (AMP) 0.4%	2.5	ML	PC	IH	ML	10 MG		0.4	01/01/2002	01/31/2014						
60505-0807-01	KO	J7669	KO	01/01/2002	01/31/2014	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (AMP) 0.4%	2.5	ML	PC	IH	ML	10 MG		0.4	01/01/2002	01/31/2014						
60505-0808-01		J7669		01/01/2002	01/31/2014	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (AMP) 0.6%	2.5	ML	PC	IH	ML	10 MG		0.6	01/01/2002	01/31/2014						
60505-0808-01	KO	J7669	KO	01/01/2002	01/31/2014	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (AMP) 0.6%	2.5	ML	PC	IH	ML	10 MG		0.6	01/01/2002	01/31/2014						
60505-0834-00		J0692		06/19/2007	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	1	EA	VL	U	EA	500 MG			06/19/2007	03/18/2019						
60505-0834-01		J0692		11/02/2015	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME 1 GM	1	EA	VL	U	EA	500 MG			11/02/2015	03/18/2019						
60505-0834-04		J0692		06/19/2007	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	10	EA	VL	U	EA	500 MG			06/19/2007	03/18/2019						
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			03/11/2014	99/99/9999						
60505-2966-07		J7518		08/20/2014	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (ENTERIC COATED) 360 MG	120	EA	BO	PO	EA	180 MG			08/20/2014	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			03/01/2006	99/99/9999						
60505-5306-08		J8499		05/21/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	1000	EA	BO	PO	EA	1 EA			05/21/2007	99/99/9999						
60505-5307-01		J8499		03/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 800 MG	100	EA	BO	PO	EA	1 EA			03/01/2006	99/99/9999						
60505-5307-05		J8499		05/21/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500	EA	BO	PO	EA	1 EA			05/21/2007	99/99/9999						
60505-6020-02		J1631		01/30/2008	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	NOVAPLUS HALOPERIDOL DECANOATE (1X5ML MDV) 50 MG/ML	5	ML	VL	IM	ML	50 MG			01/30/2008	99/99/9999						
60505-6021-02		J1631		12/14/2007	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	NOVAPLUS HALOPERIDOL DECANOATE (1X5ML MDV) 100 MG/ML	5	ML	VL	IM	ML	50 MG			12/14/2007	99/99/9999						
60505-6025-05		J0694		02/22/2018	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	NOVAPLUS CEFOXITIN (USP) 1 GM	1	EA	VL	IV	EA	1 GM			02/22/2018	99/99/9999						
60505-6026-05		J0694		02/27/2008	04/24/2018	INJECTION, CEFOXITIN SODIUM, 1 GM	NOVAPLUS CEFOXITIN (USP) 2 GM	1	EA	VL	IV	EA	1 GM			02/27/2008	04/24/2018						
60505-6076-04		J0456		09/02/2010	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (MONOHYDRATE,SINGLE-DOSE) 500 MG	10	EA	VL	IV	EA	500 MG			09/02/2010	99/99/9999						
60505-6093-05		J0690		09/10/2012	05/31/2018	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN NOVAPLUS (USP) 1 GM	25	EA	VL	U	EA	500 MG			09/10/2012	05/31/2018						
60505-6097-20		J1740		01/15/2016	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG	IBANDRONATE SODIUM 1 MG/1 ML	3	ML	SR	IV	ML	1 MG			01/15/2016	99/99/9999						
60505-6098-01		J3243		04/02/2019	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (PF,LYPHILIZED) 50 MG	10	EA	VL	IV	EA	1 MG			04/02/2019	99/99/9999						
60505-6101-04		J0583		07/17/2017	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SDV,LYPHILIZED) 250 MG	10	EA	VL	IV	EA	1 MG			07/17/2017	99/99/9999						
60505-6102-04		J0696		11/22/2013	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (CRYSTALLINE) 2 GM	10	EA	VL	U	EA	250 MG			11/22/2013	99/99/9999						
60505-6113-06		J9201		02/23/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 38 MG/1 ML	5.26	ML	VL	U	EA	200 MG			02/23/2018	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	U	EA	200 MG			02/23/2018	99/99/9999						
60505-6115-02		J9201		02/23/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 38 MG/1 ML	52.6	ML	VL	U	EA	200 MG			02/23/2018	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			01/10/2018	99/99/9999						
60505-6128-01		J9206		01/10/2018	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV,USP,PF) 20 MG/1 ML	5	ML	VL	IV	ML	20 MG			01/10/2018	99/99/9999						
60505-6130-00		J2405		04/28/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON 2 MG/1 ML	2	ML	VL	U	ML	1 MG			04/28/2016	99/99/9999						
60505-6130-05		J2405		04/28/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON 2 MG/1 ML	2	ML	VL	U	ML	1 MG			04/28/2016	99/99/9999						
60505-6132-06		J9263		01/05/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (1X10ML SINGLE USE,PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5 MG			01/05/2017	99/99/9999						
60505-6132-07		J9263		01/05/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (1X20ML SINGLE USE,PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5 MG			01/05/2017	99/99/9999						
60505-6142-00		J0690		08/07/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (INNER PACK,PF) 1 GM	1	EA	VL	U	EA	500 MG			08/07/2017	99/99/9999						
60505-6142-05		J0690		08/07/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (USP,PF,LATEX-FREE) 1 GM	25	EA	VL	U	EA	500 MG			08/07/2017	99/99/9999						
60505-6143-00		J0690		04/11/2019	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (PF,LATEX-FREE) 10 GM	1	EA	VL	U	EA	500 MG			04/11/2019	99/99/9999						
60505-6143-04		J0690		04/11/2019	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (PF,LATEX-FREE) 10 GM	10	EA	VL	U	EA	500 MG			04/11/2019	99/99/9999						
60505-6144-04		J0692		03/15/2018	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME NOVAPLUS 1 GM	10	EA	VL	U	EA	500 MG			03/15/2018	99/99/9999						
60505-6145-04		J0692		03/15/2018	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME NOVAPLUS (USP) 2 GM	10	EA	VL	U	EA	500 MG			03/15/2018	99/99/9999						
60505-6146-00		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,SDV) 1 GM	1	EA	VL	U	EA	500 MG			04/03/2017	99/99/9999						
60505-6146-04		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,SDV) 1 GM	10	EA	VL	U	EA	500 MG			04/03/2017	99/99/9999						
60505-6147-00		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,SDV) 2 GM	1	EA	VL	U	EA	500 MG			04/03/2017	99/99/9999						
60505-6147-04		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,SDV) 2 GM	10	EA	VL	U	EA	500 MG			04/03/2017	99/99/9999						
60505-6148-00		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (CRYSTALLINE) 1 GM	1	EA	VL	U	EA	250 MG			06/23/2017	99/99/9999						
60505-6148-04		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X20ML,CRYSTALLINE) 1 GM	10	EA	VL	U	EA	250 MG			06/23/2017	99/99/9999						
60505-6149-00		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (CRYSTALLINE) 2 GM	1	EA	VL	U	EA	250 MG			06/23/2017	99/99/9999						
60505-6149-04		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X20ML,CRYSTALLINE) 2 GM	10	EA	VL	U	EA	250 MG			06/23/2017	99/99/9999						
60505-6150-05		J0696		02/28/2019	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (BULK PKG) 10 GM	1	EA	VL	U	EA	250 MG			02/28/2019	99/99/9999						
60505-6151-01		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV,CRYSTALLINE) 250 MG	10	EA	VL	U	EA	250 MG			06/23/2017	99/99/9999						
60505-6151-04		J0696		06/23/2017																			

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		
60505-6159-00		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE PF) 4 GM-0.5 GM	1	EA	VL	IV	EA	1.125	GM		4	02/15/2019	99/99/9999							
60505-6159-04		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE PF) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM		4	02/15/2019	99/99/9999							
60505-6166-00		J1267		12/12/2016	99/99/9999	INJECTION, DORIPENEM, 10 MG	DORIPENEM 250 MG	1	EA	VL	IV	EA	10	MG		25	12/12/2016	99/99/9999							
60505-6161-00		J1267		12/12/2016	99/99/9999	INJECTION, DORIPENEM, 10 MG	DORIPENEM 500 MG	1	EA	VL	IV	EA	10	MG		50	12/12/2016	99/99/9999							
60505-6166-00		J9027		01/09/2018	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOFARABINE (SDV,PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG		1	01/09/2018	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	VL	IV	ML	25	MCG		2	09/19/2018	99/99/9999							
60505-6196-04		J1335		04/02/2019	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (LYOPHILIZED) 1 GM	10	EA	CT	IJ	EA	500	MG		2	04/02/2019	99/99/9999							
60687-0149-11		None		03/11/2016	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (INNER NDC, FILM-COATED) 500 MG	1	EA	BP	PO	EA	500	MG		1	03/11/2016	99/99/9999							
60687-0149-94		None		03/11/2016	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (2X10, FILM-COATED) 500 MG	20	EA	BX	PO	EA	500	MG		1	03/11/2016	99/99/9999							
60687-0252-86		Q0162		01/28/2019	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 4 MG/5 ML	5	ML	CP	PO	ML	1	MG		0.8	01/28/2019	99/99/9999							
60687-0394-83		J7644		12/26/2018	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG		0.2	12/26/2018	99/99/9999							
60687-0394-83	KO	J7644	KO	12/26/2018	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG		0.2	12/26/2018	99/99/9999							
60687-0395-83		J7613		12/26/2018	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG		0.83	12/26/2018	99/99/9999							
60687-0395-83	KO	J7613	KO	12/26/2018	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG		0.83	12/26/2018	99/99/9999							
60687-0405-83		J7620		12/26/2018	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.333333	12/26/2018	99/99/9999								
60760-0002-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG		4	05/15/2009	12/31/2015	01/01/2002	09/26/2002		4	03/01/2006	09/01/2007	4
60760-0002-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	1	MG		20	01/01/2016	99/99/9999	01/01/2002	09/26/2002		4	03/01/2006	09/01/2007	4
60760-0330-30		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 25 MG	30	EA	BO	PO	EA	50	MG		0.5	01/01/2002	02/03/2016							
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							
60760-0830-20		Q0170		06/01/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25	MG		1	06/01/2005	12/31/2013							
60793-0130-10		J2510		09/14/2007	99/99/9999	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	PENICILLIN G PROCAINE (21GX1&1/2, 1MLX10) 600000 U/ML	1	ML	SR	IM	ML	600000	U		1	09/14/2007	99/99/9999							
60793-0131-10		J2510		09/14/2007	99/99/9999	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	PENICILLIN G PROCAINE (21GX1&1/4, 2MLX10) 600000 U/ML	2	ML	SR	IM	ML	600000	U		1	09/14/2007	99/99/9999							
60842-0021-01		J0171		04/18/2018	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	AUJV-Q 0.1 MG/0.1 ML	2	EA	SR	IJ	EA	0.1	MG		1	04/18/2018	99/99/9999							
60842-0022-01		J0171		01/19/2017	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	AUJV-Q 0.15 MG/0.15 ML	2	EA	BX	IJ	EA	0.1	MG		1.5	01/19/2017	99/99/9999							
60842-0023-01		J0171		01/19/2017	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	AUJV-Q 0.3 MG/0.3 ML	2	EA	BX	IJ	EA	0.1	MG		3	01/19/2017	99/99/9999							
60977-0001-43		J2550		05/05/2007	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN 25 MG/ML	1	ML	AM	IJ	ML	50	MG		0.5	05/05/2007	10/17/2016							
60977-0001-44		J2550		05/05/2007	04/30/2013	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN 25 MG/ML	1	ML	VL	IJ	ML	50	MG		0.5	05/05/2007	04/30/2013							
60977-0002-43		J2550		05/05/2007	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN 50 MG/ML	1	ML	AM	IJ	ML	50	MG		1	05/05/2007	10/17/2016							
60977-0002-44		J2550		05/05/2007	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN 50 MG/ML	1	ML	VL	IJ	ML	50	MG		1	05/05/2007	10/17/2016							
60977-0016-73		J2274		01/01/2015	02/28/2015	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	DURAMORPH (PF) 0.5 MG/ML	10	ML	AM	IJ	ML	10	MG		0.05	01/01/2015	02/28/2015							
60977-0016-73		J2275		05/05/2007	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	DURAMORPH (PF) 0.5 MG/ML	10	ML	AM	IJ	ML	10	MG		0.05	05/05/2007	12/31/2014							
60977-0112-81		J2060		05/05/2007	02/28/2014	INJECTION, LORAZEPAM, 2 MG	ATIVAN (SDV) 2 MG/ML	1	ML	VL	IJ	ML	2	MG		1	05/05/2007	02/28/2014							
60977-0113-71		J2060		05/05/2007	12/31/2013	INJECTION, LORAZEPAM, 2 MG	ATIVAN (MDV) 4 MG/ML	10	ML	VL	IJ	ML	2	MG		2	05/05/2007	12/31/2013							
60977-0113-81		J2060		05/05/2007	01/31/2014	INJECTION, LORAZEPAM, 2 MG	ATIVAN 4 MG/ML	1	ML	VL	IJ	ML	2	MG		2	05/05/2007	01/31/2014							
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	IJ	ML	10	MG		1	01/01/2015	02/03/2016							
60977-0114-74		J2275		05/05/2007	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	INFUMORPH 200 (PF) 10 MG/ML	1	ML	NA	IJ	ML	10	MG		1	05/05/2007	12/31/2014							
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							
60977-0115-74		J2275		05/05/2007	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	INFUMORPH 500 (PF) 25 MG/ML	1	ML	NA	IJ	ML	10	MG		2.5	05/05/2007	12/31/2014							
60977-0141-01		J2730		12/20/2004	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PROTOPAM CHLORIDE (S.D.V.) 1 GM	1	EA	VL	IJ	EA	1	GM		1	12/20/2004	99/99/9999							
60977-0141-27		J2730		05/05/2007	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PROTOPAM CHLORIDE 1 GM	1	EA	VL	IJ	EA	1	GM		1	05/05/2007	99/99/9999							
60977-0150-71		J2800		05/05/2007	10/17/2016	INJECTION, METHOCARBAMOL, UP TO 10 ML	ROBAXIN (SDV) 100 MG/ML	10	ML	VL	IJ	ML	10	ML		0.1	05/05/2007	10/17/2016							

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
60977-0155-17		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	2	ML	VL	U	ML	1	MG	0.2	05/05/2007	02/03/2016						
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						
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						
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	U	ML	1	MG	0.2	05/05/2007	02/03/2016						
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						
60977-0155-63	KO	J7643	KO	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						
60977-0155-81		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	1	ML	VL	U	ML	1	MG	0.2	05/05/2007	02/03/2016						
60977-0155-81	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	1	ML	VL	U	ML	1	MG	0.2	05/05/2007	02/03/2016						
60977-0451-17		J2765		05/05/2007	04/30/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (PF) 5 MG/ML	2	ML	VL	IV	ML	10	MG	0.5	05/05/2007	04/30/2013						
60977-0451-17		J2765		05/05/2007	04/30/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (PF) 5 MG/ML	10	ML	VL	IV	ML	10	MG	0.5	05/05/2007	04/30/2013						
60977-0451-82		J2765		05/05/2007	04/30/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (PF) 5 MG/ML	30	ML	VL	IV	ML	10	MG	0.5	05/05/2007	04/30/2013						
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						
61314-0318-01		Q5101		05/04/2018	99/99/9999	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	ZARXIO (PF) 300 MCG/0.5 ML	0.5	ML	SR	U	ML	1	MCG	600	05/04/2018	99/99/9999						
61314-0318-10		Q5101		07/20/2018	99/99/9999	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	ZARXIO (PF) 300 MCG/0.5 ML	0.5	ML	SR	U	ML	1	MCG	600	07/20/2018	99/99/9999						
61314-0326-01		Q5101		05/04/2018	99/99/9999	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	ZARXIO (PF) 480 MCG/0.8 ML	0.8	ML	SR	U	ML	1	MCG	600	05/04/2018	99/99/9999						
61314-0326-10		Q5101		07/20/2018	99/99/9999	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	ZARXIO (PF) 480 MCG/0.8 ML	0.8	ML	SR	U	ML	1	MCG	600	07/20/2018	99/99/9999						
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						
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-0.9%	10	ML	SR	IV	ML	0.1	MG	0.05	02/02/2004	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	0.1	MG	0.1	02/02/2004	99/99/9999						
61553-0112-48		J3010		02/02/2004	06/30/2017	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (IPUMP BAG) 1 MG/100 ML-0.9%	100	ML	BG	IV	ML	0.1	MG	0.1	02/02/2004	06/30/2017						
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						
61553-0114-02		J3010		02/02/2004	02/17/2015	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (IPUMP BAG) 1 MG/100 ML-0.9%	250	ML	BG	IV	ML	0.1	MG	0.1	02/02/2004	02/17/2015						
61553-0116-48		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						
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	0.1	MG	0.5	02/02/2004	99/99/9999						
61553-0161-41		J1170		02/02/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (INTRAVIA) 10 MG/50 ML-0.9%	50	ML	BG	IV	ML	4	MG	0.05	02/02/2004	99/99/9999						
61553-0162-67		J1170		02/02/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,35 ML) 1 MG/5 ML-0.9%	25	ML	SR	IV	ML	4	MG	0.05	02/02/2004	99/99/9999						
61553-0163-75		J1170		02/02/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,60 ML) 1 MG/5 ML-0.9%	50	ML	SR	IV	ML	4	MG	0.05	02/02/2004	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	BG	IV	ML	4	MG	0.25	02/02/2004	99/99/9999						
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						
61553-0167-75		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	4	MG	0.25	02/02/2004	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						
61553-0172-48		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						
61553-0177-41		J2270		02/02/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 50 MG/50 ML-0.9%	50	ML	BG	IV	ML	10	MG	0.1	02/02/2004	99/99/9999						
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						
61553-0179-48		J2270		02/02/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 100 MG/100 ML-0.9%	150	ML	BG	IV	ML	10	MG	0.1	02/02/2004	99/99/9999						
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						
61553-0183-48		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						
61553-0185-02		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						
61553-0186-67		J2270		02/02/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (SRN,35 ML) 5%-2 MG/ML	25	ML	NA	IV	ML	10	MG	0.2	02/02/2004	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						
61553-0189-48		J3480		02/02/2004	03/31/2017	UNCLASSIFIED DRUGS	BUPIVACANE/SODIUM CHLORIDE (INTRAVIA) 0.0625%-0.9%	100	ML	BG	IV	ML	1	EA	1	02/02/2004	03/31/2017						
61553-0190-48		J3480		02/02/2004	06/30/2017	UNCLASSIFIED DRUGS	BUPIVACANE/SODIUM CHLORIDE (IPUMP BAG) 0.0625%-0.9%	100	ML	BG	IV	ML	1	EA	1	02/02/2004	06/30/2017						

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	
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							
61553-0192-02		J3490		02/02/2004	03/31/2017	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.125%-0.9%	250	ML	BG	IV	ML	1 EA		1	02/02/2004	03/31/2017							
61553-0193-41		J3490		02/02/2004	03/31/2017	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.25%-0.9%	50	ML	BG	IV	ML	1 EA		1	02/02/2004	03/31/2017							
61553-0194-48		J3490		02/02/2004	06/30/2017	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (PUMP BAG) 0.125%-0.9%	100	ML	BG	IV	ML	1 EA		1	02/02/2004	06/30/2017							
61553-0228-02		J3490		11/21/2007	03/31/2017	UNCLASSIFIED DRUGS	ROPIVACAINE HYDROCHLORIDE-SODIUM CHLORIDE 0.2%-0.9%	250	ML	NA	EP	ML	1 EA		1	11/21/2007	03/31/2017							
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							
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							
61553-0421-04		J3475		02/01/2005	03/31/2017	INJECTION, MAGNESIUM SULFATE, PER 500 MG	DEXTROSE-MAGNESIUM SULFATE (6X1000ML, VIAFLEX BAG) 5%-20 GM	1000	ML	NA	IV	ML	500 MG		0.04	02/01/2005	03/31/2017							
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							
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							
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							
61553-0624-48		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							
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	U	ML	10 MG		5	01/01/2015	99/99/9999							
61553-0649-75		J2271		03/03/2005	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (5X50ML LATEX-FREE) 50 MG/ML	50	ML	EA	U	ML	100 MG		0.5	03/03/2005	12/31/2014							
61553-0651-76		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE-SODIUM CHLORIDE (5X55ML LATEX-FREE) 1 MG/ML-0.9%	55	ML	EA	U	ML	10 MG		0.1	01/01/2015	99/99/9999							
61553-0651-76		J2271		03/03/2005	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (5X55ML) 50 MG/ML	55	ML	EA	U	ML	100 MG		0.5	03/03/2005	12/31/2014							
61553-0681-76		J1170		11/21/2007	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (5X60ML, BD SYRNGES) 0.2 MG/ML-0.9%	60	ML	SR	IV	ML	4 MG		0.05	11/21/2007	99/99/9999							
61553-0701-68		J1170		12/01/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.1 MG/ML-0.9%	30	ML	VL	IV	ML	4 MG		0.025	12/01/2006	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							
61553-0704-68		J1170		12/01/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.4 MG/ML-0.9%	30	ML	VL	IV	ML	4 MG		0.1	12/01/2006	99/99/9999							
61553-0705-68		J1170		12/01/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.5 MG/ML-0.9%	30	ML	VL	IV	ML	4 MG		0.125	12/01/2006	99/99/9999							
61553-0706-68		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							
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	VL	IV	ML	4 MG		0.25	12/01/2006	99/99/9999							
61553-0712-68		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	VL	IV	ML	4 MG		0.3	12/01/2006	06/30/2017							
61553-0730-68		J3010		11/21/2007	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 25 MCG/ML-0.9%	30	ML	VL	IV	ML	0.1 MG		0.25	11/21/2007	99/99/9999							
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							
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							
61553-0791-68		J3010		12/01/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 10 MCG/ML-0.9%	30	ML	VL	IV	ML	0.1 MG		100	12/01/2006	99/99/9999							
61553-0792-68		J3010		12/01/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 20 MCG/ML-0.9%	30	ML	VL	IV	ML	0.1 MG		200	12/01/2006	99/99/9999							
61553-0793-68		J3010		12/01/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 30 MCG/ML-0.9%	30	ML	VL	IV	ML	0.1 MG		300	12/01/2006	99/99/9999							
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	VL	IV	ML	0.1 MG		400	12/01/2006	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							
61570-0079-01		Q0173		02/13/2002	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	02/13/2002	99/99/9999							
61570-0260-10		J2770		06/27/2003	99/99/9999	INJECTION, QUINPRISTINDALFOPRISTIN, 500 MG (150/350)	SYNERCID (PF) 350 MG-150 MG	1	EA	VL	IV	EA	500 MG		1	06/27/2003	99/99/9999							
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							
61703-0305-38		J9100		05/01/2003	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (S.D.V. X.5.F) 20 MG/ML	5	ML	VL	U	ML	100 MG		0.2	05/01/2003	99/99/9999							
61703-0309-06		J9370		01/01/2002	99/99/9999	VINCRIStINE SULFATE, 1 MG	VINCRIStINE SULFATE (S.D.V.,PF) 1 MG/ML	1	ML	VL	IV	ML	1 MG		1	01/01/2002	99/99/9999							
61703-0309-16		J9370		01/01/2002	99/99/9999	VINCRIStINE SULFATE, 1 MG	VINCRIStINE SULFATE (S.D.V.,PF) 1 MG/ML	2	ML	VL	IV	ML	1 MG		1	01/01/2002	99/99/9999							
61703-0317-45		J0595		06/25/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1	ML	VL	U	ML	1 MG		1	06/25/2004	99/99/9999							
61703-0318-45		J0595		06/25/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1	ML	VL	U	ML	1 MG		2	06/25/2004	99/99/9999							
61703-0323-22		J9040		01/01/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE 30 U	1	EA	VL	U	EA	15 U		2	01/01/2002	99/99/9999							

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
61703-0324-18	J2430			12/15/2006	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (SDV) 3 MG/ML	10	ML	VL	IV	ML	30	MG	0.1	12/15/2006	99/99/9999						
61703-0325-18	J2430			01/27/2003	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (PF) 6 MG/ML	10	ML	VL	IV	ML	30	MG	0.2	01/27/2003	99/99/9999						
61703-0325-18	J2430			09/15/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 9 MG/ML	10	ML	VL	IV	ML	30	MG	0.3	09/15/2005	99/99/9999						
61703-0332-18	J9040			01/01/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE 15 U	1	EA	VL	U	EA	15	U	1	01/01/2002	99/99/9999						
61703-0339-18	J9045			04/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	5	ML	VL	IV	ML	50	MG	0.2	04/14/2004	99/99/9999						
61703-0339-22	J9045			04/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	15	ML	VL	IV	ML	50	MG	0.2	04/14/2004	99/99/9999						
61703-0339-50	J9045			04/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	45	ML	VL	IV	ML	50	MG	0.2	04/14/2004	99/99/9999						
61703-0339-56	J9045			02/09/2005	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	60	ML	VL	IV	ML	50	MG	0.2	02/09/2005	99/99/9999						
61703-0341-06	J9390			09/07/2005	10301/2017	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	09/07/2005	10/31/2017						
61703-0341-09	J9390			11/07/2005	03/30/2018	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	11/07/2005	03/30/2018						
61703-0342-09	J9265			04/21/2004	12/31/2014	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	5	ML	VL	IV	ML	30	MG	0.2	04/21/2004	12/31/2014						
61703-0342-09	J9267			01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (M.D.V.) 6 MG/ML	5	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999						
61703-0342-22	J9265			04/21/2004	12/31/2014	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	16.7	ML	VL	IV	ML	30	MG	0.2	04/21/2004	12/31/2014						
61703-0342-22	J9267			01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (M.D.V.) 6 MG/ML	16.7	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999						
61703-0342-50	J9265			04/21/2004	12/31/2014	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	50	ML	VL	IV	ML	30	MG	0.2	04/21/2004	12/31/2014						
61703-0342-50	J9267			01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (M.D.V.) 6 MG/ML	50	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999						
61703-0343-18	J9293			04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,CONCENTRATE,MDV,PF) 2 MG/ML	10	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99/99/9999						
61703-0343-65	J9293			04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,CONCENTRATE,MDV,PF) 2 MG/ML	12.5	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99/99/9999						
61703-0343-66	J9293			04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,CONCENTRATE,MDV,PF) 2 MG/ML	15	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99/99/9999						
61703-0347-35	J9178			11/06/2006	08/31/2014	INJECTION, EPRUBICIN HCL, 2 MG	EPRUBICIN HYDROCHLORIDE (S.D.V.) 50 MG	1	EA	VL	IV	EA	2	MG	25	11/06/2006	08/31/2014						
61703-0349-09	J9206			02/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	02/27/2008	99/99/9999						
61703-0349-16	J9206			02/27/2008	99/99/9999	IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	02/27/2008	99/99/9999						
61703-0349-36	J9206			02/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X25ML SDV) 20 MG/ML	25	ML	VL	IV	ML	20	MG	1	02/27/2008	99/99/9999						
61703-0350-38	J9250			06/27/2005	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (MDV,5X2ML) 25 MG/ML	2	ML	VL	U	ML	5	MG	5	06/27/2005	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						
61703-0359-01	J9178			04/10/2008	11/30/2015	INJECTION, EPRUBICIN HCL, 2 MG	NOVAPLUS EPRUBICIN HYDROCHLORIDE (1X25ML SINGLE USE PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	04/10/2008	11/30/2015						
61703-0359-02	J9178			04/10/2008	01/31/2015	INJECTION, EPRUBICIN HCL, 2 MG	NOVAPLUS EPRUBICIN HYDROCHLORIDE (1X100ML SINGLE USE PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	04/10/2008	01/31/2015						
61703-0359-59	J9178			08/08/2007	06/05/2017	INJECTION, EPRUBICIN HCL, 2 MG	EPRUBICIN HYDROCHLORIDE (PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	08/08/2007	06/05/2017						
61703-0359-93	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						
61703-0360-18	J9045			06/28/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	NOVAPLUS CARBOPLATIN (MDV) 10 MG/ML	5	ML	VL	IV	ML	50	MG	0.2	06/28/2006	99/99/9999						
61703-0360-22	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						
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						
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		
61755-0005-02	J0178			11/21/2011	99/99/9999	INJECTION, AFLIBERCEPT, 1 MG	EYLEA (PF) 40 MG/1 ML	0.05	ML	VL	IO	ML	1	MG	40	11/21/2011	99/99/9999						
61755-0008-01	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						
61953-0004-01	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	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	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	50	ML	VL	IV	ML	500	MG	0.1	01/01/2008	99/99/9999						
61953-0004-03	J1572			01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	100	ML	VL	IV	ML	500	MG	0.1	01/01/2008	99/99/9999						
61953-0004-04	J1572			01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	200	ML	VL	IV	ML	500	MG	0.1	01/01/2008	99/99/9999						
61953-0004-05	J1572			01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	400	ML	VL	IV	ML	500	MG	0.1	01/01/2008	99/99/9999						
61958-0101-01	J0740			01/01/2002	12/01/2016	INJECTION, CIDOFOVIR, 375 MG	VISTIDE (S.D.V.,PF) 75 MG/ML	5	ML	VL	IV	ML	375	MG	0.2	01/01/2002	12/01/2016						
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						
62033-0204-14	J8499			01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	400	EA	BO	PO	EA	1	EA	1	01/01/2002	02/03/2016						
62084-0122-02	J1746			01/01/2019	99/99/9999	INJECTION, IBALIZUMAB-IYJY, 10 MG	TROGARZO (PF) 150 MG/1 ML	1.33	ML	VL	IV	ML	15	01/01/2019	99/99/9999								
62084-0122-02	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						
62175-0381-37	J7507			09/28/2012	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	09/28/2012	99/99/9999						
62559-0540-15	J1729			01/01/2018	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	01/01/2018	99/99/9999						
62559-0540-15	Q9985			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						
62756-0130-01	Q0162			01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 4																	

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62756-0181-01		J2405		12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (5X2ML.SDA USP) 2 MG/ML	2	ML	AM	IJ	ML	1	MG	2	12/27/2006	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						
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						
62756-0356-66		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						
62756-0581-40		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						
62756-0581-42		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						
62847-0001-01		J3095		10/01/2016	99/99/9999	INJECTION, TELEVANICIN, 10 MG	VIBATIV (SDV.PF.LYOPHILIZED) 750 MG	10	EA	VL	IV	EA	10	MG	75	10/01/2016	99/99/9999						
62856-0101-10		J1645		11/20/2006	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (27GX12"W.ND.L.GUARD) 10000 IU/ML	1	ML	SR	SC	ML	2500	IU	4	11/20/2006	03/31/2015						
62856-0125-10		J1645		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						
62856-0150-10		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						
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						
62856-0250-10		J1645		06/26/2007	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						
62856-0251-01		J1645		11/20/2006	12/01/2014	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (MDV) 25000 IU/ML	3.8	ML	VL	SC	ML	2500	IU	10	11/20/2006	12/01/2014						
62856-0500-10		J1645		10/10/2006	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (27GX12",10X0.2ML.PF) 5000 IU/0.2 ML	0.2	ML	SR	SC	ML	2500	IU	10	10/10/2006	03/31/2015						
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	SR	SC	ML	2500	IU	10	02/06/2007	02/02/2015						
62856-0796-01		J8655		01/01/2016	03/31/2017	Netupitant 300 mg and palonosetron 0.5 mg, oral	AKYNZEO (HARD GELATIN) 300 MG-0.5 MG	1	EA	DP	PO	EA	300.5	MG	1	01/01/2016	03/31/2017						
62856-0796-01		Q9978		07/01/2015	12/31/2015	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG, ORAL	AKYNZEO (HARD GELATIN) 300 MG-0.5 MG	1	EA	DP	PO	EA	300.5	MG	1	07/01/2015	12/31/2015						
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						
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						
62935-0223-05		J9217		05/07/2015	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (W/SAFETY NEEDLE) 22.5 MG	1	EA	BX	SC	EA	7.5	MG	3	05/07/2015	99/99/9999						
62935-0302-30		J9217		10/02/2014	05/06/2015	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SINGLE-USE) 30 MG	1	EA	BX	SC	EA	7.5	MG	4	10/02/2014	05/06/2015						
62935-0752-75		J9217		09/25/2014	05/06/2015	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SINGLE-USE) 7.5 MG	1	EA	BX	SC	EA	7.5	MG	1	09/25/2014	05/06/2015						
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						
62991-1003-01	KO	J7608	KO	10/31/2011	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	GM	BO	NA	GM	1	GM	1	10/31/2011	99/99/9999						
62991-1003-02		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
62991-1003-02	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
62991-1003-03		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
62991-1003-03	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
62991-1003-04		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
62991-1003-04	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
62991-1004-01		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
62991-1004-02		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
62991-1013-01		J0475		01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
62991-1013-02		J0475		01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
62991-1013-03		J0475		01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
62991-1013-04		J0475		09/15/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/15/2003	99/99/9999						
62991-1021-02		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAMINE (U.S.P.N.F.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
62991-1021-04		J3490		09/15/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAMINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/15/2003	99/99/9999						
62991-1023-02		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						

