NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00002-7511-01		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						
00002-7623-01		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						
00002-7714-59		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						
00002-7715-63		J1815		07/15/2016	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	BASAGLAR KWIKPEN (CONVENIENCE KIT) 100 U/1 ML	3	ML	SR	SC	ML	5	U	20	07/15/2016	99/99/9999						
00002-8149-01		J2941		08/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT) 24 MG	1	EA	CT	IJ	EA	1	MG	24	08/30/2005	99/99/9999						
00002-8222-59		J1815		05/19/2020	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	INSULIN LISPRO KWIKPEN (5X3ML, PREFILLED) 100 U/1 ML	3	ML	PE	SC	ML	5	U	20	05/19/2020	99/99/9999						
00002-8770-59		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						
00002-8798-59		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						
00003-0293-28		J3301		07/01/1989	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-40 (VIAL) 40 MG/ML	10	ML	VL	IJ	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	IJ	ML	10	MG	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						
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						
00004-0260-01		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						
00004-1100-20		None		10/01/2003	99/99/9999	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	60	EA	BO	PO	EA	150	MG	1	10/01/2003	99/99/9999						
00004-1963-01		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						
00004-1963-02		J0696		01/01/2002	07/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 500 MG	1	EA	VL	IJ	EA	250	MG	2	01/01/2002	07/31/2014						
00004-6940-03		J1570		01/01/2002	12/20/2017	INJECTION, GANCICLOVIR SODIUM, 500 MG	CYTOVENE IV (VIAL) 500 MG	1	EA	VL	IV	EA	500	MG	1	01/01/2002	12/20/2017						
00006-0464-05		J8501		07/24/2006	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 40 MG	5	EA	BX	PO	EA	5	MG	8	07/24/2006	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						
00006-3514-58		J0743		01/01/2002	05/01/2017	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IV (VIAL) 250 MG-250 MG	1	EA	VL	IV	EA	250	MG	1	01/01/2002	05/01/2017						
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						
00006-4981-00		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						
00006-4995-00		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,27GX1/2",PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	02/06/2006	02/04/2014						
00007-3232-11		J1652		11/16/2004	08/06/2015	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG	25	11/16/2004	08/06/2015						
00007-3236-11		J1652		11/16/2004	11/12/2015	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	11/16/2004	11/12/2015						
00007-4205-11		None		07/01/2009	07/30/2017	TOPOTECAN, ORAL, 0.25 MG	HYCAMTIN 0.25 MG	10	EA	BO	PO	EA	0.25	MG	1	07/01/2009	07/30/2017						
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	ML	1	MG	1	01/01/2002	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						
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						
00009-0056-04		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						
00009-0233-01		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						
00009-0280-02		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	5	ML	VL	IJ	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	IJ	ML	40	MG	1	01/01/2002	99/99/9999						
00009-0775-26		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	4	ML	VL	IJ	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	IJ	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	IJ	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	IJ	ML	40	MG	1	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						
00009-3475-01		J1040		01/07/1992	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	DEPO-MEDROL (S.D.V.) 80 MG/1 ML	1	ML	VL	IJ	ML	80	MG	1	01/07/1992	99/99/9999						
00009-4073-04		J3490		11/04/2019	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE NOVAPLUS (USP, SDV) 150 MG/1 ML	4	ML	VL	IJ	ML	1	EA	1	11/04/2019	99/99/9999						
00009-5091-01		J9178		01/01/2004	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	ELLENCE (S.D.V.,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	01/01/2004	99/99/9999						
00009-5093-01		J9178		01/01/2004	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	ELLENCE (S.D.V.,PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	01/01/2004	99/99/9999						
00009-5095-06		J3490		11/04/2019	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE NOVAPLUS (USP, SDV) 150 MG/1 ML	6	ML	VL	IJ	ML	1	EA	1	11/04/2019	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						
00013-2654-02		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						
00023-3921-02		J0585		01/01/2010	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	BOTOX (SINGLE USE) 200 u	1	EA	VL	IJ	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
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						
00024-5150-10		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						
00024-5925-05		J1817		01/01/2018	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	ADMELOG (SOLOSTAR) 100 U/1 ML	3	ML	SR	IJ	ML	50	U	2	01/01/2018	99/99/9999						
00037-9001-05		J1980		08/07/2017	99/99/9999	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	LEVSIN (5X1ML) 0.5 MG/1 ML	1	ML	AM	IJ	ML	0.25	MG	2	08/07/2017	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	IJ	EA	1	GM	0.5	01/01/2002	09/01/2014						
00039-0020-01		J0698		01/01/2002	01/31/2016	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (BULK VIAL) 10 GM	1	EA	GC	IJ	EA	1	GM	10	01/01/2002	01/31/2016						
00049-0013-83		J0295		01/01/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (VIAL) 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5	GM	1	01/01/2002	99/99/9999						
00049-0024-28		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						
00049-3190-28		J3465		01/01/2004	99/99/9999	INJECTION, VORICONAZOLE, 10 MG	VFEND I.V. (S.D.V.) 200 MG	1	EA	VL	IV	EA	10	MG	20	01/01/2004	99/99/9999						
00049-3920-83		J3486		01/01/2004	99/99/9999	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	GEODON 20 MG	1	EA	VL	IM	EA	10	MG	2	01/01/2004	99/99/9999						
00052-0301-51		J3490		05/01/2003	99/99/9999	UNCLASSIFIED DRUGS	GANIRELIX ACETATE 250 MCG/0.5 ML	0.5	ML	SR	SC	ML	1	EA	1	05/01/2003	99/99/9999						
00054-0019-20		J7506		09/24/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 50 MG	100	EA	BX	PO	EA	5	MG	10	09/24/2004	12/31/2015						
00054-0019-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 50 MG	100	EA	BX	PO	EA	1	MG	50	01/01/2016	99/99/9999						
00054-0481-14		J7527		06/08/2020	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 5 MG	28	EA	BO	PO	EA	0.25	MG	20	06/08/2020	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	0.1	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	0.1	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	0.2	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	0.2	01/01/2002	04/03/2014						
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	1	04/11/2002	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	0.2	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	1	01/01/2016	99/99/9999						
00054-4180-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100	EA	BO	PO	EA	0.25	MG	3	01/01/2006	99/99/9999						
00054-4728-31		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						
00054-4728-31		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00054-4741-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	5	MG	0.2	01/01/2002	12/31/2015						
00054-4741-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999						
00054-4742-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 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	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 2.5 MG	100	EA	BO	PO	EA	1	MG	2.5	01/01/2016	99/99/9999						
00054-8176-25		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						
00054-8181-25		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						
00054-8603-25		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						
00054-8740-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (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	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 2.5 MG	100	EA	BX	PO	EA	1	MG	2.5	01/01/2016	99/99/9999						
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						
00069-0291-01		Q5110		09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	NIVESTYM (PF,LATEX-FREE) 300 MCG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	600	09/05/2018	99/99/9999						
00069-0291-10		Q5110		09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	NIVESTYM (PF,LATEX-FREE) 300 MCG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	600	09/05/2018	99/99/9999						
00069-0292-01		Q5110		09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	NIVESTYM (PF,LATEX-FREE) 480 MCG/0.8 ML	0.5	ML	SR	IJ	ML	1	MCG	600	09/05/2018	99/99/9999						
00069-0292-10		Q5110		09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	NIVESTYM (PF,LATEX-FREE) 480 MCG/0.8 ML	0.5	ML	SR	IJ	ML	1	MCG	600	09/05/2018	99/99/9999						
00069-1011-02		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						
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						
00002-7516-59		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG (CARTRIDGE) 100 U/ML	3	ML	CT	SC	ML	5	U	20	01/01/2003	99/99/9999						
00002-7752-05		J1815		04/01/2020	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	INSULIN LISPRO JUNIOR KWIKPEN (5X3ML, PREFILLED) 100 U/1 ML	3	ML	PN	SC	ML	5	U	20	04/01/2020	99/99/9999						
00002-8031-01		J1610		01/01/2002	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT (HYPORET DISPOSABLE SRN) 1 MG	1	EA	BX	IJ	EA	1	MG	1	01/01/2002	99/99/9999						
00002-8797-59		J1815		12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX75/25 (KWIKPEN,5X3ML) 75 U/ML-25 U/ML	3	ML	SR	SC	ML	5	U	20	12/10/2007	99/99/9999						
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	IJ	ML	10	MG	4	07/01/1989	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						
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						
00069-1307-10		J0885		05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 4000 U/1 ML	1	ML	VL	IJ	ML	1000	U	4	05/22/2018	12/31/2018						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00069-1307-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 4000 U/1 ML	1	ML	VL	IJ	ML	1000	U	4	01/01/2019	99/99/9999						
00069-1309-10		Q5106		09/01/2018	99/99/9999	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 40000 U/1 ML	1	ML		IJ	ML	1000	U	40	09/01/2018	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						
00069-3031-20		J9000		05/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	99/99/9999						
00069-3032-20		J9000		05/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	99/99/9999						
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						
00003-6336-17		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						
00004-0038-22		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALCYTE 450 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
00004-0261-29		J7517		01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT (FRUIT) 200 MG/ML	160	ML	BO	PO	ML	250	MG	0.8	01/01/2002	99/99/9999						
00004-1101-50		None		10/01/2003	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	120	EA	BO	PO	EA	500	MG	1	10/01/2003	99/99/9999						
00004-6940-04		J1570		03/01/2017	10/01/2019	INJECTION, GANCICLOVIR SODIUM, 500 MG	CYTOVENE IV 500 MG	5	EA	VL	IV	EA	500	MG	1	03/01/2017	10/01/2019						
00006-3061-04		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						
00006-3843-71		J1335		01/01/2004	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	INVANZ (S.D.V.) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2004	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						
00069-3051-07		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						
00069-3060-30		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						
00069-3070-75		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						
00069-3150-83		J0456		01/01/2002	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	ZITHROMAX (VIAL) 500 MG	1	EA	VL	IV	EA	500	MG	1	01/01/2002	99/99/9999						
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						
00007-3234-11		J1652		11/16/2004	02/10/2016	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	11/16/2004	02/10/2016						
00007-4207-11		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	ML	50	MG	0.1	04/02/2008	10/10/2016						
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						
00008-1042-05		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						
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						
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						
00074-1812-22		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						
00074-2440-03		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						
00074-3109-32		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						
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						
00009-0698-01		J2930		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (VIAL) 1 GM	1	EA	VL	IJ	EA	125	MG	8	01/01/2002	99/99/9999						
00009-0698-02		J2930		07/02/2018	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	PREMIERPRO RX SOLU-MEDROL 1GM VIAL (LYOPHILIZED) 1 GM	1	EA		IJ	EA	125	MG	8	07/02/2018	99/99/9999						
00009-0728-09		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	60	ML	VL	IJ	ML	1	EA	1	01/01/2002	99/99/9999						
00009-0758-01		J2930		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (VIAL) 500 MG	1	EA	VL	IJ	EA	125	MG	4	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	IJ	ML	1	EA	1	01/01/2002	99/99/9999						
00009-3794-01		J1742		01/01/2002	99/99/9999	INJECTION, IBUTILIDE FUMARATE, 1 MG	CORVERT (FLIP-TOP VIAL) 0.1 MG/ML	10	ML	VL	IV	ML	1	MG	0.1	01/01/2002	99/99/9999						
00009-5137-04		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						
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						
00074-3934-02		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						
00074-5365-05		A4216		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						
00074-6476-44		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			
00074-6479-32		J7502		01/01/2002	11/09/2015	CYCLOSPORINE, ORAL, 100 MG	GENGRAF (BLISTER PACK) 100 MG	30	EA	BX	PO	EA	100	MG	1	01/01/2002	11/09/2015						
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						
00075-0620-41		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						
00009-7224-02		J7504		01/01/2002	99/99/9999	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	ATGAM (AMP,5X5ML) 50 MG/ML	5	ML	AM	IV	ML	250	MG	0.2	01/01/2002	99/99/9999						
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						
00013-2649-02		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						
00013-2651-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 0.6 MG	1	EA	CT	SC	EA	1	MG	0.6	01/01/2002	99/99/9999						
00013-2652-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 0.8 MG	1	EA	CT	SC	EA	1	MG	0.8	01/01/2002	99/99/9999						
00013-2653-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 1 MG	1	EA	CT	SC	EA	1	MG	1	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
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						
00075-0624-31		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						
00078-0110-22		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	IJ	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	IJ	ML	25	MCG	2	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	IJ	ML	25	MCG	8	01/01/2004	03/15/2018						
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						
00078-0422-20		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						
00015-0508-42		J8999		01/01/2002	01/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGACE 40 MG/ML	240	ML	BO	PO	ML	1	EA	1	01/01/2002	01/31/2017						
00019-1188-75		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	IJ	ML	10	ML	0.1	01/08/2019	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						
00039-0018-10		J0698		01/01/2002	01/31/2016	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 1 GM	1	EA	VL	IJ	EA	1	GM	1	01/01/2002	01/31/2016						
00049-0014-83		J0295		01/01/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (VIAL) 2 GM-1 GM	1	EA	VL	IJ	EA	1.5	GM	2	01/01/2002	99/99/9999						
00049-3382-25		J3490		10/19/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (FTV,LATEX-FREE) 50 MCG/ML	5	ML	VL	IJ	ML	1	EA	1	10/19/2005	99/99/9999						
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						
00078-0467-91		J0895		05/01/2007	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL (USP) 500 MG	1	EA	VL	IJ	EA	500	MG	1	05/01/2007	99/99/9999						
00078-0616-05		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						
00078-0648-81		J2353		04/10/2015	12/05/2016	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1 1/2"X20G) 30 MG	1	EA	BX	IM	EA	1	MG	30	04/10/2015	12/05/2016						
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						
00078-0674-61		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						
00078-0676-15		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						
00054-0019-25		J7506		08/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	100	EA	BO	PO	EA	5	MG	10	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	50	01/01/2016	99/99/9999						
00054-0166-25		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG,	MYCOPHENOLATE MOFETIL, 500 MG	100	EA	BO	PO	EA	250	MG	2	05/04/2009	99/99/9999						
00054-0249-13		J8999		10/05/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA		PO	EA	1	EA	1	10/05/2018	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	1	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	1	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	1	06/23/2014	99/99/9999						
00054-0383-25		None		06/23/2014	99/99/9999	CYCLOPHOSPHAMIDE; ORAL, 50 MG	CYCLOPHOSPHAMIDE 50 MG	100	EA	BO	PO	EA	50	MG	1	06/23/2014	99/99/9999						
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						
00078-0690-61		J9302		02/11/2016	99/99/9999	INJECTION, OFATUMUMAB, 10 MG	ARZERRA (SINGLE-USE W/2 FILTERS) 20 MG/1 ML	50	ML	VL	IV	ML	10	MG	2	02/11/2016	99/99/9999						
00078-0748-81		J2502		08/23/2018	99/99/9999	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (SINGLE USE) 10 MG	1	EA	BX	IM	EA	1	MG	10	08/23/2018	99/99/9999						
00078-0790-61		J2353		07/11/2017	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (INNER PACK) 10 MG	1	EA	VL	IM	EA	1	MG	10	07/11/2017	99/99/9999						
00078-0804-61		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						
00078-0818-81		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						
00054-0471-21		J7527		03/10/2020	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS 0.5 MG	60	EA	BO	PO	EA	0.25	MG	2	03/10/2020	99/99/9999						
00054-0472-21		J7527		03/10/2020	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS 0.75 MG	60	EA	BO	PO	EA	0.25	MG	3	03/10/2020	99/99/9999						
00054-3027-02		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	0.1	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	0.1	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	4	01/01/2006	99/99/9999						
00054-3177-57		J8540		07/31/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (1X240ML)	240	ML	BO	PO	ML	0.25	MG	2	07/31/2008	99/99/9999						
00054-3722-50		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	0.2	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	1	01/01/2016	99/99/9999						
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	IJ	EA	1	MU	10	01/01/2002	07/31/2016						
00085-1177-01		J1327		01/01/2002	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILIN (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	INTEGRILIN (VIAL) 2 MG/ML	100	ML	VL	IV	ML	5	MG	0.4	01/01/2002	99/99/9999						
00085-1304-01		J3490		01/01/2002	11/22/2015	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRN/DILUENT,PF) 120 MCG	1	EA	BX	MR	EA	1	EA	1	01/01/2002	11/22/2015						
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						
00085-1430-04		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						
00085-1519-04		None		12/05/2012	11/08/2019	TEMODAR, 20 MG, ORAL	TEMODAR, 20 MG	14	EA	BX	PO	EA	20	MG	1	12/05/2012	11/08/2019						
00054-4129-25		None		03/28/2000	07/11/2016	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25	MG	1	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	1	03/28/2000	07/11/2016						

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
00054-4581-11		J8999		02/19/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE (USP) 50 MG	25	EA	BO	PO	EA	1	EA	1	02/19/2004	99/99/9999						
00054-8084-25		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						
00054-8179-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 0.5 MG	100	EA	BX	PO	EA	0.25	MG	2	01/01/2006	99/99/9999						
00054-8550-25		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						
00054-8604-25		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						
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						
00085-4320-01		J0702		05/16/2017	99/99/9999	INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG	CELESTONE SOLUSPAN (MDV) 3 MG/1 ML-3 MG/1 ML	5	ML	VL	IJ	ML	6	MG	1	05/16/2017	99/99/9999						
00088-1206-32		J1260		01/01/2002	99/99/9999	INJECTION, DOLASETRON MESYLATE, 10 MG	ANZEMET (S.D.V.) 20 MG/ML	5	ML	VL	IV	ML	10	MG	2	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						
00093-0784-05		J8999		01/09/2008	10/20/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	500	EA	BO	PO	EA	1	EA	1	01/09/2008	10/20/2016						
00093-4146-56		J7614		02/15/2019	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	02/15/2019	99/99/9999						
00054-8722-16		J7506		01/01/2002	09/09/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	5	ML	CP	PO	ML	5	MG	0.2	01/01/2002	09/09/2014						
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						
00069-1305-10		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	IJ	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	IJ	ML	1000	U	2	01/01/2019	99/99/9999						
00069-1309-04		J0885		05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 40000 U/1 ML	1	ML	VL	IJ	ML	1000	U	40	05/22/2018	12/31/2018						
00069-1309-04		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 40000 U/1 ML	1	ML	VL	IJ	ML	1000	U	40	01/01/2019	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						
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						
00093-5420-88		J8515		03/07/2007	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8	EA	BO	PO	EA	0.25	MG	2	03/07/2007	99/99/9999						
00093-5740-19		J7515		07/06/2015	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE, MODIFIED (INNERPACK,SOFT GELATIN) 25 MG	1	EA	BP	PO	EA	25	MG	1	07/06/2015	99/99/9999						
00093-5740-65		J7515		07/06/2015	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE, MODIFIED (SOFT GELATIN) 25 MG	30	EA	BX	PO	EA	25	MG	1	07/06/2015	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						
00093-7599-41		None		08/12/2013	05/18/2020	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 5 MG	14	EA	BO	PO	EA	5	MG	1	08/12/2013	05/18/2020						
00093-7601-41		None		08/12/2013	05/18/2020	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 100 MG	14	EA	BO	PO	EA	100	MG	1	08/12/2013	05/18/2020						
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						
00069-3051-75		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						
00069-4061-89		Q0144		09/18/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (FILM COATED) 250 MG	50	EA	BX	PO	EA	1	GM	0.25	09/18/2019	99/99/9999						
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						
00074-0817-02		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						
00074-3346-03		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						
00074-3641-03		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						
00093-7638-57		None		08/12/2013	05/18/2020	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 140 MG	5	EA	BO	PO	EA	20	MG	7	08/12/2013	05/18/2020						
00093-7768-24		J7527		06/10/2020	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 7.5 MG	28	EA	BO	PO	EA	0.25	MG	30	06/10/2020	99/99/9999						
00093-8940-05		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500	EA	BO	PO	EA	1	EA	1	01/01/2002	02/25/2019						
00113-0431-62		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						
00113-0479-62		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						
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						
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						
00074-3799-02		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	05/28/2019	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PEDIATRIC,PF) 40 MG/0.8 ML	3	EA	BX	MR	EA	20	MG	2	10/01/2014	05/28/2019						
00074-4339-02		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						
00074-4729-01		J1250		01/01/2002	10/17/2016	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (VIAL) 12.5 MG/ML	100	ML	VL	IV	ML	250	MG	0.05	01/01/2002	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
00074-5749-22		J3490		01/01/2002	03/25/2016	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (W/MALE ADAPTER) 0.25%	50	ML	SR	IJ	ML	1	EA	1	01/01/2002	03/25/2016						
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						
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						
00115-1695-49		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						
00115-1803-01		Q0177		04/23/2018	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	100	EA		PO	EA	25	MG	1	04/23/2018	99/99/9999						
00115-1803-02		Q0177		03/20/2018	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	500	EA		PO	EA	25	MG	1	03/20/2018	99/99/9999						
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						
00121-0777-08		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						
00074-7269-50		J7502		01/18/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	GENGRAF 100 MG/ML	50	ML	BO	PO	ML	100	MG	1	01/18/2002	99/99/9999						
00074-9631-04		J1940		01/01/2002	02/03/2016	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (ANSYR,LATEX-FREE) 10 MG/ML	4	ML	SR	IJ	ML	20	MG	0.5	03/01/2009	02/03/2016	01/01/2002	04/20/2006	0.5			
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	IJ	ML	10	MG	10	01/01/2002	99/99/9999						
00075-0624-30		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN) 30 MG/0.3 ML	0.3	ML	SR	IJ	ML	10	MG	10	01/01/2002	99/99/9999						
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	IJ	ML	25	MCG	40	01/01/2004	06/05/2018						
00078-0240-61		J7515		01/05/2012	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	SANDIMMUNE (INNER PACK, SOFTGEL) 25 MG	1	EA	BP	PO	EA	25	MG	1	01/05/2012	99/99/9999						
00078-0248-15		J7502		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	NEORAL (SOFTGEL) 100 MG	30	EA	BX	PO	EA	100	MG	1	01/01/2002	99/99/9999						
00078-0340-61		J2353		07/26/2004	09/23/2015	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1&1/2"X19G,PFS) 10 MG	1	EA	BX	IM	EA	1	MG	10	07/26/2004	09/23/2015						
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						
00143-1477-01		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						
00143-1477-10		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						
00143-9202-01		J9178		01/11/2018	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SDV,PF,LATEX-FREE) 2 MG/1 ML	25	ML		IV	ML	2	MG	1	01/11/2018	99/99/9999						
00143-9203-01		J9178		01/11/2018	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SDV,PF,LATEX-FREE) 2 MG/1 ML	100	ML		IV	ML	2	MG	1	01/11/2018	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	IJ	ML	30	ML	0.03333	09/28/2017	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						
00078-0417-20		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.25 MG	60	EA	EA	PO	EA	0.25	MG	1	01/01/2013	99/99/9999						
00078-0417-61		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.25 MG	1	EA	EA	PO	EA	0.25	MG	1	01/01/2013	99/99/9999						
00078-0438-15		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						
00078-0647-81		J2353		04/10/2015	12/07/2016	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1 1/2"X20G) 20 MG	1	EA	BX	IM	EA	1	MG	20	04/10/2015	12/07/2016						
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						
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	IJ	EA	15	U	1	05/16/2018	99/99/9999						
00143-9254-25		J1265		11/13/2019	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (SDV,LATEX-FREE) 40 MG/1 ML	10	ML	VL	IV	ML	40	MG	1	11/13/2019	99/99/9999						
00143-9261-10		J0690		07/27/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN NOVAPLUS (PF,LATEX-FREE) 10 GM	10	EA	VL	IV	EA	500	MG	20	07/27/2017	99/99/9999						
00143-9275-01		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						
00143-9296-01		J1631		12/20/2019	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV,LATEX-FREE) 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	12/20/2019	99/99/9999						
00143-9306-01		J9211		04/26/2018	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HCL NOVAPLUS (SDV,PF) 1 MG/1 ML	5	ML		IV	ML	5	MG	0.2	04/26/2018	99/99/9999						
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						
00078-0683-06		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						
00078-0683-61		J9261		10/11/2016	99/99/9999	INJECTION, NELARABINE, 50 MG	ARRANON (LATEX-FREE) 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	10/11/2016	99/99/9999						
00078-0755-61		J2502		08/23/2018	02/20/2020	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (6ML VIAL) 10 MG	1	EA	VL	IM	EA	1	MG	10	08/23/2018	02/20/2020						
00078-0827-61		J0179		01/01/2020	99/99/9999	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	BEOVU (PF) 6 MG/0.05 ML	0.05	ML	VL	IO	ML	1	MG	120	01/01/2020	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						
00085-1110-01		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	IJ	EA	1	MU	18	01/01/2002	05/28/2016						
00085-1168-01		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	IJ	ML	1	MU	6	01/01/2002	99/99/9999						
00143-9308-01		J9211		04/26/2018	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HCL NOVAPLUS (SDV,PF) 1 MG/1 ML	20	ML		IV	ML	5	MG	0.2	04/26/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00143-9317-24		J1956		11/20/2018	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE NOVAPLUS (24X150ML, SINGLE-USE,PF) 5%-750 MG/150 ML	150	ML		IV	ML	250	MG	0.02	11/20/2018	99/99/9999						
00143-9368-01		J0640		03/09/2020	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM NOVAPLUS (PF,LATEX-FREE) 200 MG	1	EA	VL	IJ	EA	50	MG	4	03/09/2020	99/99/9999						
00143-9378-01		J0878		01/27/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	1	MG	500	01/27/2020	99/99/9999						
00143-9502-01		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						
00143-9505-01		J9060		06/07/2019	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (MDV,PF,LATEX-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.1	06/07/2019	99/99/9999						
00143-9510-01		J9181		02/26/2018	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (USP, MDV) 20 MG/1 ML	5	ML	VL	IV	ML	10	MG	2	02/26/2018	99/99/9999						
00143-9519-10		J9250		02/13/2018	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (10X2ML SDV,PF) 25 MG/1 ML	2	ML	VL	IJ	ML	5	MG	5	02/13/2018	99/99/9999						
00085-1368-01		J3490		01/01/2002	03/06/2016	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRN/DILUENT,PF) 50 MCG	1	EA	BX	MR	EA	1	EA	1	01/01/2002	03/06/2016						
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						
00085-1430-01		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						
00085-1519-01		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						
00143-9529-01		J2680		12/12/2016	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE 25 MG/1 ML	5	ML	VL	IJ	ML	25	MG	1	12/12/2016	99/99/9999						
00143-9530-01		J9208		01/11/2018	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (S.D.V, 1X60ML,PF) 3 GM/60 ML	60	ML	VL	IV	ML	1	GM	0.05	01/11/2018	99/99/9999						
00143-9549-10		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						
00143-9551-10		J9150		05/15/2018	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (SDV,PF) 5 MG/1 ML	4	ML		IV	ML	10	MG	0.5	05/15/2018	99/99/9999						
00143-9552-01		J0640		08/24/2016	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LYOPHILIZED) 350 MG	1	EA	VL	IJ	EA	50	MG	7	08/24/2016	99/99/9999						
00143-9553-01		J0640		06/14/2017	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LATEX-FREE) 200 MG	1	EA	VL	IJ	EA	50	MG	4	06/14/2017	99/99/9999						
00143-9565-01		J9340		08/31/2015	99/99/9999	INJECTION, THIOTEPA, 15 MG	THIOTEPA (LYOPHILIZED) 15 MG	1	EA	VL	IJ	EA	15	MG	1	08/31/2015	99/99/9999						
00143-9678-01		J0696		08/19/2019	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PHARMACY BULK) 10 GM	1	EA	VL	IV	EA	250	MG	40	08/19/2019	99/99/9999						
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						
00088-1208-06		J1260		12/15/2003	99/99/9999	INJECTION, DOLASETRON MESYLATE, 10 MG	ANZEMET (S.D.V.) 20 MG/ML	0.625	ML	VL	IV	ML	10	MG	2	12/15/2003	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						
00088-2502-05		J1817		03/04/2009	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	APIDRA SOLOSTAR (5X3ML) 100U/ML	3	ML	EA	IJ	ML	50	U	2	03/04/2009	99/99/9999						
00093-0782-05		J8999		01/09/2008	10/20/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	500	EA	BO	PO	EA	1	EA	1	01/09/2008	10/20/2016						
00093-0782-56		J8999		02/20/2003	07/17/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	30	EA	BO	PO	EA	1	EA	1	02/20/2003	07/17/2016						
00093-0784-86		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						
00093-4148-64		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	0.83333	04/29/2013	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						
00143-9719-10		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						
00143-9739-10		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						
00143-9851-01		J2930		10/24/2019	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 1 GM	1	EA	VL	IJ	EA	125	MG	8	10/24/2019	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						
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						
00172-4960-70		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						
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	IJ	ML	25	MG	1	01/01/2002	12/11/2013						
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	IJ	EA	750	MG	1	01/01/2002	12/29/2013						
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	IJ	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						
00173-0449-02		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						
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	0.83333	04/29/2013	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						
00093-6815-55		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00093-6815-55	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						
00093-7031-89		J7518		08/15/2019	04/27/2020	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 180 MG	120	EA	BO	PO	EA	180	MG	1	08/15/2019	04/27/2020						
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						
00173-0739-02		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						
00173-0949-55		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						
00173-0991-55		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						
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						
00002-7140-01		J0130		01/01/2002	12/31/2016	INJECTION ABCIXIMAB, 10 MG	REOPRO (VIAL) 2 MG/ML	5	ML	VL	IV	ML	10	MG	0.2	01/01/2002	12/31/2016						
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						
00002-7640-01		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						
00002-7737-01		J1817		05/19/2020	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN LISPRO 100 U/1 ML	10	ML	VL	IJ	ML	50	U	2	05/19/2020	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	IJ	EA	1	MG	12	08/30/2005	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						
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						
00093-7147-56		Q0144		11/14/2005	06/28/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	11/14/2005	06/28/2017						
00093-7169-33		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						
00093-7485-20		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						
00093-7600-57		None		08/12/2013	05/18/2020	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 20 MG	5	EA	BO	PO	EA	20	MG	1	08/12/2013	05/18/2020						
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						
00185-0932-30		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						
00185-7322-30		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						
00186-1988-04		J7626		01/01/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.25	MG	0.5	01/01/2002	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	IJ	ML	5	U	20	01/01/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00002-8233-05		J1815		04/01/2020	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	INSULIN LISPRO PROTAMINE/INS LISPRO 75/25 KWIKPEN (PREFILLED PEN) 75 U/1 ML-25 U/1 ML	3	ML	PN	SC	ML	5	U	20	04/01/2020	99/99/9999						
00002-8315-01		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999						
00002-8715-01		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						
00002-8799-59		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						
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	IJ	ML	10	MG	4	02/01/1989	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						
00093-7638-41		None		08/12/2013	05/18/2020	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 140 MG	14	EA	BO	PO	EA	20	MG	7	08/12/2013	05/18/2020						
00093-7767-24		J7527		06/10/2020	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 5 MG	28	EA	BO	PO	EA	0.25	MG	20	06/10/2020	99/99/9999						
00093-8943-01		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	02/25/2019						
00115-1804-02		Q0177		12/03/2018	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25	MG	2	12/03/2018	99/99/9999						
00115-9930-78		J7614		01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	01/09/2018	99/99/9999						
00115-9930-78	KO	J7614	KO	01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	01/09/2018	99/99/9999						
00115-9931-78		J7614		01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	01/09/2018	99/99/9999						
00186-1988-04	KO	J7626	KO	01/01/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.25	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						
00206-8855-16		J2543		03/13/2006	07/15/2020	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (SDV,10X100ML) 4 GM/100 ML-0.5 GM/100 ML	1	EA	VL	IV	EA	1	GM	4	03/13/2006	07/15/2020						
00206-8859-10		J2543		04/28/2006	07/15/2020	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (PHARMACY BULK VIAL) 36 GM-4.5 GM	1	EA	VL	IV	EA	1	GM	36	04/28/2006	07/15/2020						
00206-8860-02		J2543		01/09/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (24 PRE-MIX BAGS OF 50ML) 2 GM/50 ML-0.25 GM/50 ML	50	ML	PC	IV	ML	1	GM	0.04	01/09/2006	99/99/9999						
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						
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						
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						
00004-0260-43		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						
00004-0350-09		J3490		10/16/2002	99/99/9999	UNCLASSIFIED DRUGS	PEGASYS (S.D.V.) 180 MCG/ML	1	ML	VL	MR	EA	1	EA	1	10/16/2002	99/99/9999						
00004-0352-39		J3490		01/19/2004	07/31/2014	UNCLASSIFIED DRUGS	PEGASYS (MONTHLY CONVENIENCE PK) 180 MCG/0.5 ML	2	ML	BX	MR	EA	1	EA	1	01/19/2004	07/31/2014						
00006-0461-02		J8501		01/29/2008	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND (BI-PACK) 80 MG	2	EA	DP	PO	EA	5	MG	16	01/29/2008	99/99/9999						
00006-0461-06		J8501		07/01/2006	04/30/2020	APREPITANT, ORAL, 5 MG	EMEND 80 MG	6	EA	BX	PO	EA	5	MG	16	07/01/2006	04/30/2020						
00115-9931-78	KO	J7614	KO	01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	01/09/2018	99/99/9999						
00115-9932-78		J7614		01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	01/09/2018	99/99/9999						
00115-9932-78	KO	J7614	KO	01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	01/09/2018	99/99/9999						
00121-0489-00		Q0163		06/07/2017	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	5	ML	CP	PO	ML	50	MG	0.05	06/07/2017	99/99/9999						
00143-1473-01		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	100	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						
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	GC	IV	ML	500	ML	0.002	01/01/2002	12/31/2014						
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						
00264-1800-31		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						
00264-2101-10		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						
00264-2201-10		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00006-0462-06		J8501		07/01/2006	10/31/2019	APREPITANT, ORAL, 5 MG	EMEND 125 MG	6	EA	BX	PO	EA	5	MG	25	07/01/2006	10/31/2019						
00006-3061-00		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						
00006-3552-59		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 (VIAL) 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 (VIAL) 70 MG	1	EA	VL	IV	EA	5	MG	14	01/01/2003	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	IJ	EA	500	MG	2	04/16/2007	07/31/2018						
00006-4305-02		Q5102		07/25/2017	03/31/2018	INJECTION, INFLIXIMAB, BIOSIMILAR, 10 MG	RENFLEXIS (PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	10	MG	10	07/25/2017	03/31/2018						
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						
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						
00143-9252-25		J1265		11/13/2019	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (SDV,LATEX-FREE) 40 MG/1 ML	5	ML	VL	IV	ML	40	MG	1	11/13/2019	99/99/9999						
00143-9254-01		J1265		11/13/2019	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (LATEX-FREE) 40 MG/1 ML	10	ML	VL	IV	ML	40	MG	1	11/13/2019	99/99/9999						
00143-9277-01		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						
00143-9280-01		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						
00143-9307-01		J9211		04/26/2018	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HCL NOVAPLUS (SDV,PF) 1 MG/1 ML	10	ML		IV	ML	5	MG	0.2	04/26/2018	99/99/9999						
00143-9315-24		J1956		11/20/2018	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE NOVAPLUS (24X50ML, SINGLE-USE,PF) 5%-250 MG/50 ML	50	ML		IV	ML	250	MG	0.02	11/20/2018	99/99/9999						
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						
00264-3123-11		J0694		07/01/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 1 GM	1	EA	FC	IV	EA	1	GM	1	07/01/2006	99/99/9999						
00264-4021-55		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						
00264-5705-05		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	IU	10	04/22/2019	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						
00264-7520-00		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						
00264-7605-00		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						
00264-7610-00		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						
00007-3230-11		J1652		06/03/2005	05/05/2015	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (SRN,PREFL,27GX1/2",PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	06/03/2005	05/05/2015						
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						
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						
00009-0271-01		J1000		01/01/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	DEPO-ESTRADIOL (VIAL) 5 MG/ML	5	ML	VL	IM	ML	5	MG	1	01/01/2002	99/99/9999						
00009-0347-02		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	DEPO-TESTOSTERONE (VIAL) 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 (VIAL) 100 MG/ML	10	ML	VL	IM	ML	1	MG	100	01/01/2015	99/99/9999						
00009-0417-01		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	1	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999						
00143-9319-25		J1630		10/18/2018	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	PREMIERPRO RX HALOPERIDOL 5 MG/1 ML	1	ML		IM	ML	5	MG	1	10/18/2018	99/99/9999						
00143-9326-10		J2260		01/14/2019	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	PREMIERPRO RX MILRINONE LACTATE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	5	MG	0.2	01/14/2019	99/99/9999						
00143-9359-01		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						
00143-9367-01		J9260		03/09/2020	99/99/9999	METHOTREXATE SODIUM, 50 MG	METHOTREXATE NOVAPLUS (SDV;USP,PF,LATEX-FREE) 1 GM	1	EA	VL	IJ	EA	50	MG	20	03/09/2020	99/99/9999						
00143-9370-01		J9000		02/25/2020	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN NOVAPLUS (PF,LATEX-FREE) 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	02/25/2020	99/99/9999						