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
62991-1023-02	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1023-03		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1023-03	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1024-01		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1024-01	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1024-02		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1024-02	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1024-04		J7624		09/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25)	1	EA	BO	NA	GM	1 MG		1000	09/15/2003	99/99/9999						
62991-1024-04	KO	J7624	KO	09/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25)	1	EA	BO	NA	GM	1 MG		1000	09/15/2003	99/99/9999						
62991-1024-05		J7624		09/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25)	1	EA	BO	NA	GM	1 MG		1000	09/15/2003	99/99/9999						
62991-1024-05	KO	J7624	KO	09/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25)	1	EA	BO	NA	GM	1 MG		1000	09/15/2003	99/99/9999						
62991-1038-01		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
62991-1038-01	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
62991-1038-02		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
62991-1038-02	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
62991-1038-03		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
62991-1038-03	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
62991-1038-04		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
62991-1038-04	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
62991-1039-02		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000 MCG		1000	01/01/2002	99/99/9999						
62991-1039-03		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000 MCG		1000	01/01/2002	99/99/9999						
62991-1041-01		J7638		10/31/2011	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	GM	BO	NA	GM	1 MG		1000	10/31/2011	99/99/9999						
62991-1041-01	KO	J7638	KO	10/31/2011	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	GM	BO	NA	GM	1 MG		1000	10/31/2011	99/99/9999						
62991-1041-02		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1041-02	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1041-03		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1041-03	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1041-04		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1041-04	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1047-02		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	VL	NA	GM	50 MG		20	01/01/2002	99/99/9999						
62991-1051-02		J1435		01/01/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1051-03		J1435		09/15/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/15/2003	99/99/9999						
62991-1051-04		J1435		09/15/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/15/2003	99/99/9999						
62991-1072-01		J7699		09/01/2002	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	09/01/2002	99/99/9999						
62991-1072-02		J7699		09/01/2002	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	09/01/2002	99/99/9999						
62991-1095-01		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	01/01/2004	99/99/9999						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1095-03		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCANE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2004	99/99/9999						
62991-1095-04		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCANE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2004	99/99/9999						
62991-1095-06		J2001		04/01/2008	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCANE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10 MG		100	04/01/2008	99/99/9999						
62991-1108-01		J2760		01/01/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999						
62991-1108-02		J2760		01/01/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999						
62991-1108-03		J2760		09/15/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	09/15/2003	99/99/9999						
62991-1108-04		J2760		09/15/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	09/15/2003	99/99/9999						
62991-1122-02		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/A 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						
62991-1122-02		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/A ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2002	12/31/2013						
62991-1124-02		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
62991-1124-03		J2675		10/01/2007	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50 MG		20	10/01/2007	99/99/9999						
62991-1124-05		J2675		10/01/2007	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50 MG		20	10/01/2007	99/99/9999						
62991-1125-01		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
62991-1125-02		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
62991-1125-04		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
62991-1128-02		J0270		09/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG		800000	09/15/2003	99/99/9999						
62991-1128-06		J0270		09/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG		800000	09/15/2003	99/99/9999						
62991-1128-07		J0270		09/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG		800000	09/15/2003	99/99/9999						
62991-1128-08		J0270		09/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG		800000	09/15/2003	99/99/9999						
62991-1130-02		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2004	99/99/9999						
62991-1130-03		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2004	99/99/9999						
62991-1132-01		J2780		09/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	09/15/2003	99/99/9999						
62991-1132-02		J2780		09/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	09/15/2003	99/99/9999						
62991-1132-03		J2780		09/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	09/15/2003	99/99/9999						
62991-1132-04		J2780		09/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	09/15/2003	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						
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						
62991-1133-04		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						
62991-1152-01		J7681		01/01/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1152-01	KO	J7681	KO	01/01/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1152-02		J7681		01/01/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1152-02	KO	J7681	KO	01/01/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1156-01		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., BP, EP, MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1156-01	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., BP, EP, MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1156-02		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., BP, EP, MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1156-02	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., BP, EP, MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1156-03		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						
62991-1156-03	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., BP, EP, MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
62991-1173-02		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL GRADE)	1	EA	BO	NA	GM	50 MG		20	01/01/2008	99/99/9999	01/01/2002	09/01/2004		20		
62991-1173-04		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL GRADE)	1	EA	BO	NA	GM	50 MG		20	01/01/2008	99/99/9999	01/01/2002	09/01/2004		20		
62991-1173-05		J0285		01/01/2008	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (USP)	1	EA	BO	NA	GM	50 MG		20	01/01/2008	99/99/9999						
62991-1179-03		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1	EA	JR	NA	GM	0.5 MG		2000	01/01/2006	99/99/9999						
62991-1179-03	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1	EA	JR	NA	GM	0.5 MG		2000	01/01/2006	99/99/9999						
62991-1179-05		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1	EA	JR	NA	GM	0.5 MG		2000	01/01/2006	99/99/9999						
62991-1179-05	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1	EA	JR	NA	GM	0.5 MG		2000	01/01/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1206-01		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						
62991-1206-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P., MICRONIZED)	5	GM	BO	NA	GM	1 MG		1000	01/01/2016	99/99/9999						
62991-1206-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	12/31/2015						
62991-1257-01		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999						
62991-1257-02		J7510		09/15/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P., MICRO)	1	EA	NA	NA	GM	5 MG		200	09/15/2003	99/99/9999						
62991-1351-02		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1	EA	BO	NA	GM	300 MG		3.33333	01/01/2007	99/99/9999						
62991-1351-02	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1	EA	BO	NA	GM	300 MG		3.33333	01/01/2007	99/99/9999						
62991-1351-03		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1	EA	BO	NA	GM	300 MG		3.33333	01/01/2007	99/99/9999						
62991-1351-03	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1	EA	BO	NA	GM	300 MG		3.33333	01/01/2007	99/99/9999						
62991-1352-01		J3490		01/01/2007	99/99/9999	UNCLASSIFIED DRUGS	HYALURONIC ACID	1	EA	BO	NA	GM	1 EA		1	01/01/2007	99/99/9999						
62991-1352-02		J3490		01/01/2007	99/99/9999	UNCLASSIFIED DRUGS	HYALURONIC ACID	1	EA	NA	NA	GM	1 EA		1	01/01/2007	99/99/9999						
62991-1352-04		J3490		01/01/2007	99/99/9999	UNCLASSIFIED DRUGS	HYALURONIC ACID	1	EA	BO	NA	GM	1 EA		1	01/01/2007	99/99/9999						
62991-1382-01		J3350		01/01/2002	99/99/9999	UREA (U.S.P., N.F.)	UREA (U.S.P., N.F.)	1	EA	BO	NA	GM	40 GM		0.025	01/01/2002	99/99/9999						
62991-1412-01		J3150		09/01/2002	01/09/2013	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	09/01/2002	01/09/2013						
62991-1412-03		J3150		09/01/2002	12/21/2012	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	09/01/2002	12/21/2012						
62991-1422-01		J0735		09/15/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/15/2003	99/99/9999						
62991-1422-02		J0735		09/15/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/15/2003	99/99/9999						
62991-1486-01		J9190		08/17/2011	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1	GM	BO	NA	GM	500 MG		2	08/17/2011	99/99/9999						
62991-1486-02		J9190		09/15/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	09/15/2003	99/99/9999						
62991-1486-03		J9190		09/15/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	09/15/2003	99/99/9999						
62991-1513-01		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
62991-1513-02		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
62991-1513-03		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
62991-1530-02		J0520		09/15/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	09/15/2003	99/99/9999						
62991-1530-03		J0520		09/15/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	09/15/2003	99/99/9999						
62991-1533-01		J7516		09/15/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (U.S.P., A)	1	EA	BO	NA	GM	250 MG		4	09/15/2003	99/99/9999						
62991-1533-02		J7516		09/15/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (U.S.P., A)	1	EA	BO	NA	GM	250 MG		4	09/15/2003	99/99/9999						
62991-1533-05		J7516		01/01/2008	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (U.S.P., A)	1	EA	NA	NA	GM	250 MG		4	01/01/2008	99/99/9999						
62991-1568-01		J2150		09/15/2003	99/99/9999	INJECTION, MANNITOL, 25% N 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50 ML		0.08	01/01/2008	99/99/9999	09/15/2003	10/01/2007	0.08			
62991-1583-01		J0592		09/15/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE	1	EA	BO	NA	GM	0.1 MG		10000	09/15/2003	99/99/9999						
62991-1583-02		J0592		09/15/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE	1	EA	BO	NA	GM	0.1 MG		10000	09/15/2003	99/99/9999						
62991-1583-03		J0592		09/15/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE	1	EA	BO	NA	GM	0.1 MG		10000	09/15/2003	99/99/9999						
62991-1635-02		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						
62991-1635-03		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						
62991-1635-04		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						
62991-1635-05		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						
62991-1635-06		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						
62991-1685-01		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						
62991-1685-02		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						
62991-1685-03		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						
62991-1692-01		J2650		09/01/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED	1	EA	BO	NA	GM	1 ML		20	09/01/2002	99/99/9999						
62991-1692-02		J2650		09/01/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED	1	EA	BO	NA	GM	1 ML		20	09/01/2002	99/99/9999						
62991-1692-03		J2650		09/01/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED	1	EA	BO	NA	GM	1 ML		20	09/01/2002	99/99/9999						
62991-1707-01		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	12/31/2014						
62991-1707-01		J1070		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	5	GM	BO	NA	GM	1 MG		1000	01/01/2015	99/99/9999						
62991-1707-02		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	12/31/2014						
62991-1707-02		J1070		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1MG	TESTOSTERONE CYPIONATE (U.S.P.)	25	GM	BO	NA	GM	1 MG		1000	01/01/2015	99/99/9999						
62991-1707-03		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	12/31/2014						
62991-1707-03		J1070		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	100	GM	BO	NA	GM	1 MG		1000	01/01/2015	99/99/9999						
62991-1707-05		J1070		10/31/2011	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	10/31/2011	12/31/2014						
62991-1707-05		J1070																					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-2026-03	J3520			01/01/2002	99/99/9999	EDEDATE DISODIUM, PER 150 MG	EDEDATE DISODIUM (U.S.P./N.F.)	1 EA	BO	NA	GM	150 MG	6.66666	01/01/2002	99/99/9999								
62991-2026-04	J3520			09/15/2003	99/99/9999	EDEDATE DISODIUM, PER 150 MG	EDEDATE DISODIUM (DIHYDRATE)	1 EA	BO	NA	GM	150 MG	6.66666	09/15/2003	99/99/9999								
62991-2031-02	J1630			01/01/2002	99/99/9999	HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
62991-2031-03	J1630			01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
62991-2031-04	J1630			01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
62991-2042-02	J2765			01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	01/01/2002	99/99/9999								
62991-2042-03	J2765			01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	01/01/2002	99/99/9999								
62991-2068-02	J3411			01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (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			
62991-2068-04	J3411			10/01/2007	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X1000MG, USP)	1 EA	NA	NA	GM	100 MG	10	10/01/2007	99/99/9999								
62991-2150-01	J3140			09/01/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	09/01/2002	12/31/2014								
62991-2150-01	J3490			01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED (U.S.P.)	5 MG	BO	NA	GM	1 EA	1	01/01/2015	99/99/9999								
62991-2150-02	J3140			09/01/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	09/01/2002	12/31/2014								
62991-2150-02	J3490			01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED (U.S.P.)	25 MG	BO	NA	GM	1 EA	1	01/01/2015	99/99/9999								
62991-2150-03	J3140			09/01/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	09/01/2002	12/31/2014								
62991-2150-03	J3490			01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED (U.S.P.)	100 MG	BO	NA	GM	1 EA	1	01/01/2015	99/99/9999								
62991-2150-04	J3140			09/01/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	09/01/2002	12/31/2014								
62991-2150-04	J3490			01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED (U.S.P.)	500 MG	BO	NA	GM	1 EA	1	01/01/2015	99/99/9999								
62991-2184-02	J2675			09/01/2002	03/05/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1 EA	BO	NA	GM	50 MG	20	09/01/2002	03/05/2013								
62991-2184-03	J2675			09/01/2002	03/05/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1 EA	BO	NA	GM	50 MG	20	09/01/2002	03/05/2013								
62991-2184-04	J2675			09/01/2002	02/06/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1 EA	BO	NA	GM	50 MG	20	09/01/2002	02/06/2013								
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								
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								
62991-2516-01	J7640			01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1 EA	BO	NA	GM	12 MCG	83333.33	01/01/2006	99/99/9999								
62991-2516-01	CO	J7640	CO	01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1 EA	BO	NA	GM	12 MCG	83333.33	01/01/2006	99/99/9999								
62991-2516-03	J7640			01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1 EA	BO	NA	GM	12 MCG	83333.33	01/01/2006	99/99/9999								
62991-2516-03	CO	J7640	CO	01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1 EA	BO	NA	GM	12 MCG	83333.33	01/01/2006	99/99/9999								
62991-2562-01	J1835			11/01/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	NA	NA	GM	50 MG	20	11/01/2005	99/99/9999								
62991-2562-02	J1835			11/01/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	NA	NA	GM	50 MG	20	11/01/2005	99/99/9999								
62991-2562-03	J1835			11/01/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	NA	NA	GM	50 MG	20	11/01/2005	99/99/9999								
62991-2577-01	J0456			10/31/2011	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (U.S.P., MICRONIZED)	1000 GM	NA	NA	GM	500 MG	2	10/31/2011	99/99/9999								
62991-2577-02	J0456			10/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X100MG, USP)	1 EA	NA	NA	GM	500 MG	2	10/01/2007	99/99/9999								
62991-2577-03	J0456			10/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X500MG, USP)	1 EA	NA	NA	GM	500 MG	2	10/01/2007	99/99/9999								
62991-2599-01	J2405			01/01/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HYDROCHLORIDE (1X100MG)	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 (1X1000MG)	1 EA	BO	NA	GM	1 MG	1000	01/01/2006	99/99/9999								
62991-2664-01	J7507			10/01/2007	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (1X100MG)	0.1 GM	NA	NA	GM	1 MG	1000	10/01/2007	99/99/9999								
62991-2664-02	J7507			10/01/2007	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (1X500MG)	0.5 GM	NA	NA	GM	1 MG	1000	10/01/2007	99/99/9999								
62991-2664-03	J7507			10/01/2007	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (1X1GM)	1 EA	NA	NA	GM	1 MG	1000	10/01/2007	99/99/9999								
62991-2664-04	J7507			10/01/2007	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (1X5GM)	5 GM	NA	NA	GM	1 MG	1000	10/01/2007	99/99/9999								
62991-2700-01	J3121			10/17/2016	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, 1 MG	TESTOSTERONE ENANTHATE (USP, 1X1000GM)	1000 GM	BO	NA	GM	1 MG	1000	10/17/2016	99/99/9999								
62991-2707-02	J1956			01/01/2008	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN	1 EA	BO	NA	GM	250 MG	4	01/01/2008	99/99/9999								
62991-2707-03	J1956			01/01/2008	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN	1 EA	BO	NA	GM	250 MG	4	01/01/2008	99/99/9999								
63004-7731-01	J0800			01/01/2002	01/06/2013	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	H.P. ACTHAR (M.D.V.) 80 U/ML	5 ML	VL	VL	ML	40 U	2	01/01/2002	01/06/2013								
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	VL	ML	0.1 MG	35	01/01/2005	99/99/9999								
63275-1025-04	J2270			01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (U.S.P.)	25 GM	BO	NA	GM	10 MG	100	01/01/2015	99/99/9999								
63275-1025-04	J2271			12/03/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	12/03/2002	12/31/2014								
63275-1100-05	J2270			01/01/2015	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	99/99/9999								
63275-1100-05	J2271			12/03/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	12/03/2002	12/31/2014								
63275-1200-02	J1960			12/03/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	2 MG	500	12/03/2002	99/99/9999								
63275-1200-02	J1960			12/03/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	2 MG	500	12/03/2002	99/99/9999								
63275-1200-04	J1960			12/03/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO														

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
63275-9936-02		J1320		01/01/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X5GM, USP)	1	EA	BO	NA	GM	20 MG		50	01/01/2007	99/99/9999						
63275-9936-04		J1320		01/01/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X25GM, USP)	1	EA	BO	NA	GM	20 MG		50	01/01/2007	99/99/9999						
63275-9936-05		J1320		01/01/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X100GM, USP)	1	EA	BO	NA	GM	20 MG		50	01/01/2007	99/99/9999						
63275-9936-08		J1320		01/01/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X500GM, USP)	1	EA	BO	NA	GM	20 MG		50	01/01/2007	99/99/9999						
63275-9955-01		J2405		01/27/2005	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HCL	1	EA	BO	NA	GM	1 MG		1000	01/27/2005	99/99/9999						
63275-9955-06		J2405		01/27/2005	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HCL	1	EA	BO	NA	GM	1 MG		1000	01/27/2005	99/99/9999						
63275-9955-07		J2405		01/27/2005	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HCL	1	EA	BO	NA	GM	1 MG		1000	01/27/2005	99/99/9999						
63275-9955-01		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						
63275-9955-02		J7507		09/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS	5	EA	BO	NA	GM	1 MG		1000	09/01/2004	99/99/9999						
63275-9955-06		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						
63275-9955-07		J7507		09/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS	0.5	GM	BO	NA	GM	1 MG		1000	09/01/2004	99/99/9999						
63275-9960-01		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1	EA	BO	NA	GM	200 MG		5	05/01/2004	99/99/9999						
63275-9960-02		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1	EA	BO	NA	GM	200 MG		5	05/01/2004	99/99/9999						
63275-9960-04		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1	EA	BO	NA	GM	200 MG		5	05/01/2004	99/99/9999						
63275-9960-05		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1	EA	BO	NA	GM	200 MG		5	05/01/2004	99/99/9999						
63275-9963-01		J1835		06/04/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	BO	NA	GM	50 MG		20	06/04/2004	99/99/9999						
63275-9963-02		J1835		06/04/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	BO	NA	GM	50 MG		20	06/04/2004	99/99/9999						
63275-9963-04		J1835		06/04/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	BO	NA	GM	50 MG		20	06/04/2004	99/99/9999						
63275-9963-09		J1835		06/04/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	BO	NA	GM	50 MG		20	06/04/2004	99/99/9999						
63275-9965-02		J0456		01/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X5GM, USP)	1	EA	BO	NA	GM	500 MG		2	01/01/2007	99/99/9999						
63275-9965-03		J0456		01/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X10GM, USP)	1	EA	BO	NA	GM	500 MG		2	01/01/2007	99/99/9999						
63275-9965-04		J0456		01/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X25GM, USP)	1	EA	BO	NA	GM	500 MG		2	01/01/2007	99/99/9999						
63275-9965-05		J0456		01/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X100GM, USP)	1	EA	BO	NA	GM	500 MG		2	01/01/2007	99/99/9999						
63275-9974-01		J0735		01/01/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (BULK COMPOUND)	1	EA	JR	NA	GM	1 MG		1000	01/01/2003	99/99/9999						
63275-9974-02		J0735		01/01/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (BULK COMPOUND)	1	EA	JR	NA	GM	1 MG		1000	01/01/2003	99/99/9999						
63275-9974-03		J0735		01/01/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (BULK COMPOUND)	1	EA	JR	NA	GM	1 MG		1000	01/01/2003	99/99/9999						
63275-9979-02		J2060		12/04/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	12/04/2002	99/99/9999						
63275-9979-04		J2060		12/04/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	12/04/2002	99/99/9999						
63275-9979-05		J2060		12/04/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	12/04/2002	99/99/9999						
63275-9981-05		J2675		12/04/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50 MG		20	12/04/2002	99/99/9999						
63275-9981-08		J2675		12/04/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50 MG		20	12/04/2002	99/99/9999						
63275-9981-09		J2675		12/04/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50 MG		20	12/04/2002	99/99/9999						
63275-9982-04		J1070		12/04/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	12/04/2002	12/31/2014						
63275-9982-04		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	25	GM	BO	NA	GM	1 MG		1000	01/01/2015	99/99/9999						
63275-9982-05		J1070		12/04/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	12/04/2002	12/31/2014						
63275-9982-05		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	100	GM	BO	NA	GM	1 MG		1000	01/01/2015	99/99/9999						
63275-9982-09		J1070		12/04/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	12/04/2002	12/31/2014						
63275-9982-09		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1000	GM	BO	NA	GM	1 MG		1000	01/01/2015	99/99/9999						
63275-9983-04		J3140		12/04/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED	1	EA	JR	NA	GM	50 MG		20	12/04/2002	12/31/2014						
63275-9983-04		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED	25	GM	JR	NA	GM	1 EA		1	01/01/2015	99/99/9999						
63275-9983-05		J3140		12/04/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED	1	EA	JR	NA	GM	50 MG		20	12/04/2002	12/31/2014						
63275-9983-05		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED	100	GM	JR	NA	GM	1 EA		1	01/01/2015	99/99/9999						
63275-9983-08		J3140		12/04/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED	1	EA	JR	NA	GM	50 MG		20	12/04/2002	12/31/2014						
63275-9983-08		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED	500	GM	JR	NA	GM	1 EA		1	01/01/2015	99/99/9999						
63275-9983-09		J3140		12/04/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED	1	EA	JR	NA	GM	50 MG		20	12/04/2002	12/31/2014						
63275-9983-09		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED	1000	GM	JR	NA	GM	1 EA		1	01/01/2015	99/99/9999						
63275-9986-01		J1435		12/04/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	12/04/2002	99/99/9999						
63275-9986-02		J1435		12/04/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	12/04/2002	99/99/9999						
63275-9986-04		J1435		12/04/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	12/04/2002	99/99/9999						
63275-9988-09		J0270		12/04/2002	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)	PROSTAGLANDIN E1 (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG		800000	12/04/2002	99/99/9999						
63275-9988-01		J2760		12/04/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	12/04/2002	99/99/9999						
63275-9988-06		J2760		12/04/2002	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
63275-9998-02	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
63275-9998-04		J7645		01/01/2007	99/99/9999	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	99/99/9999						
63275-9998-04	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
63275-9998-05		J7645		01/01/2007	99/99/9999	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	99/99/9999						
63275-9998-05	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
63275-9999-04		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						
63275-9999-04	KO	J7609	KO	01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
63275-9999-05		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						
63275-9999-05	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						
63304-0458-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1 MG		4	01/01/2012	99/99/9999						
63304-0459-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1 MG		8	01/01/2012	99/99/9999						
63304-0504-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
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						
63304-0652-05		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
63323-0010-02		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (M.D.V.) 40 MG/ML	2	ML	VL	U	ML	80 MG		0.5	01/01/2002	99/99/9999						
63323-0010-20		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (M.D.V.) 40 MG/ML	20	ML	VL	U	ML	80 MG		0.5	01/01/2002	99/99/9999						
63323-0011-15		J0720		01/01/2002	99/99/9999	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	CHLORAMPHENICOL SODIUM SUCCINATE (VAL.PF) 1 GM	1	EA	VL	IV	GM	1 GM		1	01/01/2002	99/99/9999						
63323-0012-01		J2590		01/01/2002	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (VAL.P.C.) 10 U/ML	1	ML	VL	IV	ML	10 U		1	01/01/2002	99/99/9999						
63323-0012-10		J2590		01/01/2002	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (M.D.V.) 10 U/ML	10	ML	VL	IV	ML	10 U		1	01/01/2002	99/99/9999						
63323-0012-12		J2590		01/28/2008	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	NOVAPLUS OXYTOCIN (25X1ML,USP) 10 U/ML	1	ML	VL	U	ML	10 U		1	01/28/2008	99/99/9999						
63323-0012-30		J2590		09/24/2007	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (10X30ML,MDV) 10 U/ML	30	ML	VL	IV	ML	10 U		1	09/24/2007	99/99/9999						
63323-0013-02		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (M.D.V.) 100 MG/ML	2	ML	VL	U	ML	100 MG		1	01/01/2004	99/99/9999						
63323-0017-10		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPFLUSH-10 (S.D.V.PF) 10 U/ML	10	ML	VL	IV	ML	10 U		1	01/01/2002	99/99/9999						
63323-0024-25		J2150		01/01/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (FLPOFF TOP.PF) 25%	50	ML	VL	IV	ML	50 ML		0.02	01/01/2002	99/99/9999						
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						
63323-0044-01		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						
63323-0047-10		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						
63323-0064-02		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						
63323-0064-03		J3475		01/30/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (25X2ML,PF) 500 MG/1 ML	2	ML	VL	U	ML	500 MG		1	01/30/2018	99/99/9999						
63323-0064-10		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.P.C.PF) 500 MG/ML	10	ML	VL	U	ML	500 MG		1	01/01/2002	99/99/9999						
63323-0064-11		J3475		01/30/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (25X10ML,PF) 500 MG/1 ML	10	ML	VL	U	ML	500 MG		1	01/30/2018	99/99/9999						
63323-0064-20		J3475		01/01/2002	05/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.) 500 MG/ML	20	ML	VL	U	ML	500 MG		1	01/01/2002	05/17/2016						
63323-0064-50		J3475		01/01/2002	05/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.) 500 MG/ML	50	ML	VL	U	ML	500 MG		1	01/01/2002	05/17/2016						
63323-0088-61		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (MAXIVAL BULK 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 (MAXIVAL BULK PACK.PF) 23.4%	200	ML	VL	IV	ML	1 EA		1	01/01/2002	99/99/9999						
63323-0101-61		J9000		08/06/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP STERILE MDV.PF) 2 MG/ML	100	ML	VL	IV	ML	10 MG		0.2	08/06/2007	99/99/9999						
63323-0104-05		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	5	ML	VL	IV	ML	10 MG		2	01/01/2002	99/99/9999						
63323-0104-25		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	25	ML	VL	IV	ML	10 MG		2	01/01/2002	99/99/9999						
63323-0104-50		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	50	ML	VL	IV	ML	10 MG		2	01/01/2002	99/99/9999						
63323-0105-10		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (VAL.PF) 500 MG	1	EA	VL	IV	EA	5 MG		100	01/01/2006	99/99/9999						
63323-0106-01		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (FREEFLEX BAG LATEX-FREE) 40 MG/1 ML	100	ML	FC	IV	ML	500 MG		0.08	06/03/2016	99/99/9999						
63323-0106-05		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (FREEFLEX BAG LATEX-FREE) 40 MG/1 ML	50	ML	FC	IV	ML	500 MG		0.08	06/03/2016	99/99/9999						
63323-0106-10		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (FREEFLEX BAG LATEX-FREE) 40 MG/1 ML	100	ML	FC	IV	ML	500 MG		0.08	06/03/2016	99/99/9999						
63323-0108-15		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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	PREMIERPRO RX MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	50	ML	BG	IV	ML	500	MG	0.08	03/14/2017	99/99/9999						
63323-0107-05		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 60 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.16	06/03/2016	99/99/9999						
63323-0108-01		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE-DEXTROSE (FREEFLEX BAG,LATEX-FREE) 5%-1 GM/100 ML	100	ML	FC	IV	ML	500	MG	0.02	06/03/2016	99/99/9999						
63323-0108-26		J3475		03/14/2017	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	PREMIERPRO RX MAGNESIUM SULFATE-DEXTROSE (FREEFLEX BAG,LATEX-FREE) 5%-1 GM/100 ML	100	ML	BG	IV	ML	500	MG	0.02	03/14/2017	99/99/9999						
63323-0113-10		J7676		01/01/2008	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAM (S.D.V.,PF) 300 MG	1	EA	VL	U	EA	300	MG	1	01/01/2008	99/99/9999						
63323-0113-10	CO	J7676	CO	01/01/2008	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAM (S.D.V.,PF) 300 MG	1	EA	VL	U	EA	300	MG	1	01/01/2008	99/99/9999						
63323-0117-10		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (S.D.V.,PF) 50 MG/ML	10	ML	VL	IV	ML	500	MG	0.1	01/01/2002	99/99/9999						
63323-0117-20		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (S.D.V.,PF) 50 MG/ML	20	ML	VL	IV	ML	500	MG	0.1	01/01/2002	99/99/9999						
63323-0117-51		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/ML	50	ML	VL	IV	ML	500	MG	0.1	01/01/2002	99/99/9999						
63323-0117-61		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/ML	100	ML	VL	IV	ML	500	MG	0.1	01/01/2002	99/99/9999						
63323-0119-08		J9150		01/01/2002	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (S.D.V.,PF) 20 MG	1	EA	VL	IV	EA	10	MG	2	01/01/2002	99/99/9999						
63323-0121-02		J9250		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	2	ML	VL	U	ML	5	MG	5	01/01/2002	99/99/9999						
63323-0121-04		J9250		01/01/2002	02/03/2016	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	4	ML	VL	U	ML	5	MG	5	01/01/2002	02/03/2016						
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	5	MG	5	01/01/2002	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						
63323-0121-40		J9250		03/08/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VAL,PF) 25 MG/ML	40	ML	VL	U	ML	5	MG	5	03/08/2002	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						
63323-0123-02		J9250		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VAL) 25 MG/ML	2	ML	VL	U	ML	5	MG	5	01/01/2002	99/99/9999						
63323-0123-10		J9250		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VAL) 25 MG/ML	10	ML	VL	U	ML	5	MG	5	01/01/2002	99/99/9999						
63323-0127-10		J9130		01/01/2002	99/99/9999	DACARBAZINE, 100 MG	DACARBAZINE (S.D.V.) 100 MG	1	EA	VL	IV	EA	100	MG	1	01/01/2002	99/99/9999						
63323-0130-11		J3490		10/29/2003	99/99/9999	UNCLASSIFIED DRUGS	DOXY 100 (VAL,PF) 100 MG	10	EA	VL	IV	EA	1	MG	1	10/29/2003	99/99/9999						
63323-0132-10		J9293		03/17/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,PF,LATEX-FREE) 2 MG/ML	10	ML	VL	IV	ML	5	MG	0.4	03/17/2006	99/99/9999						
63323-0132-12		J9293		03/17/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,PF,LATEX-FREE) 2 MG/ML	12.5	ML	VL	IV	ML	5	MG	0.4	03/17/2006	99/99/9999						
63323-0132-15		J9293		03/17/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,PF,LATEX-FREE) 2 MG/ML	15	ML	VL	IV	ML	5	MG	0.4	03/17/2006	99/99/9999						
63323-0139-20		J7799		01/01/2002	02/15/2013	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (S.D.V.) 14.6%	20	ML	VL	IV	ML	1	EA	1	01/01/2002	02/15/2013						
63323-0139-40		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (S.D.V.) 14.6%	40	ML	VL	IV	ML	1	EA	1	01/01/2002	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						
63323-0142-10		J9208		07/25/2002	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (S.D.V.) 1 GM	1	EA	VL	IV	EA	1	GM	1	07/25/2002	99/99/9999						
63323-0142-12		J9208		11/18/2002	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV) 1 GM	1	EA	VL	IV	EA	1	GM	1	11/18/2002	99/99/9999						
63323-0145-07		J9200		01/01/2002	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						
63323-0148-01		J9390		06/22/2005	99/99/9999	INJECTION, VINOIRELBINE TARTRATE, 10 MG	VINOIRELBINE TARTRATE (USP,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	06/22/2005	99/99/9999						
63323-0148-05		J9390		06/22/2005	99/99/9999	INJECTION, VINOIRELBINE TARTRATE, 10 MG	VINOIRELBINE TARTRATE (USP,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	06/22/2005	99/99/9999						
63323-0151-00		J9178		12/07/2007	99/99/9999	INJECTION, EPRUBICIN HCL, 2 MG	EPRUBICIN HYDROCHLORIDE (1X100ML,PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	12/07/2007	99/99/9999						
63323-0151-25		J9178		12/07/2007	99/99/9999	INJECTION, EPRUBICIN HCL, 2 MG	EPRUBICIN HYDROCHLORIDE (1X25ML,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	12/07/2007	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						
63323-0162-01		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						
63323-0162-02		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						
63323-0165-01		J1100		01/01/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (VAL) 4 MG/ML	1	ML	VL	U	ML	1	MG	4	01/01/2002	99/99/9999						
63323-0165-05		J1100		01/01/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	5	ML	VL	U	ML	1	MG	4	01/01/2002	99/99/9999						
63323-0165-30		J1100		01/01/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	30	ML	VL	U	ML	1	MG	4	01/01/2002	99/99/9999						
63323-0167-21		J9045		04/01/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 150 MG	1	EA	VL	IV	EA	50	MG	3	04/01/2004	99/99/9999						
63323-0172-45		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						
63323-0172-60		J9045		04/07/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (60MG/60ML,LATEX-FREE) 10 MG/ML	60	ML	VL	IV	ML	50	MG	0.2	04/07/2006	99/99/9999						
63323-0173-02		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE PEDIATRIC (PEDIATRIC S.D.V.,PF) 10 MG/ML	2	ML	VL	U	ML	80	MG	0.125	01/01/2002	99/99/9999						
63323-0180-01		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (M.D.V.,AMBER) 100 MG/ML	1	ML	VL	U	ML	100	MG	1	01/01/2004	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						
63323-0185-05		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	5	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
63323-0185-10		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,P.C.)	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
63323-0185-20		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,P.C.)	20	ML	VL	IV	ML	10	ML	0.								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0186-02		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	2	ML	VL	IV	ML	10 ML		0.1	01/01/2007	99/99/9999						
63323-0186-10		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	10	ML	VL	IV	ML	10 ML		0.1	01/01/2004	99/99/9999						
63323-0186-20		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	20	ML	VL	IV	ML	10 ML		0.1	01/01/2004	99/99/9999						
63323-0187-30		J7799		01/01/2002	01/15/2013	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (S.D.V.,PF) 23.4%	30	ML	VL	IV	ML	1 EA		1	01/01/2002	01/15/2013						
63323-0193-02		J9206		02/05/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SINGLE DOSE) 20 MG/ML	2	ML	VL	IV	ML	20 MG		1	02/05/2008	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						
63323-0196-06		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						
63323-0201-02		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						
63323-0201-10		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						
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						
63323-0203-20		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						
63323-0203-26		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						
63323-0208-05		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						
63323-0221-10		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						
63323-0221-38		J3370		01/10/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 500 MG	25	EA	VL	IV	EA	500 MG		1	01/10/2018	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						
63323-0229-15		J2720		01/07/2008	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	NOVAPLUS PROTAMINE SULFATE (25X5ML,SDV,FLIPTOP,USP) 10 MG/ML	5	ML	VL	IV	ML	10 MG		1	01/07/2008	99/99/9999						
63323-0229-30		J2720		01/01/2002	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (S.D.V.) 10 MG/ML	25	ML	VL	IV	ML	10 MG		1	01/01/2002	99/99/9999						
63323-0229-35		J2720		01/07/2008	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	NOVAPLUS PROTAMINE SULFATE (1X25ML,SDV,FLIPTOP,USP) 10 MG/ML	25	ML	VL	IV	ML	10 MG		1	01/07/2008	99/99/9999						
63323-0236-10		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL,PF) 500 MG	1	EA	VL	U	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						
63323-0237-65		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						
63323-0238-61		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (BULK PACKAGE,PF) 10 GM	1	EA	VL	U	EA	500 MG		20	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						
63323-0255-03		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	40 MG		1	09/22/2004	99/99/9999						
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						
63323-0259-30		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						
63323-0261-10		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE IN SESAME OIL (M.D.V.) 50 MG/ML	10	ML	VL	IM	ML	50 MG		1	01/01/2002	99/99/9999						
63323-0262-01		J1644		01/01/2002	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	01/01/2002	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						
63323-0269-20		J3490		02/21/2008	03/06/2013	UNCLASSIFIED DRUGS	DIPRIVAN (20X25ML) 10 MG/ML	20	ML	VL	IV	ML	1 EA		1	02/21/2008	03/06/2013						
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						
63323-0269-50		J3490		04/28/2008	99/99/9999	UNCLASSIFIED DRUGS	DIPRIVAN (20X50ML) 10 MG/ML	50	ML	VL	IV	ML	1 EA		1	04/28/2008	99/99/9999						
63323-0269-57		J3490		03/05/2008	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS DIPRIVAN (20X50ML) 10 MG/ML	50	ML	VL	IV	ML	1 EA		1	03/05/2008	99/99/9999						
63323-0269-65		J3490		03/06/2008	99/99/9999	UNCLASSIFIED DRUGS	DIPRIVAN (10X100ML) 10 MG/ML	100	ML	VL	IV	ML	1 EA		1	03/06/2008	99/99/9999						
63323-0269-67		J3490		02/01/2008	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS DIPRIVAN (10X100ML, INFUSION) 10 MG/ML	100	ML	VL	IV	ML	1 EA		1	02/01/2008	99/99/9999						
63323-0272-05		J2680		01/01/2002	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (M.D.V.) 25 MG/ML	5	ML	VL	U	ML	25 MG		1	01/01/2002	99/99/9999						
63323-0276-02		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (S.D.V.) 1000 U/ML	2	ML	VL	U	ML	1000 U		1	01/01/2002	99/99/9999						
63323-0278-10		J9360		01/01/2002	99/99/9999	INJECTION, VINBLASTINE SULFATE, 1 MG	VINBLASTINE SULFATE (M.D.V.) 1 MG/ML	10	ML	VL	IV	ML	1 MG		1	01/01/2002	99/99/9999						
63323-0280-02		J1940		01/01/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	2	ML	VL	U	ML	20 MG		0.5	01/01/2002	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						
63323-0280-10		J1940		01/01/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	10	ML	VL	U	ML	20 MG		0.5	01/01/2002	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	U	ML	1 EA		1	05/11/2007	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						
63323-0282-06		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						
63323-0282-80		J3490		05/11/2007	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (USP) 150 MG/ML	60	ML	VL	IV	ML	1 EA		1	05/11/2007	99/99/9999						
63323-0284-20		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,PF) 1 GM	1	EA	VL	IV	EA	500 MG		2	01/01/2002	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						
63323-0285-61		J2795		11/03/2014	99/99/9999	INJECTION, ROPIVACINE HYDROCHLORIDE, 1 MG	NAROPIN (IN FREEFLEX BAG,PF) 2 MG/ML	100	ML	BG	U	ML	1 MG		2	11/03/2014	99/99/9999						
63323-0285-63		J2795		11/03/2014	99/9																		