00143-9504-01		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						
00143-9546-01		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						
00143-9554-01		J0640		06/14/2017	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	50	MG	2	06/14/2017	99/99/9999						
00264-7614-00		J7799		01/01/2002	08/31/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.33%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	08/31/2019						
00264-7750-10		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (EXCEL)	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999						
00264-7750-20		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (EXCEL)	250	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999						
00264-7751-00		J7120		01/01/2002	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 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	DEXTROSE 5%/LACTATED RINGERS (EXCEL)	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999						
00264-7850-10		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (EXCEL)	500	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999						
00264-7850-20		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (EXCEL)	250	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999						
00264-7865-00		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (EXCEL) 2 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.01	01/01/2002	99/99/9999						
00009-0417-01		J1080		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	1	ML	VL	IM	ML	200	MG	1	01/01/2002	12/31/2014						
00009-0417-02		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999						
00009-0417-02		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	01/01/2002	12/31/2014						
00009-0796-01		J2930		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (W/DILUENT) 2 GM	1	EA	VL	IJ	EA	125	MG	16	01/01/2002	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						
00009-5140-04		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						
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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00143-9570-10		J2916		04/21/2015	99/99/9999	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE (SDV) 62.5 MG/5 ML	5	ML	VL	IV	ML	12.5	MG	1	04/21/2015	99/99/9999						
00143-9624-25		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						
00143-9659-01		J1071		11/08/2016	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	11/08/2016	99/99/9999						
00143-9670-10		J3490		01/08/2018	99/99/9999	UNCLASSIFIED DRUGS	CEFOTETAN DISODIUM (LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	1	EA	1	01/08/2018	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, 1 MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
00169-1837-11		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999						
00264-9554-10		J2810		01/01/2002	05/31/2020	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (EXCEL) 5%-80 MG/100 ML	500	ML	FC	IV	ML	40	MG	0.02	01/01/2002	05/31/2020						
00264-9567-10		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (EXCEL) 5%-4000 U/100 ML	500	ML	FC	IV	ML	1000	U	0.04	01/01/2002	99/99/9999						
00264-9577-10		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (EXCEL) 5%-5000 U/100 ML	500	ML	FC	IV	ML	1000	U	0.05	01/01/2002	99/99/9999						
00264-9587-20		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (EXCEL) 5%-10000 U/100 ML	250	ML	FC	IV	ML	1000	U	0.1	01/01/2002	99/99/9999						
00264-9594-10		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (EXCEL) 5%-0.4%	500	ML	FC	IV	ML	10	MG	0.4	01/01/2004	99/99/9999						
00264-9594-20		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (EXCEL) 5%-0.4%	250	ML	FC	IV	ML	10	MG	0.4	01/01/2004	99/99/9999						
00264-9598-20		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (EXCEL) 5%-0.8%	250	ML	FC	IV	ML	10	MG	0.8	01/01/2004	99/99/9999						
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						
00013-2655-02		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						
00013-2658-02		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						
00015-3012-60		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						
00019-1188-27		A4217		01/08/2019	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (RFID TAGGED,PF) 0.9%	125	ML	SR	IJ	ML	500	ML	0.002	01/08/2019	99/99/9999						
00019-1188-81		A4217		01/08/2019	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PF) 0.9%	125	ML	SR	IJ	ML	500	ML	0.002	01/08/2019	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						
00023-6082-10		J1750		01/01/2019	99/99/9999	INJECTION, IRON DEXTRAN, 50 MG	INFED (S.D.V.) 50 MG/1 ML	2	ML	VL	IJ	ML	50	MG	1	01/01/2019	99/99/9999						
00169-3205-15		J1815		09/24/2019	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	FIASP PENFILL (PREFILLED PEN) 100 U/1 ML	3	ML	CT	SC	ML	5	U	20	09/24/2019	99/99/9999						
00169-3303-12		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG (PENFILL CARTRIDGE) 100 U/ML	3	ML	CT	SC	ML	5	U	20	01/01/2003	99/99/9999						
00169-3696-19		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						
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						
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						
00024-5151-75		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						
00024-5924-10		J1817		01/01/2018	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	ADMELOG 100U/1 ML	10	ML	VL	IJ	ML	50	MG	2	01/01/2018	99/99/9999						
00029-6579-21		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						
00039-0024-25		J0698		01/01/2002	05/01/2015	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	1	GM	2	01/01/2002	05/01/2015						
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						
00049-0520-83		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						
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						
00173-0434-00		J0713		01/01/2002	12/01/2013	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (ADD-VANTAGE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2002	12/01/2013						
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						
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						
00185-0649-01		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						
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						
00052-0315-10		J0725		01/01/2002	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	01/01/2002	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	2	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	10	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	4	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	20	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	4	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	20	01/01/2016	99/99/9999						
00054-0163-25		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG,	MYCOPHENOLATE MOFETIL, 250 MG	100	EA	BO	PO	EA	250	MG	1	05/04/2009	99/99/9999						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00264-1280-55		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						
00264-1510-36		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						
00264-2101-50		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						
00264-2201-50		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						
00264-2303-50		J7799		01/01/2002	07/31/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	RESECTISOL 5%	2000	ML	PC	IL	ML	1	EA	1	01/01/2002	07/31/2020						
00264-3114-11		J0697		03/01/2004	09/30/2014	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (DUPLEX) 1.5 GM/50 ML	50	ML	FC	IV	ML	750	MG	0.04	03/01/2004	09/30/2014						
00264-3153-11		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE/DEXTROSE 1 GM/50 ML	50	ML	FC	IV	ML	250	MG	0.08	07/20/2005	99/99/9999						
00054-0480-14		J7527		06/08/2020	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 2.5 MG	28	EA	BO	PO	EA	0.25	MG	10	06/08/2020	99/99/9999						
00054-0497-14		J7527		06/08/2020	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 7.5 MG	28	EA	BO	PO	EA	0.25	MG	30	06/08/2020	99/99/9999						
00054-4181-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1 MG	100	EA	BO	PO	EA	0.25	MG	4	01/01/2006	99/99/9999						
00054-4182-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1.5 MG	100	EA	BO	PO	EA	0.25	MG	6	01/01/2006	99/99/9999						
00054-4183-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	100	EA	BO	PO	EA	0.25	MG	8	01/01/2006	99/99/9999						
00054-4603-25		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						
00054-8180-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 0.75 MG	100	EA	BX	PO	EA	0.25	MG	3	01/01/2006	99/99/9999						
00065-0543-01		J3301		11/29/2007	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIESENCE 40 MG/ML	1	ML	VL	IJ	ML	10	MG	4	11/29/2007	99/99/9999						
00264-3155-11		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE/DEXTROSE 2 GM/50 ML	50	ML	FC	IV	ML	250	MG	0.16	07/20/2005	99/99/9999						
00264-3183-11		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						
00264-4001-55		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						
00264-7055-10		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						
00264-7610-20		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						
00264-7616-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.2%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00068-0597-01		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						
00069-0223-02		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						
00069-0313-10		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						
00069-0809-01		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						
00069-1306-10		J0885		05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 3000 U/1 ML	1	ML	VL	IJ	ML	1000	U	3	05/22/2018	12/31/2018						
00264-7622-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 10%-0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7802-10		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						
00264-7806-10		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						
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						
00310-0950-36		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						
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						
00338-0003-47		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						
00069-1306-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 3000 U/1 ML	1	ML	VL	IJ	ML	1000	U	3	01/01/2019	99/99/9999						
00069-1308-10		J0885		05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	U	10	05/22/2018	12/31/2018						
00069-1308-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	RETACRIT (PF) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2019	99/99/9999						
00069-3030-20		J9000		05/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	99/99/9999						
00069-3110-19		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						
00338-0008-01		J1453		11/14/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (LYOPHILIZED,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	11/14/2019	99/99/9999						
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						
00338-0023-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE 10%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0043-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0047-27		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	3000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0047-47		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						
00338-0048-04		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (P.C.) 0.9%	1000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0066-20		J7060		06/10/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (VIAFLO,PF,LATEX-FREE) 5%	500	ML	FC	IV	ML	500	ML	0.002	06/10/2019	99/99/9999						
00069-5410-66		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VISTARIL 25 MG	100	EA	BO	PO	EA	25	MG	1	01/01/2002	99/99/9999						
00069-5420-66		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VISTARIL 50 MG	100	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999						
00591-5443-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	1000	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
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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VISTARIL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2013						
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						
00074-3779-03		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						
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						
00338-0086-01		Q2050		10/01/2019	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL (STEALTH LIPOSOME, SDV) 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	10/01/2019	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						
00338-0355-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX,AF) 15%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0507-41		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (24X50ML) 1.2 MG/ML-0.9%	50	ML	FC	IV	ML	80	MG	0.015	01/01/2002	99/99/9999						
00338-0709-48		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						
00338-1009-02		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						
00074-4637-01		J2501		01/01/2003	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	ZEMPLAR (VIAL,FLIPTOP) 0.002 MG/ML	1	ML	VL	IV	ML	1	MCG	2	01/01/2003	99/99/9999						
00074-4909-18		J0280		01/01/2002	03/24/2016	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (10X10ML,ABBOJECT) 25 MG/ML	10	ML	SR	IV	ML	250	MG	0.1	01/01/2002	03/24/2016						
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						
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	IJ	ML	10	MG	10	01/01/2002	99/99/9999						
00075-0621-60		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 60 MG/0.6 ML	0.6	ML	SR	IJ	ML	10	MG	10	01/01/2002	99/99/9999						
00075-0623-00		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 100 MG/ML	1	ML	SR	IJ	ML	10	MG	10	01/01/2002	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	IJ	ML	10	MG	10	03/11/2008	04/01/2015						
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	IJ	ML	10	MG	15	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						
00338-1077-02		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	IJ	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	VANCOCIN 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	VANCOCIN 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						
00338-5002-41		J0696		09/06/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM/50 ML	50	ML	PC	IV	ML	250	MG	0.08	09/06/2005	99/99/9999						
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	IJ	ML	10	MG	15	01/01/2002	99/99/9999						
00078-0181-01		J2354		01/01/2004	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	SANDOSTATIN (AMP) 100 MCG/ML	1	ML	AM	IJ	ML	25	MCG	4	01/01/2004	99/99/9999						
00078-0182-01		J2354		01/01/2004	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	SANDOSTATIN (AMP) 500 MCG/ML	1	ML	AM	IJ	ML	25	MCG	20	01/01/2004	99/99/9999						
00078-0241-15		J7502		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	SANDIMMUNE (SOFTGEL) 100 MG	30	EA	BX	PO	EA	100	MG	1	01/01/2002	99/99/9999						
00078-0246-15		J7515		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	NEORAL (SOFTGEL) 25 MG	30	EA	BX	PO	EA	25	MG	1	01/01/2002	99/99/9999						
00078-0274-22		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						
00078-0347-51		J0895		01/01/2002	08/14/2015	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL (VIAL) 2 GM	1	EA	VL	IJ	EA	500	MG	4	01/01/2002	08/14/2015						
00338-5003-41		J0696		09/06/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM/50 ML	50	ML	PC	IV	ML	250	MG	0.16	09/06/2005	99/99/9999						
00338-6011-37		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						
00338-6307-02		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	11/30/2019	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (USP,40X250ML,AVIVA) 5%	250	ML	FC	IV	ML	500	ML	0.002	03/01/2007	11/30/2019						
00338-9572-24		J0583		05/01/2018	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN-SODIUM CHLORIDE 250 MG/50 ML-0.9%	50	ML	BG	IV	ML	1	MG	5	05/01/2018	99/99/9999						
00378-0014-50		None		02/23/1998	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	5000	EA	BO	PO	EA	2.5	MG	1	02/23/1998	99/99/9999						
00378-0274-93		J8999		02/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	30	EA	BO	PO	EA	1	EA	1	02/20/2003	99/99/9999						
00378-0315-93		Q0162		01/01/2012	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						
00078-0385-66		J7518		01/01/2005	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYFORTIC (K-30,FILM-COATED) 180 MG	120	EA	BO	PO	EA	180	MG	1	01/01/2005	99/99/9999						
00078-0393-61		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						
00078-0414-61		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						
00078-0617-05		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						
00078-0669-13		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						
00078-0734-61		J0638		03/08/2017	99/99/9999	INJECTION, CANAKINUMAB, 1 MG	ILARIS (PF) 150 MG/1 ML	1	ML	VL	SC	ML	1	MG	150	03/08/2017	99/99/9999						
00078-0769-61		J2502		08/23/2018	02/20/2020	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (6ML VIAL) 30 MG	1	EA	VL	IM	EA	1	MG	30	08/23/2018	02/20/2020						
00078-0797-61		J2353		07/11/2017	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (INNER PACK) 20 MG	1	EA	VL	IM	EA	1	MG	20	07/11/2017	99/99/9999						
00378-0641-01		J7512		04/04/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	04/04/2019	99/99/9999						
00378-0641-10		J7512		04/04/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	1	MG	10	04/04/2019	99/99/9999						
00378-0642-01		J7512		02/11/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	02/11/2020	99/99/9999						
00378-0642-10		J7512		02/11/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	1	MG	20	02/11/2020	99/99/9999						
00378-1005-01		J7500		12/22/2009	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE, 50 MG	100	EA	BO	PO	EA	50	MG	1	12/22/2009	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
00378-2047-01		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						
00378-3266-94		None		10/19/2001	99/99/9999	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE (BLISTER PACK,SOFTGEL) 50 MG	20	EA	BX	PO	EA	50	MG	1	10/19/2001	99/99/9999						
00085-1291-01		J3490		01/01/2002	10/15/2015	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRN/DILUENT,PF) 80 MCG	1	EA	BX	MR	EA	1	EA	1	01/01/2002	10/15/2015						
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						
00085-1417-02		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						
00085-1425-04		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						
00085-1737-01		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						
00088-1202-05		Q0180		01/01/2002	99/99/9999	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 50 MG	5	EA	BO	PO	EA	100	MG	0.5	01/01/2002	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						
00378-5261-14		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						
00378-5262-14		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						
00378-5263-14		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						
00378-5264-98		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						
00088-1203-05		Q0180		01/01/2002	99/99/9999	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	1	01/01/2002	99/99/9999						
00088-2500-33		J1817		01/24/2006	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	APIDRA 100 U/ML	10	ML	VL	SC	ML	50	U	2	01/24/2006	99/99/9999						
00093-0782-01		J8999		02/20/2003	10/20/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	100	EA	BO	PO	EA	1	EA	1	02/20/2003	10/20/2016						
00093-0782-10		J8999		01/09/2008	10/20/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	1000	EA	BO	PO	EA	1	EA	1	01/09/2008	10/20/2016						
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						
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						
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						
00378-7734-93		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						
00378-8270-91		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00093-4146-64		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						
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						
00378-9671-93		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						
00378-9681-44		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						
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						
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						
00093-5985-27		J0171		08/20/2019	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE (0.15 MG/DELIVERY) 0.15 MG/0.3 ML	2	EA	PN	MR	EA	0.1	MG	1.5	08/20/2019	99/99/9999						
00093-6723-73		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						
00093-6816-55		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						
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						
00406-1130-52		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						
00406-1492-52		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						
00406-1548-35		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						
00406-6838-04		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						
00406-6845-04		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						
00406-8020-03		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						
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						
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	12/17/2019	INJECTION, MEROPENEM, 100 MG	MERREM IV (VIAL) 1 GM	1	EA	VL	IV	EA	100	MG	10	01/01/2004	12/17/2019						
00310-1730-30		J0517		01/01/2019	99/99/9999	INJECTION, BENRALIZUMAB, 1 MG	FASENRA (PF,LATEX-FREE) 30 MG/1 ML	1	ML		SC	ML	1	MG	30	01/01/2019	99/99/9999						
00310-1730-30		J3490		11/14/2017	12/31/2018	UNCLASSIFIED DRUGS	FASENRA (PF) 30 MG/1 ML	1	ML	SR	SC	ML	1	MG	1	11/14/2017	12/31/2018						
00310-1830-30		J0517		10/04/2019	99/99/9999	INJECTION, BENRALIZUMAB, 1 MG	FASENRA PEN (PF,LATEX-FREE) 30 MG/1 ML	1	ML	PE	SC	ML	1	MG	30	10/04/2019	99/99/9999						
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						
00338-0004-05		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						
00338-0013-06		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00093-6817-73		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						
00093-7169-56		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						
00093-7334-05		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						
00093-7600-41		None		08/12/2013	05/18/2020	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 20 MG	14	EA	BO	PO	EA	20	MG	1	08/12/2013	05/18/2020						
00409-1008-01		J2501		11/01/2014	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL 0.005 MG/ML	1	ML	VL	IV	ML	1	MCG	5	11/01/2014	99/99/9999						
00409-1008-02		J2501		11/01/2014	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL 0.005 MG/ML	2	ML	VL	IV	ML	1	MCG	5	11/01/2014	99/99/9999						
00409-1038-50		J0670		10/08/2007	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE (MDV) 1%	50	ML	VL	IJ	ML	10	ML	0.1	10/08/2007	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	IJ	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	IJ	ML	100	MG	0.5	09/14/2005	12/31/2014						
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	IJ	ML	1	EA	1	07/27/2005	11/01/2016						
00409-1165-01		J3490		12/08/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.75%	10	ML	VL	IJ	ML	1	EA	1	12/08/2005	99/99/9999						
00338-0013-29		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	5000	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0017-11		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (QUAD PACK, MINI-BAG) 5%	50	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-18		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (QUAD PACK, MINI-BAG) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-31		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MULTI PACK, MINI-BAG) 5%	50	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-38		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MULTI PACK, MINI-BAG) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-41		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (SINGLE PACK MINI-BAG) 5%	50	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-48		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (SINGLE PACK MINI-BAG) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0023-02		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE 10%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00093-7639-57		None		08/12/2013	05/18/2020	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 180 MG	5	EA	BO	PO	EA	20	MG	9	08/12/2013	05/18/2020						
00093-8943-05		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						
00093-8947-05		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						
00093-9652-01		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						
00409-1176-30		J2175		08/25/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LLK,SLIM PK,LATEX-FREE) 25 MG/ML	1	ML	SR	IJ	ML	100	MG	0.25	08/25/2005	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	IJ	ML	1	MG	0.4	04/03/2006	99/99/9999						
00409-1253-01		J2175		01/04/2006	07/02/2020	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LATEX-FREE) 50 MG/ML	1	ML	AM	IJ	ML	100	MG	0.5	01/04/2006	07/02/2020						
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	IJ	ML	100	MG	0.5	11/23/2005	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						
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						
00002-8147-01		J2941		08/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT) 6 MG	1	EA	CT	IJ	EA	1	MG	6	08/30/2005	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	IJ	ML	50	U	10	01/01/2003	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						
00003-0830-50		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						
00003-2188-51		J0129		06/13/2016	99/99/9999	INJECTION, ABATACEPT, 10 MG	ORENCIA CLICKJECT (PF) 125 MG/1 ML	1	ML	SR	SC	ML	10	MG	12.5	06/13/2016	99/99/9999						
00003-2818-11		J0129		04/06/2017	99/99/9999	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ORENCIA (SD PREFILLED SYRINGE,PF) 87.5 MG/0.7 ML	0.7	ML	SR	SC	ML	10	MG	12.5	04/06/2017	99/99/9999						
00338-0023-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE 10%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0043-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 0.45%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0048-02		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-0049-11		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
00338-0049-31		A4216		01/01/2004	99/99/9999	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						
00338-0049-41		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						
00338-0050-47		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						
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						
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						
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						
00121-4776-10		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						
00143-1475-01		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						
00409-1283-10		J1170		05/15/2009	02/19/2020	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,ISECURE SINGLE-DOSE) 1 MG/ML	10	EA	SR	IJ	ML	4	MG	0.25	05/15/2009	02/19/2020						
00409-1304-31		J1170		07/13/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (LUER LOCK,10X1ML) 4 MG/ML	1	ML	CR	IJ	ML	4	MG	1	07/13/2005	99/99/9999						
00409-1316-32		J1644		03/23/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 10000 U/ML	0.5	ML	SR	IJ	ML	1000	U	10	03/23/2005	99/99/9999						
00409-1410-05		J7660		01/01/2007	11/30/2013	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (10X5ML,AMP,LATEX-FREE) 0.2 MG/ML	5	ML	AM	IV	ML	1	MG	0.2	01/01/2007	11/30/2013						
00409-1410-05	KO	J7660	KO	01/01/2007	11/30/2013	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (10X5ML,AMP,LATEX-FREE) 0.2 MG/ML	5	ML	AM	IV	ML	1	MG	0.2	01/01/2007	11/30/2013						
00409-1412-04		J3490		06/14/2006	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (SDFLIPTOP VIAL,USP) 0.25 MG/ML	4	ML	VL	IJ	ML	1	EA	1	06/14/2006	99/99/9999						
00409-1463-01		J2300		03/09/2005	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (AMP,LATEX-FREE) 10 MG/ML	1	ML	AM	IJ	ML	10	MG	1	03/09/2005	99/99/9999						
00409-1508-05		J7799		08/31/2005	05/18/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (6X1000ML) 2.5%	1000	ML	GC	IV	ML	1	EA	1	08/31/2005	05/18/2016						
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						
00004-0259-05		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						
00004-1101-75		None		03/29/2011	12/31/2013	CAPECITABINE, 500 MG, ORAL	XELODA (10 X 12,FILM COATED) 500MG	120	EA	BP	PO	EA	500	MG	1	03/29/2011	12/31/2013						
00006-0464-10		J8501		07/24/2006	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 40 MG	1	EA	BX	PO	EA	5	MG	8	07/24/2006	99/99/9999						
00006-3516-59		J0743		01/01/2002	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IV (VIAL) 500 MG-500 MG	1	EA	VL	IV	EA	250	MG	2	01/01/2002	99/99/9999						
00006-3862-03		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						
00006-4992-00		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						
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						
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						
00338-0069-10		J1885		04/30/2019	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	04/30/2019	99/99/9999						
00338-0072-25		J1885		01/30/2019	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	01/30/2019	99/99/9999						
00338-0073-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 2.5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0080-01		Q2050		10/01/2019	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL (STEALTH LIPOSOME, SDV) 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	10/01/2019	99/99/9999						
00338-0089-03		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						
00338-0351-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX,AF) 5%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00143-9209-10		J2400		09/28/2017	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (400MG/20ML, SDV, USP,PF) 2%	20	ML	VL	IJ	ML	30	ML	0.03333	09/28/2017	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						
00143-9241-01		J9040		05/16/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN (USP,LYOPHILIZED) 30 U	1	EA	VL	IJ	EA	15	U	2	05/16/2018	99/99/9999						
00143-9245-10		J9130		07/20/2020	99/99/9999	DACARBAZINE, 100 MG	DACARBAZINE (SDV;USP) 200 MG	10	EA	VL	IV	EA	100	MG	2	07/20/2020	99/99/9999						
00143-9246-05		J0592		04/22/2020	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (5X1ML;SDV,LATEX-FREE) 0.3 MG/1 ML	1	ML	VL	IJ	ML	0.1	MG	3	04/22/2020	99/99/9999						
00143-9248-01		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						
00143-9262-25		J0690		07/27/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN NOVAPLUS (PF,LATEX-FREE) 1 GM	25	EA	VL	IJ	EA	500	MG	2	07/27/2017	99/99/9999						
00409-1534-05		J7799		02/24/2006	05/18/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE AND SODIUM CHLORIDE (6X1000ML) 10%-0.9%	1000	ML	GC	IV	ML	1	EA	1	02/24/2006	05/18/2016						
00409-1582-10		J3490		07/22/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (10X10ML, S.D.V.) 0.75%	10	ML	VL	IJ	ML	1	EA	1	07/22/2005	99/99/9999						
00409-1583-01		J7050		07/20/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (12X150ML,PF) 0.9%	150	ML	FC	IV	ML	250	ML	0.004	07/20/2005	99/99/9999						
00409-1583-02		J7050		09/14/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (12X250ML,PF) 0.9%	250	ML	GC	IV	ML	250	ML	0.004	09/14/2005	99/99/9999						
00409-1586-03		J7799		03/24/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (12X500ML) 5%	500	ML	GC	IV	ML	1	EA	1	03/24/2006	99/99/9999						
00409-1761-02		J3490		06/06/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE SPINAL (AMP,W/DEXTROSE,PF) 0.75%	2	ML	AM	IJ	ML	1	EA	1	06/06/2005	99/99/9999						
00409-1762-30		J2270		05/27/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LLK,SLIM PK,CARPUJECT) 2 MG/ML	1	ML	CR	IJ	ML	10	MG	0.2	05/27/2005	99/99/9999						
00008-1040-05		J7520		04/09/2010	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 0.5 MG	100	EA	EA	PO	EA	1	MG	0.5	04/09/2010	99/99/9999						
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						
00009-0274-01		J1020		02/02/1987	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	DEPO-MEDROL (M.D.V.) 20 MG/1 ML	5	ML	VL	IJ	ML	20	MG	1	02/02/1987	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	IJ	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	IJ	ML	40	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
00009-0825-01		J1720		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF 100 MG	1	EA	VL	IJ	EA	100	MG	1	01/01/2002	99/99/9999						
00009-0850-01		J2930		11/19/2019	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (LYOPHILIZED) 2 GM	1	EA	VL	IJ	EA	125	MG	16	11/19/2019	99/99/9999						
00009-3051-02		J3490		11/04/2019	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE NOVAPLUS (USP, SDV) 150 MG/1 ML	2	ML	VL	IJ	ML	1	EA	1	11/04/2019	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						
00338-0409-03		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL 5%-0.4%	500	ML	FC	IV	ML	10	MG	0.4	01/01/2004	99/99/9999						
00338-0411-02		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL 5%-0.8%	250	ML	FC	IV	ML	10	MG	0.8	01/01/2004	99/99/9999						
00338-0431-03		J1644		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE 200 U/100 ML-0.9%	500	ML	FC	IV	ML	1000	U	0.002	01/01/2002	02/03/2016						
00338-0503-48		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAFLEX) 0.8 MG/ML-0.9%	100	ML	FC	IV	ML	80	MG	0.01	01/01/2002	99/99/9999						
00338-0553-11		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						
00143-9270-01		J9200		09/21/2018	99/99/9999	INJECTION, FLOXURIDINE, 500 MG	FLOXURIDINE (LYOPHILIZED) 0.5 GM	1	EA	VL	IJ	EA	500	MG	1	09/21/2018	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						
00143-9300-10		J3490		02/12/2018	99/99/9999	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM NOVAPLUS (SDV,LYOPHILIZED) 40 MG	10	EA	VL	IV	EA	1	EA	1	02/12/2018	99/99/9999						
00143-9309-01		J9340		10/29/2018	99/99/9999	INJECTION, THIOTEPA, 15 MG	THIOTEPA NOVAPLUS (SDV,LYOPHILIZED) 15 MG	1	EA		IJ	EA	15	MG	1	10/29/2018	99/99/9999						
00143-9316-24		J1956		11/20/2018	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE NOVAPLUS (24X100ML, SINGLE-USE,PF) 5%-500 MG/100 ML	100	ML		IV	ML	250	MG	0.02	11/20/2018	99/99/9999						
00143-9369-01		J9000		02/25/2020	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN NOVAPLUS (PF,LATEX-FREE) 2 MG/1 ML	5	ML	VL	IV	ML	10	MG	0.2	02/25/2020	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						
00143-9511-01		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						
00409-1918-35		A4216		01/01/2007	07/02/2020	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5	ML	CR	IV	ML	10	ML	0.1	01/01/2007	07/02/2020						
00409-2102-05		A4216		01/01/2007	12/05/2019	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (25X5ML,PF) 0.9%	5	ML	VL	IV	ML	10	ML	0.1	01/01/2007	12/05/2019						
00409-2287-21		J1885		06/22/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (10X1ML, USP) 30 MG/ML	1	ML	CT	IJ	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	IJ	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	IJ	ML	15	MG	2	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	IJ	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	IJ	ML	1	MG	1	08/02/2005	06/20/2016						
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	IJ	ML	1	MG	1	03/10/2005	99/99/9999						
00009-3124-03		J3490		01/01/2002	07/02/2020	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (ADD-VANTAGE,25X4ML) 150 MG/ML	4	ML	VL	IJ	ML	1	EA	1	01/01/2002	07/02/2020						
00009-3447-03		J3490		01/01/2002	07/02/2020	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (ADD-VANTAGE,25X6ML) 150 MG/ML	6	ML	VL	IJ	ML	1	EA	1	01/01/2002	07/02/2020						
00009-3701-05		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						
00009-5137-01		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						
00009-5140-01		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						
00009-5181-01		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						
00338-0695-04		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE 4 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.02	01/01/2002	99/99/9999						
00338-0703-48		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						
00338-0705-41		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						
00338-0719-13		J7799		01/01/2002	10/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,USP) 70%	500	ML	PC	IV	ML	1	EA	1	01/01/2002	10/31/2015						
00338-1013-41		J2700		01/01/2002	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (PREMIXED) 1 GM/50 ML	50	ML	PC	IV	ML	250	MG	0.08	01/01/2002	99/99/9999						
00338-1021-41		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						
00338-1073-02		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						
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						
00143-9531-01		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						
00143-9548-10		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						
00143-9564-10		J2760		11/04/2015	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	10	EA	VL	IJ	EA	5	MG	1	11/04/2015	99/99/9999						
00143-9673-25		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						
00143-9709-10		J2260		03/29/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE, 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	03/29/2011	99/99/9999						
00143-9718-10		J2260		02/23/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE IN DEXTROSE (10X200ML, SINGLE DOSE) 5%-20 MG/100 ML	10	ML	FC	IV	ML	5	MG	0.04	02/23/2011	99/99/9999						
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	IJ	ML	1	MG	5	04/25/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-2308-01		J2250		06/07/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X1ML,PF) 5 MG/ML	1	ML	VL	IJ	ML	1	MG	5	06/07/2005	99/99/9999						
00409-2308-49		J2250		12/29/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FLIPTOP VIAL,PF) 5 MG/ML	1	ML	VL	IJ	ML	1	MG	5	12/29/2005	99/99/9999						
00409-2344-01		J1250		07/27/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (VIAL,FLIPTOP) 12.5 MG/ML	20	ML	VL	IV	ML	250	MG	0.05	07/27/2005	99/99/9999						
00409-2344-88		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						
00409-2581-02		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						
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						
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						
00013-2650-02		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						
00013-2657-02		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						
00015-3404-20		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOPHOS (S.D.V.) 100 MG	1	EA	VL	IV	EA	10	MG	10	01/01/2002	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						
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						
00338-6046-48		J1450		07/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (INTRAVIA CONTAINERS) 200 MG/100 ML	100	ML	PC	IV	ML	200	MG	0.01	07/29/2004	99/99/9999						
00338-9159-30		J7040		09/10/2018	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (MINI-BAG PLUS) 0.9%	100	ML		IV	ML	500	ML	0.002	09/10/2018	99/99/9999						
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						
00378-0302-01		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						
00378-2045-01		J7507		09/23/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	EA	PO	EA	1	MG	0.5	09/23/2010	99/99/9999						
00378-2046-05		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						
00378-2250-01		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						
00143-9850-01		J2930		10/24/2019	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 500 MG	1	EA	VL	IJ	EA	125	MG	4	10/24/2019	99/99/9999						
00143-9890-10		J2405		09/14/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (USP,MULTIDOSE) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	09/14/2016	99/99/9999						
00143-9935-01		J0698		11/19/2015	08/23/2018	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP,PHARMACY BULK) 10 GM	1	EA	VL	IV	EA	1	GM	10	11/19/2015	08/23/2018						
00169-1834-11		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999						
00169-3201-11		J1817		09/29/2017	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	FIASP 100 U/1 ML	10	ML	VL	IJ	ML	50	U	2	09/29/2017	99/99/9999						
00169-3685-12		J1815		02/10/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MIX 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	02/10/2003	99/99/9999						
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						
00409-2596-05		J2250		01/11/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL, FLIPTOP) 5 MG/ML	10	ML	VL	IJ	ML	1	MG	5	01/11/2006	99/99/9999						
00409-2596-52		J2250		01/23/2006	01/14/2020	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	NOVAPLUS MIDAZOLAM HYDROCHLORIDE (10X5ML) 5 MG/ML	5	ML	VL	IJ	ML	1	MG	5	01/23/2006	01/14/2020						
00409-2596-53		J2250		09/27/2005	01/14/2020	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FTV,10X10ML,LATEX-FREE) 5 MG/ML	10	ML	VL	IJ	ML	1	MG	5	09/27/2005	01/14/2020						
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						
00409-2987-13		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						
00409-3380-31		J3490		09/01/2005	11/03/2013	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (LATEX-FREE) 50 MCG/ML	1	ML	AM	IJ	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	IJ	ML	1	EA	1	11/03/2005	08/01/2015						
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	IJ	ML	4	MG	0.5	06/27/2018	99/99/9999						
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						
00024-0793-75		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						
00024-5860-01		J9027		12/15/2014	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOLAR (SINGLE-USE VIAL,PF) 1 MG/ML	20	ML	VL	IV	ML	1	MG	1	12/15/2014	99/99/9999						
00024-5926-05		J1817		01/28/2019	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	ADMELOG 100 U/1 ML	3	ML	VL	IJ	ML	50	UNITS	2	01/28/2019	99/99/9999						
00026-8196-36		J0365		01/01/2006	01/29/2016	INJECTION, APROTONIN, 10,000 KIU	TRASYLOL 10000 KIU/ML	100	ML	VL	IV	ML	10000	KIU	1	01/01/2006	01/29/2016						
00026-8197-63		J0365		01/01/2006	01/29/2016	INJECTION, APROTONIN, 10,000 KIU	TRASYLOL 10000 KIU/ML	200	ML	VL	IV	ML	10000	KIU	1	01/01/2006	01/29/2016						
00029-6571-26		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						
00029-6571-31		J3490		01/01/2002	11/21/2014	UNCLASSIFIED DRUGS	TIMENTIN (PREMIX) 100 MG/100 ML-3 GM/100 ML	100	ML	FC	IV	ML	1	EA	1	01/01/2002	11/21/2014						
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						
00378-3547-52		J8999		07/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE (U.S.P.) 50 MG	25	EA	BO	PO	EA	1	EA	1	07/01/2005	99/99/9999						
00378-4472-01		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						
00378-5261-98		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						
00378-5262-98		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						
00378-5263-98		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00172-6406-49	KO	J7631	KO	01/01/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	01/01/2002	99/99/9999						
00172-7313-20		J7502		04/14/2005	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (USP,MODIFIED) 100 MG/ML	50	ML	BO	PO	ML	100	MG	1	04/14/2005	99/99/9999						
00173-0362-38		J2780		01/01/2002	11/30/2014	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC (VIAL) 25 MG/ML	2	ML	VL	IJ	ML	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	IJ	ML	25	MG	1	01/01/2002	12/09/2013						
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						
00173-0447-04		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						
00409-3470-23		J3260		09/26/2005	04/01/2014	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	SODIUM CHLORIDE/TOBRAMYCIN SULFATE (PREMIX,24X100ML) 0.9%-80 MG/100 ML	100	ML	FC	IV	ML	80	MG	0.01	09/26/2005	04/01/2014						
00409-3595-01		J0698		01/22/2018	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	25	EA	VL	IJ	EA	1	GM	1	01/22/2018	99/99/9999						
00409-3795-01		J1885		01/06/2006	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LATEX-FREE) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	01/06/2006	99/99/9999						
00409-4031-01		J2150		10/19/2004	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (VIAL, FLIPTOP) 25%	50	ML	VL	IV	ML	50	ML	0.02	10/19/2004	99/99/9999						
00409-4089-02		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						