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	
63323-0307-51		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	IJ	ML	80	MG	0.5	04/05/2004	99/99/9999							
63323-0308-61		J1450		07/08/2004	11/14/2012	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (GLASS BOTTLE) 200 MG/100 ML	100	ML	VL	IV	ML	200	MG	0.01	07/08/2004	11/14/2012							
63323-0308-63		J1450		07/08/2004	11/14/2012	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (GLASS BOTTLE) 400 MG/200 ML	200	ML	VL	IV	ML	200	MG	0.01	07/08/2004	11/14/2012							
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							
63323-0311-19		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	10	ML	0.1	03/26/2015	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							
63323-0311-59		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							
63323-0311-61		J0610		01/01/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (MAXIVAL BULK PACK,PF) 100 MG/ML	100	ML	VL	IV	ML	10	ML	0.1	01/01/2002	99/99/9999							
63323-0311-63		J0610		01/01/2002	02/15/2013	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (MAXIVAL BULK PACK) 100 MG/ML	200	ML	VL	IV	ML	10	ML	0.1	01/01/2002	02/15/2013							
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	10	ML	0.1	03/26/2015	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							
63323-0314-68		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							
63323-0317-01		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							
63323-0318-01		J1626		06/25/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X1ML,SDV,PF) 1 MG/ML	1	ML	VL	IV	ML	100	MCG	10	06/25/2008	99/99/9999							
63323-0319-04		J1626		06/25/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML,MDV) 1 MG/ML	4	ML	VL	IV	ML	100	MCG	10	06/25/2008	99/99/9999							
63323-0325-10		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (S.D.V.,PF) 50 MG/ML	10	ML	VL	IV	ML	5	MG	10	01/01/2006	99/99/9999							
63323-0325-20		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (S.D.V.,PF) 50 MG/ML	20	ML	VL	IV	ML	5	MG	10	01/01/2006	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	IJ	EA	500	MG	2	03/17/2008	99/99/9999							
63323-0329-30		J3490		04/23/2004	99/99/9999	UNCLASSIFIED DRUGS	BACTRACIN (LATEX-FREE) 5000 U	1	EA	VL	IM	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	IJ	EA	250	MG	1	02/16/2006	99/99/9999							
63323-0345-10		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (S.D.V.) 500 MG	1	EA	VL	IJ	EA	250	MG	2	02/16/2006	99/99/9999							
63323-0346-10		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (S.D.V.) 1 GM	1	EA	VL	IJ	EA	250	MG	4	02/16/2006	99/99/9999							
63323-0347-20		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (S.D.V.) 2 GM	1	EA	VL	IJ	EA	250	MG	8	02/16/2006	99/99/9999							
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	02/16/2006	99/99/9999							
63323-0356-10		J0637		07/28/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LATEX-FREE) 50 MG	10	EA	VL	IV	EA	5	MG	10	07/28/2017	99/99/9999							
63323-0358-10		J0637		07/28/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LATEX-FREE) 70 MG	10	EA	VL	IV	EA	5	MG	14	07/28/2017	99/99/9999							
63323-0359-03		J1840		01/03/2003	01/31/2013	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE 1 GM/3 ML	3	ML	VL	IJ	ML	500	MG	0.666	01/03/2003	01/31/2013							
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							
63323-0360-59		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							
63323-0360-61		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	10	ML	0.1	08/31/2017	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	IJ	ML	25	MCG	2	04/13/2006	99/99/9999							
63323-0366-01		J1240		07/01/2004	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	07/01/2004	99/99/9999							
63323-0368-20		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	IJ	EA	1.5	GM	1	11/30/2005	99/99/9999							
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	IJ	EA	1.5	GM	2	11/30/2005	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							
63323-0371-10		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							
63323-0373-02		J2405		12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,25X2ML,PF) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	12/27/2006	99/99/9999							
63323-0374-20		J2405		12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	12/27/2006	99/99/9999							
63323-0376-01		J2354		04/13/2006	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,1MLX10,PF) 100 MCG/ML	1	ML	VL	IJ	ML	25	MCG	4	04/13/2006	99/99/9999							
63323-0377-01		J2354		04/13/2006	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,1MLX10,PF) 500 MCG/ML	1	ML	VL	IJ	ML	25	MCG	20	04/13/2006	99/99/9999							
63323-0378-05		J2354		05/12/2006	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 200 MCG/ML	5	ML	VL	IJ	ML	25	MCG	8	05/12/2006	99/99/9999							
63323-0379-05		J2354		05/12/2006	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 1000 MCG/ML	5	ML	VL	IJ	ML	25	MCG	40	05/12/2006	99/99/9999							
63323-0382-10		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	IJ	ML	0.5	MG	1	01/01/2002	99/99/9999							
63323-0383-10		J2710		01/01/2002	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.,AMBER) 1 MG/ML	10	ML	VL	IJ	ML	0.5	MG	2	01/01/2002	99/99/9999							
63323-0385-10		J3490		08/13/2007	99/99/9999	UNCLASSIFIED DRUGS	CEFOTETAN 1 GM	1	EA	VL	IJ	EA	1	EA	1	08/13/2007	99/99/9999							
63323-0386-20		J3490		08/13/2007	99/99/9999	UNCLASSIFIED DRUGS	CEFOTETAN 2 GM	1	EA	VL	IJ	EA	1	EA	1	08/13/2007	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	IJ	EA	500	MG	0.5	01/01/2002	01/04/2017							
63323-0388-10		J0290		01/01/2002	11/30/2017																			

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	
63323-0400-05		J1953		11/13/2015	99/99/9999	INJECTION, LEVETIRACETAM, 100 MG	LEVETIRACETAM (SINGLE USE LATEX-FREE) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	11/13/2015	99/99/9999							
63323-0404-00		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							
63323-0407-03		J0706		08/03/2007	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (USP SDV,PF) 20 MG/ML	3	ML	VL	IV	ML	5	MG	4	08/03/2007	99/99/9999							
63323-0411-10		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	10	ML	VL	U	ML	1	MG	1	01/01/2002	99/99/9999							
63323-0411-12		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	2	ML	VL	U	ML	1	MG	1	01/01/2002	99/99/9999							
63323-0411-25		J2250		12/08/2003	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	5	ML	VL	U	ML	1	MG	1	12/08/2003	99/99/9999							
63323-0412-02		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	2	ML	VL	U	ML	1	MG	5	01/01/2002	99/99/9999							
63323-0412-05		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	5	ML	VL	U	ML	1	MG	5	01/01/2002	99/99/9999							
63323-0412-10		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	10	ML	VL	U	ML	1	MG	5	01/01/2002	99/99/9999							
63323-0412-25		J2250		01/07/2004	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	1	ML	VL	U	ML	1	MG	5	01/07/2004	99/99/9999							
63323-0413-10		J2710		02/18/2015	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (MDV, USP) 0.5 MG/ML	10	ML	VL	IV	ML	0.5	MG	1	02/18/2015	99/99/9999							
63323-0415-10		J2710		02/18/2015	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (MDV, USP) 1 MG/ML	10	ML	VL	IV	ML	0.5	MG	2	02/18/2015	99/99/9999							
63323-0451-01		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	U	ML	10	MG	1	05/23/2018	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	10	MG	0.2	05/23/2018	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	U	ML	10	MG	0.4	05/23/2018	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	U	ML	10	MG	0.5	05/23/2018	99/99/9999							
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	U	ML	10	MG	0.8	05/23/2018	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							
63323-0469-05		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							
63323-0469-51		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	50	MG	1	01/01/2002	99/99/9999							
63323-0471-01		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 100 MG/ML	1	ML	VL	IM	ML	50	MG	2	01/01/2002	99/99/9999							
63323-0471-05		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 100 MG/ML	5	ML	VL	IM	ML	50	MG	2	01/01/2002	99/99/9999							
63323-0471-51		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							
63323-0471-55		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL AMERINET CHOICE (M.D.V., FLIP-TOP) 100 MG/ML	5	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							
63323-0506-01		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							
63323-0513-02		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	U	ML	80	MG	0.125	01/01/2002	99/99/9999							
63323-0516-10		J1100		08/23/2005	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML	10	ML	VL	U	ML	1	MG	10	08/23/2005	99/99/9999							
63323-0517-74		J1644		06/15/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM-SODIUM CHLORIDE (FREEFLEX BAG, LATEX-FREE) 25000 U/250 ML-0.45%	250	ML	BG	IV	ML	1000	U	0.1	06/15/2018	99/99/9999							
63323-0518-77		J1644		06/15/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM-SODIUM CHLORIDE (FREEFLEX BAG, LATEX-FREE) 25000 U/500 ML-0.45%	500	ML	BG	IV	ML	1000	U	0.05	06/15/2018	99/99/9999							
63323-0522-77		J1644		06/15/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM-DEXTROSE (FREEFLEX BAG, LATEX-FREE) 5%-25000 U/500 ML	500	ML	BG	IV	ML	1000	U	0.05	06/15/2018	99/99/9999							
63323-0523-74		J1644		06/15/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM-DEXTROSE (FREEFLEX BAG, LATEX-FREE) 5%-25000 U/250 ML	250	ML	BG	IV	ML	1000	U	0.1	06/15/2018	99/99/9999							
63323-0540-01		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V., P.C.) 1000 U/ML	1	ML	VL	U	ML	1000	U	1	01/01/2002	99/99/9999							
63323-0540-11		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	10	ML	VL	U	ML	1000	U	1	01/01/2002	99/99/9999							
63323-0540-31		J1644		01/01/2002	99/99/9999	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	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							
63323-0542-07		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 10000 U/ML	5	ML	VL	U	ML	1000	U	10	01/01/2002	99/99/9999							
63323-0544-01		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V., P.C.) 10 U/ML	1	ML	VL	IV	ML	10	U	1	01/01/2002	99/99/9999							
63323-0544-11		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V.) 10 U/ML	10	ML	VL	IV	ML	10	U	1	01/01/2002	99/99/9999							
63323-0545-01		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V., P.C.) 100 U/ML	1	ML	VL	IV	ML	10	U	10	01/01/2002	99/99/9999							
63323-0545-05		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V.) 100 U/ML	5	ML	VL	IV	ML	10	U	10	01/01/2002	99/99/9999							
63323-0565-86		J1650		04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (MDV; RED LABEL) 100 MG/ML	3	ML	VL	U	ML	10	MG	10	04/01/2015	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/0.3 ML	0.3	ML	SR	SC	ML	10	MG	10	04/01/2015	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	10	MG	10	04/01/2015	99/99/9999							
63323-0568-87		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							
63323-0568-88		J1650		04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (ORANGE LABEL, PF) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	04/01/2015	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
63323-0569-84		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						
63323-0572-70		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						
63323-0580-20		J0461		05/22/2018	99/99/9999	INJECTION, ATROPINE SULFATE, 0.01 MG	ATROPINE SULFATE 0.4 MG/1 ML	20	ML	VL	U	ML	0.01	MG	40	05/22/2018	99/99/9999						
63323-0604-01		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANLOL HCL, UP TO 1 MG	PROPRANLOL HCL (S.D.V.) 1 MG/ML	1	ML	VL	U	ML	1	MG	1	01/01/2002	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						
63323-0614-55		J0360		03/26/2007	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	NOVAPLUS HYDRALAZINE HYDROCHLORIDE (USP,SDV LATEX-FREE) 20 MG/ML	1	ML	VL	U	ML	20	MG	1	03/26/2007	99/99/9999						
63323-0616-03		J0282		08/02/2002	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (S.D.V.) 50 MG/ML	3	ML	VL	IV	ML	30	MG	1.66666	08/02/2002	99/99/9999						
63323-0616-09		J0282		12/16/2003	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (S.D.V.) 50 MG/ML	9	ML	VL	IV	ML	30	MG	1.66666	12/16/2003	99/99/9999						
63323-0617-10		J2260		05/14/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	05/14/2002	99/99/9999						
63323-0617-20		J2260		05/14/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	05/14/2002	99/99/9999						
63323-0617-50		J2260		05/14/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	50	ML	VL	IV	ML	5	MG	0.2	05/14/2002	99/99/9999						
63323-0637-10		J9017		09/19/2018	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (10X10 SDV,PF LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	09/19/2018	99/99/9999						
63323-0642-20		J3475		05/18/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/1 ML	20	ML	VL	U	ML	500	MG	1	05/18/2016	99/99/9999						
63323-0642-50		J3475		05/18/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/1 ML	50	ML	VL	U	ML	500	MG	1	05/18/2016	99/99/9999						
63323-0651-02		J0150		06/27/2005	12/31/2014	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	ADENOSINE (PF) 3 MG/ML	2	ML	VL	IV	ML	6	MG	0.5	06/27/2005	12/31/2014						
63323-0651-02		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (PF) 3 MG/ML	2	ML	VL	IV	ML	1	MG	3	01/01/2015	99/99/9999						
63323-0651-04		J0150		06/27/2005	12/31/2014	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	ADENOSINE (PF) 3 MG/ML	4	ML	VL	IV	ML	6	MG	0.5	06/27/2005	12/31/2014						
63323-0651-04		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (PF) 3 MG/ML	4	ML	VL	IV	ML	1	MG	3	01/01/2015	99/99/9999						
63323-0651-20		J0153		05/02/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	05/02/2018	99/99/9999						
63323-0651-30		J0153		05/02/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	30	ML	VL	IV	ML	1	MG	3	05/02/2018	99/99/9999						
63323-0651-89		J0153		03/11/2019	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	SIMPLIST ADENOSINE (PF,LATEX-FREE) 3 MG/1 ML	2	ML	SR	IV	ML	1	MG	3	03/11/2019	99/99/9999						
63323-0651-90		J0153		03/11/2019	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	SIMPLIST ADENOSINE (PF,LATEX-FREE) 3 MG/1 ML	4	ML	SR	IV	ML	1	MG	3	03/11/2019	99/99/9999						
63323-0664-01		J1200		06/12/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	INJECTION, DIPHENHYDRAMINE HCL 50 MG/ML	1	ML	VL	U	ML	50	MG	1	06/12/2002	99/99/9999						
63323-0665-01		J3105		06/21/2004	99/99/9999	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	TERBUTALINE SULFATE 1 MG/ML	1	ML	VL	SC	ML	1	MG	1	06/21/2004	99/99/9999						
63323-0673-05		J2469		04/24/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (SDV,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	04/24/2019	99/99/9999						
63323-0673-89		J2469		09/07/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	SIMPLIST PALONOSETRON HCL 0.05 MG/1 ML	5	ML	SR	IV	ML	25	MCG	2	09/07/2018	99/99/9999						
63323-0690-30		J7608		09/19/2012	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PDF) 20%	3	ML	SOL	IH	ML	1	GM	0.2	09/19/2012	99/99/9999						
63323-0690-30	KO	J7608	KO	09/19/2012	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PDF) 20%	3	ML	SOL	IH	ML	1	GM	0.2	09/19/2012	99/99/9999						
63323-0691-30		J7608		07/14/2014	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PF) 10%	30	ML	VL	IH	ML	1	GM	0.1	07/14/2014	99/99/9999						
63323-0691-30	KO	J7608	KO	07/14/2014	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PF) 10%	30	ML	VL	IH	ML	1	GM	0.1	07/14/2014	99/99/9999						
63323-0694-04		J7608		12/10/2013	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PF) 20%	4	ML	VL	PO	ML	1	GM	0.2	12/10/2013	99/99/9999						
63323-0694-04	KO	J7608	KO	12/10/2013	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PF) 20%	4	ML	VL	PO	ML	1	GM	0.2	12/10/2013	99/99/9999						
63323-0704-08		J0290		06/23/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VAL) 1 GM	10	EA	VL	U	EA	500	MG	2	06/23/2017	99/99/9999						
63323-0705-08		J0290		01/05/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 2 GM	10	EA	VL	U	EA	500	MG	4	01/05/2017	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	U	EA	500	MG	1	12/01/2017	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						
63323-0721-10		J9041		11/17/2017	12/31/2018	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						
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						
63323-0731-01		J0636		03/17/2003	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL 1 MCG/ML	10	ML	AM	IV	ML	0.1	MCG	10	03/17/2003	99/99/9999						
63323-0733-10		J9209		01/01/2002	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	01/01/2002	99/99/9999						
63323-0733-11		J9209		01/01/2002	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	01/01/2002	99/99/9999						
63323-0734-10		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						
63323-0734-35		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						
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	30	MG	0.3	04/25/2002	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						
63323-0738-04		J3490		01/01/2002	11/12/2012	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.) 10 MG/ML	4	ML	VL	IV	ML	1	EA	1	01/01/2002	11/12/2012						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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			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	1 EA			05/14/2002	99/99/9999						
63323-0750-10		J9263		07/30/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SINGLE-USE VAL; USP,PF) 5 MG/ML	20	ML	VL	IV	ML	0.5 MG			07/30/2015	99/99/9999						
63323-0750-20		J9263		12/17/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SINGLE-USE VAL; USP,PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5 MG			12/17/2015	99/99/9999						
63323-0760-20		J9245		02/21/2018	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	MELPHALAN HYDROCHLORIDE (W/10ML DILUENT) 50 MG	1	EA	VL	IV	EA	50 MG			02/21/2018	99/99/9999						
63323-0771-39		J9025		04/13/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV) 100 MG	1	EA	VL	U	EA	1 MG		100	04/13/2017	99/99/9999						
63323-0778-10		J2800		01/11/2019	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (LATEX-FREE) 100 MG/1 ML	10	ML	VL	U	ML	10 ML		0.1	01/11/2019	99/99/9999						
63323-0850-74		J2280		07/20/2015	99/99/9999	INJECTION, MOXIFLOXACIN, 100 MG	MOXIFLOXACIN HCL (FREEFLEX/LATEX-FREE) 400 MG/250 ML	250	ML	FC	IV	ML	100 MG		0.016	07/20/2015	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						
63323-0853-25		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						
63323-0854-10		J1170		06/19/2018	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (PF,LATEX-FREE) 4 MG/1 ML	1	ML	VL	U	ML	4 MG		1	06/19/2018	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						
63323-0877-15		J2545		01/01/2007	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	NEBUPENT (S.D.V.,PF) 300 MG	1	EA	VL	IH	EA	300 MG		1	01/01/2007	99/99/9999						
63323-0883-05		J9000		08/06/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV,PF) 2 MG/ML	5	ML	VL	IV	ML	10 MG		0.2	08/06/2007	99/99/9999						
63323-0883-10		J9000		08/06/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV,PF) 2 MG/ML	10	ML	VL	IV	ML	10 MG		0.2	08/06/2007	99/99/9999						
63323-0883-30		J9000		08/06/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV,PF) 2 MG/ML	25	ML	VL	IV	ML	10 MG		0.2	08/06/2007	99/99/9999						
63323-0915-01		J1644		01/01/2002	99/99/9999	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	99/99/9999						
63323-0924-10		AA216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (M.D.V.,P.C.) 0.9%	10	ML	VL	IV	ML	10 ML		0.1	01/01/2004	99/99/9999						
63323-0924-30		AA216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (M.D.V.,P.C.) 0.9%	30	ML	VL	IV	ML	10 ML		0.1	01/01/2004	99/99/9999						
63323-0942-05		J2469		03/27/2018	04/23/2019	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25 MCG		2	03/27/2018	04/23/2019						
63323-0965-05		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	5	ML	VL	IV	ML	2 MEQ		1	01/01/2002	99/99/9999						
63323-0965-10		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	10	ML	VL	IV	ML	2 MEQ		1	01/01/2002	99/99/9999						
63323-0965-20		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	20	ML	VL	IV	ML	2 MEQ		1	01/01/2002	99/99/9999						
63323-0966-00		J3489		03/31/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 5 MG/100 ML	100	ML	VL	IV	ML	1 MG		0.05	03/31/2017	99/99/9999						
63323-0967-30		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (M.D.V.,P.C.) 2 MEQ/ML	30	ML	VL	IV	ML	2 MEQ		1	01/01/2002	99/99/9999						
63370-0005-25		J7604		01/01/2008	05/31/2013	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	05/31/2013						
63370-0005-25	KO	J7604	KO	01/01/2008	05/31/2013	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	05/31/2013						
63370-0005-35		J7604		01/01/2008	05/31/2013	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	05/31/2013						
63370-0005-35	KO	J7604	KO	01/01/2008	05/31/2013	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	05/31/2013						
63370-0005-45		J7604		01/01/2008	05/31/2013	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	05/31/2013						
63370-0005-45	KO	J7604	KO	01/01/2008	05/31/2013	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	05/31/2013						
63370-0005-50		J7604		01/01/2008	05/31/2013	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	05/31/2013						
63370-0005-50	KO	J7604	KO	01/01/2008	05/31/2013	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	05/31/2013						
63370-0005-55		J7604		01/01/2008	05/31/2013	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	05/31/2013						
63370-0005-55	KO	J7604	KO	01/01/2008	05/31/2013	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	05/31/2013						
63370-0005-62		J7604		01/01/2008	05/31/2013	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	05/31/2013						
63370-0005-62	KO	J7604	KO	01/01/2008	05/31/2013	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	05/31/2013						
63370-0007-25		J0133		01/01/2006	05/31/2013	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2006	05/31/2013						
63370-0007-35		J0133		01/01/2006	05/31/2013	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2006	05/31/2013						
63370-0007-50		J0133		01/01/2006	05/31/2013	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2006	05/31/2013						
63370-0010-25		J7609		01/01/2007	05/31/2013	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	05/31/2013						
63370-0010-35		J7609		01/01/2007	05/31/2013	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	05/31/2013						
63370-0010-35	KO	J7609	KO	01/01/2007	05/31/2013	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	05/31/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0010-45		J7609		01/01/2007	05/31/2013	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	05/31/2013						
63370-0010-45	KO	J7609	KO	01/01/2007	05/31/2013	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	05/31/2013						
63370-0010-50		J7609		01/01/2007	05/31/2013	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	05/31/2013						
63370-0010-50	KO	J7609	KO	01/01/2007	05/31/2013	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	05/31/2013						
63370-0016-15	J0278			01/01/2006	05/31/2013	AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		1000	01/01/2006	05/31/2013						
63370-0016-15	KO	J0278	KO	01/01/2006	05/31/2013	AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		1000	01/01/2006	05/31/2013						
63370-0016-35	J0278			01/01/2006	05/31/2013	AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P. ORAL)	1	EA	BO	NA	GM	50 MG		1000	01/01/2006	05/31/2013						
63370-0016-35	KO	J0278	KO	01/01/2006	05/31/2013	AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P. ORAL)	1	EA	BO	NA	GM	50 MG		1000	01/01/2006	05/31/2013						
63370-0018-15	J1320			07/08/2003	05/31/2013	AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20 MG		50	07/08/2003	05/31/2013						
63370-0018-15	KO	J1320	KO	07/08/2003	05/31/2013	AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20 MG		50	07/08/2003	05/31/2013						
63370-0018-25	J1320			07/08/2003	05/31/2013	AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20 MG		50	07/08/2003	05/31/2013						
63370-0018-25	KO	J1320	KO	07/08/2003	05/31/2013	AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20 MG		50	07/08/2003	05/31/2013						
63370-0020-05	J0285			07/08/2003	05/31/2013	AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P. ORAL)	1	EA	BO	NA	GM	50 MG		20	07/08/2003	05/31/2013						
63370-0020-05	KO	J0285	KO	07/08/2003	05/31/2013	AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P. ORAL)	1	EA	BO	NA	GM	50 MG		20	07/08/2003	05/31/2013						
63370-0020-15	J0285			09/04/2002	05/31/2013	AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P. ORAL)	1	EA	BO	NA	GM	50 MG		20	09/04/2002	05/31/2013						
63370-0020-15	KO	J0285	KO	09/04/2002	05/31/2013	AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P. ORAL)	1	EA	BO	NA	GM	50 MG		20	09/04/2002	05/31/2013						
63370-0020-25	J0364			01/01/2007	05/31/2013	APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	05/31/2013						
63370-0020-25	KO	J0364	KO	01/01/2007	05/31/2013	APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	05/31/2013						
63370-0025-10	J7501			07/08/2003	05/31/2013	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	05/31/2013						
63370-0025-10	KO	J7501	KO	07/08/2003	05/31/2013	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	05/31/2013						
63370-0025-25	J7501			07/08/2003	05/31/2013	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	05/31/2013						
63370-0025-25	KO	J7501	KO	07/08/2003	05/31/2013	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	05/31/2013						
63370-0026-15	J0475			07/08/2003	05/31/2013	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	07/08/2003	05/31/2013						
63370-0026-15	KO	J0475	KO	07/08/2003	05/31/2013	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	07/08/2003	05/31/2013						
63370-0026-35	J0475			07/08/2003	05/31/2013	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	JR	NA	GM	10 MG		100	07/08/2003	05/31/2013						
63370-0026-35	KO	J0475	KO	07/08/2003	05/31/2013	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	07/08/2003	05/31/2013						
63370-0028-06	J7624			07/08/2003	05/31/2013	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	07/08/2003	05/31/2013						
63370-0028-06	KO	J7624	KO	07/08/2003	05/31/2013	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	07/08/2003	05/31/2013						
63370-0028-10	J7624			07/08/2003	05/31/2013	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	07/08/2003	05/31/2013						
63370-0028-10	KO	J7624	KO	07/08/2003	05/31/2013	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	07/08/2003	05/31/2013						
63370-0028-15	J7624			07/08/2003	05/31/2013	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	07/08/2003	05/31/2013						
63370-0028-15	KO	J7624	KO	07/08/2003	05/31/2013	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	07/08/2003	05/31/2013						
63370-0028-25	J7624			07/08/2003	05/31/2013	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	07/08/2003	05/31/2013						
63370-0028-25	KO	J7624	KO	07/08/2003	05/31/2013	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	07/08/2003	05/31/2013						
63370-0028-35	J7624			07/08/2003	05/31/2013	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	07/08/2003	05/31/2013						
63370-0028-35	KO	J7624	KO	07/08/2003	05/31/2013	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	07/08/2003	05/31/2013						
63370-0031-25	J3490			07/12/2004	05/31/2013	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (USP)	1	EA	BO	NA	GM	1 EA		1	07/12/2004	05/31/2013						
63370-0031-25	KO	J3490	KO	07/12/2004	05/31/2013	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (USP)	1	EA	BO	NA	GM	1 EA		1	07/12/2004	05/31/2013						
63370-0031-45	J3490			07/08/2003	05/31/2013	UNCLASSIFIED DRUGS	BENZOCANE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	07/08/2003	05/31/2013						
63370-0031-45	KO	J3490	KO	07/08/2003	05/31/2013	UNCLASSIFIED DRUGS	BENZOCANE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	07/08/2003	05/31/2013						
63370-0032-10	J3490			07/08/2003	05/31/2013	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	07/08/2003	05/31/2013						
63370-0032-10	KO	J3490	KO	07/08/2003	05/31/2013	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	07/08/2003	05/31/2013						
63370-0032-25	J3490			07/08/2003	05/31/2013	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	07/08/2003	05/31/2013						
63370-0032-25	KO	J3490	KO	07/08/2003	05/31/2013	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	07/08/2003	05/31/2013						
63370-0034-35	J3490			07/12/2004	05/31/2013	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (USP)	1	EA	BO	NA	GM	1 EA		1	07/12/2004	05/31/2013						
63370-0034-35	KO	J3490	KO	07/12/2004	05/31/2013	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (USP)	1	EA	BO	NA	GM	1 EA		1	07/12/2004	05/31/2013						
63370-0034-60	J3490			07/12/2004	05/31/2013	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (USP)	1	EA	BO	NA	GM	1 EA		1	07/12/2004	05/31/2013						
63370-0034-60	KO	J3490	KO	07/12/2004	05/31/2013	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (USP)	1	EA	BO	NA	GM	1 EA		1	07/12/2004	05/31/2013						
63370-0035-09	J7627			01/01/2006	05/31/2013	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	05/31/2013						
63370-0035-09	KO	J7627	KO	01/01/2006	05/31/2013	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								

NDC	NDC Mod	HPPCS Mod	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
63370-0070-50		J7638		07/08/2003	05/31/2013	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	07/08/2003	05/31/2013						
63370-0070-50	KO	J7638	KO	07/08/2003	05/31/2013	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	07/08/2003	05/31/2013						
63370-0071-25	J1200			07/08/2003	05/31/2013	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (USP)	1	EA	BO	NA	GM	50 MG		20	07/08/2003	05/31/2013						
63370-0071-35	J1200			07/08/2003	05/31/2013	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (USP)	1	EA	BO	NA	GM	50 MG		20	07/08/2003	05/31/2013						
63370-0071-45	J1200			07/08/2003	05/31/2013	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (USP)	1	EA	BO	NA	GM	50 MG		20	07/08/2003	05/31/2013						
63370-0071-50	J1200			07/08/2003	05/31/2013	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (USP)	1	EA	BO	NA	GM	50 MG		20	07/08/2003	05/31/2013						
63370-0084-10	J1000			07/08/2003	05/31/2013	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (USP)	1	EA	JR	NA	GM	5 MG		200	07/08/2003	05/31/2013						
63370-0084-15	J1000			07/08/2003	05/31/2013	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (USP)	1	EA	JR	NA	GM	5 MG		200	07/08/2003	05/31/2013						
63370-0084-25	J1000			07/08/2003	05/31/2013	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (USP)	1	EA	JR	NA	GM	5 MG		200	07/08/2003	05/31/2013						
63370-0088-07	J7799			12/19/2003	05/31/2013	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	12/19/2003	05/31/2013						
63370-0088-15	J7799			12/19/2003	05/31/2013	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	12/19/2003	05/31/2013						
63370-0088-25	J7799			12/19/2003	05/31/2013	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	12/19/2003	05/31/2013						
63370-0089-25	J1450			07/12/2004	05/31/2013	INJECTION, FLUCONAZOLE, 200 MG	FLUCONAZOLE (USP)	1	EA	BO	NA	GM	200 MG		5	07/12/2004	05/31/2013						
63370-0089-35	J1450			07/12/2004	05/31/2013	INJECTION, FLUCONAZOLE, 200 MG	FLUCONAZOLE (USP)	1	EA	BO	NA	GM	200 MG		5	07/12/2004	05/31/2013						
63370-0089-45	J1450			07/12/2004	05/31/2013	INJECTION, FLUCONAZOLE, 200 MG	FLUCONAZOLE (USP)	1	EA	BO	NA	GM	200 MG		5	07/12/2004	05/31/2013						
63370-0089-50	J1450			07/12/2004	05/31/2013	INJECTION, FLUCONAZOLE, 200 MG	FLUCONAZOLE (USP)	1	EA	BO	NA	GM	200 MG		5	07/12/2004	05/31/2013						
63370-0090-10	J1435			07/08/2003	05/31/2013	INJECTION, ESTRONE, PER 1 MG	ESTRONE (USP,1X1GM)	1	EA	BO	NA	GM	1 MG		1000	07/08/2003	05/31/2013						
63370-0090-15	J1435			07/08/2003	05/31/2013	INJECTION, ESTRONE, PER 1 MG	ESTRONE (USP,1X5GM)	1	EA	JR	NA	GM	1 MG		1000	07/08/2003	05/31/2013						
63370-0090-25	J1435			07/08/2003	05/31/2013	INJECTION, ESTRONE, PER 1 MG	ESTRONE (USP,1X25GM)	1	EA	BO	NA	GM	1 MG		1000	07/08/2003	05/31/2013						
63370-0090-35	J1435			07/08/2003	05/31/2013	INJECTION, ESTRONE, PER 1 MG	ESTRONE (USP,1X100GM)	1	EA	JR	NA	GM	1 MG		1000	07/08/2003	05/31/2013						
63370-0091-25	J3490			07/12/2004	05/31/2013	UNCLASSIFIED DRUGS	FAMOTIDINE (USP)	1	EA	BO	NA	GM	1 EA		1	07/12/2004	05/31/2013						
63370-0091-35	J3490			07/12/2004	05/31/2013	UNCLASSIFIED DRUGS	FAMOTIDINE (USP)	1	EA	BO	NA	GM	1 EA		1	07/12/2004	05/31/2013						
63370-0091-45	J3490			07/12/2004	05/31/2013	UNCLASSIFIED DRUGS	FAMOTIDINE (USP)	1	EA	BO	NA	GM	1 EA		1	07/12/2004	05/31/2013						
63370-0095-15	J9190			07/08/2003	05/31/2013	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	07/08/2003	05/31/2013						
63370-0095-25	J9190			07/08/2003	05/31/2013	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	07/08/2003	05/31/2013						
63370-0095-35	J9190			07/08/2003	05/31/2013	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	07/08/2003	05/31/2013						
63370-0098-15	J7699			07/08/2003	05/31/2013	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	JR	NA	GM	1 EA		1	07/08/2003	05/31/2013						
63370-0098-25	J7699			07/08/2003	05/31/2013	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	07/08/2003	05/31/2013						
63370-0098-35	J7699			07/08/2003	05/31/2013	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	07/08/2003	05/31/2013						
63370-0098-50	J7699			07/08/2003	05/31/2013	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	07/08/2003	05/31/2013						
63370-0098-55	J7699			07/08/2003	05/31/2013	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	07/08/2003	05/31/2013						
63370-0102-15	J1630			07/08/2003	05/31/2013	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.BASE)	1	EA	BO	NA	GM	5 MG		200	07/08/2003	05/31/2013						
63370-0102-25	J1630			07/08/2003	05/31/2013	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.BASE)	1	EA	BO	NA	GM	5 MG		200	07/08/2003	05/31/2013						
63370-0102-35	J1630			07/08/2003	05/31/2013	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.BASE)	1	EA	BO	NA	GM	5 MG		200	07/08/2003	05/31/2013						
63370-0107-25	J3410			07/08/2003	05/31/2013	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	07/08/2003	05/31/2013						
63370-0107-35	J3410			07/08/2003	05/31/2013	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	07/08/2003	05/31/2013						
63370-0107-50	J3410			07/08/2003	05/31/2013	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	07/08/2003	05/31/2013						
63370-0107-55	J3410			07/08/2003	05/31/2013	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	07/08/2003	05/31/2013						
63370-0108-15	J1700			07/12/2004	05/31/2013	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (USP)	1	EA	BO	NA	GM	25 MG		40	07/12/2004	05/31/2013						
63370-0108-25	J1700			07/12/2004	05/31/2013	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (USP)	1	EA	BO	NA	GM	25 MG		40	07/12/2004	05/31/2013						
63370-0108-35	J1700			07/12/2004	05/31/2013	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (USP)	1	EA	BO	NA	GM	25 MG		40	07/12/2004	05/31/2013						
63370-0108-45	J1700			07/12/2004	05/31/2013	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (USP)	1	EA	BO	NA	GM	25 MG		40	07/12/2004	05/31/2013						
63370-0108-50	J1700			07/12/2004	05/31/2013	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (USP)	1	EA	BO	NA	GM	25 MG		40	07/12/2004	05/31/2013						
63370-0109-10	J3490			01/01/2007	05/31/2013	UNCLASSIFIED DRUGS	SODIUM HYALURONATE (1X1GM)	1	EA	NA	NA	GM	1 EA		1	01/01/2007	05/31/2013						
63370-0109-16	J3490			01/01/2007	05/31/2013	UNCLASSIFIED DRUGS	SODIUM HYALURONATE (1X0.2GM)	1	EA	NA	NA	GM	1 EA		1	01/01/2007	05/31/2013						
63370-0120-10	J7645			01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	05/31/2013						
63370-0120-10	KO	J7645	KO	01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	05/31/2013						
63370-0120-15	J7645			01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	05/31/2013						
63370-0120-15	KO	J7645	KO	01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	05/31/2013						
63370-0120-25	J7645			01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	05/31/2013						
63370-0120-25	KO	J7645	KO	01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)																