00409-4197-01		J3490		03/31/2005	09/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL,BULK,LATEX-FREE) 150 MG/ML	60	ML	VL	IJ	ML	1	EA	1	03/31/2005	09/02/2015						
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						
00039-0019-10		J0698		01/01/2002	01/31/2016	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 2 GM	1	EA	VL	IJ	EA	1	GM	2	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	IJ	EA	1	GM	1	01/01/2002	07/01/2015						
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						
00051-0021-21		Q0167		01/01/2002	12/30/2019	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	01/01/2002	12/30/2019						
00051-0022-21		Q0167		01/01/2014	12/30/2019	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL (SOFT GELATIN) 5 MG	60	EA	BO	PO	EA	2.5	MG	2	01/01/2014	12/30/2019						
00051-0022-21		Q0168		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 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	5	MG	1	08/14/2006	12/31/2013						
00051-0023-21		Q0167		01/01/2014	12/30/2019	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL (SOFTGEL) 10 MG	60	EA	BO	PO	EA	2.5	MG	4	01/01/2014	12/30/2019						
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						
00378-7732-93		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						
00378-7970-52		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						
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						
00173-0739-00		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						
00173-0821-02		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
00186-1989-04		J7626		01/01/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	01/01/2002	99/99/9999						
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						
00409-4274-01		J3490		03/31/2006	08/05/2016	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,STERILE,USP,5X20ML) 0.75%	20	ML	AM	IJ	ML	1	EA	1	03/31/2006	08/05/2016						
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						
00409-4332-01		J3370		04/25/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,FLIPTOP) 500 MG	1	EA	VL	IV	EA	500	MG	1	04/25/2005	99/99/9999						
00409-4332-49		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						
00409-4684-02		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						
00409-4688-12		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						
00409-4765-86		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						
00051-0023-21		Q0168		01/01/2002	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) 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2013						
00052-0602-02		J9030		07/01/2019	99/99/9999	BCG LIVE INTRAVESICAL INSTILLATION, 1MG	TICE BCG (VIAL) 800 Million CFU	1	EA	VL	IL	EA	1	MG	50	07/01/2019	99/99/9999						
00052-0602-02		J9031		01/01/2002	06/30/2019	BCG (INTRAVESICAL) PER INSTILLATION	TICE BCG (VIAL) 800 Million CFU	1	EA	VL	IL	EA	1	INSTILLATION	1	01/01/2002	06/30/2019						
00052-0603-02		J9031		01/01/2002	06/30/2019	BCG (INTRAVESICAL) PER INSTILLATION	BCG VACCINE (VIAL)	1	EA	VL	ID	EA	1	INSTILLATION	1	01/01/2002	06/30/2019						
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	2	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	10	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	2	12/01/2004	12/31/2015						
00186-1989-04	KO	J7626	KO	01/01/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	01/01/2002	99/99/9999						
00206-8854-16		J2543		03/06/2006	07/15/2020	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (SDV,10X50ML) 3 GM/50 ML-0.375 GM/50 ML	1	EA	VL	IV	EA	1	GM	3	03/06/2006	07/15/2020						
00206-8861-02		J2543		01/09/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (24 PRE-MIX BAGS OF 50ML) 3 GM/50 ML-0.375 GM/50 ML	50	ML	PC	IV	ML	1	GM	0.06	01/09/2006	99/99/9999						
00206-8862-02		J2543		01/09/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN 4 GM/100 ML-0.5 GM/100 ML	100	ML	PC	IV	ML	1	GM	0.04	01/09/2006	99/99/9999						
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						
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						
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						
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						
00378-9690-52		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						
00406-0672-52		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
00406-1395-04		J3520		01/01/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	99/99/9999						
00406-1510-57		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						
00406-1521-56		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						
00406-6838-06		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						
00406-6858-04		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						
00406-8050-03		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						
00409-0106-01		J0878		01/04/2017	12/17/2019	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	01/04/2017	12/17/2019						
00409-0368-01		J9171		12/08/2017	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	12/08/2017	99/99/9999						
00409-0801-01		J9268		07/20/2007	99/99/9999	INJECTION, PENTOSTATIN, 10 MG	NIPENT (SDV) 10 MG	1	EA	VL	IV	EA	10	MG	1	07/20/2007	99/99/9999						
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						
00264-2201-70		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						
00264-3103-11		J0690		03/05/2003	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (DUPLEX) 1 GM/50 ML-4%	50	ML	FC	IV	ML	500	MG	0.04	03/05/2003	99/99/9999						
00264-3185-11		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						
00264-4002-55		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						
00264-7510-10		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						
00054-0017-29		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	500	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00054-0018-25		J7506		10/14/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	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	20	01/01/2016	99/99/9999						
00054-0470-21		J7527		03/10/2020	99/99/9999	EVEROLIMUS, ORAL, 0. 25 MG	EVEROLIMUS 0.25 MG	60	EA	BO	PO	EA	0.25	MG	1	03/10/2020	99/99/9999						
00054-3026-02		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	0.2	01/01/2002	04/03/2014						

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
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	0.2	01/01/2002	04/03/2014						
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	1	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	5	01/01/2016	99/99/9999						
00409-1007-01		J2501		01/01/2018	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (LATEX-FREE) 0.002 MG/1 ML	1	ML	VL	IV	ML	1	MCG	2	01/01/2018	99/99/9999						
00409-1036-30		J0670		03/21/2006	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE 1%	30	ML	VL	IJ	ML	10	ML	0.1	03/21/2006	99/99/9999						
00409-1041-30		J0670		04/26/2006	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE (PF) 1.5%	30	ML	VL	IJ	ML	10	ML	0.1	04/26/2006	99/99/9999						
00409-1112-01		J0594		02/28/2019	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SINGLE-USE) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	02/28/2019	99/99/9999						
00409-1141-02		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						
00409-1160-01		J3490		04/12/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,FLIPTOP,LATEX-FREE) 0.25%	50	ML	VL	IJ	ML	1	EA	1	04/12/2005	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	IJ	ML	100	MG	0.75	12/08/2005	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						
00264-7520-10		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						
00264-7605-10		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						
00264-7610-10		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						
00264-7614-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.33%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7750-00		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						
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			
00409-4887-50		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						
00409-5082-52		J0713		10/04/2005	03/01/2016	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF 1 GM	1	EA	VL	IJ	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	IJ	EA	500	MG	4	12/05/2005	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	IJ	EA	500	MG	12	10/04/2005	03/24/2016						
00409-5685-02		J2930		11/01/2005	10/17/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	A-METHAPRED (UNIVIAL,LATEX-FREE) 125 MG	1	EA	VL	IJ	EA	125	MG	1	11/01/2005	10/17/2016						
00409-6028-04		J2270		01/01/2015	05/15/2020	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SDV,30MLX10,PF) 5 MG/ML	30	ML	VL	IV	ML	10	MG	0.5	01/01/2015	05/15/2020						
00054-4084-25		J7500		01/01/2002	04/01/2017	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	04/01/2017						
00054-4179-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	100	EA	BO	PO	EA	0.25	MG	2	01/01/2006	99/99/9999						
00054-4184-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999						
00054-4550-15		None		09/27/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	09/27/1994	99/99/9999						
00054-4550-25		None		09/27/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	09/27/1994	99/99/9999						
00054-4581-27		J8999		02/19/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE (USP) 50 MG	250	EA	BO	PO	EA	1	EA	1	02/19/2004	99/99/9999						
00054-4604-25		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	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015						
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	IJ	ML	80	MG	0.5	08/30/2005	99/99/9999						
00409-1254-01		J2175		03/20/2006	07/02/2020	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL (25X1.5ML) 50 MG/ML	1.5	ML	AM	IJ	ML	100	MG	0.5	03/20/2006	07/02/2020						
00409-1281-35		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,CARPUJECT) 100 U/ML	5	ML	CR	IV	ML	10	U	10	10/01/2009	99/99/9999						
00409-1312-10		J1170		10/01/2010	02/19/2020	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,ISECURE SINGLE-DOSE) 2 MG/ML	10	EA	SR	IJ	ML	4	MG	0.5	10/01/2010	02/19/2020						
00409-1312-30		J1170		07/07/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (10X1ML,LLK,SLIM PK) 2 MG/ML	1	ML	CR	IJ	ML	4	MG	0.5	07/07/2005	99/99/9999						
00409-1391-22		J2185		10/08/2019	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (LATEX-FREE) 1 GM	10	EA	VL	IV	EA	100	MG	10	10/08/2019	99/99/9999						
00409-1412-10		J3490		06/29/2006	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (MDV,USP,10X10ML) 0.25 MG/ML	10	ML	VL	IJ	ML	1	EA	1	06/29/2006	99/99/9999						
00409-1464-01		J2300		07/13/2005	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (25X10ML) 10 MG/ML	10	ML	VL	IJ	ML	10	MG	1	07/13/2005	99/99/9999						
00264-7751-10		J7120		01/01/2002	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5%/LACTATED RINGERS (EXCEL)	500	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	DEXTROSE 5%/LACTATED RINGERS (EXCEL)	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999						
00264-7800-00		J7030		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (EXCEL) 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999						
00264-7805-10		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						
00264-7850-00		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						
00264-9872-10		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE 200 U/100 ML-0.9%	500	ML	FC	IV	ML	1000	U	0.002	01/01/2002	99/99/9999						
00310-0482-30		J8565		01/01/2005	99/99/9999	GEFITINIB, ORAL, 250 MG	IRESSA 250 MG	30	EA	BO	PO	EA	250	MG	1	07/14/2015	99/99/9999	01/01/2005	01/01/2012	1			
00338-0004-04		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						
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						
00409-6062-02		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						
00409-6482-01		J1364		05/23/2005	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	05/23/2005	99/99/9999						
00409-6509-49		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						
00409-6533-31		J3370		01/16/2020	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVAPLUS (SDV,FLIPTOP,USP,PF) 1 GM	10	EA	VL	IV	EA	500	MG	2	01/16/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-6535-49		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						
00409-6562-01		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						
00054-4728-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00054-4741-31		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 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	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	1000	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999						
00054-8175-25		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						
00054-8724-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (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	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 5 MG	100	EA	BX	PO	EA	1	MG	5	01/01/2016	99/99/9999						
00054-8739-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (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	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 1 MG	100	EA	BX	PO	EA	1	MG	1	01/01/2016	99/99/9999						
00409-1513-02		J3480		06/16/2005	06/01/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (12X250ML,LATEX-FREE) 2 MEQ/ML	250	ML	VL	IV	ML	2	MEQ	1	06/16/2005	06/01/2016						
00409-1522-01		J7060		04/11/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X150ML) 5%	150	ML	GC	IV	ML	500	ML	0.002	04/11/2005	99/99/9999						
00409-1522-02		J7060		03/09/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X250ML) 5%	250	ML	GC	IV	ML	500	ML	0.002	03/09/2005	99/99/9999						
00409-1522-03		J7060		06/16/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X500ML) 5%	500	ML	GC	IV	ML	500	ML	0.002	06/16/2005	99/99/9999						
00409-1523-01		J7060		09/16/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (50/150ML PART FILL) 5%	50	ML	GC	IV	ML	500	ML	0.002	09/16/2005	99/99/9999						
00409-1535-03		J7799		09/08/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML) 20%	500	ML	GC	IV	ML	1	EA	1	09/08/2005	99/99/9999						
00409-1539-31		J2060		12/23/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML, LUER LOCK) 4 MG/ML	1	ML	CR	IJ	ML	2	MG	2	12/23/2005	99/99/9999						
00338-0017-01		J7060		01/01/2002	09/30/2015	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	150	ML	FC	IV	ML	500	ML	0.002	01/01/2002	09/30/2015						
00338-0017-02		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	250	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-03		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	500	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0017-10		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (QUAD PACK, MINI-BAG) 5%	25	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0047-29		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						
00338-0049-01		J7050		01/01/2002	09/30/2015	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE 0.9%	150	ML	FC	IV	ML	250	ML	0.004	01/01/2002	09/30/2015						
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						
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						
00409-6729-09		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						
00409-6729-24		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						
00409-6781-02		J2060		01/23/2006	12/08/2017	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P., 10X10ML) 4 MG/ML	10	ML	VL	IJ	ML	2	MG	2	01/23/2006	12/08/2017						
00409-7076-26		J3480		02/08/2006	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (USP,100MLX24) 30 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.15	02/08/2006	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						
00409-7101-67		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						
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						
00069-0314-10		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						
00069-0983-01		J9315		01/04/2018	07/02/2020	INJECTION, ROMIDEPSIN, 1 MG	ROMIDEPSIN (W/DILUENT) 10 MG	1	EA	VL	IV	EA	1	MG	10	01/04/2018	07/02/2020						
00069-3060-86		Q0144		01/01/2002	03/19/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	50	EA	BX	PO	EA	1	GM	0.25	01/01/2002	03/19/2020						
00069-3070-30		Q0144		08/06/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 500 MG	30	EA	BO	PO	EA	1	GM	0.5	08/06/2002	99/99/9999						
00069-3070-86		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						
00409-1560-10		J3490		08/31/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	10	ML	VL	IJ	ML	1	EA	1	08/31/2005	99/99/9999						
00409-1560-29		J3490		08/05/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	30	ML	VL	IJ	ML	1	EA	1	08/05/2005	99/99/9999						
00409-1590-02		A4217		08/05/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (12X250ML,PF,LATEX-FREE)	250	ML	GC	IV	ML	500	ML	0.002	08/05/2005	99/99/9999						
00409-1623-01		J0595		09/20/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 1 MG/ML	1	ML	VL	IJ	ML	1	MG	1	09/20/2005	99/99/9999						
00409-1623-49		J0595		10/19/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE NOVATION (10X1ML) 1 MG/ML	1	ML	VL	IJ	ML	1	MG	1	10/19/2005	99/99/9999						
00409-1626-49		J0595		05/24/2006	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	NOVAPLUS BUTORPHANOL TARTRATE (VHA,10X1ML) 2 MG/ML	1	ML	VL	IJ	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	IJ	ML	1	MG	2	12/08/2005	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						
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						
00338-0049-10		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						
00338-0056-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 5%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00338-0062-30		J7060		06/10/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (VIAFLO,PF,LATEX-FREE) 5%	250	ML	FC	IV	ML	500	ML	0.002	06/10/2019	99/99/9999						
00338-0063-01		Q2050		10/01/2019	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXIL (STEALTH LIPOSOME, SDV) 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	10/01/2019	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						
00409-7120-07		J7799		07/06/2005	12/19/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (6X2000ML,LATEX-FREE) 70%	2000	ML	FC	IV	ML	1	EA	1	07/06/2005	12/19/2019						
00409-7132-02		J7799		05/26/2006	01/30/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (USP,ADD-VANTAGE) 0.45%	250	ML	FC	IV	ML	1	EA	1	05/26/2006	01/30/2020						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7132-66		J7799		09/12/2005	10/09/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (ADD-VANTAGE,LATEX-FREE) 0.45%	50	ML	FC	IV	ML	1	EA	1	09/12/2005	10/09/2019						
00409-7139-09		A4217		03/02/2005	03/13/2020	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE W/HANGER,PF)	1000	ML	PC	IR	ML	500	ML	0.002	03/02/2005	03/13/2020						
00409-7241-10		J0171		09/01/2016	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE (INNER NDC) 1 MG/1 ML	1	ML	AM	IJ	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	IJ	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	IJ	EA	250	MG	4	07/20/2005	99/99/9999						
00409-7332-20		J0696		04/30/2018	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP) 1 GM	10	EA		IJ	EA	250	MG	4	04/30/2018	99/99/9999						
00069-4061-01		Q0144		04/20/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (FILM COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	04/20/2020	99/99/9999						
00074-1658-01		J2501		01/01/2003	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	ZEMPLAR (S.D.V.,FLIPTOP) 0.005 MG/ML	1	ML	VL	IV	ML	1	MCG	5	01/01/2003	99/99/9999						
00074-2108-03		J1950		08/03/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT-PED (LYOPHILIZED) 7.5 MG	1	EA	BX	IM	EA	3.75	MG	2	08/03/2009	99/99/9999						
00074-2282-03		J1950		04/03/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT-PED (LYOPHILIZED) 11.25 MG	1	EA	BX	IM	EA	3.75	MG	3	04/03/2009	99/99/9999						
00074-2287-54		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	IJ	ML	15	MG	2	01/01/2002	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						
00074-3663-03		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						
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						
00409-1891-11		J2274		01/01/2015	02/19/2020	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (ISECURE SINGLE USE) 4 MG/ML	1	ML	SR	IV	ML	10	MG	0.4	01/01/2015	02/19/2020						
00409-1891-11		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						
00409-2043-02		J1245		03/31/2005	10/05/2016	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (AMP,UNI-NEST,LATEX-FREE) 5 MG/ML	2	ML	AM	IV	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	IJ	ML	10	ML	0.1	09/22/2006	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	IJ	ML	15	MG	1	08/29/2005	03/01/2015						
00409-2337-25		J0895		03/21/2005	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (VIAL,LATEX-FREE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	03/21/2005	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						
00338-0117-02		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						
00338-0125-04		J7120		01/01/2002	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S/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 RINGER'S AND 5% DEXTROSE (VIAFLEX, 14X1000ML)	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	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						
00338-0433-04		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE 200 U/100 ML-0.9%	1000	ML	FC	IV	ML	1000	U	0.002	01/01/2002	99/99/9999						
00409-7517-16		J7799		12/07/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (ANSYR II,LATEX-FREE) 50%	50	ML	SR	IV	ML	1	EA	1	12/07/2005	99/99/9999						
00409-7620-59		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						
00409-7666-62		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						
00409-7677-13		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						
00409-7730-36		J7799		07/11/2005	02/07/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (80X50ML,LATEX-FREE) 0.45%	50	ML	FC	IV	ML	1	EA	1	07/11/2005	02/07/2020						
00409-7760-03		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						
00409-7809-24		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						
00074-3799-06		J0135		10/01/2014	05/08/2019	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PEDIATRIC,PF) 40 MG/0.8 ML	6	EA	BX	MR	EA	20	MG	2	10/01/2014	05/08/2019						
00074-4141-03		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	40	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 (VIAL, FLIPTOP) 500 MG	1	EA	VL	IV	EA	500	MG	1	03/01/2009	02/03/2016	01/01/2002	04/24/2005	1			
00074-4339-07		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						
00074-4911-34		J0461		01/01/2010	02/03/2016	INJECTION, ATROPINE SULFATE, 0.01 MG	ATROPINE SULFATE (LIFESHIELD, 21GX1-1/2) 0.1 MG/ML	10	ML	SR	IJ	ML	0.01	MG	10	01/01/2010	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						
00074-6347-02		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						
00409-2346-34		J1250		02/07/2006	10/05/2016	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE IN DEXTROSE (12X500ML,LIFECARE) 5%-100 MG/100 ML	500	ML	FC	IV	ML	250	MG	0.004	02/07/2006	10/05/2016						
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	IJ	ML	120	MG	1.08333	09/07/2005	04/28/2016						
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	IJ	ML	1000	U	2.5	07/01/2005	99/99/9999						
00409-2587-05		J2250		01/27/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE (10X10ML,FLIPTOPVIAL) 1 MG/ML	10	ML	VL	IJ	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	IJ	ML	1	MG	1	03/07/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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			
00409-3380-49		J3490		11/29/2005	02/23/2015	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE NOVAPLUS (AMP,PF,LATEX-FREE) 50 MCG/ML	1	ML	AM	IJ	ML	1	EA	1	11/29/2005	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	IJ	ML	1	EA	1	10/12/2005	02/23/2015						
00338-0507-48		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (24X100ML) 1.2 MG/ML-0.9%	100	ML	FC	IV	ML	80	MG	0.015	01/01/2002	99/99/9999						
00338-0509-41		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE 1.6 MG/ML-0.9%	50	ML	FC	IV	ML	80	MG	0.02	01/01/2002	99/99/9999						
00338-0511-41		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE 2 MG/ML-0.9%	50	ML	FC	IV	ML	80	MG	0.025	01/01/2002	99/99/9999						
00338-0719-06		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						
00338-0811-04		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						
00338-0811-04		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	POTASSIUM CHLORIDE SOLUTION (5%,DEXTROSE & LAC-RING) (14X1000ML)	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999						
00338-1007-02		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						
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						
00409-7811-37		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						
00409-7881-13		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						
00409-7922-02		J7060		04/05/2005	12/04/2019	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	250	ML	FC	IV	ML	500	ML	0.002	04/05/2005	12/04/2019						
00409-7922-03		J7060		02/25/2005	06/09/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	500	ML	FC	IV	ML	500	ML	0.002	02/25/2005	06/09/2020						
00409-7922-30		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						
00409-7922-55		J7060		10/31/2006	12/19/2019	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (18X500ML,LATEX-FREE) 5%	500	ML	FC	IV	ML	500	ML	0.002	10/31/2006	12/19/2019						
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						
00075-0621-61		J1650		03/11/2008	04/01/2015	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X0.6ML,SINGLE-DOSE,PF) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	03/11/2008	04/01/2015						
00075-0622-81		J1650		03/11/2008	04/01/2015	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X0.8ML,SINGLE-DOSE,PF) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	03/11/2008	04/01/2015						
00075-0626-03		J1650		03/07/2003	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (VIAL,MULTIPLE DOSE VIAL) 100 MG/ML	3	ML	VL	SC	ML	10	MG	10	03/07/2003	99/99/9999						
00075-2451-01		J2597		01/01/2002	04/14/2015	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP (AMP) 4 MCG/ML	1	ML	AM	IJ	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	IJ	ML	1	MCG	4	01/01/2002	05/09/2015						
00078-0109-01		J7516		01/01/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	SANDIMMUNE (AMP) 50 MG/ML	5	ML	AM	IV	ML	250	MG	0.2	01/01/2002	99/99/9999						
00078-0240-15		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						
00409-3382-25		J3490		10/19/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (USP,10X5ML) 50 MCG/ML	5	ML	VL	IJ	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						
00409-3613-01		J3490		01/07/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE SPINAL AMPUL (AMP,LATEX-FREE) 0.25%	2	ML	AM	IJ	ML	1	EA	1	01/07/2005	99/99/9999						
00409-3715-01		J3490		01/01/2018	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN (PF,LATEX-FREE) 10 GM	10	EA	VL	IV	EA	1	EA	1	01/01/2018	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	IJ	EA	500	MG	1	08/07/2017	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	IJ	EA	500	MG	20	08/07/2017	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						
00338-1055-48		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						
00338-6010-48		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						
00338-6045-37		J1450		07/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (INTRAVIA CONTAINER) 400 MG/200 ML	200	ML	PC	IV	ML	200	MG	0.01	07/29/2004	99/99/9999						
00338-9147-30		J7060		01/28/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MINI-BAG PLUS) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/28/2019	99/99/9999						
00338-9576-12		J0583		05/01/2018	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN-SODIUM CHLORIDE 500 MG/100 ML-0.9%	100	ML	BG	IV	ML	1	MG	5	05/01/2018	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						
00378-0642-05		J7512		02/06/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	1	MG	20	02/06/2020	99/99/9999						
00409-7922-61		J7060		08/05/2005	01/02/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,32X150ML) 5%	150	ML	FC	IV	ML	500	ML	0.002	08/05/2005	01/02/2020						
00409-7923-20		J7060		06/17/2005	04/09/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,48X25ML) 5%	25	ML	FC	IV	ML	500	ML	0.002	06/17/2005	04/09/2020						
00409-7925-09		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	01/02/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.45%	250	ML	FC	IV	ML	1	EA	1	08/30/2005	01/02/2020						
00409-7926-03		J7799		06/07/2005	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						
00409-7926-30		J7799		04/14/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (VISIV CONTAINER) 5%-0.45%	500	ML	FC	IV	ML	1	EA	1	04/14/2006	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						
00078-0241-61		J7502		01/05/2012	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	SANDIMMUNE (INNER PACK, SOFTGEL) 100 MG	1	EA	BP	PO	EA	100	MG	1	01/05/2012	99/99/9999						
00078-0341-61		J2353		08/18/2004	09/23/2015	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (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, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1&1/2"X19G,PFS) 30 MG	1	EA	BX	IM	EA	1	MG	30	07/14/2004	09/23/2015						
00078-0386-66		J7518		01/01/2005	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYFORTIC (K-30,FILM-COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	01/01/2005	99/99/9999						
00078-0415-20		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						
00078-0422-61		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00078-0467-61		J0895		01/05/2012	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL (INNER PACK) 500 MG	1	EA	VL	IJ	EA	500	MG	1	01/05/2012	99/99/9999						
00078-0494-71		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						
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	IJ	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	IJ	ML	15	MG	2	09/21/2005	04/01/2016						
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	IJ	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	IJ	ML	10	MG	0.05	07/19/2005	12/31/2014						
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						
00409-4051-01		J3490		05/31/2005	09/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL,FLIPTOP,LATEX-FREE) 150 MG/ML	4	ML	VL	IJ	ML	1	EA	1	05/31/2005	09/02/2015						
00409-4052-01		J3490		07/05/2005	09/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (25X6ML,LATEX-FREE) 150 MG/ML	6	ML	VL	IJ	ML	1	EA	1	07/05/2005	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	IJ	ML	1	EA	1	02/24/2005	09/02/2015						
00409-7941-03		J7042		09/20/2005	07/06/2020	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (24X500ML,LATEX-FREE) 5%-0.9%	500	ML	FC	IV	ML	5	%	0.002	09/20/2005	07/06/2020						
00409-7983-55		J7040		04/11/2005	03/23/2020	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (LIFECARE,2 PORTS,PC,LF) 0.9%	500	ML	FC	IV	ML	500	ML	0.002	04/11/2005	03/23/2020						
00409-7983-61		J7050		06/17/2005	01/02/2020	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,P.C.,32X150ML) 0.9%	150	ML	FC	IV	ML	250	ML	0.004	06/17/2005	01/02/2020						
00409-7990-09		A4217		09/02/2005	03/27/2020	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (LIFECARE,PF,LATEX-FREE)	1000	ML	FC	IV	ML	500	ML	0.002	09/02/2005	03/27/2020						
00409-8300-15		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	IJ	ML	0.1	MG	0.5	11/14/2005	99/99/9999						
00409-9094-28		J3010		02/14/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X10ML,FTV) 0.05 MG/ML	10	ML	VL	IJ	ML	0.1	MG	0.5	02/14/2006	99/99/9999						
00409-9104-20		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						
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						
00078-0618-05		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	02/20/2020	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (6ML VIAL) 20 MG	1	EA	VL	IM	EA	1	MG	20	01/05/2016	02/20/2020						
00078-0642-61		J2502		01/05/2016	02/20/2020	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (6ML VIAL) 40 MG	1	EA	VL	IM	EA	1	MG	40	01/05/2016	02/20/2020						
00078-0643-61		J2502		01/05/2016	02/20/2020	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (6ML VIAL) 60 MG	1	EA	VL	IM	EA	1	MG	60	01/05/2016	02/20/2020						
00078-0646-81		J2353		04/10/2015	05/09/2017	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1 1/2"X20G) 10 MG	1	EA	BX	IM	EA	1	MG	10	04/10/2015	05/09/2017						
00078-0675-15		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						
00409-4272-01		J3490		04/06/2006	02/01/2015	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,STERILE,USP,5X20ML) 0.25%	20	ML	AM	IJ	ML	1	EA	1	04/06/2006	02/01/2015						
00409-4273-01		J3490		06/28/2006	10/01/2015	UNCLASSIFIED DRUGS	BUPIVACAINE HYDROCHLORIDE (SINGLE-DOSE,5X20ML,PF) 0.5%	20	ML	AM	IJ	ML	1	EA	1	06/28/2006	10/01/2015						
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						
00409-4282-01		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	IJ	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	IJ	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	IJ	ML	10	MG	4	05/16/2005	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						
00378-3547-25		J8999		07/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE (U.S.P.) 50 MG	250	EA	BO	PO	EA	1	EA	1	07/01/2005	99/99/9999						
00378-5260-98		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						
00378-6960-93		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						
00378-6989-93		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						
00378-8712-73		J8499		10/10/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (BANANA) 200 MG/5 ML	473	ML		PO	ML	1	EA	1	10/10/2018	99/99/9999						
00409-9735-10		J0692		07/21/2020	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP;SDV) 2 GM	10	EA	VL	IJ	EA	500	MG	4	07/21/2020	99/99/9999						
00463-1015-30		J3420		01/01/2002	02/03/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITAMIN B12 (VIAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	01/01/2002	02/03/2016						
00463-1094-30		J3420		01/01/2002	01/01/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	HYDROXOCOBALAMIN (VIAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	01/01/2002	01/01/2016						
00463-1104-10		J0500		01/01/2002	01/01/2016	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOCOT (VIAL) 10 MG/ML	10	ML	VL	IM	ML	20	MG	0.5	01/01/2002	01/01/2016						
00469-0617-73		J7507		02/13/2002	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 1 MG	100	EA	BO	PO	EA	1	MG	1	02/13/2002	99/99/9999						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00078-0741-81		J2502		08/23/2018	99/99/9999	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SIGNIFOR LAR (SINGLE USE) 30 MG	1	EA	BX	IM	EA	1	MG	30	08/23/2018	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						
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	IJ	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	IJ	ML	3	MG	1	01/01/2002	02/28/2018						
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	IJ	ML	1	MU	10	01/01/2002	99/99/9999						
00085-1136-01		J1327		01/01/2002	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILIN (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	INTEGRILIN 0.75 MG/ML	100	ML	VL	IV	ML	5	MG	0.15	08/18/2014	99/99/9999						
00409-4348-35		J0282		09/27/2006	08/01/2015	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE (3MLX10,SINGLE-DOSE) 50 MG/ML	3	ML	AM	IV	ML	30	MG	1.66666	09/27/2006	08/01/2015						
00409-4688-18		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						
00409-4688-28		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						
00409-4699-30		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						
00409-4699-61		J3490		12/01/2007	08/26/2014	UNCLASSIFIED DRUGS	AMERINET CHOICE PROPOFOL (5X20ML,SDV,PF) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	12/01/2007	08/26/2014						
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	IJ	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	IJ	ML	1	MG	2	12/26/2006	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						
00378-9691-52		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						
00406-1510-56		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						
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	ML	AM	IV	ML	5	MG	1	01/01/2002	99/99/9999						
00469-8234-12		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 (ANSYR,LUER LOK) 3 MG/ML	2	ML	SR	IV	ML	6	MG	0.5	06/14/2002	12/31/2014						
00469-8234-12		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOCARD (ANSYR,LUER LOK) 3 MG/ML	2	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						
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/SRN/DILUENT,PF) 150 MCG	1	EA	BX	MR	EA	1	EA	1	01/01/2002	10/28/2015						
00085-1297-01		J3490		02/02/2004	03/31/2015	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 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,REDIPEN) 120 MCG	1	EA	BX	MR	EA	1	EA	1	03/07/2005	08/31/2016						
00085-1316-01		J3490		02/02/2004	03/31/2015	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 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,REDIPEN) 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,REDIPEN) 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,REDIPEN) 50 MCG	1	EA	BX	MR	EA	1	EA	1	03/07/2005	04/30/2015						
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	IJ	ML	10	MG	1.5	02/06/2006	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						
00409-4856-05		J1720		06/27/2006	06/15/2017	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	A-HYDROCORT (SINGLE-DOSE) 100 MG	10	EA	VL	IJ	EA	100	MG	1	06/27/2006	06/15/2017						
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	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED 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	10/18/2017	INJECTION, LINEZOLID, 200MG	LINEZOLID 2 MG/ML	300	ML	FC	IV	ML	200	MG	0.01	07/07/2015	10/18/2017						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
00406-8642-12		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						
00409-0212-01		J2260		04/06/2015	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (SDV,PF) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	04/06/2015	99/99/9999						
00409-0212-02		J2260		04/06/2015	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (SDV,PF) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	04/06/2015	99/99/9999						
00409-0212-03		J2260		04/06/2015	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (SDV,PF) 1 MG/ML	50	ML	VL	IV	ML	5	MG	0.2	04/06/2015	99/99/9999						
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						
00487-0301-01		J7613		07/19/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,LDPE VIAL,PF) 0.63 MG/3 ML	30	EA	PC	IH	ML	1	MG	0.21	07/19/2010	99/99/9999						
00487-0301-01	KO	J7613	KO	07/19/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,LDPE VIAL,PF) 0.63 MG/3 ML	30	EA	PC	IH	ML	1	MG	0.21	07/19/2010	99/99/9999						
00487-4301-10		J7040		07/16/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (PF,LATEX-FREE) 0.9%	100	ML		IV	ML	500	ML	0.002	07/16/2020	99/99/9999						
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						
00085-1370-01		J3490		02/02/2004	03/31/2015	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 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,REDIPEN) 150 MCG	1	EA	BX	MR	EA	1	EA	1	03/07/2005	07/31/2015						
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						
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						
00093-2013-12		J3030		07/20/2016	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE 4 MG/0.5 ML	0.5	ML	SR	SC	ML	6	MG	1.33333	07/20/2016	99/99/9999						
00093-4145-56		J7614		12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	12/14/2018	99/99/9999						
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						
00409-4888-50		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						
00409-5082-16		J0713		10/24/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (LATEX-FREE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	10/24/2005	99/99/9999						
00409-5084-51		J0713		10/04/2005	11/01/2015	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF 2 GM	1	EA	VL	IJ	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	IV	EA	500	MG	12	04/19/2006	99/99/9999						
00409-5921-01		J0280		04/25/2005	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (VIAL,FLIPTOP,25X10ML) 25 MG/ML	10	ML	VL	IV	ML	250	MG	0.1	04/25/2005	99/99/9999						
00409-5922-01		J0280		12/24/2004	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (VIAL, FLIPTOP,ABBOJECT) 25 MG/ML	20	ML	VL	IV	ML	250	MG	0.1	12/24/2004	99/99/9999						
00409-6138-03		A4217		06/01/2005	01/24/2020	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (USP,AQUALITE,PF) 0.9%	500	ML	PC	IR	ML	500	ML	0.002	06/01/2005	01/24/2020						
00409-0323-20		J9040		04/02/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE NOVAPLUS (S.D.V.) 30 U	1	EA		IJ	EA	15	U	2	04/02/2018	99/99/9999						
00409-0332-20		J9040		04/02/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE NOVAPLUS (S.D.V.) 15 U	1	EA		IJ	EA	15	U	1	04/02/2018	99/99/9999						
00409-0805-11		J0690		12/15/2015	07/02/2020	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (INNER NDC) 1 GM	1	EA	VL	IJ	EA	500	MG	2	12/15/2015	07/02/2020						
00409-1081-51		A4216		12/27/2006	09/11/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (THERMOJECT, 25X10ML) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	12/27/2006	09/11/2016						
00409-1082-01		J7060		04/25/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (THERMOJECT KIT) 5%	10	ML	VL	IV	ML	500	ML	0.002	04/25/2005	99/99/9999						
00409-1130-02		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						
00409-1134-05		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LATEX-FREE) 50 MG/ML	50	ML	VL	IJ	ML	10	MG	5	01/01/2015	99/99/9999						
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 (VIAL) 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						
00093-4145-56	KO	J7614	KO	12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	12/14/2018	99/99/9999						
00093-4148-56		J7614		12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	12/14/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00093-4148-56	KO	J7614	KO	12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (6X5,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	12/14/2018	99/99/9999						
00093-5510-06		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						
00093-6118-16		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						
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						
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	IJ	ML	10	MG	2.5	07/14/2005	99/99/9999						
00409-6476-44		J1364		03/10/2006	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (ADD-VANTAGE VIAL,PF) 500 MG	1	EA	VL	IV	EA	500	MG	1	03/10/2006	99/99/9999						
00409-6509-01		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						
00409-6533-49		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						
00409-6535-01		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						
00409-6557-01		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						
00409-6635-01		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						
00409-1134-05		J2271		08/08/2005	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (LATEX-FREE) 50 MG/ML	50	ML	VL	IJ	ML	100	MG	0.5	08/08/2005	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						
00409-1161-01		J3490		10/18/2004	12/08/2017	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,LATEX-FREE) 0.5%	30	ML	AM	IJ	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	IJ	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	IJ	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	IJ	ML	1	EA	1	03/30/2005	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	IJ	ML	1	EA	1	05/24/2005	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	IJ	ML	100	MG	0.5	09/14/2005	99/99/9999						
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						
00487-9601-01		J7626		06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) .25MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.25	06/13/2016	99/99/9999						
00487-9601-01	KO	J7626	KO	06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) .25MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.25	06/13/2016	99/99/9999						
00487-9601-30		J7626		06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) .25MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.25	06/13/2016	99/99/9999						