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0124-20		J1840		07/08/2003	05/31/2013	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	500 MG			2	07/08/2003	05/31/2013					
63370-0124-25		J1840		07/08/2003	05/31/2013	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	500 MG			2	07/08/2003	05/31/2013					
63370-0124-35		J1840		07/08/2003	05/31/2013	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	500 MG			2	07/08/2003	05/31/2013					
63370-0138-10		J1030		10/25/2006	05/31/2013	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRO (1X1GM,USP)	1	EA	NA	NA	GM	40 MG			25	10/25/2006	05/31/2013					
63370-0138-15		J1030		10/25/2006	05/31/2013	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRO (1X5GM,USP)	1	EA	NA	NA	GM	40 MG			25	10/25/2006	05/31/2013					
63370-0138-25		J1030		10/25/2006	05/31/2013	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRO (1X25GM,USP)	1	EA	NA	NA	GM	40 MG			25	10/25/2006	05/31/2013					
63370-0138-35		J1030		10/25/2006	05/31/2013	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRO (1X100GM,USP)	1	EA	NA	NA	GM	40 MG			25	10/25/2006	05/31/2013					
63370-0138-50		J1030		10/25/2006	05/31/2013	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRO (1X1000GM,USP)	1	EA	NA	NA	GM	40 MG			25	10/25/2006	05/31/2013					
63370-0141-15		J2765		07/08/2003	05/31/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P., MONOHYDRATE)	1	EA	BO	NA	GM	10 MG			100	07/08/2003	05/31/2013					
63370-0141-25		J2765		07/08/2003	05/31/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P., MONOHYDRATE)	1	EA	BO	NA	GM	10 MG			100	07/08/2003	05/31/2013					
63370-0141-35		J2765		07/08/2003	05/31/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P., MONOHYDRATE)	1	EA	BO	NA	GM	10 MG			100	07/08/2003	05/31/2013					
63370-0143-35		J2800		07/08/2003	05/31/2013	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10 ML			1	07/08/2003	05/31/2013					
63370-0143-45		J2800		07/08/2003	05/31/2013	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10 ML			1	07/08/2003	05/31/2013					
63370-0143-50		J2800		07/08/2003	05/31/2013	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10 ML			1	07/08/2003	05/31/2013					
63370-0145-14		J2001		01/01/2004	05/31/2013	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG			100	01/01/2004	05/31/2013					
63370-0145-25		J2001		01/01/2004	05/31/2013	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG			100	01/01/2004	05/31/2013					
63370-0145-35		J2001		01/01/2004	05/31/2013	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG			100	01/01/2004	05/31/2013					
63370-0145-50		J2001		01/01/2004	05/31/2013	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG			100	01/01/2004	05/31/2013					
63370-0145-55		J2001		01/01/2004	05/31/2013	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG			100	01/01/2004	05/31/2013					
63370-0152-25		J3490		07/08/2003	05/31/2013	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1 EA			1	07/08/2003	05/31/2013					
63370-0152-35		J3490		07/08/2003	05/31/2013	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1 EA			1	07/08/2003	05/31/2013					
63370-0152-45		J3490		07/08/2003	05/31/2013	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1 EA			1	07/08/2003	05/31/2013					
63370-0153-20		J7670		01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10 MG			100	01/01/2007	05/31/2013					
63370-0153-20	KO	J7670	KO	01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10 MG			100	01/01/2007	05/31/2013					
63370-0153-25		J7670		01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10 MG			100	01/01/2007	05/31/2013					
63370-0153-25	KO	J7670	KO	01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10 MG			100	01/01/2007	05/31/2013					
63370-0153-35		J7670		01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10 MG			100	01/01/2007	05/31/2013					
63370-0153-35	KO	J7670	KO	01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10 MG			100	01/01/2007	05/31/2013					
63370-0153-45		J7670		01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10 MG			100	01/01/2007	05/31/2013					
63370-0153-45	KO	J7670	KO	01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10 MG			100	01/01/2007	05/31/2013					
63370-0154-10		J8610		07/08/2003	05/31/2013	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1	EA	BO	NA	GM	2.5 MG			400	07/08/2003	05/31/2013					
63370-0154-15		J8610		07/08/2003	05/31/2013	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1	EA	BO	NA	GM	2.5 MG			400	07/08/2003	05/31/2013					
63370-0154-25		J8610		07/08/2003	05/31/2013	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1	EA	BO	NA	GM	2.5 MG			400	07/08/2003	05/31/2013					
63370-0165-15		J2440		07/08/2003	05/31/2013	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG			16.66666	07/08/2003	05/31/2013					
63370-0165-25		J2440		07/08/2003	05/31/2013	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG			16.66666	07/08/2003	05/31/2013					
63370-0165-35		J2440		07/08/2003	05/31/2013	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG			16.66666	07/08/2003	05/31/2013					
63370-0170-06		J2760		07/08/2003	05/31/2013	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	07/08/2003	05/31/2013					
63370-0170-09		J2760		07/08/2003	05/31/2013	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	07/08/2003	05/31/2013					
63370-0170-10		J2760		07/08/2003	05/31/2013	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	07/08/2003	05/31/2013					
63370-0170-15		J2760		07/08/2003	05/31/2013	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	07/08/2003	05/31/2013					
63370-0176-25		J1165		07/08/2003	05/31/2013	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50 MG			20	07/08/2003	05/31/2013					
63370-0176-35		J1165		07/08/2003	05/31/2013	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50 MG			20	07/08/2003	05/31/2013					
63370-0176-45		J1165		07/08/2003	05/31/2013	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50 MG			20	07/08/2003	05/31/2013					
63370-0194-15		J7506		07/12/2004	05/31/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	07/12/2004	05/31/2013					
63370-0194-25		J7506		07/12/2004	05/31/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	07/12/2004	05/31/2013					
63370-0194-35		J7506		07/12/2004	05/31/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	07/12/2004	05/31/2013					
63370-0194-45		J7506		07/12/2004	05/31/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	07/12/2004	05/31/2013					
63370-0194-50		J7506		07/12/2004	05/31/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	07/12/2004	05/31/2013					
63370-0195-15		J2650		07/08/2003	05/31/2013	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1 ML			20	07/08/2003	05/31/2013					
63370-0195-25		J2650		07/08/2003	05/31/2013	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	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	
63370-0198-25		Q0165		12/19/2003	05/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/V ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP)	1 EA	BO	NA	GM	10 MG		100	12/19/2003	05/31/2013								
63370-0198-35		Q0165		12/19/2003	05/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/V ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP)	1 EA	BO	NA	GM	10 MG		100	12/19/2003	05/31/2013								
63370-0198-45		Q0165		12/19/2003	05/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/V ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP)	1 EA	BO	NA	GM	10 MG		100	12/19/2003	05/31/2013								
63370-0199-35		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (USP,SOY)	1 EA	BO	NA	GM	50 MG		20	02/25/2004	05/31/2013								
63370-0199-45		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (USP,SOY)	1 EA	BO	NA	GM	50 MG		20	02/25/2004	05/31/2013								
63370-0199-50		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (USP,SOY)	1 EA	BO	NA	GM	50 MG		20	02/25/2004	05/31/2013								
63370-0199-55		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (USP,SOY)	1 EA	BO	NA	GM	50 MG		20	02/25/2004	05/31/2013								
63370-0199-62		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (USP,SOY)	1 EA	BO	NA	GM	50 MG		20	02/25/2004	05/31/2013								
63370-0200-35		J2675		12/19/2003	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP,YAM)	1 EA	BO	NA	GM	50 MG		20	12/19/2003	05/31/2013								
63370-0200-45		J2675		07/08/2003	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM	50 MG		20	07/08/2003	05/31/2013								
63370-0200-55		J2675		12/19/2003	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP,YAM)	1 EA	BO	NA	GM	50 MG		20	12/19/2003	05/31/2013								
63370-0202-35		J2675		07/12/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE WETTABLE (U.S.P.,YAM)	1 EA	BO	NA	GM	50 MG		20	07/12/2004	05/31/2013								
63370-0202-45		J2675		07/12/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE WETTABLE (U.S.P.,YAM)	1 EA	BO	NA	GM	50 MG		20	07/12/2004	05/31/2013								
63370-0203-50		J2550		07/08/2003	05/31/2013	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG		20	07/08/2003	05/31/2013								
63370-0203-35		J2550		07/08/2003	05/31/2013	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG		20	07/08/2003	05/31/2013								
63370-0203-45		J2550		07/08/2003	05/31/2013	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG		20	07/08/2003	05/31/2013								
63370-0203-50		J2550		07/08/2003	05/31/2013	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG		20	07/08/2003	05/31/2013								
63370-0204-35		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM	50 MG		20	02/25/2004	05/31/2013								
63370-0204-45		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM	50 MG		20	02/25/2004	05/31/2013								
63370-0204-50		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM	50 MG		20	02/25/2004	05/31/2013								
63370-0204-55		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM	50 MG		20	02/25/2004	05/31/2013								
63370-0204-62		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM	50 MG		20	02/25/2004	05/31/2013								
63370-0205-25		J1800		07/08/2003	05/31/2013	INJECTION, PROPRANLOL HCL, UP TO 1 MG	PROPRANLOL HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	05/31/2013								
63370-0205-35		J1800		07/08/2003	05/31/2013	INJECTION, PROPRANLOL HCL, UP TO 1 MG	PROPRANLOL HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	05/31/2013								
63370-0205-45		J1800		07/08/2003	05/31/2013	INJECTION, PROPRANLOL HCL, UP TO 1 MG	PROPRANLOL HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	05/31/2013								
63370-0210-04		J0270		07/08/2003	05/31/2013	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	07/08/2003	05/31/2013								
63370-0210-06		J0270		07/08/2003	05/31/2013	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	07/08/2003	05/31/2013								
63370-0210-10		J0270		07/08/2003	05/31/2013	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	07/08/2003	05/31/2013								
63370-0218-25		J2780		07/08/2003	05/31/2013	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	JR	NA	GM	25 MG		40	07/08/2003	05/31/2013								
63370-0218-35		J2780		07/08/2003	05/31/2013	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	JR	NA	GM	25 MG		40	07/08/2003	05/31/2013								
63370-0218-45		J2780		07/08/2003	05/31/2013	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	25 MG		40	07/08/2003	05/31/2013								
63370-0218-50		J2780		07/08/2003	05/31/2013	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	25 MG		40	07/08/2003	05/31/2013								
63370-0233-35		J3000		07/08/2003	05/31/2013	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (U.S.P., NON-STERILE)	1 EA	BO	NA	GM	1 GM		1	07/08/2003	05/31/2013								
63370-0233-50		J3000		07/08/2003	05/31/2013	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (U.S.P., NON-STERILE)	1 EA	BO	NA	GM	1 GM		1	07/08/2003	05/31/2013								
63370-0250-15		J7681		07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	05/31/2013								
63370-0250-15 KO	J7681	KO		07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	05/31/2013								
63370-0250-20		J7681		07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	05/31/2013								
63370-0250-20 KO	J7681	KO		07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	05/31/2013								
63370-0250-25		J7681		07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	05/31/2013								
63370-0250-25 KO	J7681	KO		07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	05/31/2013								
63370-0250-35		J7681		07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	05/31/2013								
63370-0250-35 KO	J7681	KO		07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	05/31/2013								
63370-0275-10		J7685		01/01/2007	05/31/2013	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	05/31/2013								

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
63370-0275-10	KO	J7685	KO	01/01/2007	05/31/2013	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	05/31/2013						
63370-0275-15		J7685		01/01/2007	05/31/2013	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	05/31/2013						
63370-0275-15	KO	J7685	KO	01/01/2007	05/31/2013	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	05/31/2013						
63370-0275-25		J7685		01/01/2007	05/31/2013	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	05/31/2013						
63370-0275-25	KO	J7685	KO	01/01/2007	05/31/2013	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	05/31/2013						
63370-0275-35		J7685		01/01/2007	05/31/2013	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	05/31/2013						
63370-0275-35	KO	J7685	KO	01/01/2007	05/31/2013	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	05/31/2013						
63370-0300-15	J3301			07/08/2003	05/31/2013	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE MICRONIZED	1	EA	BO	NA	GM	10 MG		100	07/08/2003	05/31/2013						
63370-0300-20	J3301			07/08/2003	05/31/2013	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE MICRONIZED	1	EA	BO	NA	GM	10 MG		100	07/08/2003	05/31/2013						
63370-0300-25	J3301			07/08/2003	05/31/2013	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE MICRONIZED	1	EA	BO	NA	GM	10 MG		100	07/08/2003	05/31/2013						
63370-0300-35	J3301			07/08/2003	05/31/2013	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE MICRONIZED	1	EA	BO	NA	GM	10 MG		100	07/08/2003	05/31/2013						
63370-0350-10	J3370			07/08/2003	05/31/2013	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	07/08/2003	05/31/2013						
63370-0350-15	J3370			07/08/2003	05/31/2013	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	07/08/2003	05/31/2013						
63370-0350-25	J3370			07/08/2003	05/31/2013	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	07/08/2003	05/31/2013						
63370-0350-35	J3370			07/08/2003	05/31/2013	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	07/08/2003	05/31/2013						
63370-0414-35	J1955			10/24/2006	05/31/2013	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (1X100MG USP)	1	EA	BO	NA	GM	1 GM		1	10/24/2006	05/31/2013						
63370-0414-45	J1955			10/24/2006	05/31/2013	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (1X500MG USP)	1	EA	BO	NA	GM	1 GM		1	10/24/2006	05/31/2013						
63370-0414-50	J1955			10/24/2006	05/31/2013	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (1X1000MG USP)	1	EA	BO	NA	GM	1 GM		1	10/24/2006	05/31/2013						
63370-0414-53	J1955			10/24/2006	05/31/2013	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (1X2500MG USP)	1	EA	NA	NA	GM	1 GM		1	10/24/2006	05/31/2013						
63370-0432-35	J3520			10/24/2006	05/31/2013	EDEDATE DISODIUM, PER 150 MG	EDEDATE DISODIUM (1X100MG USP)	1	EA	BO	NA	GM	150 MG		6.66666	10/24/2006	05/31/2013						
63370-0432-50	J3520			10/24/2006	05/31/2013	EDEDATE DISODIUM, PER 150 MG	EDEDATE DISODIUM (1X1000MG USP)	1	EA	BO	NA	GM	150 MG		6.66666	10/24/2006	05/31/2013						
63370-0462-10	J3430			10/25/2006	05/31/2013	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (1X1GM USP)	1	EA	BO	NA	GM	1 MG		1000	10/25/2006	05/31/2013						
63370-0462-15	J3430			10/25/2006	05/31/2013	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (1X5GM USP)	1	EA	BO	NA	GM	1 MG		1000	10/25/2006	05/31/2013						
63370-0462-25	J3430			10/25/2006	05/31/2013	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (1X25GM USP)	1	EA	BO	NA	GM	1 MG		1000	10/25/2006	05/31/2013						
63370-0472-35	J3415			10/26/2006	05/31/2013	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HYDROCHLORIDE (1X100MG USP)	1	EA	BO	NA	GM	100 MG		10	10/26/2006	05/31/2013						
63370-0472-45	J3415			10/26/2006	05/31/2013	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HYDROCHLORIDE (1X500MG USP)	1	EA	BO	NA	GM	100 MG		10	10/26/2006	05/31/2013						
63370-0472-50	J3415			10/26/2006	05/31/2013	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HYDROCHLORIDE (1X1000MG USP)	1	EA	BO	NA	GM	100 MG		10	10/26/2006	05/31/2013						
63370-0472-53	J3415			10/26/2006	05/31/2013	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HYDROCHLORIDE (1X2500MG USP)	1	EA	NA	NA	GM	100 MG		10	10/26/2006	05/31/2013						
63370-0485-35	J3411			10/26/2006	05/31/2013	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X100MG USP)	1	EA	BO	NA	GM	100 MG		10	10/26/2006	05/31/2013						
63370-0485-45	J3411			10/26/2006	05/31/2013	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X500MG USP)	1	EA	BO	NA	GM	100 MG		10	10/26/2006	05/31/2013						
63370-0485-50	J3411			10/26/2006	05/31/2013	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X1000MG USP)	1	EA	BO	NA	GM	100 MG		10	10/26/2006	05/31/2013						
63370-0485-53	J3411			10/26/2006	05/31/2013	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X2500MG USP)	1	EA	NA	NA	GM	100 MG		10	10/26/2006	05/31/2013						
63370-0905-06	J0592			07/08/2003	05/31/2013	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (USP)	1	EA	JR	NA	GM	0.1 MG		10000	07/08/2003	05/31/2013						
63370-0905-09	J0592			07/08/2003	05/31/2013	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (USP)	1	EA	JR	NA	GM	0.1 MG		10000	07/08/2003	05/31/2013						
63370-0905-10	J0592			07/08/2003	05/31/2013	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (USP)	1	EA	JR	NA	GM	0.1 MG		10000	07/08/2003	05/31/2013						
63370-0905-15	J0592			07/08/2003	05/31/2013	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (USP)	1	EA	JR	NA	GM	0.1 MG		10000	07/08/2003	05/31/2013						
63370-0910-15	J0745			07/08/2003	05/31/2013	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30 MG		33.33333	07/08/2003	05/31/2013						
63370-0910-25	J0745			07/08/2003	05/31/2013	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30 MG		33.33333	07/08/2003	05/31/2013						
63370-0910-35	J0745			07/08/2003	05/31/2013	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30 MG		33.33333	07/08/2003	05/31/2013						
63370-0920-06	J3010			07/08/2003	05/31/2013	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1 MG		10000	07/08/2003	05/31/2013						
63370-0920-09	J3010			07/08/2003	05/31/2013	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1 MG		10000	07/08/2003	05/31/2013						
63370-0920-10	J3010			07/08/2003	05/31/2013	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1 MG		10000	07/08/2003	05/31/2013						
63370-0920-15	J3010			07/08/2003	05/31/2013	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1 MG		10000	07/08/2003	05/31/2013						
63370-0930-10	J1170			07/08/2003	05/31/2013	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4 MG		250	07/08/2003	05/31/2013						
63370-0930-15	J1170			07/08/2003	05/31/2013	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4 MG		250	07/08/2003	05/31/2013						
63370-0930-20	J1170			07/08/2003	05/31/2013	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4 MG		250	07/08/2003	05/31/2013						
63370-0930-25	J1170			07/08/2003	05/31/2013	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	JR	NA	GM	4 MG		250	07/08/2003	05/31/2013						
63370-0930-35	J1170			07/08/2003	05/31/2013	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	JR	NA	GM	4 MG		250	07/08/2003	05/31/2013						
63370-0935-10	J2060			07/08/2003	05/31/2013	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	07/08/2003	05/31/2013						
63370-0935-15	J2060			07/08/2003	05/31/2013	INJECTION, LORAZEPAM,																	

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0970-25		J3140		01/31/2002	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/31/2002	05/31/2013						
63370-0970-35		J3140		01/31/2002	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/31/2002	05/31/2013						
63370-0970-45		J3140		01/31/2002	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	50 MG		20	01/31/2002	05/31/2013						
63370-0970-50		J3140		01/31/2002	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	50 MG		20	01/31/2002	05/31/2013						
63370-0971-25		J3140		12/19/2003	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (USP,YAM)	1	EA	BO	NA	GM	50 MG		20	12/19/2003	05/31/2013						
63370-0971-35		J3140		12/19/2003	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (USP,YAM)	1	EA	BO	NA	GM	50 MG		20	12/19/2003	05/31/2013						
63370-0971-45		J3140		12/19/2003	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (USP,YAM)	1	EA	BO	NA	GM	50 MG		20	12/19/2003	05/31/2013						
63370-0971-50		J3140		12/19/2003	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (USP,YAM)	1	EA	BO	NA	GM	50 MG		20	12/19/2003	05/31/2013						
63370-0980-25		J1070		07/08/2003	05/31/2013	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	05/31/2013						
63370-0980-35		J1070		07/08/2003	05/31/2013	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	JR	NA	GM	100 MG		10	07/08/2003	05/31/2013						
63370-0980-50		J1070		07/08/2003	05/31/2013	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	JR	NA	GM	100 MG		10	07/08/2003	05/31/2013						
63370-0983-15		J3130		01/19/2004	05/31/2013	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE (U.S.P.)	1	EA	BO	NA	GM	200 MG		5	01/19/2004	05/31/2013						
63370-0983-25		J3130		01/19/2004	05/31/2013	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE (U.S.P.)	1	EA	BO	NA	GM	200 MG		5	01/19/2004	05/31/2013						
63370-0983-35		J3130		01/19/2004	05/31/2013	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE (U.S.P.)	1	EA	BO	NA	GM	200 MG		5	01/19/2004	05/31/2013						
63370-0983-50		J3130		01/19/2004	05/31/2013	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE (U.S.P.)	1	EA	BO	NA	GM	200 MG		5	01/19/2004	05/31/2013						
63370-0985-25		J3150		07/08/2003	05/31/2013	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	05/31/2013						
63370-0985-35		J3150		07/08/2003	05/31/2013	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	05/31/2013						
63370-0985-45		J3150		07/08/2003	05/31/2013	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	05/31/2013						
63370-0985-50		J3150		07/08/2003	05/31/2013	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	05/31/2013						
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						
63402-0201-00	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	ML	1 MG		0.025	02/16/2018	99/99/9999						
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						
63402-0301-01	KO	J7643	KO	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						
63402-0511-24		J7614		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						
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						
63402-0512-24		J7614		04/01/2008	12/14/2015	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.42	04/01/2008	12/14/2015						
63402-0512-24	KO	J7614	KO	04/01/2008	12/14/2015	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5 MG		0.42	04/01/2008	12/14/2015						
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						
63402-0513-24	KO	J7614	KO	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						
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						
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	PC	IH	ML	15 MCG		0.5	01/01/2008	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						
63459-0177-14		J9262		11/12/2012	99/99/9999	INJECTION, OMACETAXINE MEPSUCCINATE, 0.01 MG	SYNRIBO (PF,LYOPHILIZED) 3.5MG	1	EA	VL	SC	EA	0.01 MG		350	11/12/2012	99/99/9999						
63459-0391-20		J3490		03/31/2008	99/99/9999	UNCLASSIFIED DRUGS	TREANDA	1	EA	VL	IV	EA	1 EA		1	03/31/2008	99/99/9999						
63459-0600-10		J9017		07/15/2006	12/15/2017	INJECTION, ARSENIC TRIOXIDE, 1 MG	TRISENOX (10X10 AMP,PF) 1 MG/ML	10	ML	AM	IV	EA	1 MG		1	07/15/2006	12/15/2017						
63459-0801-06		J9017		12/05/2017	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	TRISENOX (PF) 2 MG/1 ML	6	ML	VL	IV	EA	1 MG		2	12/05/2017	99/99/9999						
63459-0918-59		J1447		09/04/2018	99/99/9999	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	GRANIX (PF) 300 MCG/1 ML	1	ML	VL	SC	ML	1 MCG		300	09/04/2018	99/99/9999						
63459-0920-59		J1447		09/04/2018	99/99/9999	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	GRANIX (PF) 480 MCG/1.6 ML	1.6	ML	VL	SC	ML	1 MCG		300	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
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						
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						
63629-1262-01		J8999		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	AROMASIN 25 MG	30	EA	NA	PO	EA	1	EA	1	11/01/2004	99/99/9999						
63629-1335-01		Q0164		01/01/2014	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						
63629-1335-01		Q0165		11/01/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	10	EA	NA	PO	EA	10	MG	1	11/01/2004	12/31/2013						
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						
63629-1335-02		Q0165		11/01/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	30	EA	NA	PO	EA	10	MG	1	11/01/2004	12/31/2013						
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						
63629-1335-03		Q0165		11/01/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	20	EA	NA	PO	EA	10	MG	1	11/01/2004	12/31/2013						
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	50	MG	0.5	11/01/2004	99/99/9999						
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						
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						
63629-1343-04		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	24	EA	BO	PO	EA	50	MG	0.5	11/01/2004	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	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	PO	EA	50	MG	1	11/01/2004	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						
63629-1472-01		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						
63629-1472-02		None		02/01/2009	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	12	EA	BO	PO	EA	2.5	MG	1	02/01/2009	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63629-1533-02		Q0177		11/01/2004	09/99/9999	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	09/99/9999						
63629-1579-01		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						
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		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40	EA	NA	PO	EA	5 MG		2	11/01/2004	12/31/2015						
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						
63629-1579-03		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	NA	PO	EA	5 MG		2	11/01/2004	12/31/2015						
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						
63629-1587-01		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						
63629-1587-01		J7512		01/01/2016	01/30/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	NA	PO	EA	1 MG		20	01/01/2016	01/30/2017						
63629-1587-02		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	NA	PO	EA	5 MG		4	11/01/2004	12/31/2015						
63629-1587-02		J7512		01/01/2016	01/30/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	NA	PO	EA	1 MG		20	01/01/2016	01/30/2017						
63629-1587-03		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	40	EA	NA	PO	EA	5 MG		4	11/01/2004	12/31/2015						
63629-1587-03		J7512		01/01/2016	01/30/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	40	EA	NA	PO	EA	1 MG		20	01/01/2016	01/30/2017						
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						
63629-1587-04		J7512		01/01/2016	01/30/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	15	EA	NA	PO	EA	1 MG		20	01/01/2016	01/30/2017						
63629-1591-01		Q0169		11/01/2004	09/99/9999	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	09/99/9999						
63629-1591-02		Q0169		11/01/2004	09/99/9999	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	09/99/9999						
63629-1591-03		Q0169		11/01/2004	09/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	2	EA	NA	PO	EA	12.5 MG		1	11/01/2004	09/99/9999						
63629-1591-04		Q0169		11/01/2004	09/99/9999	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	09/99/9999						
63629-1605-01		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30	EA	NA	PO	EA	5 MG		1	11/01/2004	12/31/2015						
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		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	78	EA	NA	PO	EA	5 MG		1	11/01/2004	12/31/2015						
63629-1605-02		J7512		01/01/2016	09/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	78	EA	NA	PO	EA	1 MG		5	01/01/2016	09/99/9999						
63629-1605-03		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36	EA	NA	PO	EA	5 MG		1	11/01/2004	12/31/2015						
63629-1605-03		J7512		01/01/2016	09/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	36	EA	NA	PO	EA	1 MG		5	01/01/2016	09/99/9999						
63629-1605-04		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21	EA	NA	PO	EA	5 MG		1	11/01/2004	12/31/2015						
63629-1605-04		J7512		01/01/2016	09/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	NA	PO	EA	1 MG		5	01/01/2016	09/99/9999						
63629-1605-05		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	15	EA	NA	PO	EA	5 MG		1	11/01/2004	12/31/2015						
63629-1605-05		J7512		01/01/2016	09/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	15	EA	NA	PO	EA	1 MG		5	01/01/2016	09/99/9999						
63629-1676-01		J8499		11/01/2004	09/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1 EA		1	11/01/2004	09/99/9999						
63629-1676-02		J8499		11/01/2004	09/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1 EA		1	11/01/2004	09/99/9999						
63629-1676-03		J8499		11/01/2004	09/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1 EA		1	11/01/2004	09/99/9999						
63629-1677-01		J8499		11/01/2004	09/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1 EA		1	11/01/2004	09/99/9999						
63629-1677-02		J8499		11/01/2004	09/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	28	EA	BO	PO	EA	1 EA		1	11/01/2004	09/99/9999						
63629-1677-03		J8499		11/01/2004	09/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1 EA		1	11/01/2004	09/99/9999						
63629-1678-01		J8499		11/01/2004	09/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25	EA	BO	PO	EA	1 EA		1	11/01/2004	09/99/9999						
63629-1678-02		J8499		11/01/2004	09/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1 EA		1	11/01/2004	09/99/9999						
63629-1678-03		J8499		11/01/2004	09/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1 EA		1	11/01/2004	09/99/9999						
63629-1742-01		Q0169		01/01/2014	09/99/9999	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	09/99/9999						
63629-1742-01		Q0170		11/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	15	EA	NA	PO	EA	25 MG		1	11/01/2004	12/31/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
63629-1742-02		Q0170		11/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	30	EA	NA	PO	EA	25 MG		1	11/01/2004	12/31/2013						
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	12.5 MG		2	01/01/2014	99/99/9999						
63629-1742-03		Q0170		11/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	10	EA	NA	PO	EA	25 MG		1	11/01/2004	12/31/2013						
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						
63629-1742-04		Q0170		11/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	20	EA	NA	PO	EA	25 MG		1	11/01/2004	12/31/2013						
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						
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						
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						
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						
63629-1870-01		Q0170		11/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 6.25 MG/5 ML	120	ML	NA	PO	ML	25 MG		0.05	11/01/2004	12/31/2013						
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						
63629-1870-02		Q0170		11/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 6.25 MG/5 ML	240	ML	NA	PO	ML	25 MG		0.05	11/01/2004	12/31/2013						
63739-0165-10		J8999		02/27/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP) 40 MG	100	EA	BX	PO	EA	1 EA		1	02/27/2007	99/99/9999						
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						
63739-0213-10		Q0170		02/27/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BX	PO	EA	25 MG		1	02/27/2007	12/31/2013						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63739-0900-26		J1644		06/13/2014	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X2ML,PF) 1000 U/ML	2	ML	VL	U	ML	1000 U		1	06/13/2014	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	U	ML	1000 U		5	06/13/2014	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						
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	1000 U		5	06/13/2014	99/99/9999						
63739-0964-25		J1644		06/13/2014	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 10000 U/ML	1	ML	VL	U	ML	1000 U		10	06/13/2014	99/99/9999						
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						
63807-0100-11	A4216			01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	10	ML	BX	U	ML	10 ML		0.1	01/01/2007	99/99/9999						
63807-0100-20	A4216			04/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (30X10ML,PF) 0.9%	10	ML	SR	U	ML	10 ML		0.1	04/01/2007	99/99/9999						
63807-0100-30	A4216			01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (SRN,PF) 0.9%	2.5	ML	SR	U	ML	10 ML		0.1	01/01/2007	99/99/9999						
63807-0100-33	A4216			01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	2.5	ML	BX	U	ML	10 ML		0.1	01/01/2007	99/99/9999						
63807-0100-35	A4216			01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (USP,10X3ML,SYRINGE,PF) 0.9%	3	ML	SR	U	ML	10 ML		0.1	01/01/2007	99/99/9999						
63807-0100-50	A4216			01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (SRN,PF) 0.9%	5	ML	SR	U	ML	10 ML		0.1	01/01/2007	99/99/9999						
63807-0100-51	A4216			01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	5	ML	BX	U	ML	10 ML		0.1	01/01/2007	99/99/9999						
63807-0100-55	A4216			04/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (100X5ML,PF) 0.9%	5	ML	SR	U	ML	10 ML		0.1	04/01/2007	99/99/9999						
63807-0100-75	A4216			01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (SRN,PF) 0.9%	10	ML	SR	U	ML	10 ML		0.1	01/01/2007	99/99/9999						
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	U	ML	10 ML		0.1	01/01/2007	02/03/2016						
63807-0102-11	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						
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						
63807-0400-31	J1642			01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 2 U/ML	5	ML	SR	IV	ML	10 U		0.2	01/01/2007	99/99/9999						
63807-0400-35	J1642			04/12/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (USP,3MLX100,PF) 2 U/ML	3	ML	SR	IV	ML	10 U		0.2	04/12/2007	99/99/9999						
63807-0500-31	J1642			01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 10 U/ML	3	ML	SR	IV	ML	10 U		1	01/01/2007	99/99/9999						
63807-0500-51	J1642			01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 10 U/ML	5	ML	SR	IV	ML	10 U		1	01/01/2007	99/99/9999						
63807-0600-31	J1642			01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 100 U/ML	3	ML	SR	IV	ML	10 U		10	01/01/2007	99/99/9999						
63807-0600-51	J1642			01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 100 U/ML	5	ML	SR	IV	ML	10 U		10	01/01/2007	99/99/9999						
63807-0600-55	J1642			05/10/2005	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH 100 U/ML	5	ML	SR	IV	ML	10 U		10	05/10/2005	99/99/9999						
63868-0087-01		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						
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						
63868-0500-01		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 (MINTAB) 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
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						
63868-0612-32		Q0163		04/01/2006	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	QUALITY CHOICE SLEEP AID (SOFTGEL) 50 MG	32	EA	BO	PO	EA	50 MG		1	04/01/2006	99/99/9999						
63868-0789-24		Q0163		11/01/2003	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	QUALITY CHOICE REST SIMPLY (CAPLET) 25 MG	24	EA	BX	PO	EA	50 MG		0.5	11/01/2003	99/99/9999						
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 CHILDREN'S (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	
63874-0005-01		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	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999							
63874-0005-02		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	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999							
63874-0005-06		Q0163		05/10/2004	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 HCL 25 MG	6	EA	BO	PO	EA	50 MG		0.5	05/10/2004	99/99/9999							
63874-0005-09		Q0163		05/10/2004	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 HCL 25 MG	9	EA	BO	PO	EA	50 MG		0.5	05/10/2004	99/99/9999							
63874-0005-10		Q0163		05/10/2004	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 HCL 25 MG	10	EA	BO	PO	EA	50 MG		0.5	05/10/2004	99/99/9999							
63874-0005-12		Q0163		05/10/2004	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 HCL 25 MG	12	EA	BO	PO	EA	50 MG		0.5	05/10/2004	99/99/9999							
63874-0005-14		Q0163		05/10/2004	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 HCL 25 MG	14	EA	BO	PO	EA	50 MG		0.5	05/10/2004	99/99/9999							
63874-0005-15		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	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999							
63874-0005-20		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999							
63874-0005-21		Q0163		05/10/2004	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 HCL 25 MG	21	EA	BO	PO	EA	50 MG		0.5	05/10/2004	99/99/9999							
63874-0005-24		Q0163		05/10/2004	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 HCL 25 MG	24	EA	BO	PO	EA	50 MG		0.5	05/10/2004	99/99/9999							
63874-0005-25		Q0163		05/10/2004	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 HCL 25 MG	25	EA	BO	PO	EA	50 MG		0.5	05/10/2004	99/99/9999							
63874-0005-28		Q0163		05/10/2004	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 HCL 25 MG	28	EA	BO	PO	EA	50 MG		0.5	05/10/2004	99/99/9999							
63874-0005-30		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	BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999							
63874-0005-40		Q0163		05/10/2004	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 HCL 25 MG	40	EA	BO	PO	EA	50 MG		0.5	05/10/2004	99/99/9999							
63874-0005-45		Q0163		05/10/2004	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 HCL 25 MG	45	EA	BO	PO	EA	50 MG		0.5	05/10/2004	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
63874-0005-60		Q0163		05/10/2004	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 HCL 25 MG	60	EA	BO	PO	EA	50 MG		0.5	05/10/2004	99/99/9999						
63874-0005-90		Q0163		05/10/2004	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 HCL 25 MG	90	EA	BO	PO	EA	50 MG		0.5	05/10/2004	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						
63874-0006-02		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						
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						
63874-0006-10		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	10	EA	BO	PO	EA	50 MG		1	05/10/2004	02/03/2016						
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 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						
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						
63874-0006-15		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						
63874-0006-20		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						
63874-0006-25		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	25	EA	BO	PO	EA	50 MG		1	05/10/2004	02/03/2016						
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						
63874-0006-30		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						
63874-0006-60		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	60	EA	BO	PO	EA	50 MG		1	05/10/2004	02/03/2016						
63874-0246-00		Q0144		03/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (Z-PACK) 250 MG	6	EA	NA	PO	EA	1 GM		0.25	03/15/2006	99/99/9999						
63874-0246-04		Q0144		03/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1 GM		0.25	03/15/2006	99/99/9999						
63874-0246-06		Q0144		03/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6	EA	BO	PO	EA	1 GM		0.25	03/15/2006	99/99/9999						
63874-0246-10		Q0144		03/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10	EA	BO	PO	EA	1 GM		0.25	03/15/2006	99/99/9999						
63874-0246-15		Q0144		03/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	15	EA	BO	PO	EA	1 GM		0.25	03/15/2006	99/99/9999						
63874-0327-01		J7509		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	RO	PO	EA	5 MG		2	05/10/2004	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
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		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
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	10	EA	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
63874-0327-10		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	10	EA	BO	PO	EA	1 MG		10	01/01/2016	02/03/2016						
63874-0327-12		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						
63874-0327-12		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	12	EA	BO	PO	EA	1 MG		10	01/01/2016	02/03/2016						
63874-0327-14		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	14	EA	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
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						
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						
63874-0327-15		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	1 MG		10	01/01/2016	02/03/2016						
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						
63874-0327-18		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						
63874-0327-19		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	19	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						
63874-0327-20		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						
63874-0327-20		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	1 MG		10	01/01/2016	02/03/2016						
63874-0327-21		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
63874-0327-21		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	1 MG		10	01/01/2016	02/03/2016						
63874-0327-24		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	24	EA	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
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						
63874-0327-25		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	25	EA	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
63874-0327-25		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	25	EA	BO	PO	EA	1 MG		10	01/01/2016	02/03/2016						
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						
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						
63874-0327-30		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						
63874-0327-30		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	1 MG		10	01/01/2016	02/03/2016						
63874-0327-32		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	32	EA	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
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						
63874-0327-40		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
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						
63874-0327-42		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42	EA	BO	PO	EA	5 MG		2	05/10/2004	12/31/2015						
63874-0327-42		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	42	EA	BO	PO	EA	1 MG		10	01/01/2016	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						
63874-0327-50		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						
63874-0327-60		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						
63874-0327-60		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	60	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	BO	PO	EA	12.5 MG		2	01/01/2014	02/03/2016						
63874-0370-01		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25 MG		1	05/07/2004	12/31/2013						
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						
63874-0370-08		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	8	EA	BO	PO	EA	25 MG		1	05/07/2004	12/31/2013						
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	12.5 MG		2	01/01/2014	02/03/2016						
63874-0370-10		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	25 MG		1	05/07/2004	12/31/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
63874-0370-12		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						
63874-0370-12		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	25	MG		1	05/07/2004	12/31/2013						
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						
63874-0370-15		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	25	MG		1	05/07/2004	12/31/2013						
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	BO	PO	EA	12.5	MG		2	01/01/2014	02/03/2016						
63874-0370-20		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25	MG		1	05/07/2004	12/31/2013						
63874-0370-24		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	24	EA	BO	PO	EA	12.5	MG		2	01/01/2014	02/03/2016						
63874-0370-24		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	24	EA	BO	PO	EA	25	MG		1	05/07/2004	12/31/2013						
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						
63874-0370-30		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25	MG		1	05/07/2004	12/31/2013						
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						
63874-0370-40		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 25 MG	40	EA	BO	PO	EA	25	MG		1	05/07/2004	12/31/2013						
63874-0370-60		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	60	EA	BO	PO	EA	12.5	MG		2	01/01/2014	99/99/9999						
63874-0370-60		Q0170		03/02/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	NA	PO	EA	25	MG		1	03/02/2006	12/31/2013						
63874-0373-01		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						
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						
63874-0373-02		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						
63874-0373-02		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	1	MG		5	01/01/2016	02/03/2016						
63874-0373-10		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						
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						
63874-0373-15		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						
63874-0373-15		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						
63874-0373-20		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20	EA	BO	PO	EA	5	MG		1	01/15/2006	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
63874-0442-02		Q0177		05/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN I/V 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	99/99/9999						
63874-0442-03		Q0177		05/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN I/V 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	99/99/9999						
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 I/V 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						
63874-0442-05		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 I/V 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						
63874-0442-09		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 I/V 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						
63874-0442-10		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 I/V 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	05/11/2004	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 I/V 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						
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 I/V 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						
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 I/V 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						
63874-0442-25		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 I/V 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 I/V 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						
63874-0442-30		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 I/V 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						
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 I/V 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						
63874-0442-45		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 I/V 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						
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 I/V 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						
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 I/V 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	25 MG		1	05/11/2004	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	
63874-0444-01		J8540		01/01/2006	02/03/2016	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	100	EA	BO	PO	EA	0.25	MG		3	01/01/2006	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						
63874-0444-15		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						
63874-0444-20		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						
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						
63874-0444-30		J8540		01/01/2006	02/03/2016	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	30	EA	BO	PO	EA	0.25	MG		3	01/01/2006	02/03/2016						
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 N/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						
63874-0490-01		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10	MG		1	05/10/2004	12/31/2013						
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 N/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						
63874-0490-06		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	6	EA	BO	PO	EA	10	MG		1	05/10/2004	12/31/2013						
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 N/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						
63874-0490-08		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10	MG		1	05/10/2004	12/31/2013						
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 N/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						
63874-0490-10		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10	MG		1	05/10/2004	12/31/2013						
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 N/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						
63874-0490-12		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10	MG		1	05/10/2004	12/31/2013						
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 N/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						
63874-0490-15		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10	MG		1	05/10/2004	12/31/2013						
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 N/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						
63874-0490-20		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/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	10	MG		1	05/10/2004	12/31/2013						
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 N/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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0490-28		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	28	EA	BO	PO	EA	10 MG		1	05/10/2004	12/31/2013						
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						
63874-0490-30		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10 MG		1	05/10/2004	12/31/2013						
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	5 MG		2	01/01/2014	02/03/2016						
63874-0490-60		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	10 MG		1	05/10/2004	12/31/2013						
63874-0500-01		J8499		03/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1 EA		1	03/15/2006	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						
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						
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						
63874-0500-25		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						
63874-0500-30		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						
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						
63874-0500-60		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						
63874-0708-20		J7611		04/01/2008	99/99/9999	ALBUTEROL INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20	ML	NA	IH	ML	1 MG		5	04/01/2008	99/99/9999						
63874-0712-12		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	NA	PO	ML	12.5 MG		0.1	01/01/2014	99/99/9999						
63874-0712-12		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	NA	PO	ML	25 MG		0.05	01/01/2002	12/31/2013						
63874-0757-01		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						
63874-0757-01		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	50 MG		1	01/15/2006	12/31/2013						
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						
63874-0757-04		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	120	EA	BO	PO	EA	50 MG		1	01/15/2006	12/31/2013						
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	BO	PO	EA	25 MG		2	01/01/2014	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
63874-0757-10		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	10	EA	BO	PO	EA	50 MG		1	01/15/2006	12/31/2013						
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						
63874-0757-15		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	15	EA	BO	PO	EA	50 MG		1	01/15/2006	12/31/2013						
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						
63874-0757-20		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	50 MG		1	01/15/2006	12/31/2013						
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	25 MG		2	01/01/2014	02/03/2016						
63874-0757-21		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	21	EA	BO	PO	EA	50 MG		1	01/15/2006	12/31/2013						
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						
63874-0757-24		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	24	EA	BO	PO	EA	50 MG		1	01/15/2006	12/31/2013						
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						
63874-0757-28		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	28	EA	BO	PO	EA	50 MG		1	01/15/2006	12/31/2013						
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						
63874-0757-30		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	50 MG		1	01/15/2006	12/31/2013						
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						
63874-0757-60		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	60	EA	BO	PO	EA	50 MG		1	01/15/2006	12/31/2013						
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						