00487-9601-30	KO	J7626	KO	06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30x2mL) .25MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.25	06/13/2016	99/99/9999						
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						
00093-7236-56		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) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	10/05/2016						
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						
00093-7599-57		None		08/12/2013	05/18/2020	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 5MG	5	EA	BO	PO	EA	5	MG	1	08/12/2013	05/18/2020						
00093-7601-57		None		08/12/2013	05/18/2020	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 100 MG	5	EA	BO	PO	EA	100	MG	1	08/12/2013	05/18/2020						
00093-7602-57		None		08/12/2013	05/18/2020	TEMODAR, 250 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 250 MG	5	EA	BO	PO	EA	250	MG	1	08/12/2013	05/18/2020						
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						
00409-6660-75		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						
00409-6729-23		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						
00409-6778-62		J2060		06/28/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML) 2 MG/ML	1	ML	VL	IJ	ML	2	MG	1	06/28/2005	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
00409-7074-26		J3480		04/25/2005	09/03/2019	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (P.C.,LATEX-FREE) 10 MEQ/100 ML	100	ML	PC	IV	ML	2	MEQ	0.05	04/25/2005	09/03/2019						
00409-7101-02		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						
00409-7111-09		J7120		08/05/2005	12/19/2019	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEX/LACT. RINGERS/POTASSIUM CHL (12X1000ML,LATEX-FREE)	1000	ML	FC	IV	ML	1000	ML	0.001	08/05/2005	12/19/2019						
00409-1180-69		J2175		09/14/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (CARPUJECT) 100 MG/ML	1	ML	SR	IJ	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	IJ	ML	100	MG	0.5	01/31/2006	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	IJ	ML	100	MG	1	03/09/2006	99/99/9999						
00409-1203-01		J2175		12/16/2005	07/02/2020	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (UNI-AMP, 5X5,LATEX-FREE) 50 MG/ML	0.5	ML	AM	IJ	ML	100	MG	0.5	12/16/2005	07/02/2020						
00409-1256-01		J2175		01/26/2006	07/02/2020	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (25X1ML,LATEX-FREE) 100 MG/ML	1	ML	AM	IJ	ML	100	MG	1	01/26/2006	07/02/2020						
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	IJ	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,SLIM PK, 10X1ML) 10 MG/ML	1	ML	SR	IJ	ML	10	MG	1	07/21/2005	03/01/2014						
00409-1280-35		J1642		03/03/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	5	ML	CR	IV	ML	10	U	1	03/03/2009	99/99/9999						
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						
00093-7639-41		None		08/12/2013	05/18/2020	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 180 MG	14	EA	BO	PO	EA	20	MG	9	08/12/2013	05/18/2020						
00093-7766-24		J7527		06/10/2020	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	EVEROLIMUS (4X7) 2.5 MG	28	EA	BO	PO	EA	0.25	MG	10	06/10/2020	99/99/9999						
00093-8940-01		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						
00093-8947-01		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						
00093-9643-01		Q0164		01/01/2002	08/06/2018	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	08/06/2018						
00113-0479-78		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						
00115-1689-74		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						
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						
00409-7113-09		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						
00409-7116-09		J3480		06/22/2005	06/02/2020	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (12X1000ML,LATEX-FREE) 4 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.02	06/22/2005	06/02/2020						
00409-7118-07		A4217		08/16/2005	12/19/2019	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (BULK PACKAGE,PF)	2000	ML	PC	IR	ML	500	ML	0.002	08/16/2005	12/19/2019						
00409-7138-36		A4217		06/09/2005	03/06/2020	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,9X1500ML,PF) 0.9%	1500	ML	PC	IR	ML	500	ML	0.002	06/09/2005	03/06/2020						
00409-7333-04		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	IJ	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	IJ	EA	250	MG	40	07/20/2005	99/99/9999						
00409-1283-05		J1170		10/22/2012	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,ISECURE SINGLE-DOSE) 1 MG/ML	0.5	ML	SR	IJ	ML	4	MG	0.25	10/22/2012	99/99/9999						
00409-1316-25		J1644		10/29/2007	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (10X0.5ML,W/ LUER LOCK) 5000 U/0.5 ML	0.5	ML	SR	IJ	ML	1000	U	10	10/29/2007	99/99/9999						
00409-1317-02		J1165		03/30/2005	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (AMP,LATEX-FREE) 50 MG/ML	5	ML	AM	IV	ML	50	MG	1	03/30/2005	99/99/9999						
00409-1330-01		J1270		10/21/2019	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (MDV) 2 MCG/1 ML	2	ML	VL	IV	ML	1	MCG	2	10/21/2019	99/99/9999						
00409-1410-01		J7660		01/01/2007	11/30/2013	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (AMP,25X1ML,LATEX-FREE) 0.2 MG/ML	1	ML	AM	IV	ML	1	MG	0.2	01/01/2007	11/30/2013						
00409-1410-01	KO	J7660	KO	01/01/2007	11/30/2013	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (AMP,25X1ML,LATEX-FREE) 0.2 MG/ML	1	ML	AM	IV	ML	1	MG	0.2	01/01/2007	11/30/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-1465-01		J2300		11/18/2004	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (AMP,LATEX-FREE) 20 MG/ML	1	ML	AM	IJ	ML	10	MG	2	11/18/2004	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						
00487-9801-30		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						
00487-9901-02		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						
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						
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						
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						
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						
00143-9217-01		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						
00409-7334-20		J0696		02/28/2018	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP) 10 GM	1	EA		IV	EA	250	MG	40	02/28/2018	99/99/9999						
00409-7336-04		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,ADD-VANTAGE VIAL) 2 GM	1	EA	VL	IJ	EA	250	MG	8	07/20/2005	99/99/9999						
00409-7336-49		J0696		07/20/2005	11/01/2016	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP,ADD-VANTAGE VIAL) 2 GM	1	EA	VL	IJ	EA	250	MG	8	07/20/2005	11/01/2016						
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						
00409-7419-03		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						
00409-7651-03		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						
00409-7668-23		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						
00409-1523-11		J7060		07/27/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X100ML) 5%	100	ML	GC	IV	ML	500	ML	0.002	07/27/2005	99/99/9999						
00409-1582-29		J3490		08/04/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (10X30ML,LATEX-FREE) 0.75%	30	ML	VL	IJ	ML	1	EA	1	08/04/2005	99/99/9999						
00409-1584-11		J7050		09/16/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (12X100ML,150ML VIAL,PF) 0.9%	100	ML	GC	IV	ML	250	ML	0.004	09/16/2005	99/99/9999						
00409-1587-50		J3490		01/10/2006	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.,LATEX-FREE) 0.25%	50	ML	VL	IJ	ML	1	EA	1	01/10/2006	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	IJ	ML	20	MG	0.5	01/23/2006	99/99/9999						
00409-1775-10		J7799		02/20/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (2.5GM INFANT ANSYR SYR) 25%	10	ML	SR	IV	ML	1	EA	1	02/20/2006	99/99/9999						
00409-1782-69		J2310		09/29/2005	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (10X1ML, CARPUJECT) 0.4 MG/ML	1	ML	SR	IJ	ML	1	MG	0.4	09/29/2005	99/99/9999						
00409-1886-05		J1953		01/29/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	PREMIERPRO RX LEVETIRACETAM (SDV) 100 MG/1 ML	5	ML		IV	ML	10	MG	10	01/29/2018	99/99/9999						
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						
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	IJ	ML	0.5	MG	1	01/15/2003	11/07/2013						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00517-1791-01		J1729		02/26/2020	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE NOVAPLUS (SDV,PF) 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	02/26/2020	99/99/9999						
00517-1820-01		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						
00517-1830-01		J1071		10/22/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1MG	TESTOSTERONE CYPIONATE (SDV, USP) 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	10/22/2019	99/99/9999						
00517-2340-10		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						
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						
00143-9252-01		J1265		11/13/2019	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (SDV,LATEX-FREE) 40 MG/1 ML	5	ML	VL	IV	ML	40	MG	1	11/13/2019	99/99/9999						
00143-9273-10		J1110		11/28/2017	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE 1 MG/1 ML	1	ML	AM	IJ	ML	1	MG	1	11/28/2017	99/99/9999						
00143-9295-01		J1631		12/20/2019	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	12/20/2019	99/99/9999						
00143-9298-10		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						
00143-9355-10		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						
00143-9371-01		J9000		02/25/2020	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN NOVAPLUS (PF,LATEX-FREE) 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	02/25/2020	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						
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						
00409-7809-22		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						
00409-7922-09		J7060		02/21/2005	01/24/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	1000	ML	FC	IV	ML	500	ML	0.002	02/21/2005	01/24/2020						
00409-7924-02		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						
00409-1890-11		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						
00409-1893-01		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						
00409-1902-01		J2690		03/10/2006	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HYDROCHLORIDE (25X10ML,FTV) 100 MG/ML	10	ML	VL	IJ	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						
00517-3900-25		J0610		01/01/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (VIAL,PF) 100 MG/ML	100	ML	VL	IV	ML	10	ML	0.1	01/01/2002	99/99/9999						
00517-4002-25		J2440		09/15/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (S.D.V.) 30 MG/ML	2	ML	VL	IJ	ML	60	MG	0.5	09/15/2003	99/99/9999						
00517-4201-25		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						
00517-4605-25		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						
00517-5704-25		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						
00517-9191-25		J3490		12/13/2019	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID NOVAPLUS (MDV, FLIPTOP VIAL) 250 MG/1 ML	20	ML	VL	IV	ML	1	EA	1	12/13/2019	99/99/9999						
00143-9372-01		J9000		02/25/2020	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN NOVAPLUS (PF,LATEX-FREE) 2 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.2	02/25/2020	99/99/9999						
00143-9376-01		J9181		03/09/2020	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE NOVAPLUS (MDV;USP,LATEX-FREE) 20 MG/1 ML	5	ML	VL	IV	ML	10	MG	2	03/09/2020	99/99/9999						
00143-9547-01		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						
00143-9555-01		J0640		06/14/2017	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LATEX-FREE) 50 MG	1	EA	VL	IJ	EA	50	MG	1	06/14/2017	99/99/9999						
00143-9558-01		J0641		08/01/2016	99/99/9999	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	08/01/2016	99/99/9999						
00143-9566-01		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						
00143-9596-25		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						
00409-7924-03		J7799		07/28/2005	05/08/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.225%	500	ML	FC	IV	ML	1	EA	1	07/28/2005	05/08/2020						
00409-7929-03		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	01/24/2020	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	DEXTROSE 5% IN RINGERS (LATEX-FREE)	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	01/24/2020						
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						
00409-7941-09		J7042		08/08/2005	12/20/2019	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (LIFECARE,12X1000ML) 5%-0.9%	1000	ML	FC	IV	ML	5	%	0.002	08/08/2005	12/20/2019						
00409-7953-02		J7120		03/09/2005	06/24/2020	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE,LATEX-FREE)	250	ML	FC	IV	ML	1000	ML	0.001	03/09/2005	06/24/2020						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7953-03		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						
00409-1918-32		A4216		01/01/2007	07/02/2020	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LUER LOCK,50X2ML,PF) 0.9%	2	ML	CR	IV	ML	10	ML	0.1	01/01/2007	07/02/2020						
00409-1918-33		A4216		01/01/2007	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						
00409-1966-05		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						
00409-1966-14		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	IJ	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	IJ	ML	0.1	MG	3.24	06/17/2005	99/99/9999						
00409-2025-54		J1250		11/10/2005	03/19/2020	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (10X40ML) 12.5 MG/ML	40	ML	VL	IV	ML	250	MG	0.05	11/10/2005	03/19/2020						
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						
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						
00527-2934-37		J7512		10/21/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	100	EA	BO	PO	EA	1	MG	20	10/21/2019	99/99/9999						
00536-0770-85		Q0163		01/01/2002	04/02/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHIST 12.5 MG/5 ML	480	ML	BO	PO	ML	50	MG	0.05	01/01/2002	04/02/2019						
00536-0770-97		Q0163		01/01/2002	05/09/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHIST 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	05/09/2019						
00548-5410-00		J1050		04/30/2019	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE NOVAPLUS 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	04/30/2019	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						
00143-9671-10		J3490		01/08/2018	99/99/9999	UNCLASSIFIED DRUGS	CEFOTETAN DISODIUM (LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	1	EA	1	01/08/2018	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	IJ	EA	50	MG	20	11/20/2017	99/99/9999						
00143-9871-01		J9065		12/13/2019	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	12/13/2019	99/99/9999						
00143-9872-10		J1800		02/12/2018	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (10X1ML) 1 MG/1 ML	1	ML	VL	IV	ML	1	MG	1	02/12/2018	99/99/9999						
00143-9875-25		J0282		03/30/2017	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (10X3ML) 50 MG/1 ML	3	ML	VL	IV	ML	30	MG	1.66666	03/30/2017	99/99/9999						
00169-1833-11		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R (VIAL) 100 U/ML	10	ML	VL	IJ	ML	5	U	20	01/01/2003	99/99/9999						
00169-3204-15		J1815		09/29/2017	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	FIASP FLEXTOUCH (PREFILLED PEN, SU) 100 U/1 ML	3	ML	CT	SC	ML	5	U	20	09/29/2017	99/99/9999						
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						
00409-7972-05		A4217		09/01/2005	05/08/2020	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEXIBLE CONTAINER,PF) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	09/01/2005	05/08/2020						
00409-7975-07		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						
00409-7983-09		J7030		02/07/2005	01/02/2020	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (LIFECARE,P.C.,12X1000ML) 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	02/07/2005	01/02/2020						
00409-7983-48		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						
00409-7984-37		J7050		07/15/2005	10/22/2019	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LFCARE,QUAD,LF,80X100ML) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	07/15/2005	10/22/2019						
00409-9093-38		J3010		03/03/2006	09/01/2017	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (5X20ML) 0.05 MG/ML	20	ML	AM	IJ	ML	0.1	MG	0.5	03/03/2006	09/01/2017						
00409-2066-05		J2001		09/06/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL,LATEX-FREE) 2%	5	ML	VL	IJ	ML	10	MG	2	09/06/2005	99/99/9999						
00409-2168-02		J3475		01/31/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (VIAL, FLIPTOP) 500 MG/ML	20	ML	VL	IJ	ML	500	MG	1	01/31/2005	99/99/9999						
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	IJ	ML	1	MCG	4	02/04/2005	99/99/9999						
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	IJ	ML	50	MG	1	04/25/2005	99/99/9999						
00409-2305-61		J2250		10/03/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL AMERINET CHOICE (VIAL,FLIPTOP,PF) 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	10/03/2005	99/99/9999						
00409-2305-62		J2250		10/03/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL AMERINET CHOICE (VIAL,FLIPTOP,PF) 1 MG/ML	5	ML	VL	IJ	ML	1	MG	1	10/03/2005	99/99/9999						
00409-2308-02		J2250		10/10/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,PF) 5 MG/ML	2	ML	VL	IJ	ML	1	MG	5	10/10/2005	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	IJ	ML	50	MG	0.5	04/05/2005	99/99/9999						
00548-5410-25		J1050		04/30/2019	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE NOVAPLUS 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	04/30/2019	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	IJ	ML	10	MG	10	09/23/2019	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
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						
00555-0607-02		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						
00562-7805-00		J2790		01/08/2014	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	RHOGAM ULTRA-FILTERED PLUS (INNER PACK,PF) 300 MCG	1	EA	SR	IM	EA	300	MCG	1	01/08/2014	99/99/9999						
00562-7806-25		J2788		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	25	EA	SR	IM	EA	50	MCG	1	09/01/2007	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	IJ	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						
00172-6406-59		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						
00172-7311-46		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						
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						
00409-9094-22		J3010		10/12/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (FTV,25X2ML,LATEX-FREE) 0.05 MG/ML	2	ML	VL	IJ	ML	0.1	MG	0.5	10/12/2005	99/99/9999						
00409-9094-31		J3010		09/23/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (FTV,LATEX-FREE) 0.05 MG/ML	20	ML	VL	IJ	ML	0.1	MG	0.5	09/23/2005	99/99/9999						
00409-9566-10		J0692		07/21/2020	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP;SDV) 1 GM	10	EA	VL	IJ	EA	500	MG	2	07/21/2020	99/99/9999						
00463-1020-10		J2650		01/01/2002	02/03/2016	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	COTOLONE (VIAL) 50 MG/ML	10	ML	VL	IJ	ML	1	ML	1	01/01/2002	02/03/2016						
00463-1029-30		J1435		01/01/2002	01/28/2016	INJECTION, ESTRONE, PER 1 MG	ESTRONE (VIAL, AQUEOUS) 5 MG/ML	30	ML	EA	IM	ML	1	MG	5	01/01/2002	01/28/2016						
00463-1073-10		J3150		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (VIAL) 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 (VIAL) 100 MG/ML	10	ML	VL	IM	ML	1	EA	1	01/01/2015	02/03/2016						
00463-1101-10		J3410		01/01/2002	02/03/2016	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	VISTACOT (VIAL) 50 MG/ML	10	ML	VL	IM	ML	25	MG	2	01/01/2002	02/03/2016						
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						
00409-2540-01		J1170		09/21/2005	07/02/2020	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (USP,10X1ML) 4 MG/ML	1	ML	AM	IJ	ML	4	MG	1	09/21/2005	07/02/2020						
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	IJ	ML	4	MG	0.25	09/21/2005	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	IV	EA	500	MG	2	06/27/2007	99/99/9999						
00409-2596-03		J2250		10/28/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,LATEX-FREE) 5 MG/ML	5	ML	VL	IJ	ML	1	MG	5	10/28/2005	99/99/9999						
00409-2689-11		J0295		07/01/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM (USP,ADD-VANTAGE) 1 GM-0.5 GM	1	EA	VL	IV	EA	1.5	GM	1	07/01/2007	99/99/9999						
00409-2999-14		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						
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						
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						
00591-2737-23		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						
00173-0435-00		J0713		01/01/2002	12/01/2013	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	01/01/2002	12/01/2013						
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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00185-0648-01		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						
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						
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						
00463-6156-10		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						
00469-3051-30		J0289		01/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	AMBISOME 50 MG	1	EA	VL	IV	EA	10	MG	5	01/01/2003	99/99/9999						
00469-8234-14		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 (ANSYR,LUER 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 (ANSYR,LUER LOK) 3 MG/ML	4	ML	SR	IV	ML	1	MG	3	01/01/2015	99/99/9999						
00409-3213-12		J3360		10/01/2007	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X10ML,USP,MDV,FLIPTOP) 5 MG/ML	10	ML	VL	IJ	ML	5	MG	1	10/01/2007	99/99/9999						
00409-3308-03		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	07/02/2020	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (10X1ML,USP) 2 MG/ML	1	ML	AM	IJ	ML	4	MG	0.5	09/21/2005	07/02/2020						
00409-3365-01		J1170		09/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (SDV,25X1ML) 2 MG/ML	1	ML	VL	IJ	ML	4	MG	0.5	09/21/2005	99/99/9999						
00409-3380-35		J3490		12/28/2005	08/01/2015	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP,LATEX-FREE) 50 MCG/ML	5	ML	AM	IJ	ML	1	EA	1	12/28/2005	08/01/2015						
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	IJ	ML	1	EA	1	11/07/2005	02/23/2015						