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	
63874-0757-90		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMO THERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	90	EA	BO	PO	EA	50 MG		1	01/15/2006	12/31/2013							
63874-0806-12	J8498			01/15/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	NA	RC	EA	1 EA		1	01/15/2006	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	10 MG		25	01/01/2018	99/99/9999							
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							
64011-0301-03	J1726			02/14/2018	99/99/9999	MG	MAKENA (PF) 275 MG/1.1 ML	1.1	ML	VL	SC	ML	10 MG		25	02/14/2018	99/99/9999							
64019-0750-85	J1230			01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1	EA	BO	NA	GM	10 MG		100	01/01/2002	99/99/9999							
64019-0750-88	J1230			01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1	EA	BO	NA	GM	10 MG		100	01/01/2002	99/99/9999							
64116-0011-12	J9216			01/01/2002	11/12/2013	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	ACTIMMUNE (VIAL) 2 Million IU/0.5 ML	0.5	ML	VL	SC	ML	3 MU		1.33333	01/01/2002	11/12/2013							
64208-8234-01	J1557			01/01/2012	01/31/2015	INJECTION, IMMUNE GLOBULIN (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (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							
64208-8234-02	J1557			01/01/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX (1X100ML,SINGLE USE) 5 GM/ 100 ML	1	ML	VL	IV	ML	1 EA		0.1	01/01/2012	99/99/9999							
64208-8234-03	J1557			01/01/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX (1X200ML,SINGLE USE) 10 GM/ 200 ML	1	ML	VL	IV	ML	1 EA		0.1	01/01/2012	99/99/9999							
64208-8234-05	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	500 MG		0.1	07/26/2013	01/31/2015							
64208-8234-06	J1557			07/26/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAPLEX (1X100ML,SINGLE USE) 5 GM/100ML	100	ML	VL	IV	ML	500 MG		0.1	07/26/2013	99/99/9999							
64208-8234-07	J1557			07/26/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAPLEX (1X200ML,SINGLE USE) 10 GM/200ML	200	ML	VL	IV	ML	500 MG		0.1	07/26/2013	99/99/9999							
64208-8235-01	J1557			04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX 10% (INNER PACK NDC,PF) 100 MG/1 ML	50	ML	VL	IV	ML	500 MG		0.2	04/01/2017	99/99/9999							
64208-8235-02	J1557			04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX 10% (INNER PACK NDC,PF) 100 MG/1 ML	100	ML	VL	IV	ML	500 MG		0.2	04/01/2017	99/99/9999							
64208-8235-03	J1557			04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX 10% (INNER PACK NDC,PF) 100 MG/1 ML	200	ML	VL	IV	ML	500 MG		0.2	04/01/2017	99/99/9999							
64208-8235-05	J1557			04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX 10% (PF,LATEX-FREE) 100 MG/1 ML	50	ML	VL	IV	ML	500 MG		0.2	04/01/2017	99/99/9999							
64208-8235-06	J1557			04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX 10% (PF,LATEX-FREE) 100 MG/1 ML	100	ML	VL	IV	ML	500 MG		0.2	04/01/2017	99/99/9999							
64208-8235-07	J1557			04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX 10% (PF,LATEX-FREE) 100 MG/1 ML	200	ML	VL	IV	ML	500 MG		0.2	04/01/2017	99/99/9999							
64253-0111-21	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	10 ML		0.1	01/01/2007	02/03/2016							
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							
64253-0111-23	A4216			01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	3	ML	SR	IV	ML	10 ML		0.1	01/01/2007	99/99/9999							
64253-0111-25	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%	5	ML	SR	IV	ML	10 ML		0.1	01/01/2007	02/03/2016							
64253-0111-30	A4216			01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN W/LUER LOCK,PF) 0.9%	10	ML	SR	IV	ML	10 ML		0.1	01/01/2007	99/99/9999							
64253-0111-33	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	10 ML		0.1	01/01/2007	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							
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					
64253-0222-22	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							
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							
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							
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 U/ML-0.9%	10	ML	SR	IV	ML	10 U		1	01/01/2002	02/03/2016							
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/LUER LOCK) 10 U/ML-0.9%	3	ML	SR	IV	ML	10 U		1	01/01/2002	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 W/LUER LOCK) 10 U/ML-0.9%	5	ML	SR	IV	ML	10 U		1	01/01/2002	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							
64253-0333-22	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							
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							
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							
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							
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							
64253-0333-35	J1642			01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,12 ML W/LUER LOCK) 100 U/ML-0.9%	5	ML	SR	IV	ML	10 U		10	01/01/2002	99/99/9999							

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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							
64281-0100-06		J7674		01/01/2005	99/99/9999	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG	PROVOCHOLINE 100 MG	1	EA	VL	IH	EA	1	MG	100	01/01/2005	99/99/9999							
64370-0532-01		J9390		06/23/2008	99/99/9999	INJECTION, VINOELBINE 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							
64370-0532-02		J9390		06/23/2008	99/99/9999	INJECTION, VINOELBINE TARTRATE, 10 MG	NAVELBINE (1X5ML SINGLE USE PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	06/23/2008	99/99/9999							
64380-0726-06		J7507		09/10/2014	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	09/10/2014	99/99/9999							
64380-0726-06		J7507		09/10/2014	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 1 MG	100	EA	BO	PO	EA	1	MG	1	09/10/2014	99/99/9999							
64380-0726-06		J7507		09/10/2014	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 5 MG	100	EA	BO	PO	EA	1	MG	5	09/10/2014	99/99/9999							
64380-0725-06		J7517		01/06/2014	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	01/06/2014	99/99/9999							
64380-0725-07		J7517		05/01/2014	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (USP,FILM-COATED) 500 MG	500	EA	BO	PO	EA	250	MG	2	05/01/2014	99/99/9999							
64380-0726-06		J7517		01/06/2014	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	01/06/2014	99/99/9999							
64679-0012-01		J2543		06/12/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE PF) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	06/12/2017	99/99/9999							
64679-0034-01		J2543		06/12/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE PF) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	06/12/2017	99/99/9999							
64679-0056-01		J2543		06/12/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE PF) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	06/12/2017	99/99/9999							
64679-0096-01		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							
64679-0661-02		J1626		07/01/2008	04/30/2014	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML) 1 MG/ML MG/ML	4	MG	VL	U	ML	100	MCG	10	07/01/2008	04/30/2014							
64679-0661-03		J1626		07/01/2008	04/30/2014	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X1ML) 1 MG/ML	1	MG	VL	IV	ML	100	MCG	10	07/01/2008	04/30/2014							
64679-0662-01		J1626		04/25/2008	05/31/2014	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (5X1ML PF) 0.1 MG/ML	1	ML	VL	IV	ML	100	MCG	1	04/25/2008	05/31/2014							
64679-0679-01		J2543		06/12/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE PF) 36 GM-4.5 GM	1	EA	VL	IV	EA	1.125	GM	36	06/12/2017	99/99/9999							
64679-0701-02		J0696		05/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1	EA	VL	U	EA	250	MG	1	05/18/2007	99/99/9999							
64679-0701-03		J0696		05/18/2007	05/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1	EA	VL	U	EA	250	MG	1	05/18/2007	05/31/2014							
64679-0702-02		J0696		05/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1	EA	VL	U	EA	250	MG	2	05/18/2007	99/99/9999							
64679-0703-01		J0696		05/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1	EA	VL	U	EA	250	MG	8	05/18/2007	99/99/9999							
64679-0726-01		J2405		12/26/2006	08/19/2013	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (5X2ML SDV,USP) 2 MG/ML	2	ML	VL	U	ML	1	MG	2	12/26/2006	08/19/2013							
64679-0727-01		J2405		12/26/2006	08/19/2013	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20	ML	VL	U	ML	1	MG	2	12/26/2006	08/19/2013							
64679-0757-01		J1885		04/12/2007	08/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,SDV) 15 MG/ML	1	ML	VL	U	ML	15	MG	1	04/12/2007	08/19/2013							
64679-0757-02		J1885		04/12/2007	08/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,SDV) 15 MG/ML	1	ML	VL	U	ML	15	MG	1	04/12/2007	08/19/2013							
64679-0758-01		J1885		04/12/2007	08/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,SDV) 30 MG/ML	1	ML	VL	U	ML	15	MG	1	04/12/2007	08/19/2013							
64679-0758-02		J1885		04/12/2007	08/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,SDV,25X2ML) 30 MG/ML	2	ML	VL	U	ML	15	MG	2	04/12/2007	08/19/2013							
64679-0758-04		J1885		04/12/2007	08/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,SDV) 30 MG/ML	1	ML	VL	U	ML	15	MG	2	04/12/2007	08/19/2013							
64679-0758-06		J1885		04/12/2007	08/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,SDV,2X10ML) 30 MG/ML	2	ML	VL	U	ML	15	MG	2	04/12/2007	08/19/2013							
64679-0961-01		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	08/10/2015	99/99/9999	02/11/2008	05/31/2014	0.25				
64679-0961-04		Q0144		02/14/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6	EA	BX	PO	EA	1	GM	0.25	08/01/2015	99/99/9999	02/14/2008	05/31/2014	0.25				
64679-0961-05		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6,FILM-COATED) 250 MG	18	EA	DP	PO	EA	1	GM	0.25	08/10/2015	99/99/9999	02/11/2008	05/31/2014	0.25				
64679-0962-01		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 800 MG	30	EA	BO	PO	EA	1	GM	0.6	09/11/2015	99/99/9999	02/11/2008	05/31/2014	0.6				
64679-0964-01		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	08/10/2015	99/99/9999	02/11/2008	05/31/2014	0.5				
64679-0964-03		Q0144		02/14/2008	05/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 500 MG	3	EA	BX	PO	EA	1	GM	0.5	02/14/2008	05/31/2014							
64679-0964-05		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3,FILM COATED) 500 MG	9	EA	DP	PO	EA	1	GM	0.5	08/10/2015	99/99/9999	02/11/2008	05/31/2014	0.5				
64679-0963-02		J0696		05/26/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1	EA	VL	U	EA	250	MG	4	05/26/2006	99/99/9999							
64679-0966-01		J0696		09/20/2006	05/31/2014	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	1	EA	VL	U	EA	1	GM	1	09/20/2006	05/31/2014							
64679-0966-02		J0696		09/20/2006	05/31/2014	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	1	EA	VL	U	EA	1	GM	1	09/20/2006	05/31/2014							
64679-0966-03		J0696		09/20/2006	05/31/2014	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	1	EA	VL	U	EA	1	GM	1	09/20/2006	05/31/2014							
64679-0966-04		J0696		09/20/2006	05/31/2014	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	1	EA	VL	U	EA	1	GM	1	09/20/2006	05/31/2014							
64720-0198-02		Q0166		12/29/2007	08/20/2014	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/A ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	20	EA	BO	PO	EA	1	MG	1	12/29/2007	08/20/2014							
64720-0198-98		Q0166		12/29/2007	08/20/2014	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN N/A ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	2	EA	DP	PO	EA	1	MG	1	12/29/2007	08/20/2014							
64980-0276-06		None		03/15/2017	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	03/15/2017	99/99/9999							
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							
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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	
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						
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						
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							
65162-0801-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5MG	14	EA	BO	PO	EA	5 MG			1	05/26/2015	99/99/9999						
65162-0801-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5MG	5	EA	BO	PO	EA	5 MG			1	05/26/2015	99/99/9999						
65162-0802-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20MG	14	EA	BO	PO	EA	20 MG			1	05/26/2015	99/99/9999						
65162-0802-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20MG	5	EA	BO	PO	EA	20 MG			1	05/26/2015	99/99/9999						
65162-0803-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100MG	14	EA	BO	PO	EA	100 MG			1	05/26/2015	99/99/9999						
65162-0803-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100MG	5	EA	BO	PO	EA	100 MG			1	05/26/2015	99/99/9999						
65162-0804-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140MG	14	EA	BO	PO	EA	20 MG			7	05/26/2015	99/99/9999						
65162-0804-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140MG	5	EA	BO	PO	EA	20 MG			7	05/26/2015	99/99/9999						
65162-0805-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180MG	14	EA	BO	PO	EA	20 MG			9	05/26/2015	99/99/9999						
65162-0805-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180MG	5	EA	BO	PO	EA	20 MG			9	05/26/2015	99/99/9999						
65162-0806-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250MG	5	EA	BO	PO	EA	250 MG			1	05/26/2015	99/99/9999						
65162-0843-06		None		03/10/2017	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150 MG			1	03/10/2017	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						
65162-0914-46		J7682		07/16/2015	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300 MG		0.2	07/16/2015	99/99/9999							
65162-0914-46	KO	J7682	KO	07/16/2015	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300 MG		0.2	07/16/2015	99/99/9999							
65293-0001-01		J0583		01/01/2004	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	ANGIOMAX (VAL GLASS) 250 MG	1	EA	VL	IV	EA	1 MG		250	01/01/2004	99/99/9999							
65483-0590-10		J7500		01/01/2002	12/31/2017	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	100	EA	BO	PO	EA	50 MG			1	01/01/2002	12/31/2017						
65649-0231-41		J7500		10/31/2003	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZANAN 75 MG	100	EA	BO	PO	EA	50 MG		1.5	10/31/2003	99/99/9999							
65649-0241-41		J7500		10/31/2003	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZANAN 100 MG	100	EA	BO	PO	EA	50 MG		2	10/31/2003	99/99/9999							
65757-0404-03		J1942		06/05/2017	09/30/2019	INJECTION, ARIPIRAZOLE LAUROXIL, 1 MG	ARISTADA 1064 MG/3.9 ML	3.9	ML	SR	IM	ML	1 MG		272.82051	09/05/2017	09/30/2019							
65757-0500-03		J1942		07/02/2018	09/30/2019	INJECTION, ARIPIRAZOLE 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							
65862-0187-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1 MG			4	01/01/2012	99/99/9999						
65862-0188-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1 MG			8	01/01/2012	99/99/9999						
65862-0390-10		Q0162		03/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,3X10) 4 MG	30	EA	BX	PO	EA	1 MG			4	03/01/2012	99/99/9999						
65862-0391-10		Q0162		03/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,3X10) 8 MG	30	EA	BX	PO	EA	1 MG			8	03/01/2012	99/99/9999						
65862-0642-90		Q0144		01/03/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3,FILM-COATED) 500 MG	9	EA	BX	PO	EA	1 GM			0.5	01/03/2019	99/99/9999						
65862-0942-03		J7612		12/07/2017	99/99/9999	LEVABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	LEVABUTEROL (CONCENTRATE,PF) 1.25 MG/0.5 ML	30	EA	VL	IH	EA	0.5 MG		2.5	12/07/2017	99/99/9999							
65862-0943-24		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 (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5 MG		0.20666	12/07/2017	99/99/9999							
65862-0943-24	KO	J7614	KO	12/07/2017	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	12/07/2017	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							
65862-0944-24	KO	J7614	KO	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							
65862-0945-24		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) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5 MG		0.83333	12/07/2017	99/99/9999							
65862-0945-24	KO	J7614	KO	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) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5 MG		0.83333	12/07/2017	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							
66105-0507-03		Q0144		01/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1 GM		0.25	01/01/2006	99/99/9999							
66105-0507-06		Q0144		08/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	60	EA	BO	PO	EA	1 GM		0.25	08/22/2006	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66105-0507-09		Q0144		08/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	90	EA	BO	PO	EA	1	GM	0.25	08/22/2006	99/99/9999						
66105-0507-10		Q0144		08/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	100	EA	BO	PO	EA	1	GM	0.25	08/22/2006	99/99/9999						
66105-0549-10		J7507		01/01/2006	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 1 MG	100	EA	NA	PO	EA	1	MG	1	01/01/2006	99/99/9999						
66105-0653-01		Q0144		09/13/2006	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	10	EA	BO	PO	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	1	GM	0.5	09/13/2006	02/03/2016						
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						
66105-0653-06		Q0144		09/13/2006	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	60	EA	BO	PO	EA	1	GM	0.5	09/13/2006	02/03/2016						
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						
66105-0670-01		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	10	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999						
66105-0670-03		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	30	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999						
66105-0670-05		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	50	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999						
66105-0670-06		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	60	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999						
66105-0670-18		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	18	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999						
66105-0832-01		J8999		09/13/2006	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						
66105-0832-06		J8999		09/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	60	EA	BO	PO	EA	1	EA	1	09/13/2006	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						
66105-0832-10		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						
66215-0401-01		J1325		08/27/2007	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL (SINGLE DOSE LYOPHILIZED) 1.5 MG	1	EA	EA	IV	EA	0.5	MG	3	08/27/2007	99/99/9999						
66215-0402-01		J1325		10/01/2012	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	VELETRI (SINGLE DOSE LYOPHILIZED) 1.5 MG	1	EA	VL	IV	EA	0.5	MG	3	10/01/2012	99/99/9999						
66215-0403-01		J1325		10/01/2012	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	VELETRI (SINGLE DOSE LYOPHILIZED) 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	10/01/2012	99/99/9999						
66220-0110-01		J1190		07/25/2017	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	TOTECT (LYOPHILIZED), 500 MG	1	EA	VL	IV	EA	250	MG	2	07/25/2017	99/99/9999						
66267-0006-25		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999						
66267-0006-40		J8499		08/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1	EA	1	08/01/2002	99/99/9999						
66267-0006-50		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999						
66267-0007-15		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999						
66267-0007-21		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999						
66267-0007-25		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999						
66267-0007-30		J8499		04/08/2002	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						
66267-0066-12		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	01/01/2006	99/99/9999						
66267-0080-15		Q0163		01/01/2002	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						
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						
66267-0080-30		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						
66267-0080-60		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						
66267-0081-15		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999						
66267-0081-20		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						

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
66267-0081-30		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
66267-0081-60		Q0163		09/04/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	60	EA	BO	PO	EA	50 MG		1	09/04/2002	99/99/9999						
66267-0171-15		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						
66267-0171-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
66267-0171-20		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						
66267-0171-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
66267-0171-21		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						
66267-0171-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
66267-0171-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
66267-0171-40		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5 MG		2	01/01/2002	12/31/2015						
66267-0171-40		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
66267-0171-42		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						
66267-0171-42		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	42	EA	BO	PO	EA	1 MG		10	01/01/2016	99/99/9999						
66267-0172-10		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						
66267-0172-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
66267-0172-15		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						
66267-0172-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
66267-0172-20		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						
66267-0172-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
66267-0172-30		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						
66267-0172-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	1 MG		20	01/01/2016	99/99/9999						
66267-0173-20		J7506		04/04/2002	12/31/2015	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	20	EA	BO	PO	EA	5 MG		1	04/04/2002	12/31/2015						
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	1 MG		5	01/01/2016	99/99/9999						
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						
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						
66267-0173-40		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						
66267-0173-40		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	40	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
66267-0173-42		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						
66267-0173-42		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	42	EA	BO	PO	EA	1 MG		5	01/01/2016	99/99/9999						
66267-0173-60		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						
66267-0173-60		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						
66267-0208-10		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	10	EA	BO	PO	EA	250 MG		1	01/01/2002	10/17/2016						
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						
66267-0399-30		J8499		03/15/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1 EA		1	03/15/2005	99/99/9999						
66267-0928-06		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6	EA	BO	PO	EA	1 GM		0.25	01/01/2002	99/99/9999						
66267-0948-21		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						
66267-0948-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (DOSEPACK) 5 MG	21	EA	DP	PO	EA	1 MG		5	01/01/2016	99/99/9999						
66267-0961-21		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	BO	PO	EA	4 MG		1	01/01/2002	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						
66288-1100-01		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						
66288-1300-01		J0690		10/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 300 GM	1	EA	FC	U	GM	500 MG		2	10/01/2002	99/99/9999						
66302-0101-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPONINIL, 1 MG	REMODULIN (M.D.V.) 1 MG/ML	20	ML	VL	U	ML	1 MG		1	01/01/2006	99/99/9999						
66302-0102-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPONINIL, 1 MG	REMODULIN (M.D.V.) 2.5 MG/ML	20	ML	VL	U	ML	1 MG		2.5	01/01/2006	99/99/9999						
66302-0105-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPONINIL, 1 MG	REMODULIN (M.D.V.) 5 MG/ML	20	ML	VL	U	ML	1 MG		5	01/01/2006	99/99/9999						
66302-0110-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPONINIL, 1 MG	REMODULIN (M.D.V.) 10 MG/ML	20	ML	VL	U	ML	1 MG		10	01/01/2006	99/99/9999						
66302-0206-03		J7686		01/01/2011	99/99/9999	TREPONINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG	TYVASO (4X2.9ML) 0.6 MG/1 ML	2.9	ML	PC	IH	ML	1.74 MG		0.34482	01/01/2011	99/99/9999						
66302-0206-03		KO	J7686	01/01/2011	99/99/9999	TREPONINIL, 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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66336-0045-06		Q0163		10/22/2004	06/01/2014	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	6	EA	BO	PO	EA	50 MG		1	10/22/2004	06/01/2014						
66336-0045-15		Q0163		10/22/2004	06/01/2014	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	10/22/2004	06/01/2014						
66336-0045-20		Q0163		04/01/2010	06/01/2014	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	04/01/2010	06/01/2014						
66336-0045-30		Q0163		11/23/2003	06/01/2014	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	30	EA	BO	PO	EA	50 MG		1	11/23/2003	06/01/2014						
66336-0045-60		Q0163		04/01/2010	06/01/2014	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	60	EA	BO	PO	EA	50 MG		1	04/01/2010	06/01/2014						
66336-0045-90		Q0163		04/01/2010	06/01/2014	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	90	EA	BO	PO	EA	50 MG		1	04/01/2010	06/01/2014						
66336-0058-10	J7506			10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10	EA	BO	PO	EA	5 MG		2	10/22/2004	06/01/2014						
66336-0058-12	J7506			11/04/2005	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12	EA	BO	PO	EA	5 MG		2	11/04/2005	06/01/2014						
66336-0058-20	J7506			10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5 MG		2	10/22/2004	06/01/2014						
66336-0058-21	J7506			10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5 MG		2	10/22/2004	06/01/2014						
66336-0058-30	J7506			04/16/2002	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5 MG		2	04/16/2002	06/01/2014						
66336-0058-60	J7506			10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5 MG		2	10/22/2004	06/01/2014						
66336-0085-10		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	10	EA	BO	PO	EA	12.5 MG		2	01/01/2014	06/01/2014						
66336-0085-10		Q0170		10/22/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	10	EA	BO	PO	EA	25 MG		1	10/22/2004	12/31/2013						
66336-0085-12		Q0169		01/01/2014	06/01/2014	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	12	EA	BO	PO	EA	12.5 MG		2	01/01/2014	06/01/2014						
66336-0085-12		Q0170		10/22/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	12	EA	BO	PO	EA	25 MG		1	10/22/2004	12/31/2013						
66336-0085-20		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
66336-0085-20		Q0170		05/29/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	20	EA	BO	PO	EA	25 MG		1	05/29/2008	12/31/2013						
66336-0085-25		Q0169		01/01/2014	06/01/2014	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	25	EA	BO	PO	EA	12.5 MG		2	01/01/2014	06/01/2014						
66336-0085-25		Q0170		05/29/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	25	EA	BO	PO	EA	25 MG		1	05/29/2008	12/31/2013						
66336-0085-30		Q0169		01/01/2014	06/01/2014	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	06/01/2014						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66336-0085-30		Q0170		10/22/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE 25 MG	30	EA	BO	PO	EA	25	MG	1	10/22/2004	12/31/2013						
66336-0085-60		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
66336-0085-60	Q0170			05/29/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	25	MG	1	05/29/2008	12/31/2013						
66336-0094-10	J7506			10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	10/22/2004	06/01/2014						
66336-0094-18	J7506			10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	5	MG	4	10/22/2004	06/01/2014						
66336-0094-20	J7506			10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	10/22/2004	06/01/2014						
66336-0094-30	J7506			10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	10/22/2004	06/01/2014						
66336-0150-03	J8498			01/01/2006	06/01/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	3	EA	BO	RC	EA	1	EA	1	01/01/2006	06/01/2014						
66336-0150-06	J8498			04/20/2007	06/01/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6	EA	BX	RC	EA	1	EA	1	04/20/2007	06/01/2014						
66336-0208-20	Q0177			10/22/2004	06/01/2014	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	10/22/2004	06/01/2014						
66336-0208-30	Q0177			10/22/2004	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	10/22/2004	06/01/2014						
66336-0268-03	Q0162			01/01/2012	06/01/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3	EA	BO	PO	EA	1	MG	8	01/01/2012	06/01/2014						
66336-0338-21	None			03/01/2012	06/01/2014	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE, 2.5 MG	21	EA	BO	PO	EA	2.5	MG	1	03/01/2012	06/01/2014						
66336-0338-30	None			04/01/2012	06/01/2014	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM, 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	04/01/2012	06/01/2014						
66336-0400-05	Q0144			12/03/2007	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	5	EA	BO	PO	EA	1	GM	0.5	12/03/2007	06/01/2014						
66336-0434-06	Q0164			10/22/2004	06/01/2014	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	6	EA	BO	PO	EA	5	MG	1	10/22/2004	06/01/2014						
66336-0434-10	Q0164			08/18/2005	06/01/2014	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	10	EA	BO	PO	EA	5	MG	1	08/18/2005	06/01/2014						
66336-0479-06	J8540			01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	6	EA	BO	PO	EA	0.25	MG	16	01/01/2006	06/01/2014						
66336-0479-15	J8540			04/01/2010	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE, 4 MG	15	EA	TAB	PO	EA	0.25	MG	16	04/01/2010	06/01/2014						
66336-0515-10	J7506			04/01/2010	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	10	EA	TAB	PO	EA	5	MG	1	04/01/2010	06/01/2014						
66336-0515-21	J7506			10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	5	MG	1	10/22/2004	06/01/2014						
66336-0515-30	J7506			10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	10/22/2004	06/01/2014						
66336-0515-40	J7506			10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40	EA	BO	PO	EA	5	MG	1	10/22/2004	06/01/2014						
66336-0550-12	J8540			01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	01/01/2006	06/01/2014						
66336-0589-15	Q0163			01/01/2002	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	06/01/2014						
66336-0589-20	Q0163			10/22/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	10/22/2004	06/01/2014						
66336-0589-30	Q0163			10/22/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	10/22/2004	06/01/2014						
66336-0589-60	Q0163			10/22/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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	10/22/2004	06/01/2014						
66336-0829-10	Q0173			04/01/2010	06/01/2014	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	10	EA	NA	PO	EA	250	MG	1	04/01/2010	06/01/2014						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66336-0642-30		J8499		06/22/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1 EA		1	06/22/2005	06/01/2014						
66336-0642-40		J8499		10/22/2004	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1 EA		1	10/22/2004	06/01/2014						
66336-0642-50		J8499		01/07/2008	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1 EA		1	01/07/2008	06/01/2014						
66336-0735-15		J8499		10/22/2004	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1 EA		1	10/22/2004	06/01/2014						
66336-0735-25		J8499		10/22/2004	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1 EA		1	10/22/2004	06/01/2014						
66336-0735-40		J8499		10/22/2004	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40	EA	BO	PO	EA	1 EA		1	10/22/2004	06/01/2014						
66336-0793-03		Q0162		01/01/2012	06/01/2014	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	BO	PO	EA	1 MG		4	01/01/2012	06/01/2014						
66336-0862-50		J8499		05/01/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	DISPENSEQUICK ACYCLOVIR 800 MG	50	EA	BO	PO	EA	1 EA		1	05/01/2006	06/01/2014						
66336-0921-15		Q0164		01/01/2014	06/01/2014	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	06/01/2014						
66336-0921-15		Q0165		12/03/2007	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	10 MG		1	12/03/2007	12/31/2013						
66336-0921-60		Q0164		01/01/2014	06/01/2014	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	06/01/2014						
66336-0921-60		Q0165		05/29/2008	12/31/2013	PROCHLORPERAZINE 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	PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	10 MG		1	05/29/2008	12/31/2013						
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						
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						
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	IJ	ML	1 MG		1	12/31/2002	99/99/9999						
66621-0790-02		J0841		01/01/2019	99/99/9999	INJECTION, CROTALIDAE IMMUNE F(A&B)2 (EQUINE), 120 MG	ANAVIP (LYOPHILIZED) (10ML VL) 24 MG/1 ML	1	EA	VL	IV	EA	120 MG		2	01/01/2019	99/99/9999						
66621-0790-02		J3490		10/30/2018	12/31/2018	UNCLASSIFIED DRUGS	ANAVIP (LYOPHILIZED) (10ML VL) 24 MG/1 ML	1	EA	VL	IV	EA	1 MG		1	10/30/2018	12/31/2018						
66667-0301-05		J1457		01/01/2005	09/05/2013	INJECTION, GALLIUM NITRATE, 1 MG	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1 MG		25	01/01/2005	09/05/2013						
66689-0307-08		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						
66689-0347-02		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						
66689-0681-55		J1230		02/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1	EA	BO	NA	GM	10 MG		100	02/01/2002	99/99/9999						
66733-0948-23		J9055		01/01/2005	99/99/9999	INJECTION, CETUXIMAB, 10 MG	ERBITUX (PF) 2 MG/ML	50	ML	VL	IV	ML	10 MG		0.2	01/01/2005	99/99/9999						
66733-0958-23		J9055		05/03/2007	99/99/9999	INJECTION, CETUXIMAB, 10 MG	ERBITUX (PF) 2 MG/ML	100	ML	VL	IV	ML	10 MG		0.2	05/03/2007	99/99/9999						
66758-0016-03		J2370		03/04/2011	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (USP,PF) 10 MG/ML	5	ML	VL	IJ	ML	1 ML		1	03/04/2011	99/99/9999						
66758-0016-04		J2370		06/08/2005	03/31/2016	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (USP,25X5ML,PF) 10 MG/ML	5	ML	VL	IJ	ML	1 ML		1	06/08/2005	03/31/2016						
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	IJ	ML	1 ML		1	01/08/2004	03/31/2016						
66758-0035-01		J1626		06/30/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X1ML,SINGLE-USE) 1 MG/ML	1	ML	VL	IV	ML	100 MCG		10	06/30/2008	99/99/9999						
66758-0036-01		J1626		06/30/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML,MULTI-USE) 1 MG/ML	4	ML	VL	IV	ML	100 MCG		10	06/30/2008	99/99/9999						
66758-0043-01		J9265		01/11/2008	12/31/2014	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (USP,1X5ML,MULTI-DOSE) 6 MG/ML	5	ML	VL	IV	ML	30 MG		0.2	01/11/2008	12/31/2014						
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						
66758-0043-02		J9265		01/11/2008	12/31/2014	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (USP,1X16.7ML,MULTI-DOSE) 6 MG/ML	16.7	ML	VL	IV	ML	30 MG		0.2	01/11/2008	12/31/2014						
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		J9265		01/11/2008	12/31/2014	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (USP,1X50ML,MULTI-DOSE) 6 MG/ML	50	ML	VL	IV	ML	30 MG		0.2	01/11/2008	12/31/2014						
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						
66758-0045-01		J9390		03/05/2008	10/06/2014	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE (1X1ML,PF) 10 MG/ML	1	ML	VL	IV	ML	10 MG		1	03/05/2008	10/06/2014						
66758-0045-02		J9390		03/05/2008	10/06/2014	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE (1X5ML,PF) 10 MG/ML	5	ML	VL	IV	ML	10 MG		1	03/05/2008	10/06/2014						
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	ML	50 MG		0.5	10/12/2007	99/99/9999						
66794-0151-01		J0476		11/01/2017	99/99/9999	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	GABLOFEN (1X1ML,SINGLE USE) 0.05 MG/1 ML	1	ML	SR	IN	ML	50 MCG		1	11/01/2017	99/99/9999						
66794-0155-01		J0475		01/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	GABLOFEN (1X20ML,SINGLE USE) 0.5 MG/1 ML	20	ML	SR	IN	ML	10 MG		0.05	01/01/2018	99/99/9999						
66794-0155-02		J0475		04/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	GABLOFEN (1X20ML,SINGLE USE) 0.5 MG/1 ML	20	ML	VL	IN	ML	10 MG		0.05	04/01/2018	99/99/9999						
66794-0156-01		J0475		02/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	GABLOFEN (1X20ML,SINGLE USE) 1 MG/1 ML	20	ML	SR	IN	ML	10 MG		0.1	02/01/2018	99/99/9999						
66794-0156-02		J0475		04/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	GABLOFEN (1X20ML,SINGLE USE) 1 MG/1 ML	20	ML	VL	IN	ML	10 MG		0.1	04/01/2018	99/99/9999						
66794-0157-01		J0475		01/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	GABLOFEN (1X20ML,SINGLE USE) 2 MG/1 ML	20	ML	SR	IN	ML	10 MG		0.2	01/01/2018	99/99/9999						

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
66794-0157-02		J0475		04/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	GABLOFEN (1X20ML SINGLE USE) 2 MG/1 ML	20	ML	VL	IN	ML	10 MG		0.2	04/01/2018	99/99/9999						
66794-0160-02		J2274		07/23/2018	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG	MITIGO (SINGLE USE,PF) 10 MG/1 ML	20	ML	VL	U	ML	10 MG		1	07/23/2018	99/99/9999						
66794-0162-02		J2274		07/27/2018	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG	MITIGO (SINGLE USE,PF) 25 MG/1 ML	20	ML	VL	U	ML	10 MG		2.5	07/27/2018	99/99/9999						
66794-0202-42		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						
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						
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						
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	U	ML	1 MG		0.2	04/15/2019	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						
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	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	5	ML	VL	U	ML	1 MG		0.2	04/15/2019	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						
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						
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						
66794-0207-41		J0295		04/15/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (USP, SDV,PF,LATEX-FREE) 2 GM-1 GM	10	EA	VL	U	EA	1.5 GM		2	04/15/2019	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						
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	U	EA	500 MG		2	04/15/2019	99/99/9999						
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						
66887-0004-20		J3490		10/31/2014	99/99/9999	UNCLASSIFIED DRUGS	TESTOPEL PELLETS	100	EA	BX	SC	EA	1 EA		1	10/31/2014	99/99/9999						
66993-0021-27		J7614		08/23/2012	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						
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	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						
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						
66993-0022-27	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		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						
66993-0023-27	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						
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	VL	IM	ML	10 MG		25	07/02/2018	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						
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						
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						
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						
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						
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						
67253-0320-10	None			12/30/2005	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE (USP) 2.5 MG	100	EA	BO	PO	EA	2.5 MG		1	10/29/2007	99/99/9999	12/30/2005	01/01/2007	1			
67253-0320-36	None			06/25/2009	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5 MG		1	06/25/2009	99/99/9999						
67253-0580-42	None			07/01/2003	09/23/2016	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X2) 2.5 MG	8	EA	DP	PO	EA	2.5 MG		1	07/01/2003	09/23/2016						
67253-0580-43	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						
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						
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						
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						
67386-0701-54	J1640			01/01/2006	10/31/2013	INJECTION, HEMIN, 1 MG	PANHEMATIN 313 MG	1	EA	VL	IV	EA	1 MG		313	01/01/2006	10/31/2013						
67386-0811-55	J9120			01/21/2006	10/31/2013	INJECTION, DACTINOMYCIN, 0.5 MG	COSEGMEN 0.5 MG	1	EA	VL	IV	EA	0.5 MG		1	01/21/2006	10/31/2013						
67386-0911-51	J9230			01/21/2006	10/31/2013	INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	MUSTARGEN 10 MG	1	EA	VL	IV	EA	10 MG		1	01/21/2006	10/31/2013						
67425-0002-10		J3470		01/28/2005	04/21/2013	INJECTION, HYALURONIDASE, UP TO 150 UNITS	VITRASE (LYOPHILIZED,OVINE,SDV) 200 U/ML	1.2	ML	VL	SC	ML	150 U		1.33333	01/28/2005	04/21/2013						
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						
67457-0153-03		J0282		07/01/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	3	ML	VL	IV	ML	30 MG		1.66666	07/01/2005	99/99/9999						
67457-0153-09		J0282		11/29/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE (9X10ML) 50 MG/ML	9	ML	VL	IV	ML	30 MG		1.66666	11/29/2005	99/99/9999						

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
67457-0153-18		J0282		11/29/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE 50 MG/ML	18	ML	VL	IV	ML	30	MG	1.66666	11/29/2005	99/99/9999						
67457-0177-50		J1212		06/22/2007	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	RIMSO-50 (ODORLESS) 50%	50	ML	VL	IL	ML	50	%	0.02	06/22/2007	99/99/9999						
67457-0211-02		J1451		09/30/2009	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	FOMEPIZOLE (1X1.5ML/PF) 1 GM/ML	1.5	ML	VL	IV	ML	15	MG	66.66666	09/30/2009	99/99/9999						
67457-0212-02		J0883		11/14/2017	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (SDV,PF) 100 MG/1 ML	2.5	ML	VL	IV	EA	1	MG	100	11/14/2017	99/99/9999						
67457-0256-10		J0583		06/04/2018	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	06/04/2018	99/99/9999						
67457-0263-30		J1205		08/04/2014	99/99/9999	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	CHLOROTHIAZIDE SODIUM (USP, SDV,LYOPHILIZED) 0.5 GM	1	EA	VL	IV	EA	500	MG	1	08/04/2014	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	U	ML	10	ML	0.1	12/05/2014	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						
67457-0291-01		J0360		04/28/2016	99/99/9999	INJECTION, HYDRAZINE HCL, UP TO 20 MG	HYDRAZINE HCL (PF) 20 MG/1 ML	1	ML	VL	U	ML	20	MG	1	04/28/2016	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	U	ML	1	MG	0.4	09/14/2016	99/99/9999						
67457-0317-25		J2469		09/20/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (SDV) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	09/20/2018	99/99/9999						
67457-0323-25		J2280		10/03/2017	99/99/9999	INJECTION, MOXFLOXACIN, 100 MG	MOXFLOXACIN HCL (FLEXIBAG,LATEX-FREE) 400 MG/250 ML	250	ML	BG	IV	ML	100	MG	0.016	10/03/2017	99/99/9999						
67457-0348-10		J0295		12/01/2017	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						
67457-0348-15		J0295		09/04/2015	11/30/2017	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	09/04/2015	11/30/2017						
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						
67457-0349-10		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	U	EA	1.5	GM	2	10/31/2016	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	U	EA	500	MG	1	09/12/2016	99/99/9999						
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						
67457-0352-10		J0290		10/06/2016	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,CRYSTALLINE) 2 GM	10	EA	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	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	U	ML	1000	U	1	05/25/2018	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) 2000 U/1 ML	1	ML	VL	U	ML	1000	U	20	06/14/2018	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						
67457-0379-25		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						
67457-0380-25		J2501		12/21/2018	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL 0.005 MG/1 ML	1	ML	VL	IV	ML	1	MCG	5	12/21/2018	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						
67457-0384-99		J1644		03/16/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X30ML) 1000 U/1 ML	30	ML	VL	U	ML	1000	U	1	03/16/2018	99/99/9999						
67457-0385-99		J1644		03/16/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X10ML) 1000 U/1 ML	10	ML	VL	U	ML	1000	U	1	03/16/2018	99/99/9999						
67457-0389-25		J2501		12/21/2018	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						
67457-0395-25		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						
67457-0396-10		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						
67457-0397-99		J2780		08/17/2018	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (10X2ML,SDV,USP) 25 MG/1 ML	2	ML	VL	U	ML	25	MG	1	08/17/2018	99/99/9999						
67457-0398-62		J2780		08/17/2018	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (SDV,USP) 25 MG/1 ML	6	ML	VL	U	ML	25	MG	1	08/17/2018	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						
67457-0400-05		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						
67457-0404-10		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						
67457-0424-10		J9060		05/23/2014	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV) 1 MG/ML	100	ML	VL	IV	ML	10	MG	0.1	05/23/2014	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						
67457-0429-20		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						
67457-0431-11		J9390		11/07/2014	08/31/2016	INJECTION, VINOORELBINE TARTRATE, 10 MG	VINOORELBINE (S.D.V., 1X1ML) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	11/07/2014	08/31/2016						
67457-0434-51		J9265		08/07/2014	12/31/2014	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (MDV) 6 MG/ML	50	ML	VL	IV	ML	30	MG	0.2	08/07/2014	12/31/2014						
67457-0434-51		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/ML	50	ML	VL	IV	ML	1	MG	6	01/01/2015	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						
67457-0441-20		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	U	ML	1	MG	2	12/22/2014	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						
67457-0449-17		J9265		08/07/2014	12/31/2014	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (MDV) 6 MG/ML	16.7	ML	VL	IV	ML	30	MG	0.2	08/07/2014	12/31/2014						
67457-0449-17		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						
67457-0450-10		J9065		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						
67457-0452-20		J9100		02/26/2014	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (SDV,PF,LATEX-FREE) 100 MG/ML	20															

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
67457-0524-33		J1740		09/02/2014	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG	IBANDRONATE SODIUM 1 MG/ML	5	ML	SR	IV	ML	1 MG			1	09/02/2014	99/99/9999					
67457-0530-35		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					
67457-0533-16		J9171		09/05/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP,MULTI-DOSE VIAL) 10 MG/1 ML	16	ML	VL	IV	ML	1 MG			10	09/05/2018	99/99/9999					
67457-0546-20		J9027		11/06/2017	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOFARABINE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	1 MG			1	11/06/2017	99/99/9999					
67457-0562-20		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						
67457-0563-20		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						
67457-0564-20		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						
67457-0582-10		J1652		01/01/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5 MG			10	01/01/2015	99/99/9999					
67457-0583-04		J1652		01/01/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PFS,PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5 MG			25	01/01/2015	99/99/9999					
67457-0584-06		J1652		01/01/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5 MG			25	01/01/2015	99/99/9999					
67457-0585-08		J1652		01/01/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5 MG			25	01/01/2015	99/99/9999					
67457-0592-10		J1652		05/06/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARXTRA (SRN, PREFL,27GX1/2" PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5 MG			10	05/06/2015	99/99/9999					
67457-0593-04		J1652		08/07/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARXTRA (27GX1/2" PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5 MG			25	08/07/2015	99/99/9999					
67457-0594-06		J1652		02/11/2016	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARXTRA (PREFL,27GX1/2" PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5 MG			25	02/11/2016	99/99/9999					
67457-0595-08		J1652		11/13/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARXTRA (PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5 MG			25	11/13/2015	99/99/9999					
67457-0602-99		J1644		05/25/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML) 10000 U/1 ML	1	ML	VL	U	ML	1000 U			10	05/25/2018	99/99/9999					
67457-0603-99		J1644		06/14/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML) 10000 U/1 ML	4	ML	VL	U	ML	1000 U			10	06/14/2018	99/99/9999					
67457-0616-10		J9201		01/03/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (1X5.26ML) 38 MG/1 ML	5.26	ML	VL	IV	ML	200 MG		0.19	01/03/2018	99/99/9999						
67457-0617-30		J9201		12/18/2017	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (1X26.3ML) 38 MG/1 ML	26.3	ML	VL	IV	ML	200 MG		0.19	12/18/2017	99/99/9999						
67457-0618-10		J9201		12/18/2017	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 38 MG/1 ML	52.6	ML	VL	IV	ML	200 MG		0.19	12/18/2017	99/99/9999						
67457-0619-10		J3489		05/19/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID 5 MG/100 ML	100	ML	VL	IV	ML	1 MG		0.05	05/19/2017	99/99/9999						
67457-0631-10		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						
67457-0640-02		J0780		04/03/2019	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	U	ML	10 MG			0.5	04/03/2019	99/99/9999					
67457-0640-99		J0780		04/03/2019	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	U	ML	10 MG			0.5	04/03/2019	99/99/9999					
67457-0649-10		J0295		09/04/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM 10 GM-5 GM	1	EA	VL	IV	EA	1.5 GM			10	09/04/2015	99/99/9999					
67457-0662-05		J9351		04/09/2018	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG	TOPOTECAN (SDV) 1 MG/1 ML	4	ML	VL	IV	EA	0.1 MG			10	04/09/2018	99/99/9999					
67457-0675-02		J0630		09/16/2016	99/99/9999	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	MIACALCIN 200 IU/1 ML	2	ML	VL	U	ML	400 IU			0.5	09/16/2016	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					
67457-0709-05		J1953		07/24/2017	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (SDV) 100 MG/1 ML	10	ML	VL	IV	EA	10 MG			10	07/24/2017	99/99/9999					
67457-0794-10		J3489		06/05/2018	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SINGLE USE,PF) 5 MG/100 ML	100	ML	BG	IV	ML	1 MG			0.05	06/05/2018	99/99/9999					
67457-0813-50		J0878		09/04/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1 MG			500	09/04/2018	99/99/9999					
67457-0822-99		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					
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					
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					
67457-0833-06		Q5108		07/09/2018	99/99/9999	INJECTION, PEGFILGRASTIM-JMB, BIOSIMILAR, (FULPHILA), 0.5 MG	FULPHILA (PF) 6 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5 MG			20	07/09/2018	99/99/9999					
67457-0843-30		J2020		07/31/2018	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					
67457-0853-50		J1120		09/13/2018	99/99/9999	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	ACETAZOLAMIDE (USP,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500 MG			1	09/13/2018	99/99/9999					
67457-0854-04		J0153		05/08/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (10X4ML,SDV,PF) 3 MG/1 ML	4	ML	VL	IV	ML	1 MG			3	05/08/2018	99/99/9999					
67457-0855-02		J0153		05/08/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (10X2ML,SDV,PF) 3 MG/1 ML	2	ML	VL	IV	ML	1 MG			3	05/08/2018	99/99/9999					
67457-0856-20		J0153		08/31/2017	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (1X20ML,USP,SDV,PF) 3 MG/1 ML	20	ML	VL	IV	ML	1 MG			3	08/31/2017	99/99/9999					
67457-0857-30		J0153		08/31/2017	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (1X30ML,USP,SDV,PF) 3 MG/1 ML	30	ML	VL	IV	ML	1 MG			3	08/31/2017	99/99/9999					
67457-0863-01		J1626		03/21/2018	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X1ML,SDV,PF,LATEX-FREE) 1 MG/1 ML	1	ML	VL	IV	ML	100 MCG			10	03/21/2018	99/99/9999					
67457-0864-04		J1626		03/21/2018	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML,MDV,LATEX-FREE) 1 MG/1 ML	4	ML	VL	IV	ML	100 MCG			10	03/21/2018	99/99/9999					
67457-0879-05		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	SR	SC	ML	6 MG			2	11/06/2018	99/99/9999					
67457-0880-05		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 (5X0.5ML,SDV,PF) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6 MG			2	11/06/2018	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					
67457-0893-08		J0594		11/21/2017	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SINGLE-USE) 6 MG/1 ML	10	ML	VL	IV	ML	1 MG			6	11/21/2017	99/99/9999					
67457-0948-01		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	U	ML	1000 IU			1	02/21/2019	99/99/9999					
67457-0949-01		J																					

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
67467-0843-01		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (1GM/VAL/S/D TREATED) 50 MG/ML	1	ML	VL	IV	ML	500	MG	0.1	11/04/2011	09/14/2015						
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/VAL/S/D TREATED) 50 MG/ML	1	ML	VL	IV	ML	500	MG	0.1	11/04/2011	09/14/2015						
67467-0843-03		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (5GM/VAL/S/D TREATED) 50 MG/ML	1	ML	VL	IV	ML	500	MG	0.1	11/04/2011	09/14/2015						
67467-0843-04		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (10GM/VAL/S/D TREATED) 50 MG/ML	1	ML	VL	IV	ML	500	MG	0.1	11/04/2011	09/14/2015						
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						
67857-0809-38		J0300		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)	ZEMBRACE SYMTOUCH (AUTONJECTOR) 3 MG/0.5 ML	0.5	ML	SR	SC	ML	6	MG	1	03/17/2016	99/99/9999						
67871-0007-10		J9175		01/01/2006	06/04/2013	INJECTION, ELLIOTT'S B SOLUTION, 1 ML	ELLIOTT'S B (FOR INTRATHECAL USE,PF)	10	ML	AM	IN	ML	1	ML	1	01/01/2006	06/04/2013						
67871-1790-06		J1430		01/01/2006	99/99/9999	INJECTION, ETHANOLAMINE OLEATE, 100 MG	ETHANOLIN (10X2ML AMP) 50 MG/ML	2	EA	AM	IV	ML	100	MG	0.5	01/01/2006	99/99/9999						
67877-0225-01		J7517		03/20/2012	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	03/20/2012	99/99/9999						
67877-0225-05		J7517		03/20/2012	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 mg	500	EA	BO	PO	EA	250	MG	2	03/20/2012	99/99/9999						
67877-0230-22		J7517		11/17/2014	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FRUIT) 200 MG/ML	225	ML	BO	PO	ML	250	MG	0.8	11/17/2014	99/99/9999						
67877-0266-01		J7517		08/01/2013	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	08/01/2013	99/99/9999						
67877-0266-05		J7517		08/01/2013	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	BO	PO	EA	250	MG	1	08/01/2013	99/99/9999						
67877-0537-07		None		04/26/2017	99/99/9999	TEMZOLOMIDE, 5 MG, ORAL	TEMZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	04/26/2017	99/99/9999						
67877-0537-14		None		04/26/2017	99/99/9999	TEMZOLOMIDE, 5 MG, ORAL	TEMZOLOMIDE 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	TEMZOLOMIDE, 20 MG, ORAL	TEMZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	04/26/2017	99/99/9999						
67877-0538-14		None		04/26/2017	99/99/9999	TEMZOLOMIDE, 20 MG, ORAL	TEMZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	04/26/2017	99/99/9999						
67877-0539-07		None		04/26/2017	99/99/9999	TEMZOLOMIDE, 100 MG, ORAL	TEMZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	04/26/2017	99/99/9999						
67877-0539-14		None		04/26/2017	99/99/9999	TEMZOLOMIDE, 100 MG, ORAL	TEMZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	04/26/2017	99/99/9999						
67877-0540-07		None		04/26/2017	99/99/9999	TEMZOLOMIDE, 20 MG, ORAL	TEMZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	04/26/2017	99/99/9999						
67877-0540-14		None		04/26/2017	99/99/9999	TEMZOLOMIDE, 20 MG, ORAL	TEMZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	04/26/2017	99/99/9999						
67877-0541-07		None		04/26/2017	99/99/9999	TEMZOLOMIDE, 20 MG, ORAL	TEMZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	04/26/2017	99/99/9999						
67877-0541-14		None		04/26/2017	99/99/9999	TEMZOLOMIDE, 20 MG, ORAL	TEMZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	04/26/2017	99/99/9999						
67877-0542-07		None		04/26/2017	99/99/9999	TEMZOLOMIDE, 250 MG, ORAL	TEMZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	04/26/2017	99/99/9999						
67877-0568-60		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) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	09/22/2017	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						
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						
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						
67919-0030-01		J0695		12/22/2014	99/99/9999	INJECTION, CEFTOLAZANE 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						
67919-0001-01		J9357		10/31/2007	99/99/9999	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	VALSTAR (4X5ML PF) 40 MG/ML	5	ML	VL	IL	ML	200	MG	0.2	06/03/2009	99/99/9999	10/31/2007	03/03/2009			0.2	
67919-0002-01		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						
67919-0500-01		J9226		01/01/2008	99/99/9999	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	VANTAS 50 MG	1	EA	BX	SC	EA	50	MG	1	01/01/2008	99/99/9999						
68001-0246-04		Q0162		04/24/2018	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP, 3X10, STRAWBERRY) 4 MG	30	EA	ST	PO	EA	1	MG	4	04/24/2018	99/99/9999						
68001-0247-04		Q0162		04/24/2018	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP, 3X10, STRAWBERRY) 8 MG	30	EA	ST	PO	EA	1	MG	8	04/24/2018	99/99/9999						
68001-0265-25		J9181		02/05/2015	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (USP, MDV) 20 MG/ML	5	ML	VL	IV	EA	10	MG	2	02/05/2015	99/99/9999						
68001-0265-26		J9181		02/05/2015	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (USP, MDV) 20 MG/ML	25	ML	VL	IV	ML	10	MG	2	02/05/2015	99/99/9999						
68001-0265-27		J9181		02/05/2015	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (USP, MDV) 20 MG/ML	50	ML	VL	IV	ML	10	MG	2	02/05/2015	99/99/9999						
68001-0282-25		J9201		06/07/2016	08/27/2018	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (SINGLE-USE,USP) 200 MG	1	EA	VL	IV	EA	200	MG	1	06/07/2016	08/27/2018						
68001-0282-26		J9201		06/07/2016	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (SINGLE-USE,USP) 1 GM	1	EA	VL	IV	EA	200	MG	5	06/07/2016	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						
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						
68001-0283-32		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						
68001-0284-25		J9206		06/17/2016	99/99/9999	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	99/99/9999						
68001-0284-34		J9206		06/17/2016	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (PF,LATEX-FREE) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	06/17/2016	99/99/9999						
68001-0285-36		J0640		11/23/2016	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LATEX-FREE) 100 MG	1	EA	VL	U	EA	50	MG	2	11/23/2016	99/99/9999						

NDC	NDC Mod	HCPCS Mod	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
88001-0285-37		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						
88001-0285-40		J0640		11/23/2016	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 50 MG	10	EA	VL	IJ	EA	50 MG		1	11/23/2016	99/99/9999						
88001-0286-38		J0640		11/23/2016	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IJ	EA	50 MG		7	11/23/2016	99/99/9999						
88001-0313-56		J9205		08/16/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	1 MG		100	08/16/2017	99/99/9999						
88001-0323-31		J2185		07/14/2017	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 500 MG	10	EA	VL	IV	EA	100 MG		5	07/14/2017	99/99/9999						
88001-0324-57		J2185		07/14/2017	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 1 GM	10	EA	VL	IV	EA	100 MG		10	07/14/2017	99/99/9999						
88001-0338-62		J3370		02/15/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500 MG		1	02/15/2018	99/99/9999						
88001-0339-64		J3370		02/15/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500 MG		2	02/15/2018	99/99/9999						
88001-0341-36		J9263		02/15/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5 MG		10	02/15/2018	99/99/9999						
88001-0341-37		J9263		02/15/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5 MG		10	02/15/2018	99/99/9999						
88001-0342-34		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						
88001-0345-26		Q2050		04/02/2018	99/99/9999	OTHERWISE SPECIFIED, 10 MG	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	25	ML	VL	IV	ML	10 MG		0.2	04/02/2018	99/99/9999						
88001-0345-36		Q2050		04/02/2018	99/99/9999	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						
88001-0347-36		J0894		05/01/2018	99/99/9999	INJECTION, DECTABINE, 1 MG	DECTABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1 MG		50	05/01/2018	99/99/9999						
88001-0348-36		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						
88001-0355-25		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						
88001-0366-25		J3489		09/17/2018	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5	ML	VL	IV	ML	1 MG		0.8	09/17/2018	99/99/9999						
88001-0370-27		J9070		11/05/2018	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 500 MG	1	EA	VL	IV	EA	100 MG		5	11/05/2018	99/99/9999						
88001-0371-32		J9070		11/05/2018	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 1 GM	1	EA	VL	IV	EA	100 MG		10	11/05/2018	99/99/9999						
88001-0373-32		J9070		11/05/2018	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 2 GM	1	EA	VL	IV	EA	100 MG		20	11/05/2018	99/99/9999						
88001-0376-68		J0878		05/13/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1 MG		500	05/13/2019	99/99/9999						
88001-0389-36		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						
88001-0390-77		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						
88001-0391-79		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						
88004-0229-01		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				
88004-0101-10		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						
88004-0101-20		J2760		12/19/2017	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	1	EA	VL	IJ	EA	5 MG		1	12/19/2017	99/99/9999						
88004-0518-59		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						
88004-0518-62		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		1	11/28/2006	04/30/2015						
88004-0528-59		J8999		07/01/2007	12/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (1X10ML LEMON-LIME) 40 MG/ML	10	ML	CP	PO	ML	1 EA		1	07/01/2007	12/31/2014						
88004-0528-61		J8999		02/26/2004	12/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 40 MG/ML	10	ML	CP	PO	ML	1 EA		1	02/26/2004	12/31/2014						
88004-0528-62		J8999		02/26/2004	12/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	10	ML	CP	PO	ML	1 EA		1	02/26/2004	12/31/2014						
88115-0770-02		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	6 MG		2	01/20/2004	02/03/2016						
88135-0020-01		J1458		01/01/2007	99/99/9999	INJECTION, GALSULFASE, 1 MG	NAGLAZYME (PF) 1 MG/ML	5	ML	VL	IV	ML	1 MG		1	01/01/2007	99/99/9999						
88180-0811-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250 MG		1	07/20/2005	99/99/9999						
88180-0811-10		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250 MG		1	07/20/2005	99/99/9999						
88180-0822-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	NA	IJ	EA	250 MG		2	07/20/2005	99/99/9999						
88180-0822-10		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	NA	IJ	EA	250 MG		2	07/20/2005	99/99/9999						
88180-0833-10		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	10	EA	VL	IJ	EA	250 MG		4	07/20/2005	99/99/9999						
88180-0844-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1	EA	NA	IJ	EA	250 MG		8	07/20/2005	99/99/9999						
88180-0844-10		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1	EA	NA	IJ	EA	250 MG		8	07/20/2005	99/99/9999						
88180-0962-56		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						
88180-0962-56	KO	J7682	KO	06/12/2018	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	AM	IH	ML	300 MG		0.2	06/12/2018	99/99/9999						
88180-0984-30		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						
88180-0984-30	KO	J7626	KO	04/25/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5 MG		0.5	04/25/2019	99/99/9999						
88209-0843-01		J1568		03/21/2012	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGRAM (1GM/IVIAL,SD TREATED) 50MG/ML	20	ML	VL	IV	ML	500 MG		0.1	03/21/2012	09/14/2015						
88209-0843-02		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	500 MG		0.1	03/21/2012	09/14/2015						
88209-0843-03		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						
88209-0843-04		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	200	ML	VL	IV</												

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
88330-0004-01		J0696		09/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAZONE (USP) 2 GM	1	EA	VL	U	EA	250 MG			8	09/15/2007	99/99/9999						
88330-0004-10		J0696		09/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAZONE (USP) 2 GM	1	EA	VL	U	EA	250 MG			8	09/15/2007	99/99/9999						
88330-0005-01		J0696		11/05/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAZONE (USP PIGGYBACK) 1 GM	1	EA	GC	U	EA	250 MG			4	11/05/2007	99/99/9999						
88330-0006-01		J0696		11/05/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAZONE (USP PIGGYBACK) 2 GM	1	EA	GC	U	EA	250 MG			8	11/05/2007	99/99/9999						
88382-0003-01		J7500		05/01/2007	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	100	EA	BO	PO	EA	50 MG			1	05/01/2007	99/99/9999						
88382-0003-05		J7500		05/01/2007	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	500	EA	BO	PO	EA	50 MG			1	05/01/2007	99/99/9999						
88382-0040-01		O0169		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						
88382-0041-01		O0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	100	EA	BO	PO	EA	12.5 MG			2	01/01/2014	99/99/9999						
88382-0041-01		O0170		12/01/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	100	EA	BO	PO	EA	25 MG			1	12/01/2005	12/31/2013						
88382-0041-10		O0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	1000	EA	BO	PO	EA	12.5 MG			2	01/01/2014	99/99/9999						
88382-0041-10		O0170		02/27/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	1000	EA	BO	PO	EA	25 MG			1	02/27/2007	12/31/2013						
88382-0130-05		J7517		05/04/2009	08/31/2013	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	CAP	PO	EA	250 MG			1	05/04/2009	08/31/2013						
88382-0131-01		J7517		05/04/2009	08/31/2013	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL, (FILM-COATED), 500MG	100	EA	BO	PO	EA	250 MG			2	05/04/2009	08/31/2013						
88382-0131-05		J7517		05/04/2009	09/30/2013	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL, (FILM-COATED), 500MG	500	EA	BO	PO	EA	250 MG			2	05/04/2009	09/30/2013						
88382-0383-06		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						
88382-0520-01		J7520		01/09/2014	99/99/9999	SIRIOLIMUS, ORAL, 1 MG	SIRIOLIMUS (COATED) 0.5 MG	100	EA	BO	PO	EA	1 MG			0.5	01/09/2014	99/99/9999						
88382-0751-67		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						
88382-0751-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 5 MG	5	EA	BO	PO	EA	5 MG			1	06/01/2018	99/99/9999						
88382-0752-67		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						
88382-0753-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 20 MG	5	EA	BO	PO	EA	20 MG			1	06/01/2018	99/99/9999						
88382-0753-67		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						
88382-0753-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100 MG			1	06/01/2018	99/99/9999						
88382-0754-67		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 140 MG	14	EA	BO	PO	EA	20 MG			7	06/01/2018	99/99/9999						
88382-0754-96		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						
88382-0755-67		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	99/99/9999						
88382-0755-96		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						
88382-0756-96		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						
88382-0775-01		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						
88382-0860-02		J0515		06/01/2015	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE 1 MG	2	ML	VL	U	ML	1 MG			1	05/18/2018	99/99/9999	06/01/2015	03/31/2017			1	
88382-0860-10		J0515		06/01/2015	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE 1 MG/ML	2	ML	VL	U	ML	1 MG			1	05/18/2018	99/99/9999	06/01/2015	03/31/2017			1	
88382-0997-10		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						
88387-0170-01		J7509		03/26/2004	06/01/2014	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4 MG			1	03/26/2004	06/01/2014						
88387-0240-10		J7506		05/29/2008	06/01/2014	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	DP	PO	EA	4 MG			4	05/29/2008	06/01/2014						
88387-0240-25		J7506		03/26/2004	06/01/2014	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	25	EA	BO	PO	EA	5 MG			4	03/26/2004	06/01/2014						
88387-0241-15		J7506		07/23/2008	06/01/2014	PREDNISONE ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5 MG			2	07/23/2008	06/01/2014						
88387-0468-30		O0177		01/01/2014	06/01/2014	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	06/01/2014						
88387-0468-30		O0178		03/01/2007	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	50 MG			1	03/01/2007	12/31/2013						
88387-0469-30		O0177		01/01/2014	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 100 MG	30	EA	BO	PO	EA	25 MG			4	01/01/2014	06/01/2014						
88387-0469-30		O0178		03/01/2007	12/31/2013	HYDROXYZINE PAMOATE, 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	HYDROXYZINE PAMOATE 100 MG	30	EA	BO	PO	EA	50 MG			2	03/01/2007	12/31/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
88387-0536-12		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
88387-0536-12		Q0170		03/08/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BO	PO	EA	25 MG		1	03/08/2006	12/31/2013						
88387-0536-30		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
88387-0536-30		Q0170		05/01/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	25 MG		1	05/01/2006	12/31/2013						
88387-0536-60		Q0169		01/01/2014	06/01/2014	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	06/01/2014						
88387-0536-60		Q0170		05/04/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	25 MG		1	05/04/2007	12/31/2013						
88387-0536-90		Q0169		01/01/2014	06/01/2014	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	90	EA	BO	PO	EA	12.5 MG		2	01/01/2014	06/01/2014						
88387-0536-90		Q0170		05/01/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	90	EA	BO	PO	EA	25 MG		1	05/01/2006	12/31/2013						
88387-0541-30		Q0163		05/01/2006	06/01/2014	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 HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	50 MG		0.5	05/01/2006	06/01/2014						
88387-0565-06		Q0144		05/01/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	BX	PO	EA	1 GM		0.25	05/01/2006	06/01/2014						
88462-0105-30		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						
88462-0106-30		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						
88462-0157-13		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						
88462-0158-11		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						
88462-0158-13		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 8 MG	10	EA	BX	PO	EA	1 MG		8	01/01/2012	99/99/9999						
88462-0502-01		J7500		11/20/2008	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100	EA	BO	PO	EA	50 MG		1	11/20/2008	99/99/9999						
88462-0583-85		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						
88462-0584-58		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						
88462-0584-76		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						
88462-0585-76		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						
88546-0317-30		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68817-0134-50		J9264		01/01/2006	99/99/9999	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	ABRAXANE 100 MG	1	EA	VL	IV	EA	1 MG		100	01/01/2006	99/99/9999						
68982-0820-01		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						
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						
68982-0820-03		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						
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						
68982-0820-05		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						
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						
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	500 MG		0.2	11/12/2018	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 (1GM/VIAL,S/D TREATED) 50 MG/1 ML	20	ML	VL	IV	ML	500 MG		0.1	09/15/2015	99/99/9999						
68982-0840-02		J1568		09/15/2015	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (2.5GM/VIAL,S/D TREATED) 50 MG/1 ML	50	ML	VL	IV	ML	500 MG		0.1	09/15/2015	99/99/9999						
68982-0840-03		J1568		09/15/2015	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (5GM/VIAL,S/D TREATED) 50 MG/1 ML	100	ML	VL	IV	ML	500 MG		0.1	09/15/2015	99/99/9999						
68982-0840-04		J1568		09/15/2015	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (10GM/VIAL,S/D TREATED) 50 MG/1 ML	200	ML	VL	IV	ML	500 MG		0.1	09/15/2015	99/99/9999						
68982-0840-05		J1568		09/15/2015	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (LATEX-FREE) 50 MG/1 ML	500	ML	VL	IV	ML	500 MG		0.1	09/15/2015	99/99/9999						
68982-0850-01		J1568		09/05/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM 10% (PF.LATEX-FREE) 100 MG/ML	20	ML	VL	IV	ML	500 MG		0.2	09/05/2014	99/99/9999						
68982-0850-02		J1568		09/05/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM 10% (PF.LATEX-FREE) 100 MG/ML	50	ML	VL	IV	ML	500 MG		0.2	09/05/2014	99/99/9999						
68982-0850-03		J1568		09/05/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM 10% (PF.LATEX-FREE) 100 MG/ML	100	ML	VL	IV	ML	500 MG		0.2	09/05/2014	99/99/9999						
68982-0850-04		J1568		09/05/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM 10% (PF.LATEX-FREE) 100 MG/ML	200	ML	VL	IV	ML	500 MG		0.2	09/05/2014	99/99/9999						
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						
68992-3010-01		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG	ENVARUS XR 1 MG	1.0	EA	BO	PO	EA	0.1 MG		10	09/01/2015	12/31/2015						
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						
68992-3010-03		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG	ENVARUS XR 1 MG	30	EA	BO	PO	EA	0.1 MG		10	09/01/2015	12/31/2015						
68992-3040-01		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL, 0.25 MG	ENVARUS XR 4 MG	100	EA	BO	PO	EA	0.25 MG		16	01/01/2016	99/99/9999						
68992-3040-01		J7508		09/01/2015	12/31/2015	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						
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						
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	0.1 MG		40	09/01/2015	12/31/2015						
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						
68992-3075-01		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG	ENVARUS XR 0.75 MG	100	EA	BO	PO	EA	0.1 MG		7.5	09/01/2015	12/31/2015						
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						
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	0.1 MG		7.5	09/01/2015	12/31/2015						
69097-0173-53		J7620		07/01/2015	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30X3ML 5 VIALS/POUCH) 3MG/3ML-0.5MG/3ML	3	ML	PC	IH	ML	3 MG		0.33333	07/01/2015	99/99/9999						
69097-0173-64		J7620		07/01/2015	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (60X3ML 5 VIALS/POUCH) 3 MG/3 ML-0.5 MG/3 ML	3	ML	VL	IH	ML	3 MG		0.33333	07/01/2015	99/99/9999						
69097-0277-03		J8499		12/12/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	60	EA	BO	PO	EA	1 MG		1	12/12/2018	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						
69097-0318-87		J7626		11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML SINGLE-DOSE) 0.25 MG/2 ML	2	ML	AM	IH	ML	0.5 MG		0.25	11/14/2017	99/99/9999						
69097-0318-87	KO	J7626	KO	11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML SINGLE-DOSE) 0.25 MG/2 ML	2	ML	AM	IH	ML	0.5 MG		0.25	11/14/2017	99/99/9999						
69097-0319-87		J7626		11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML SINGLE-DOSE) 0.5 MG/2 ML	2	ML	AM	IH	ML	0.5 MG		0.5	11/14/2017	99/99/9999						
69097-0319-87	KO	J7626	KO	11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML SINGLE-DOSE) 0.5 MG/2 ML	2	ML	AM	IH	ML	0.5 MG		0.5	11/14/2017	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
69097-0321-87		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						
69097-0321-87	KO	J7626	KO	11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 1 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	1	11/14/2017	99/99/9999						
69097-0410-02		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						
69097-0411-02		J0604		03/04/2019	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	03/04/2019	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						
69097-0439-35		J2469		03/25/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	EA	25	MCG	2	03/25/2019	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						
69097-0517-07		None		01/28/2019	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE (HARD GELATIN) 50 MG	100	EA	PC	PO	EA	50	MG	1	01/28/2019	99/99/9999						
69097-0534-97		J2370		05/01/2018	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	05/01/2018	99/99/9999						
69097-0535-96		J2370		05/01/2018	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	05/01/2018	99/99/9999						
69097-0536-37		J1071		06/19/2018	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP,MDV) 100 MG/1 ML	10	ML	VL	IM	ML	1	MG	100	06/19/2018	99/99/9999						
69097-0537-31		J1071		06/19/2018	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP,SDV) 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	06/19/2018	99/99/9999						
69097-0537-37		J1071		06/19/2018	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/1 ML	10	ML	VL	IM	ML	1	MG	200	06/19/2018	99/99/9999						
69097-0614-37		J2370		05/01/2018	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	05/01/2018	99/99/9999						
69097-0802-32		J1071		03/21/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	03/21/2019	99/99/9999						
69097-0802-37		J1071		03/21/2019	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	99/99/9999						
69097-0805-40		J9025		04/10/2019	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV) 100 MG	1	EA	VL	U	EA	1	MG	100	04/10/2019	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						
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						
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						
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						
69238-1076-01		J7500		01/29/2015	04/28/2017	AZATHIOPRINE, ORAL, 50MG	AZATHIOPRINE (USP)90 MG	1	EA	BO	PO	EA	50	MG	1	01/29/2015	04/28/2017						
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	99/99/9999						
69339-0136-32		J3360		03/22/2019	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X2ML) 5 MG/1 ML	2	ML	SR	IJ	ML	5	MG	1	03/22/2019	99/99/9999						
69448-0001-05		J9280		09/25/2017	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MUTAMYCIN 5 MG	1	EA	VL	IV	EA	5	MG	1	09/25/2017	99/99/9999						
69448-0002-11		J9280		09/25/2017	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MUTAMYCIN 20 MG	1	EA	VL	IV	EA	5	MG	4	09/25/2017	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						
69452-0153-20		J7507		06/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	06/10/2016	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						
69452-0155-20		J7507		06/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1	MG	5	06/10/2016	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						
69452-0172-13		Q0144		05/06/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	05/06/2019	99/99/9999						
69452-0173-13		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						
69543-0371-10		J2469		09/20/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	EA	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 INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25	AKYNZEO (HARD GELATIN) 300 MG-0.5 MG	1	EA	ST	PO	EA	300.5	MG	1	04/01/2017	99/99/9999						
69639-0102-01		J1454		01/01/2019	99/99/9999	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25	AKYNZEO (SDV,PF,LYPHILIZED) 235 MG-0.25 MG	1	EA	VL	IV	EA	235.25	MG	1	01/01/2019	99/99/9999						
69639-0102-01		J3490		05/08/2018	12/31/2018	UNCLASSIFIED DRUGS	AKYNZEO (SDV,PF,LYPHILIZED) 235 MG-0.25 MG	1	EA	VL	IV	EA	1	MG	1	05/08/2018	12/31/2018						
69639-0103-01		J2469		03/12/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	ALOXI (PFLATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	EA	25	MCG	2	03/12/2019	99/99/9999						
69656-0101-02		J8670		01/01/2017	99/99/9999	ROLAPITANT, ORAL, 1 MG	VARUBI (FILM COATED) 90 MG	2	EA	DP	PO	EA	1	MG	90	01/01/2017	99/99/9999						
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						
69656-0102-10		J2797		01/01/2019	99/99/9999	INJECTION, ROLAPITANT, 0.5 MG	VARUBI (SDV) 1.8 MG/1 ML	92.5	ML	VL	IV	ML	0.5	MG	3.6	01/01/2019	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						
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						
69680-0113-99		J3420		01/02/2019	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (MDV) 1000 MCG/1 ML	10	ML	VL	U	ML	1000	MCG	1	01/02/2019	99/99/9999						
69784-0205-60		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						
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						
69784-0001-01		J3397		01/01/2019	99/99/9999	INJECTION, VESTRONIDASE ALFA-VJJK, 1 MG	MEPSEVI (PF) 2 MG/1 ML	5	ML	VL	IV	ML	1	MG	2	01/01/2019	99/99/9999						
69784-0001-01		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						
69784-0102-01		J0584		01/01/2019	99/99/9999	INJECTION, BURUSUMAB-TWZA 1 MG	CRYSVITA (PF) 10 MG/1 ML	1	ML	VL	SC	ML	1	MG	10	01/01/2019	99/9						

NDC	NDC Mod	HPPCS Mod	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
70069-0031-05		J1631		10/04/2018	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SX1ML) 100 MG/1 ML	1	ML	AM	IM	ML	50	MG	2	10/04/2018	99/99/9999						
70069-0064-01		J2795		07/02/2018	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	U	ML	1	MG	5	07/02/2018	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	U	ML	1	MG	0.4	08/09/2017	99/99/9999						
70069-0072-10		J2310		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						
70069-0101-05		J2800		09/12/2017	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL, 100 MG/1 ML	10	ML	VL	U	ML	10	ML	0.1	09/12/2017	99/99/9999						
70069-0101-25		J2800		09/12/2017	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL, 100 MG/1 ML	10	ML	VL	U	ML	10	ML	0.1	09/12/2017	99/99/9999						
70069-0171-10		J3420		02/15/2019	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (MDV) 1000 MCG/1 ML	30	ML	VL	U	ML	1000	MCG	1	02/15/2019	99/99/9999						
70069-0172-10		J3420		07/31/2017	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (MDV,LATEX-FREE) 1000 MCG/1 ML	10	ML	VL	U	ML	1000	MCG	1	07/31/2017	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,LYOPHILIZED) 40 MG	25	EA	VL	U	EA	40	MG	1	02/28/2017	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						
70121-1002-01		J1327		12/14/2016	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	12/14/2016	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						
70121-1049-02		J3301		01/11/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE 40 MG/1 ML	1	ML	VL	U	ML	10	MG	4	01/11/2019	99/99/9999						
70121-1049-05		J3301		12/12/2017	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE 40 MG/1 ML	1	ML	VL	U	ML	10	MG	4	12/12/2017	99/99/9999						
70121-1076-05		J1940		04/19/2017	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/1 ML	10	ML	VL	U	ML	20	MG	0.5	04/19/2017	99/99/9999						
70121-1099-01		J0641		02/16/2017	99/99/9999	INJECTION, LEVULEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVULEUCOVORIN CALCIUM (SDV,PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	02/16/2017	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	U	ML	10	MG	4	12/12/2017	99/99/9999						
70121-1169-01		J3301		12/12/2017	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE 40 MG/1 ML	10	ML	VL	U	ML	10	MG	4	12/12/2017	99/99/9999						
70121-1236-01		J9027		11/06/2017	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOFARABINE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	11/06/2017	99/99/9999						
70121-1238-01		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						
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						
70121-1240-01		J9070		06/12/2018	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 2 GM	1	EA	VL	IV	EA	100	MG	20	06/12/2018	99/99/9999						
70121-1244-07		J0594		12/28/2017	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	12/28/2017	99/99/9999						
70121-1408-05		J1270		07/10/2017	99/99/9999	INJECTION, DOXERCALFEROL, 1 MCG	DOXERCALFEROL (MDV) 2 MCG/1 ML	2	ML	VL	IV	ML	1	MCG	2	07/10/2017	99/99/9999						
70121-1453-07		J2185		10/03/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (USP) 1 GM	10	EA	VL	IV	EA	100	MG	10	10/03/2016	99/99/9999						
70121-1454-07		J2185		10/03/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (USP) 500 MG	10	EA	VL	IV	EA	100	MG	5	10/03/2016	99/99/9999						
70121-1478-07		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	0.5	MG	1	12/20/2018	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) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	12/20/2018	99/99/9999						
70121-1482-02		J9050		11/15/2018	99/99/9999	INJECTION, CARMUSTINE, 100 MG	CARMUSTINE (SDV,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	100	MG	1	11/15/2018	99/99/9999						
70121-1572-01		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						
70121-1581-05		J0330		04/02/2019	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE 20 MG/1 ML	10	ML	VL	U	ML	20	MG	1	04/02/2019	99/99/9999						
70121-1630-01		J9340		09/11/2017	99/99/9999	INJECTION, THIOPETA, 15 MG	THIOPETA 15 MG	1	EA	VL	U	EA	15	MG	1	09/11/2017	99/99/9999						
70121-1631-01		J9340		09/11/2017	99/99/9999	INJECTION, THIOPETA, 15 MG	THIOPETA 100 MG	1	EA	VL	U	EA	15	MG	6.66666	09/11/2017	99/99/9999						
70121-1651-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE NOVAPLUS 40 MG/1 ML	1	ML	VL	U	ML	10	MG	4	12/28/2018	99/99/9999						
70121-1651-05		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE NOVAPLUS 40 MG/1 ML	1	ML	VL	U	ML	10	MG	4	12/28/2018	99/99/9999						
70121-1652-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE NOVAPLUS 40 MG/1 ML	5	ML	VL	U	ML	10	MG	4	12/28/2018	99/99/9999						
70121-1653-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE NOVAPLUS 40 MG/1 ML	10	ML	VL	U	ML	10	MG	4	12/28/2018	99/99/9999						
70121-1654-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	PREMERPRO RX TRIAMCINOLONE ACETONIDE 40 MG/1 ML	5	ML	VL	U	ML	10	MG	4	12/28/2018	99/99/9999						
70121-1655-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	PREMERPRO RX TRIAMCINOLONE ACETONIDE 40 MG/1 ML	10	ML	VL	U	ML	10	MG	4	12/28/2018	99/99/9999						
70121-1657-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	PREMERPRO RX TRIAMCINOLONE ACETONIDE 40 MG/1 ML	1	ML	VL	U	ML	10	MG	4	12/28/2018	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	100	IJ	11.538462	03/19/2019	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						
70257-0560-02		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						
70257-0561-02		J0475		01/25/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORESAL INTRATHECAL REFILL KIT 2 MG/1 ML	5	ML	AM	IN	ML	10	MG	0.2	01/25/2018	99/99/9999						
70257-0562-55		J0476		07/10/2017	99/99/9999	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	LIORESAL INTRATHECAL (SCREENING #863,PF) 0.05 MG/1 ML	1	ML	AM	IN	ML	50	MCG	1	07/10/2017	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						
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						
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 CHEMOTHERAP																	

NDC	NDC Mod	HPCCS Mod	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	
70504-3000-02		J2792		01/01/2017	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (SDV) 15000 IU	13	ML	VL	IV	ML	100 IU		11.53846	01/01/2017	99/99/9999							
70504-3100-02		J2792		01/01/2017	99/99/9999	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	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							
70504-3500-02		J2792		01/01/2017	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (1X2.2ML SDV) 2500 IU	2.2	ML	VL	IV	ML	100 IU		11.36363	01/01/2017	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	0.5 MG		0.5	01/17/2018	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	U	ML	0.5 MG		0.2	01/17/2018	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							
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	150 MG		1	01/16/2019	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							
70594-0034-01		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							
70594-0048-01		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							
70594-0053-01		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							
70644-0899-99		J7682		10/01/2016	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN INHALATION SOLUTION PAK (PF) 300 MG/5 ML	5	ML	PC	IH	ML	300 MG		0.2	10/01/2016	99/99/9999							
70644-0899-99	KO	J7682	KO	10/01/2016	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN INHALATION SOLUTION PAK (PF) 300 MG/5 ML	5	ML	PC	IH	ML	300 MG		0.2	10/01/2016	99/99/9999							
70655-0002-06		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (PF,LATEX-FREE) 200 MG/100 ML	100	ML	BX	IV	ML	200 MG		0.01	08/31/2018	99/99/9999							
70655-0002-10		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (PF,LATEX-FREE) 200 MG/100 ML	100	ML	BX	IV	ML	200 MG		0.01	08/31/2018	99/99/9999							
70655-0071-25		J2800		04/01/2017	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							
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							
70655-0088-10		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (PF,LATEX-FREE) 400 MG/200 ML	200	ML	BG	IV	ML	200 MG		0.01	08/31/2018	99/99/9999							
70655-0103-95		J2700		01/02/2019	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 10 GM	10	EA	VL	IV	EA	250 MG		40	01/02/2019	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	U	ML	20 MG		1	07/18/2018	99/99/9999							
70710-1377-02		J0330		07/18/2018	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV,STERILE) 20 MG/1 ML	10	ML	VL	U	ML	20 MG		1	07/18/2018	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							
70720-0950-36		J9202		04/06/2018	99/99/9999	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	ZOLADEX (SAFESYSTEM SRN) 3.6 MG	1	EA	SR	SC	EA	3.6 MG		1	04/06/2018	99/99/9999							
70720-0951-30		J9202		02/02/2018	99/99/9999	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	ZOLADEX (SAFESYSTEM SRN) 10.8 MG	1	EA	SR	SC	EA	3.6 MG		3	02/02/2018	99/99/9999							
70801-0003-01		J3304		01/01/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	ZILRETTA (W/DILUENT) 32 MG	1	EA	VL	U	EA	1 MG		32	01/01/2019	99/99/9999							
70801-0003-01		Q8993		07/01/2018	12/31/2018	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	ZILRETTA (W/DILUENT) 32 MG	1	EA	VL	U	EA	1 MG		32	07/01/2018	12/31/2018							
70842-0140-03		J2407		06/25/2018	99/99/9999	INJECTION, ORITAVANCIN, 10 MG	ORBACTIV (PF,LYOPHILIZED) 400 MG	3	EA	VL	IV	EA	10 MG		40	06/25/2018	99/99/9999							
70842-0160-10		J2265		08/24/2018	99/99/9999	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	MINOCIN (LYOPHILIZED) 100 MG	100	EA	VL	IV	EA	1 MG		100	08/24/2018	99/99/9999							
70860-0100-10		J0456		02/01/2017	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (SDV,LYOPHILIZED) 500 MG	10	EA	VL	IV	EA	500 MG		1	02/01/2017	99/99/9999							
70860-0104-10		J3370		02/01/2017	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							
70860-0105-20		J3370		02/01/2017	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500 MG		2	02/01/2017	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							
70860-0107-10		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							
70860-0112-15		J0290		08/01/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 250 MG	10	EA	VL	U	EA	500 MG		0.5	08/01/2018	99/99/9999							
70860-0113-15		J0290		08/01/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	U	EA	500 MG		1	08/01/2018	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	500 MG		2	08/01/2018	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							
70860-0118-99		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							
70860-0120-20		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	1.125 GM		2	05/01/2019	99/99/9999							
70860-0121-30		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							
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							
70860-0123-99		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	BD	IV	EA	1.125 GM		36	05/01/2019	99/99/9999							
70860-0200-05		J9267		06/29/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	5	ML	VL	IV	ML	1 MG		6	06/29/2017	99/99/9999							
70860-0200-17		J9267		06/29/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	16.7	ML	VL	IV	ML	1 MG		6	06/29/2017	99/99/9999	</						

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	
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	0.5	MG	10	06/29/2017	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							
70860-0205-50		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							
70860-0206-50		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							
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							
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							
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	10	MG	0.2	12/15/2017	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							
70860-0209-10		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							
70860-0210-51		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	0.04	05/10/2019	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	2	ML	VL	U	ML	1	MG	1	02/01/2017	99/99/9999							
70860-0601-05		J2250		02/01/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (MDV) 5 MG/1 ML	5	ML	VL	U	ML	1	MG	5	02/01/2017	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							
70860-0602-82		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (PF,LATEX-FREE) 500 MG/100 ML-0.82%	100	ML	BG	IV	ML	10	MG	0.5	06/13/2018	99/99/9999							
70860-0603-82		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (PF,LATEX-FREE) 1000 MG/100 ML-0.75%	100	ML	BG	IV	ML	10	MG	1	06/13/2018	99/99/9999							
70860-0604-82		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (PF,LATEX-FREE) 1500 MG/100 ML-0.54%	100	ML	BG	IV	ML	10	MG	1.5	06/13/2018	99/99/9999							
70860-0653-10		J2800		01/02/2019	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	01/02/2019	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	15	MG	1	07/01/2017	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							
70860-0701-01		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							
70860-0701-02		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							
70860-0701-03		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							
70860-0701-04		J1885		03/01/2018	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	03/01/2018	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							
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	1	MG	2	02/01/2017	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							
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							
70860-0801-01		J3105		06/12/2017	99/99/9999	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	TERBUTALINE SULFATE (PF,LATEX-FREE) 1 MG/1 ML	1	ML	VL	SC	ML	1	MG	1	06/12/2017	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							
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							
71288-0005-20		J0295		01/07/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (USP,PF,LATEX-FREE) 1 GM-5 GM	10	EA	VL	U	EA	1.5	GM	1	01/07/2019	99/99/9999							
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	VL	U	EA	1.5	GM	2	01/07/2019	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							
71288-0008-15		J0692		01/07/2019	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (SDV,PF,LATEX-FREE) 1 GM	10	EA	VL	U	EA	500	MG	4	01/07/2019	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							
71288-0100-05		J9045		09/15/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	50	MG	0.2	09/15/2017	99/99/9999							
71288-0100-15		J9045		09/15/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	15	ML	VL	IV	ML	50	MG	0.2	09/15/2017	99/99/9999							
71288-0100-45		J9045		09/15/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	09/15/2017	99/99/9999							
71288-0100-51		J9045		09/15/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	60	ML	VL	IV	ML	50	MG	0.2	09/15/2017	99/99/9999							
71288-0106-10		J9040		10/01/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN (SDV,PF,LATEX-FREE) 15 U	1	EA	VL	U	EA	15	U	1	10/01/2018	99/99/9999							
71288-0107-20		J9040		10/01/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN (SDV,PF,LATEX-FREE) 30 U	1	EA	VL	U	EA	15	U	2	10/01/2018	99/99/9999							
71288-0109-20		J9100		11/05/2018	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (SDV,PF,LATEX-FREE) 100 MG/1 ML	20	ML	VL	U	ML	100	MG	1	11/05/2018	99/99/9999							
71288-0113-10		J9201		02/04/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 200 MG	1	EA	VL	IV	EA	200	MG	1	02/04/2019	99/99/9999							
71288-0114-50		J9201		02/04/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	200	MG	5	02/04/2019	99/99/9999							
71288-0716-10		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							
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							
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							
71930-0017-30		00162																						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
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						
72205-0007-92		None		10/01/2018	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (FILM COATED) 500 MG	120	EA	BO	PO	EA	500 MG		1	10/01/2018	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	10	ML	AM	IV	ML	2 MEQ		1	08/29/2018	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						
72485-0203-30	J8999			05/06/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BO	PO	EA	1 EA		1	05/06/2019	99/99/9999						
72485-0204-60	None			05/06/2019	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						
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						
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						
72485-0212-05	J9206			05/06/2019	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	5	ML	VL	IV	ML	20 MG		1	05/06/2019	99/99/9999						
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						
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						
75987-0080-10	J2507			08/25/2017	99/99/9999	INJECTION, PEGLOTICASE, 1 MG	KRYSTEXXA (LATEX-FREE) 8 MG/1 ML	1	ML	VL	IV	ML	1 MG		8	08/25/2017	99/99/9999						
75987-0111-01	J9216			01/15/2018	99/99/9999	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	ACTIMMUNE 2 MILLION IU/0.5 ML	0.5	ML	VL	SC	ML	3000000 U		1.33333	01/15/2018	99/99/9999						
75987-0111-11	J9216			01/15/2018	99/99/9999	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	ACTIMMUNE 2 MILLION IU/0.5 ML	0.5	ML	VL	SC	ML	3000000 U		1.33333	01/15/2018	99/99/9999						
76045-0001-20	J2250			10/01/2014	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (PREFILLED, USP, PF) 1 MG/ML	2	ML	SR	U	ML	1 MG		1	10/01/2014	99/99/9999						
76045-0002-10	J2250			10/01/2014	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (PF) 5 MG/ML	1	ML	SR	U	ML	1 MG		5	10/01/2014	99/99/9999						
76045-0003-20	J2250			10/01/2014	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (PF) 5 MG/ML	2	ML	SR	U	ML	1 MG		5	10/01/2014	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						
76045-0004-10	J2275			04/01/2014	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (SINGLE USE, PF) 2 MG/ML	1	ML	SR	U	ML	10 MG		0.2	04/01/2014	12/31/2014						
76045-0203-10	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	1	ML	SR	U	ML	1 MG		0.2	03/04/2019	99/99/9999						
76045-0203-10	CO	J7643	CO	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	1	ML	SR	U	ML	1 MG		0.2	03/04/2019	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						
76045-0203-20	CO	J7643	CO	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						
76045-0383-30	J2710			05/09/2019	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	SIMPLIST NEOSTIGMINE METHYLSULFATE 1 MG/1 ML	3	ML	SR	IV	ML	0.5 MG		2	05/09/2019	99/99/9999						
76075-0101-01	J9047			07/20/2012	99/99/9999	INJECTION, CARFILZOMIB, 1 MG	KYPROLIS 60 MG	1	EA	VL	IV	EA	1 MG		60	07/20/2012	99/99/9999						
76075-0102-01	J9047			07/14/2016	99/99/9999	INJECTION, CARFILZOMIB, 1 MG	KYPROLIS (LYOPHILIZED) 30 MG	1	EA	VL	IV	EA	1 MG		30	07/14/2016	99/99/9999						
76075-0103-01	J9047			08/21/2018	99/99/9999	INJECTION, CARFILZOMIB, 1 MG	KYPROLIS (LYOPHILIZED) 10 MG	1	EA	VL	IV	EA	1 MG		10	08/21/2018	99/99/9999						
76125-0900-50	J1561			02/24/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX)GAMUNEX-CIGAMMAKED, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAKED (1X50ML, SINGLE-USE) 10%	1	ML	VL	U	ML	500 MG		0.002	02/24/2012	99/99/9999						
76204-0002-24	J7614			02/01/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE, 0.63 MG/3ML (24X3ML, PF)	3	ML	BO	IH	ML	0.5 MG		0.42	02/01/2013	99/99/9999						
76204-0002-24	CO	J7614	CO	02/01/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE, 0.63 MG/3ML (24X3ML, PF)	3	ML	BO	IH	ML	0.5 MG		0.42	02/01/2013	99/99/9999						
76204-0003-24	J7614			02/18/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE, 1.25 MG/3ML (24X3ML, PF)	3	ML	BO	IH	ML	0.5 MG		0.83333	02/01/2013	99/99/9999						
76204-0003-24	CO	J7614	CO	02/18/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE, 1.25 MG/3ML (24X3ML, PF)	3	ML	BO	IH	ML	0.5 MG		0.83333	02/01/2013	99/99/9999						
76204-0100-25	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						
76204-0100-25	CO	J7644	CO	02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML, PF) 0.02%	25	ML	SOL	IH	ML	1 MG		0.2	02/01/2012	99/99/9999						
76204-0100-30	J7644			02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML, PF) 0.02%	25	ML	SOL	IH	ML	1 MG		0.2	02/01/2012	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
76204-0100-30	KO	J7644	KO	02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1 MG		0.2	02/01/2012	99/99/9999						
76204-0100-60		J7644		02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1 MG		0.2	02/01/2012	99/99/9999						
76204-0100-60	KO	J7644	KO	02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1 MG		0.2	02/01/2012	99/99/9999						
76204-0200-25		J7613		02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML) 0.083%	30	ML	PC	IH	ML	1 MG		0.83	02/01/2012	99/99/9999						
76204-0200-25	KO	J7613	KO	02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML) 0.083%	30	ML	PC	IH	ML	1 MG		0.83	02/01/2012	99/99/9999						
76204-0200-30		J7613		02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	30	ML	PC	IH	ML	1 MG		0.83	02/01/2012	99/99/9999						
76204-0200-30	KO	J7613	KO	02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	30	ML	PC	IH	ML	1 MG		0.83	02/01/2012	99/99/9999						
76204-0200-60		J7613		02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML) 0.083%	30	ML	PC	IH	ML	1 MG		0.83	02/01/2012	99/99/9999						
76204-0200-60	KO	J7613	KO	02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML) 0.083%	30	ML	PC	IH	ML	1 MG		0.83	02/01/2012	99/99/9999						
76204-0600-05		J7620		01/01/2013	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE, (30 x 3 ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3 MG		0.33333	01/01/2013	99/99/9999						
76204-0600-12		J7620		01/01/2013	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE, (60 x 3 ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3 MG		0.33333	01/01/2013	99/99/9999						
76204-0600-30		J7620		09/03/2015	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30 VIALS X 1 POUCH) 3MG/3ML-0.5MG/3ML	3	ML	PC	IH	ML	3 MG		0.33333	09/03/2015	99/99/9999						
76204-0600-60		J7620		09/03/2015	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30 VIALS X 2 POUCHES) 3MG/3ML-0.5MG/3ML	3	ML	PC	IH	ML	3 MG		0.33333	09/03/2015	99/99/9999						
76204-0700-01		J7614		05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5 MG		0.20666	05/19/2017	99/99/9999						
76204-0700-01	KO	J7614	KO	05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5 MG		0.20666	05/19/2017	99/99/9999						
76204-0700-24		J7614		04/22/2016	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						
76204-0700-24	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						
76204-0700-25		J7614		07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5 MG		0.20666	07/17/2017	99/99/9999						
76204-0700-25	KO	J7614	KO	07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5 MG		0.20666	07/17/2017	99/99/9999						
76204-0800-01		J7614		05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5 MG		0.42	05/19/2017	99/99/9999						
76204-0800-01	KO	J7614	KO	05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5 MG		0.42	05/19/2017	99/99/9999						
76204-0800-24		J7614		04/22/2016	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						
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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
76204-0800-25	KO	J7614	KO	07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	07/17/2017	99/99/9999							
76204-0900-01		J7614		05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	05/19/2017	99/99/9999							
76204-0900-01	KO	J7614	KO	05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	05/19/2017	99/99/9999							
76204-0900-24		J7614		04/22/2016	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	04/22/2016	99/99/9999							
76204-0900-24	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) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	04/22/2016	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							
76204-0900-25	KO	J7614	KO	07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	07/17/2017	99/99/9999							
76282-0640-38		J7626		04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML SINGLE-DOSE) 0.25 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	0.25	04/16/2019	99/99/9999							
76282-0640-38	KO	J7626	KO	04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML SINGLE-DOSE) 0.25 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	0.25	04/16/2019	99/99/9999							
76282-0641-38		J7626		04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML SINGLE-DOSE) 0.5 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	0.5	04/16/2019	99/99/9999							
76282-0641-38	KO	J7626	KO	04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML SINGLE-DOSE) 0.5 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	0.5	04/16/2019	99/99/9999							
76282-0642-38		J7626		04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 1 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	1	04/16/2019	99/99/9999							
76282-0642-38	KO	J7626	KO	04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 1 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	1	04/16/2019	99/99/9999							
76297-0001-11		J7050		04/16/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (50ML FLEBOFLEX) 0.9%	50	ML	FC	IV	ML	250	ML	0.004	04/16/2019	99/99/9999							
76297-0001-21		J7050		04/16/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (100ML FLEBOFLEX) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	04/16/2019	99/99/9999							
76297-0001-31		J7050		04/16/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (250ML FLEBOFLEX) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	04/16/2019	99/99/9999							
76297-0001-41		J7030		04/16/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	SODIUM CHLORIDE (1000ML FLEBOFLEX) 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	04/16/2019	99/99/9999							
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	IJ	ML	10	MG	0.1	11/01/2013	99/99/9999							
76329-3399-05		J2690		11/07/2016	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (LUER-JET, LUER-LOCK) 100 MG/1 ML	10	ML	VL	IJ	ML	1	GM	0.1	11/07/2016	99/99/9999							
76388-0635-50		J8999		06/22/2012	10/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN (FLM-COATED) 2 MG	50	EA	BO	PO	EA	1	MG	1	06/22/2012	10/31/2017							
76388-0713-25	None			06/22/2012	99/99/9999	BUSULFAN, ORAL, 2 MG	MYLERAN, (FLM-COATED), 2 MG	25	EA	BO	PO	EA	2	MG	1	06/22/2012	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							
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							
51552-0879-04		J0520		09/01/2003	08/01/2013	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (1X25GM,USP)	1	EA	JR	NA	GM	5	MG	200	09/01/2003	08/01/2013							
51552-0879-02		J0520		09/01/2003	08/01/2013	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (1X5GM,USP)	1	EA	JR	NA	GM	5	MG	200	09/01/2003	08/01/2013							
51552-0768-01	KO	J7684	KO	09/01/2003	08/01/2013	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	08/01/2013							
51552-0768-01		J7684		09/01/2003	08/01/2013	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	08/01/2013							
00536-0770-85		Q0163		01/01/2002	04/02/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHIST 12.5 MG/5 ML	480	ML	BO	PO	ML	50	MG	0.05	01/01/2002	04/02/2019							
00536-0770-97		Q0163		01/01/2002	05/09/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHIST 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	05/09/2019							
80505-0689-04		J2543		09/21/2009	05/31/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GM (100, 125 GRAMS) (1, 125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	09/21/2009	05/31/2019							
70121-1164-05		J1940		04/19/2017	05/09/2019	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/1 ML	4	ML	VL	IJ	ML	20	MG	0.5	04/19/2017	05/09/2019							
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	IJ	ML	20	MG	0.5	04/19/2017	05/09/2019							

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	
72485-0101-25		J1200		05/28/2019	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (25X1ML, LATEX-FREE) 50 MG/1 ML	1	ML	VL	IJ	ML	50	MG	1	05/28/2019	99/99/9999							
00781-9053-95		J0330		06/11/2019	99/99/9999	INJECTION, SUCCYNYLCHOLINE CHLORIDE, UP TO 20 MG	ANECTINE NOVAPLUS (MDV) 20 MG/1 ML	10	ML	VL	IV	ML	20	MG	1	06/11/2019	99/99/9999							
00378-6195-93		J0604		05/20/2019	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	05/20/2019	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							
00378-6197-93		J0604		05/20/2019	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	05/20/2019	99/99/9999							
00006-3061-04		J1453		06/03/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	EMEND NOVAPLUS (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	06/03/2019	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							
55150-0310-01		J1729		05/21/2019	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (LATEX-FREE) 250 MG/1 ML	5	ML	VL	IM	ML	10	MG	25	05/21/2019	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							
55150-0213-01		J2501		06/04/2019	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (LATEX-FREE) 0.005 MG/1 ML	1	ML	VL	IV	ML	1	MCG	5	06/04/2019	99/99/9999							
55150-0215-02		J2501		06/04/2019	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (LATEX-FREE) 0.005 MG/1 ML	2	ML	VL	IV	ML	1	MCG	5	06/04/2019	99/99/9999							
63323-0982-52		J2543		05/15/2019	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	05/15/2019	99/99/9999							
55150-0306-10		J2675		05/22/2019	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (LATEX-FREE) 50 MG/1 ML	10	ML	VL	IM	ML	50	MG	1	05/22/2019	99/99/9999							
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	IJ	ML	1	MG	5	05/23/2019	99/99/9999							
67457-0877-20		J2795		05/23/2019	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (SDV, PF, LATEX-FREE) 10 MG/1 ML	20	ML	VL	IJ	ML	1	MG	10	05/23/2019	99/99/9999							
63323-0806-01		J3010		05/15/2019	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SDV, PF, LATEX-FREE) 50 MCG/1 ML	1	ML	VL	IJ	ML	0.1	MG	0.5	05/15/2019	99/99/9999							
63323-0806-02		J3010		05/15/2019	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SDV, PF, LATEX-FREE) 50 MCG/1 ML	2	ML	VL	IJ	ML	0.1	MG	0.5	05/15/2019	99/99/9999							
63323-0806-05		J3010		05/15/2019	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SDV, PF, LATEX-FREE) 50 MCG/1 ML	5	ML	VL	IJ	ML	0.1	MG	0.5	05/15/2019	99/99/9999							
63323-0806-20		J3010		05/15/2019	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SDV, PF, LATEX-FREE) 50 MCG/1 ML	20	ML	VL	IV	ML	0.1	MG	0.5	05/15/2019	99/99/9999							
63323-0806-50		J3010		05/15/2019	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SDV, PF, LATEX-FREE) 50 MCG/1 ML	50	ML	VL	IV	ML	0.1	MG	0.5	05/15/2019	99/99/9999							
43598-0605-56		J7682		06/04/2019	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	06/04/2019	99/99/9999							
43598-0605-56	KO	J7682	KO	06/04/2019	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	06/04/2019	99/99/9999							
18714-0927-01		J9025		06/03/2019	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE 100 MG	1	EA	VL	IJ	EA	1	MG	100	06/03/2019	99/99/9999							
50242-0060-10		J9035		06/03/2019	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/1 ML	4	ML	VL	IV	ML	10	MG	2.5	06/03/2019	99/99/9999							
50242-0061-10		J9035		06/03/2019	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/1 ML	16	ML	VL	IV	ML	10	MG	2.5	06/03/2019	99/99/9999							
00143-9504-01		J9060		06/07/2019	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV, PF, LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	06/07/2019	99/99/9999							
00143-9505-01		J9060		06/07/2019	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV, PF, LATEX-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.1	06/07/2019	99/99/9999							
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							
50242-0132-10		J9355		06/03/2019	99/99/9999	INJECTION, TRASTUZUMAB, 10 MG	HERCEPTIN (SDV, PF, LYOPHILIZED) 150 MG	10	EA	VL	IV	EA	10	MG	15	06/03/2019	99/99/9999							
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	1	GM	0.25	05/13/2019	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							
59651-0204-60		None		05/24/2019	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP, FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	05/24/2019	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							
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	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							
88084-0450-01		J7507		07/30/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (10X10, HARD GELATIN) 1 MG	100	EA	BX	PO	EA	1	MG	1	07/30/2010	99/99/9999							
00469-1330-50		J7507		03/08/2019	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 0.2 MG	50	EA	PA	PO	EA	1	MG	0.2	03/08/2019	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							
49452-6080-06		J2675		09/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	500	GM	BO	NA	GM	50	MG	20	10/18/2016	99/99/9999	09/01/2015	10/17/2016				20	
49452-6036-04		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	
49452-6087-04		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				20	
50242-0134-68		J9355		09/01/2003	06/30/2019	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	HERCEPTIN (M.D.V., W/ILUJENT 20ML) 440 MG	1	EA	VL	IV	EA	10	MG	44	09/01/2003	06/30/2019							
63323-0300-30		J2543		09/24/2012	07/10/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 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							
00703-4402-11		J9370		01/01/2002	06/24/2019	VINCRIStINE SULFATE, 1 MG	VINCRIStINE SULFATE (S.D.V.) 1 MG/ML	1	ML	VL	IV	ML	1	MG	1	01/01/2002	06/24/2019							
35356-0044-15		Q0144		10/26/2007	06/28/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	10/26/2007	06/28/2019							
00904-1228-00		Q0163		01/01/2002	04/28/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTHEMATIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTHEMATIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BANOPHEN (AF) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	04/28/2019							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00904-5174-16		Q0163		01/01/2002	04/18/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BANOPHEN 12.5 MG/5 ML	480	ML	BO	PO	ML	50 MG		0.05	01/01/2002	04/18/2019						
80505-0679-05		J0696		09/01/2005	07/10/2019	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (1X100ML BULK PKG) 10 GM	1	EA	VL	IV	EA	250 MG		40	09/01/2005	07/10/2019						
80505-0761-04		J0694		02/13/2006	07/10/2019	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN (BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	1 GM		10	02/13/2006	07/10/2019						
80505-6110-00		J3489		10/04/2013	06/21/2019	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5	ML	VL	IV	ML	1 MG		0.8	10/04/2013	06/21/2019						
80505-0761-01		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						
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	U	ML	15 MG		2	11/16/2017	06/26/2019						
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						
83323-0983-21		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						
17478-0015-02		J0500		06/28/2019	99/99/9999	INJECTION, DICYCLONINE HCL, UP TO 20 MG	DICYCLONINE 10 MG/1 ML	2	ML	AM	IM	ML	20 MG		0.5	06/28/2019	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						
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	BO	PO	EA	1 MG		30	07/02/2019	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						
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						
67877-0504-30		J0604		06/17/2019	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	06/17/2019	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						
16729-0435-05		J0878		06/27/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF, LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1 MG		500	06/27/2019	99/99/9999						
00944-2850-09		J1555		07/01/2019	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (10GM, PF, LATEX-FREE) 20%	50	ML	CT	SC	ML	100 MG		2	07/01/2019	99/99/9999						
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	U	ML	1000 U		10	07/09/2019	99/99/9999						
67457-0951-01		J1644		06/05/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMERPRO RX HEPARIN SODIUM (LATEX-FREE) 20000 U/1 ML	1	ML	VL	U	ML	1000 U		20	06/05/2019	99/99/9999						
67457-0954-01		J1644		06/05/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMERPRO RX HEPARIN SODIUM 5000 U/1 ML	10	ML	VL	U	ML	1000 U		5	06/05/2019	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						
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	VL	U	ML	20 MG		0.5	06/20/2019	99/99/9999						
55150-0324-25		J1940		06/20/2019	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV, PF, LATEX-FREE) 10 MG/1 ML	10	ML	VL	U	ML	20 MG		0.5	06/20/2019	99/99/9999						
83323-0751-01		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						
83323-0751-05		J2370		06/24/2019	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	06/24/2019	99/99/9999						
83323-0751-10		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						
52536-0625-01		J1071		07/10/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP, SDV) 200 MG/1 ML	1	ML	CT	IM	ML	1 MG		200	07/10/2019	99/99/9999						
70710-1550-01		J2780		07/10/2019	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (PHARMACY BULK PACKAGE) 25 MG/1 ML	40	ML	VL	U	ML	25 MG		1	07/10/2019	99/99/9999						
55150-0228-10		J3243		06/26/2019	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (PF, LATEX-FREE) 50 MG	10	EA	VL	IV	EA	1 MG		50	06/26/2019	99/99/9999						
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	U	ML	1000 MCG		1	06/13/2019	99/99/9999						
00990-7984-23		J7050		06/24/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (SD, FLEXIBLE, PF) 0.9%	100	ML	FC	IV	ML	250 ML		0.004	06/24/2019	99/99/9999						
00338-0062-30		J7060		06/10/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (VIA FLO, PF, LATEX-FREE) 5%	250	ML	FC	IV	ML	500 ML		0.002	06/10/2019	99/99/9999						
00338-0066-20		J7060		06/10/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (VIA FLO, PF, LATEX-FREE) 5%	500	ML	FC	IV	ML	500 ML		0.002	06/10/2019	99/99/9999						
71288-0407-03		J7643		07/15/2019	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (SDV, USP, LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	U	ML	1 MG		0.2	07/15/2019	99/99/9999						
71288-0407-03	KO	J7643	KO	07/15/2019	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (SDV, USP, LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	U	ML	1 MG		0.2	07/15/2019	99/99/9999						
71288-0407-04		J7643		07/15/2019	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	1 MG		0.2	07/15/2019	99/99/9999						
71288-0407-04	KO	J7643	KO	07/15/2019	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	1 MG		0.2	07/15/2019	99/99/9999						
71288-0408-06		J7643		07/15/2019	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (MDV, USP, LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	U	ML	1 MG		0.2	07/15/2019	99/99/9999						
71288-0408-06	KO	J7643	KO	07/15/2019	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (MDV, USP, LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	U	ML	1 MG		0.2	07/15/2019	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	U	ML	1 MG		0.2	07/15/2019	99/99/9999						
71288-0408-21	KO	J7643	KO	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	U	ML	1 MG		0.2	07/15/2019	99/99/9999						
68180-0391-06		J8999		06/24/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BO	PO	EA	1 EA		1	06/24/2019	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	IV	EA	0.5 MG		1	06/20/2019	99/99/9999						
67457-0781-08		J9171		06/18/2019	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (MDV, PF, LATEX-FREE) 20 MG/1 ML	8	ML	VL	IV	ML	1 MG		20	06/18/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
14539-0674-01		Q0177		06/01/2019	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	100	EA	BO	PO	EA	25 MG		1	06/01/2019	99/99/9999						
14539-0674-05		Q0177		06/01/2019	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	500	EA	BO	PO	EA	25 MG		1	06/01/2019	99/99/9999						
14539-0675-01		Q0177		06/01/2019	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	25 MG		2	06/01/2019	99/99/9999						
14539-0675-05		Q0177		06/01/2019	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25 MG		2	06/01/2019	99/99/9999						
49230-0530-10	J1756			12/23/2010	99/99/9999	INJECTION, IRON SUCROSE, 1MG	VENOFER (10X2.5ML,SDV) 20 MG/1ML	2.5	ML	VL	IV	ML	1 MG		20	12/23/2010	99/99/9999						
49230-0530-25	J1756			04/01/2012	99/99/9999	INJECTION, IRON SUCROSE, 1MG	VENOFER (25X2.5ML,SDV) 20 MG/1ML	2.5	ML	VL	IV	ML	1 MG		20	04/01/2012	99/99/9999						
49230-0534-10	J1756			11/01/2008	99/99/9999	INJECTION, IRON SUCROSE, 1MG	VENOFER (SDV,10X5ML) 20 MG/1ML	5	ML	VL	IV	ML	1 MG		20	11/01/2008	99/99/9999						
49230-0534-25	J1756			11/01/2008	99/99/9999	INJECTION, IRON SUCROSE, 1MG	VENOFER (SDV,25X5ML) 20 MG/1ML	5	ML	VL	IV	ML	1 MG		20	11/01/2008	99/99/9999						
00703-6801-01	J1050			01/01/2013	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (ODOR-FREE) 150 mg/1 ml	1	ML	VL	IM	ML	1 MG		150	01/01/2013	99/99/9999						
00264-7614-00	J7799			01/01/2002	08/31/2019	NOO DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.33%	1000	ML	FC	IV	ML	1 EA		1	01/01/2002	08/31/2019						
00409-7984-23	J7050			05/18/2005	07/01/2019	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (LIFECARE SINGLE-PIF) 0.9%	100	ML	PC	IV	ML	250 ML		0.004	05/18/2005	07/01/2019						
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						
47781-0603-20	J9045			04/02/2018	08/31/2019	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	50 MG		0.2	04/02/2018	08/31/2019						
47781-0604-27	J9045			04/02/2018	08/31/2019	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	15	ML	VL	IV	ML	50 MG		0.2	04/02/2018	08/31/2019						
47781-0605-94	J9045			04/02/2018	08/31/2019	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	45	ML	VL	IV	ML	50 MG		0.2	04/02/2018	08/31/2019						
47781-0606-94	J9045			04/02/2018	08/31/2019	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	60	ML	VL	IV	ML	50 MG		0.2	04/02/2018	08/31/2019						
47781-0609-26	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						
53984-0001-01	J8340			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						
53984-0002-02	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						
60505-0760-01	J0694			10/06/2015	08/01/2019	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM 2 GM	1	EA	VL	IV	EA	1 GM		2	10/06/2015	08/01/2019						
60505-0760-05	J0694			01/23/2006	08/01/2019	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 2 GM	1	EA	VL	IV	EA	1 GM		2	01/23/2006	08/01/2019						
60505-0630-04	J0692			04/11/2008	07/19/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	1	EA	VL	IV	EA	500 MG		2	04/11/2008	07/19/2019						
60505-0631-04	J0692			04/11/2008	07/19/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	1	EA	VL	IV	EA	500 MG		4	04/11/2008	07/19/2019						
60505-0160-04	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						
60505-0161-04	J1267			12/12/2016	09/01/2019	INJECTION, DORIPENEM, 10 MG	DORIPENEM 500 MG	10	EA	VL	IV	EA	10 MG		50	12/12/2016	09/01/2019						
63323-0707-20	J0290			01/05/2017	08/04/2019	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 500 MG	10	EA	VL	IV	EA	500 MG		0.5	01/05/2017	08/04/2019						
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	35	EA	BO	PO	EA	2.5 MG		1	02/20/2019	08/14/2019						
65219-0014-10	J0290			08/05/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (LATEX-FREE) 250 MG	10	EA	VL	U	EA	500 MG		0.5	08/05/2019	99/99/9999						
60505-0177-00	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						
60505-0177-08	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						
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						
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						
67457-0529-20	J0640			07/23/2019	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 200 MG	1	EA	VL	U	EA	50 MG		4	07/23/2019	99/99/9999						
00143-9678-01	J0696			08/19/2019	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (PHARMACY BULK) 10 GM	1	EA	VL	IV	EA	250 MG		40	08/19/2019	99/99/9999						
66794-0211-42	J0696			08/15/2019	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (PF,LATEX-FREE) 250 MG	25	EA	VL	U	EA	250 MG		1	08/15/2019	99/99/9999						
66794-0212-42	J0696			08/15/2019	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (PF,LATEX-FREE) 500 MG	25	EA	VL	U	EA	250 MG		2	08/15/2019	99/99/9999						
66794-0213-42	J0696			08/15/2019	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (PF,LATEX-FREE) 1 GM	25	EA	VL	U	EA	250 MG		4	08/15/2019	99/99/9999						
66794-0214-42	J0696			08/15/2019	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (PF,LATEX-FREE) 2 GM	25	EA	VL	U	EA	250 MG		8	08/15/2019	99/99/9999						
66794-0215-15	J0696			08/15/2019	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (PF,LATEX-FREE) 10 GM	1	EA	VL	IV	EA	250 MG		40	08/15/2019	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						
63323-0585-15	J0878			08/14/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYPHILIZED) 350 MG	1	EA	VL	IV	EA	1 MG		350	08/14/2019	99/99/9999						
52536-0625-10	J1071			07/24/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP, MDV) 200 MG/1 ML	10	ML	VL	IM	ML	1 MG		200	07/24/2019	99/99/9999						
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						
76045-0009-11	J1170			07/12/2019	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	SIMPLIST DILAUID (MICROVAULT,PF) 1 MG/1 ML	1	ML	VL	U	ML	4 MG		0.25	07/12/2019	99/99/9999						
76045-0010-11	J1170			07/12/2019	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	SIMPLIST DILAUID (MICROVAULT,PF) 2 MG/1 ML	1	ML	VL	U	ML	4 MG		0.5	07/12/2019	99/99/9999						
58406-0010-01	J1438			08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (25MG/0.5ML PREFILL SYR) 50 MG/1 ML	0.5	ML	SR	SC	ML	25 MG		2	08/05/2019	99/99/9999						
58406-0010-04	J1438			08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (25MG/0.5ML X 4 PREFILL) 50 MG/1 ML	0.5	ML	CT	SC	ML	25 MG		2	08/05/2019	99/99/9999						
58406-0021-01	J1438			08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENB																

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
58406-0021-04		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (4 PREFILLED SYRINGES,PF) 50 MG/1 ML	1	ML	CT	SC	ML	25 MG		2	08/05/2019	99/99/9999						
58406-0032-01		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (SURECLICK AUTOINJECTOR) 50 MG/1 ML	1	ML	SR	SC	ML	25 MG		2	08/05/2019	99/99/9999						
58406-0032-04		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (SURECLICK AUTOINJECTOR) 50 MG/1 ML	1	ML	SR	SC	ML	25 MG		2	08/05/2019	99/99/9999						
58406-0044-01		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL MINI (1 PREFILLED CARTRIDGE) 50 MG/1 ML	1	ML	CT	SC	ML	25 MG		2	08/05/2019	99/99/9999						
58406-0044-04		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL MINI (4 PREFILLED CARTRIDGES) 50 MG/1 ML	1	ML	CT	SC	ML	25 MG		2	08/05/2019	99/99/9999						
00006-3061-02		J1453		07/15/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	PREMIERPRO RX EMEND (LYOPHILIZED) 150 MG	1	EA	CT	IV	EA	1 MG		150	07/15/2019	99/99/9999						
00069-1011-02		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	10	ML	BO	IV	ML	500 MG		0.2	08/07/2019	99/99/9999						
00069-1109-02		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	25	ML	BO	IV	ML	500 MG		0.2	08/07/2019	99/99/9999						
00069-1224-02		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	50	ML	BO	IV	ML	500 MG		0.2	08/07/2019	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	BO	IV	ML	500 MG		0.2	08/07/2019	99/99/9999						
00069-1415-02		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	200	ML	BO	IV	ML	500 MG		0.2	08/07/2019	99/99/9999						
00069-1558-02		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	300	ML	BO	IV	ML	500 MG		0.2	08/07/2019	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						
70069-0383-10		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						
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						
71288-0402-02		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (SDV,LATEX-FREE) 1000 U/1 ML	1	ML	VL	U	ML	1000 U		1	08/19/2019	99/99/9999						
71288-0402-11		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (LATEX-FREE) 1000 U/1 ML	10	ML	VL	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						
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						
71288-0403-11		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						
71288-0404-02		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (SDV,LATEX-FREE) 10000 U/1 ML	1	ML	VL	U	ML	1000 U		10	08/19/2019	99/99/9999						
71288-0404-05		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 10000 U/1 ML	4	ML	VL	U	ML	1000 U		10	08/19/2019	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	U	ML	25 MCG		8	08/01/2019	99/99/9999						
23155-0686-31		J2354		08/01/2019	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 1000 MCG/1 ML	5	ML	VL	U	ML	25 MCG		40	08/01/2019	99/99/9999						
00641-8188-10		J2370		08/09/2019	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL 10 MG/1 ML	5	ML	VL	IV	ML	1 ML		1	08/09/2019	99/99/9999						
00641-8189-10		J2370		08/09/2019	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL 10 MG/1 ML	10	ML	VL	IV	ML	1 ML		1	08/09/2019	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						
42023-0214-10		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						
42023-0215-01		J2370		07/17/2019	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	07/17/2019	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	1 MG		50	08/09/2019	99/99/9999						
00990-7075-26		J3480		07/29/2019	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (PC,24X100ML,LATEX-FREE) 20 MEQ/100 ML	100	ML	PC	IV	ML	2 MEQ		0.1	07/29/2019	99/99/9999						
59923-0717-05		J3490		08/01/2019	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACANE FISIOPHARMA 0.25%	5	ML	AM	U	ML	1 EA		1	08/01/2019	99/99/9999						
59923-0718-05		J3490		08/01/2019	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACANE FISIOPHARMA 0.5%	5	ML	AM	U	ML	1 EA		1	08/01/2019	99/99/9999						
59923-0719-10		J3490		08/01/2019	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACANE FISIOPHARMA 0.25%	10	ML	AM	U	ML	1 EA		1	08/01/2019	99/99/9999						
59923-0720-10		J3490		08/01/2019	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACANE FISIOPHARMA 0.5%	10	ML	AM	U	ML	1 EA		1	08/01/2019	99/99/9999						
00990-7983-02		J7050		07/25/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (SD,FLEXIBLE,PF) 0.9%	250	ML	FC	IV	ML	250 ML		0.004	07/25/2019	99/99/9999						
83323-0164-74		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						
83323-0164-75		J7120		07/23/2019	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (FREEFLEX BAG)	500	ML	BG	IV	ML	1000 ML		0.001	07/23/2019	99/99/9999						
83323-0164-76		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						
00904-8914-61		J7509		08/19/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BX	PO	EA	4 MG		1	08/19/2019	99/99/9999						
42806-0406-21		J7509		08/16/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 4 MG	21	EA	BO	PO	EA	4 MG		1	08/16/2019	99/99/9999						
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						
00781-3825-96		J7643		08/15/2019	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE 0.2 MG/1 ML	1	ML	VL	U	ML	1 MG		0.2	08/15/2019	99/99/9999						
00781-3825-96	KO	J7643	KO	08/15/2019	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE 0.2 MG/1 ML	1	ML	VL	U	ML	1 MG		0.2	08/15/2019	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
00781-3827-96		J7643		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	2	ML	VL	U	ML	1 MG		0.2	08/15/2019	99/99/9999						
00781-3827-96	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	2	ML	VL	U	ML	1 MG		0.2	08/15/2019	99/99/9999						
00781-3829-96		J7643		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						
00781-3829-96	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						
00781-3831-95		J7643		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						
00781-3831-95	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						
71288-0112-90		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						
72603-0101-01		J9263		07/17/2019	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5 MG		10	07/17/2019	99/99/9999						
72603-0301-01		J9263		07/17/2019	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5 MG		10	07/17/2019	99/99/9999						
51224-0022-06		Q0144		08/15/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X6, USP,FILM-COATED) 250 MG	6	EA	BX	PO	EA	1 GM		0.25	08/15/2019	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						
51224-0022-30		Q0144		08/15/2019	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	08/15/2019	99/99/9999						
51224-0122-30		Q0144		08/15/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	30	EA	BO	PO	EA	1 GM		0.5	08/15/2019	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	BO	PO	EA	1 GM		0.6	08/15/2019	99/99/9999						
00904-6893-61		Q0161		07/29/2019	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTIEMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (10X10,FILM-COATED) 25 MG	100	EA	BP	PO	EA	5 MG		5	07/29/2019	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						
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						
00338-0811-04		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	POTASSIUM CHLORIDE SOLUTION (5% DEXTROSE & LAC-RING) (14X1000ML)	1000	ML	FC	IV	ML	1000 ML		0.001	01/01/2016	99/99/9999						
00409-7113-09		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	DEXTROSE/LACTATED RINGERS/POTASSIUM CHLORIDE (5% DEXTROSE,LATEX-FREE)	1000	ML	FC	IV	ML	1000 ML		0.001	01/01/2016	99/99/9999						
71715-0001-01		J0121		10/01/2019	99/99/9999	INJECTION, OMADACYNINE, 1 MG	NUZYRA (LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	1 MG		100	10/01/2019	99/99/9999						
71715-0001-02		J0121		10/01/2019	99/99/9999	INJECTION, OMADACYNINE, 1 MG	NUZYRA (LYOPHILIZED) 100 MG	10	EA	CR	IV	EA	1 MG		100	10/01/2019	99/99/9999						
71713-0050-12		J0122		10/01/2019	99/99/9999	INJECTION, ERAVACYNINE, 1 MG	XERAVA (PF,LYOPHILIZED) 50 MG	12	EA	CR	IV	EA	1 MG		50	10/01/2019	99/99/9999						
71336-1000-01		J0222		10/01/2019	99/99/9999	INJECTION, PATISRAN, 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						
71045-0010-02		J0291		10/01/2019	99/99/9999	INJECTION, PLAZOMICIN, 5 MG	ZEMDRI (SDV,PF) 50 MG/1 ML	10	ML	CR	IV	ML	5 MG		10	10/01/2019	99/99/9999						
47783-0644-01		J0593		10/01/2019	99/99/9999	INJECTION, LANADELUMAB-FLYO, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	TAKHZYRO (PF) 150 MG/1 ML	2	ML	VL	SC	ML	1 MG		150	10/01/2019	99/99/9999						
25682-0022-01		J1303		10/01/2019	99/99/9999	INJECTION, RAVULIZUMAB-CVVZ, 10 MG	ULTOMIRIS (SDV,PF) 10 MG/1 ML	30	ML	VL	IV	ML	10 MG		1	10/01/2019	99/99/9999						
65757-0500-03		J1943		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA INITIO), 1 MG	ARISTADA INITIO (LATEX-FREE) 675 MG/2.4 ML	2.4	ML	SR	IM	ML	1 MG		281.25	10/01/2019	99/99/9999						
65757-0401-03		J1944		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	ARISTADA 441 MG/1.6 ML	1.6	ML	SR	IM	ML	1 MG		275.625	10/01/2019	99/99/9999						
65757-0402-03		J1944		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	ARISTADA 662 MG/2.4 ML	2.4	ML	SR	IM	ML	1 MG		275.8333	10/01/2019	99/99/9999						
65757-0403-03		J1944		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	ARISTADA 882 MG/3.2 ML	3.2	ML	SR	IM	ML	1 MG		275.625	10/01/2019	99/99/9999						
65757-0404-03		J1944		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	ARISTADA 1064 MG/3.9 ML	3.9	ML	SR	IM	ML	1 MG		272.82051	10/01/2019	99/99/9999						
12496-0090-01		J2798		10/01/2019	99/99/9999	INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG	PERSERIS 90 MG	1	EA	SR	SC	EA	0.5 MG		180	10/01/2019	99/99/9999						
12496-0120-01		J2798		10/01/2019	99/99/9999	INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG	PERSERIS 120 MG	1	EA	SR	SC	EA	0.5 MG		240	10/01/2019	99/99/9999						
51759-0204-10		J3031		10/01/2019	99/99/9999	INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	AJOVY (PF,LATEX-FREE) 225 MG/1.5 ML	1.5	ML	SR	SC	ML	1 MG		150	10/01/2019	99/99/9999						
55513-0880-02		J3111		10/01/2019	99/99/9999	INJECTION, ROMOSOZUMAB-AOQG, 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						
61755-0008-01		J9119		10/01/2019	99/99/9999	INJECTION, CEMPLIMAB-RWLC, 1 MG	LBTAYO 50 MG/1 ML	7	ML	VL	IV	ML	1 MG		50	10/01/2019	99/99/9999						
42747-0761-01		J9204		10/01/2019	99/99/9999	INJECTION, MOGAMULIZUMAB-KPKC, 1 MG	POTELIGEO (PF) 4 MG/1 ML	5	ML	VL	IV	ML	1 MG		4	10/01/2019	99/99/9999						
72171-0501-01		J9210		10/01/2019	99/99/9999	INJECTION, EMAPALUMAB-LZSG, 1 MG	GAMFANT (PF) 5 MG/1 ML	2	ML	VL	IV	ML	1 MG		5	10/01/2019	99/99/9999						
72171-0505-01		J9210		10/01/2019	99/99/9999	INJECTION, EMAPALUMAB-LZSG, 1 MG	GAMFANT (PF) 5 MG/1 ML	10	ML	VL	IV	ML	1 MG		5	10/01/2019	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						
00310-4700-01		J9313		10/01/2019	99/99/9999	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	LUMOXITI (W/ IV SOLN STABILIZER) 1 MG	1	EA	VL	IV	EA	0.01 MG		100	10/01/2019	99/99/9999						
55513-0132-01		Q6117		10/01/2019	99/99/9999	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	KANJINTI (PF,LYOPHILIZED) 420 MG POTASSIUM CHLORIDE (P.C.LATEX-FREE) 10 MEQ/100 ML	1	EA	VL	IV	EA	10 MG		42	10/01/2019	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						09/03/2019
00409-7075-26		J3480		04/11/2005	08/02/2019	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (PC,24X100ML,LATEX-FREE) 20 MEQ/100 ML	100	ML	FC	IV	ML	2 MEQ		0.1	04/11/2005	08/02/2019						08/02/2019
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						08/15/2019

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	
00409-7983-02		J7050		07/01/2005	08/19/2019	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (LIFECARE 24X250ML,PF) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	07/01/2005	08/19/2019						08/19/2019	
00409-7984-13		A4216		06/20/2005	08/19/2019	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 0.9%	SODIUM CHLORIDE (48X50ML,PF,LATEX-FREE) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	06/20/2005	08/19/2019						08/19/2019	
00703-2191-04		J2550		09/30/2002	09/03/2019	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 25 MG/ML	1	ML	VL	U	ML	50	MG	0.5	09/30/2002	09/03/2019						09/03/2019	
00703-2201-04		J2550		09/30/2002	09/03/2019	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/ML	1	ML	VL	U	ML	50	MG	1	09/30/2002	09/03/2019						09/03/2019	
45963-0637-49		J9263		08/03/2018	08/26/2019	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	08/03/2018	08/26/2019						08/26/2019	
45963-0638-58		J9263		08/03/2018	08/26/2019	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	08/03/2018	08/26/2019						08/26/2019	
88180-0633-01		J0696		07/20/2005	07/17/2019	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE 1 GM	1	EA	VL	U	EA	250	MG	4	07/20/2005	07/17/2019						07/17/2019	
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							
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							
67850-0021-10		J0290		08/28/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 1 GM	10	EA	VL	U	EA	500	MG	2	08/28/2019	99/99/9999							
67850-0022-10		J0290		08/28/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	U	EA	500	MG	4	08/28/2019	99/99/9999							
67850-0024-10		J0290		08/28/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	U	EA	500	MG	1	08/28/2019	99/99/9999							
16714-0892-01		J0878		08/28/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	08/28/2019	99/99/9999							
70436-0026-80		J1327		08/26/2019	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	08/26/2019	99/99/9999							
70436-0027-80		J1327		08/26/2019	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	08/26/2019	99/99/9999							
68001-0406-31		J1335		09/09/2019	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (SDV,LYOPHILIZED) 1 GM	10	EA	VL	U	EA	500	MG	2	09/09/2019	99/99/9999							
43598-0859-11		J1453		09/05/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGGLUMINE (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/05/2019	99/99/9999							
60505-6105-01		J1453		09/05/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGGLUMINE (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/05/2019	99/99/9999							
63323-0972-10		J1453		09/10/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGGLUMINE (SDV,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/10/2019	99/99/9999							
67457-0898-10		J1453		09/05/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGGLUMINE (PF,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/05/2019	99/99/9999							
72205-0026-01		J1453		09/05/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGGLUMINE (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/05/2019	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							
00548-5608-00		J1650		09/23/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (MDV) 100 MG/1 ML	3	ML	VL	U	ML	10	MG	10	09/23/2019	99/99/9999							
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							
15054-1060-04		J1930		09/01/2019	99/99/9999	INJECTION, LANREOTIDE, 1 MG	SOMATULINE DEPOT (1X0.2ML, SINGLE USE) 60 MG/0.2 ML	0.2	ML	SR	SC	ML	1	MG	300	09/01/2019	99/99/9999							
15054-1090-04		J1930		09/01/2019	99/99/9999	INJECTION, LANREOTIDE, 1 MG	SOMATULINE DEPOT (1X0.3ML, SINGLE USE) 90 MG/0.3 ML	0.3	ML	SR	SC	ML	1	MG	300	09/01/2019	99/99/9999							
15054-1120-04		J1930		09/01/2019	99/99/9999	INJECTION, LANREOTIDE, 1 MG	SOMATULINE DEPOT (1X0.5ML, SINGLE USE) 120 MG/0.5 ML	0.5	ML	SR	SC	ML	1	MG	240	09/01/2019	99/99/9999							
00781-3422-70		J2370		09/05/2019	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	09/05/2019	99/99/9999							
00781-3422-95		J2370		09/05/2019	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	09/05/2019	99/99/9999							
63323-0981-21		J2543		09/10/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 90 GRAMS/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							
00703-0241-01		J3301		08/29/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (LATEX-FREE) 40 MG/1 ML	1	ML	VL	U	ML	10	MG	4	08/29/2019	99/99/9999							
00703-0243-01		J3301		08/29/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (LATEX-FREE) 40 MG/1 ML	5	ML	VL	U	ML	10	MG	4	08/29/2019	99/99/9999							
00703-0245-01		J3301		08/29/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (LATEX-FREE) 40 MG/1 ML	10	ML	VL	U	ML	10	MG	4	08/29/2019	99/99/9999							
72572-0801-02		J3370		08/29/2019	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	08/29/2019	99/99/9999							
00990-7074-26		J3480		08/29/2019	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (PF,LATEX-FREE) 10 MEQ/100 ML	100	ML	FC	U	ML	2	MEQ	0.05	08/29/2019	99/99/9999							
67850-0031-10		J3490		08/28/2019	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN 1 GM	10	EA	VL	U	EA	1	EA	1	08/28/2019	99/99/9999							
67850-0032-10		J3490		08/28/2019	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN 2 GM	10	EA	VL	U	EA	1	EA	1	08/28/2019	99/99/9999							
00990-7984-13		J7040		08/16/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (SD,FLEXIBLE,PF) 0.9%	50	ML	FC	IV	ML	500	ML	0.002	08/16/2019	99/99/9999							
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							
70748-0186-02		J7517		09/16/2019	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							
00093-7031-89		J7518		08/15/2019	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 180 MG	120	EA	BO	PO	EA	180	MG	1	08/15/2019	99/99/9999							
00093-7032-89		J7518		08/15/2019	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	08/15/2019	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							
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							
00781-8089-26		Q0144		08/23/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6	EA	BO	PO	EA	1	GM	0.25	08/23/2019	99/99/9999							
00781-8089-31		Q0144		10/01/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	3	EA	BO	PO	EA	1	GM	0.25	10/01/2019	99/99/9999							
00781-8090-03		Q0144		10/01/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3	EA	BO	PO	EA	1	GM	0.5	10/01/2019	99/99/9999							
42806-0147-31		Q0144																						

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