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	IJ	ML	80	MG	0.125	01/09/2006	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						
00591-2920-23		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						
00591-3222-47		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						
00591-3468-53		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						
00206-8852-16		J2543		04/05/2006	07/15/2020	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN 2 GM-0.25 GM	1	EA	VL	IV	EA	1	GM	2	04/05/2006	07/15/2020						
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						
00259-1620-01		J0588		01/25/2016	99/99/9999	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	XEOMIN (SINGLE-USE,PF) 200 U	1	EA	VL	IM	EA	1	U	200	01/25/2016	99/99/9999						
00264-1240-55		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						
00264-1290-50		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						
00264-1800-36		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						
00264-3125-11		J0694		07/01/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 2 GM	1	EA	FC	IV	EA	1	GM	2	07/01/2006	99/99/9999						
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						
00487-4301-25		J7040		07/16/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (PF,LATEX-FREE) 0.9%	250	ML		IV	ML	500	ML	0.002	07/16/2020	99/99/9999						
00487-4301-50		J7040		07/16/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (PF,LATEX-FREE) 0.9%	500	ML		IV	ML	500	ML	0.002	07/16/2020	99/99/9999						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00487-9501-25	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						
00487-9904-01		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						
00409-3402-01		J1580		06/05/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (SD ADD-VANTGE,USP) 10 MG/ML	10	ML	VL	IV	ML	80	MG	0.125	06/05/2006	99/99/9999						
00409-3578-01		J3260		11/02/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (VIAL,FLIPTOP) 40 MG/ML	2	ML	VL	IJ	ML	80	MG	0.5	11/02/2004	99/99/9999						
00409-3714-01		J3490		01/01/2018	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	1	EA	1	01/01/2018	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	IJ	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	IJ	EA	500	MG	4	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	IJ	ML	15	MG	1	05/31/2005	99/99/9999						
00409-3796-01		J1885		12/21/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (VIAL, FLIPTOP) 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	12/21/2005	99/99/9999						
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						
00591-3798-30		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						
00591-3817-60		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	11/11/2019	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	02/25/2016	11/11/2019						
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						
00264-5535-32		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						
00264-5705-10		J1644		04/20/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (NOT FOR LOCK FLUSH,PF) 5000 U/0.5 ML	0.5	ML	SR	IJ	ML	1000	U	10	04/20/2019	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						
00264-7616-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.2%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7616-20		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.2%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
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						
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						
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	IJ	ML	0.5	MG	2	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						
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	IJ	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	IJ	ML	10	MG	0.1	01/01/2015	99/99/9999						
00409-4050-01		J3490		05/13/2005	09/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL,FLIPTOP,LATEX-FREE) 150 MG/ML	2	ML	VL	IJ	ML	1	EA	1	05/13/2005	09/02/2015						

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
00409-4054-03		J3490		02/18/2005	09/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL,ADD-VANTAGE) 150 MG/ML	4	ML	VL	IJ	ML	1	EA	1	02/18/2005	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						
00409-4277-01		J2001		06/13/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X20ML,LATEX-FREE) 2%	20	ML	VL	IJ	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	IJ	ML	10	MG	2	08/12/2005	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						
00591-5442-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	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						
00591-5443-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	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						
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						
00264-7623-20		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 10%-0.2%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999						
00264-7800-01		J7040		05/31/2018	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (ECOFLAC PLUS,LATEX-FREE) 0.9%	500	ML		IV	ML	500	ML	0.002	05/31/2018	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						
00310-0325-20		J2185		01/01/2004	12/17/2019	INJECTION, MEROPENEM, 100 MG	MERREM IV (VIAL) 500 MG	1	EA	VL	IV	EA	100	MG	5	01/01/2004	12/17/2019						
00310-4700-01		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						
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						
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						
00517-1305-25		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	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (PF) 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	06/22/2018	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						
00517-1905-25		J1265		01/01/2006	03/14/2014	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (S.D.V.) 80 MG/ML	5	ML	VL	IV	ML	40	MG	2	01/01/2006	03/14/2014						
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						
00409-4346-73		J3490		04/13/2005	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (VIAL,FLIPTOP) 250 MG/ML	20	ML	VL	IV	ML	1	EA	1	04/13/2005	99/99/9999						
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						
00409-4699-33		J3490		03/22/2006	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (FLIPTOP VIAL) 10 MG/ML	50	ML	VL	IV	ML	1	EA	1	03/22/2006	99/99/9999						
00409-4713-02		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						
00409-4759-01		J2405		12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	12/26/2006	99/99/9999						
00409-4777-02		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						
00409-4887-10		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						
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						
00603-0823-94		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						
00603-1567-58		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						
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, 1 MG	PREDNISONE (DOSE PACK) 5 MG	21	EA	DP	PO	EA	1	MG	5	01/01/2016	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						
00338-0013-08		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	3000	ML	PC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999						
00338-0017-04		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	1000	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999						
00338-0047-46		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						
00338-0048-05		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						
00338-0049-04		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						
00338-0049-18		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00517-4010-01		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						
00517-5601-25		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						
00517-5710-25		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						
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						
00409-4887-99		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						
00409-4904-34		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						
00409-5092-52		J0713		06/27/2006	04/22/2016	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF 1 GM	1	EA	VL	IJ	EA	500	MG	2	06/27/2006	04/22/2016						
00409-5093-51		J0713		10/01/2006	10/30/2014	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF (ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	10/01/2006	10/30/2014						
00409-5820-01		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (FLIPTOP) 40 MG/ML	5	ML	VL	IV	ML	40	MG	1	01/01/2006	99/99/9999						
00409-6102-02		J1940		02/18/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	02/18/2005	99/99/9999						
00409-6102-10		J1940		03/24/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	10	ML	VL	IJ	ML	20	MG	0.5	03/24/2005	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, 1 MG	PREDNISONE 20 MG	100	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, 1 MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
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						
00641-0121-21		J1170		12/08/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (VIAL, DOSETTE) 2 MG/ML	1	ML	VL	IJ	ML	4	MG	0.5	12/08/2004	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						
00338-0049-48		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						
00338-0067-01		Q2050		10/01/2019	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXIL (STEALTH LIPOSOME) 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	10/01/2019	99/99/9999						
00338-0077-02		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						
00338-0085-04		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						
00338-0117-04		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 RINGER'S/DEXTROSE 5%	500	ML	FC	IV	ML	1000	ML	0.0005	01/01/2002	12/31/2015						
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						
00517-9191-01		J3490		12/13/2019	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID NOVAPLUS (MDV) 250 MG/1 ML	20	ML	VL	IV	ML	1	EA	1	12/13/2019	99/99/9999						
00527-2395-32		Q0144		05/01/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	05/01/2020	99/99/9999						
00527-2930-43		J7512		10/21/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 1 MG	1000	EA	BO	PO	EA	1	MG	1	10/21/2019	99/99/9999						
00409-6138-22		A4217		09/01/2005	04/17/2020	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE, 24X250ML,PF) 0.9%	250	ML	PC	IR	ML	500	ML	0.002	09/01/2005	04/17/2020						
00409-6139-03		A4217		05/09/2005	02/12/2020	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE, U.S.P.)	500	ML	PC	IR	ML	500	ML	0.002	05/09/2005	02/12/2020						
00409-6534-01		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						
00409-6629-02		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	IJ	ML	20	MG	1	04/20/2006	06/05/2014						
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						
00409-6657-73		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						
00641-0367-25		J1100		04/27/1983	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (VIAL, DOSETTE) 10 MG/1 ML	1	ML	VL	IJ	ML	1	MG	10	04/27/1983	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00641-0928-21		J2550		12/08/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE,VIAL) 25 MG/ML	1	ML	VL	IJ	ML	50	MG	0.5	12/08/2004	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	IJ	ML	50	MG	0.5	12/08/2004	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	IJ	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						
00641-1496-31		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (USP) 50 MG/ML	1	ML	AM	IJ	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	IJ	ML	4	MG	0.5	05/05/2007	99/99/9999						
00338-0125-03		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	LACTATED RINGER'S AND 5% DEXTROSE (VIAFLEX)	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999						
00338-0505-48		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE 100 MG/100 ML-0.9%	100	ML	FC	IV	ML	80	MG	0.0125	01/01/2002	99/99/9999						
00338-0551-11		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						
00338-0553-18		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (MINI-BAG PLUS) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999						
00338-0691-04		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE 2 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.01	01/01/2002	99/99/9999						
00338-0703-41		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						
00338-0704-34		J3480		05/21/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (VIAFLEX BAG,PF) 2 MEQ/100 ML-0.45%	1000	ML	FC	IV	ML	2	MEQ	0.01	05/21/2003	99/99/9999						
00527-2931-37		J7512		10/21/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 2.5 MG	100	EA	BO	PO	EA	1	MG	2.5	10/21/2019	99/99/9999						
00527-2932-37		J7512		10/21/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	1	MG	5	10/21/2019	99/99/9999						
00527-2933-37		J7512		10/21/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	100	EA	BO	PO	EA	1	MG	10	10/21/2019	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 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						
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	IJ	ML	10	MG	0.1	01/01/2002	08/31/2015						
00548-5711-00		J1050		04/30/2019	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE NOVAPLUS 150 MG/1 ML	1	ML	SR	IM	ML	1	MG	150	04/30/2019	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						
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						
00409-6778-02		J2060		01/27/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML) 2 MG/ML	1	ML	VL	IJ	ML	2	MG	1	01/27/2006	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	IJ	ML	2	MG	2	01/05/2006	99/99/9999						
00409-7075-26		J3480		04/11/2005	08/02/2019	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (PC,24X100ML,LATEX-FREE) 20 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.1	04/11/2005	08/02/2019						
00409-7077-14		J3480		06/28/2005	11/01/2019	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (24X50ML,LATEX-FREE) 20 MEQ/50 ML	50	ML	FC	IV	ML	2	MEQ	0.2	06/28/2005	11/01/2019						
00409-7100-02		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						
00409-7119-07		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						
00409-7139-36		A4217		05/04/2005	02/25/2020	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE)	1500	ML	PC	IR	ML	500	ML	0.002	05/04/2005	02/25/2020						
00641-6026-05		J3010		10/10/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SINGLE DOSE, 20MLX5) 0.05 MG/ML	5	ML	AM	IJ	ML	0.1	MG	0.5	10/10/2012	99/99/9999						
00641-6027-25		J3010		07/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X2ML,USP,SDV,PF) 0.05 MG/ML	25	ML	VL	IJ	ML	0.1	MG	0.5	07/25/2012	99/99/9999						
00641-6071-25		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	IJ	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	IJ	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	IJ	ML	10	MG	0.5	02/08/2012	09/16/2015						
00641-6147-25		A4216		07/20/2018	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER FOR INJECTION	10	ML		IJ	ML	10	ML	0.1	07/20/2018	99/99/9999						
00641-6164-10		J0706		05/14/2015	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFCIT (SINGLE USE,10X3ML,PF) 20 MG/ML	3	ML	VL	IV	ML	5	MG	4	05/14/2015	99/99/9999						
00641-6174-10		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 50 MCG/1 ML	1	ML	VL	IJ	ML	25	MCG	2	10/20/2017	99/99/9999						
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						
00338-1005-02		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						
00338-1015-41		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						
00338-1025-41		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						
00338-3581-01		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						
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						
00555-0302-02		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00555-0302-02		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						
00562-7805-05		J2790		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	RHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 300 MCG	5	EA	SR	IM	EA	300	MCG	1	09/01/2007	99/99/9999						
00562-7806-01		J2788		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	1	EA	SR	IM	EA	50	MCG	1	09/01/2007	99/99/9999						
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						
00574-0823-81		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						
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	IJ	EA	250	MG	4	07/20/2005	99/99/9999						
00409-7335-20		J0696		04/30/2018	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP) 2 GM	10	EA		IJ	EA	250	MG	8	04/30/2018	99/99/9999						
00409-7338-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1	EA	VL	IJ	EA	250	MG	2	07/20/2005	99/99/9999						
00409-7338-20		J0696		02/28/2018	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP) 500 MG	10	EA		IJ	EA	250	MG	2	02/28/2018	99/99/9999						
00409-7418-03		J7100		02/14/2006	99/99/9999	INFUSION, DEXTRAN 40, 500 ML	LMD IN DEXTROSE (12X500ML,LATEX-FREE) 10%-5%	500	ML	FC	IV	ML	500	ML	0.002	02/14/2006	99/99/9999						
00409-7650-62		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						
00409-7715-02		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	12/19/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (FLEX CONTAINER,12X500ML) 20%	500	ML	FC	IV	ML	1	EA	1	09/16/2005	12/19/2019						
00641-6189-10		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						
00641-6217-25		J2800		03/08/2018	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	ROBAXIN NOVAPLUS (25X10ML, SDV) 100 MG/1 ML	10	ML		IJ	ML	10	ML	0.1	03/08/2018	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	IJ	ML	40	MG	1	03/09/2005	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	IJ	ML	80	MG	1	03/09/2005	99/99/9999						
00703-0405-02		J1955		01/01/2002	05/02/2017	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (VIAL) 200 MG/ML	12.5	ML	VL	IV	ML	1	GM	0.2	01/01/2002	05/02/2017						
00703-0666-01		J3285		09/30/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.,LATEX-FREE) 1 MG/1 ML	20	ML	VL	IJ	ML	1	MG	1	09/30/2019	99/99/9999						
00703-0676-01		J3285		09/30/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.,LATEX-FREE) 2.5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2.5	09/30/2019	99/99/9999						
00703-0686-01		J3285		09/30/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	5	09/30/2019	99/99/9999						
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						
00338-5197-41		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						
00338-9586-24		J2001		10/02/2017	03/31/2019	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL-DEXTROSE 5%-0.4%	500	ML	BG	IV	ML	10	MG	0.4	10/02/2017	03/31/2019						
00338-9590-30		J2001		10/02/2017	03/31/2019	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL-DEXTROSE 5%-0.4%	250	ML	BG	IV	ML	10	MG	0.4	10/02/2017	03/31/2019						
00378-0014-01		None		01/01/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	01/01/1994	99/99/9999						
00378-0144-05		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						
00378-0344-93		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						
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	IJ	ML	1	MG	1	08/04/2003	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						
00591-2222-15		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			
00591-2738-23		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						
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						
00409-7808-22		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						
00409-7811-24		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						
00409-7879-13		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						
00409-7884-23		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7889-23		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						
00409-7922-48		J7060		04/14/2006	11/01/2013	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (VISIV CONTAINER) 5%	1000	ML	FC	IV	ML	500	ML	0.002	04/14/2006	11/01/2013						
00703-2201-04		J2550		09/30/2002	09/03/2019	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	09/30/2002	09/03/2019						
00703-2856-04		J3490		03/25/2013	01/06/2016	UNCLASSIFIED DRUGS	PROPOFOL (SDV,25X20ML) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	03/25/2013	01/06/2016						
00703-2859-03		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						
00703-3019-12		J9190		09/02/2003	02/24/2020	INJECTION, FLUOROURACIL, 500 MG	ADRUCIL (PHARMACY BULK PACKAGE) 50 MG/ML	100	ML	VL	IV	ML	500	MG	0.1	09/02/2003	02/24/2020						
00703-3213-81		J9267		07/07/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PREMIERPRO RX PACLITAXEL (1X5ML;MDV) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	07/07/2020	99/99/9999						
00703-3216-81		J9267		03/05/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PREMIERPRO RX PACLITAXEL (1X16.7ML;MDV) 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	03/05/2020	99/99/9999						
00703-3218-01		J9267		03/05/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (1X50ML;MDV) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	03/05/2020	99/99/9999						
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						
00378-2046-01		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						
00378-4201-78		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						
00378-4472-05		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						
00378-5260-14		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						
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						
00591-2918-23		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						
00591-3223-79		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						
00591-3768-30		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						
00703-3264-01		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						
00703-3301-04		J2354		11/14/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (1ML,X25 VIALS) 50 MCG/ML	1	ML	VL	IJ	ML	25	MCG	2	11/14/2005	99/99/9999						
00703-3427-11		J9208		07/26/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE 1 GM	1	EA	VL	IV	EA	1	GM	1	07/26/2007	99/99/9999						
00703-4154-11		J9211		09/24/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (S.D.V.) 1 MG/ML	5	ML	VL	IV	ML	5	MG	0.2	09/24/2002	99/99/9999						
00703-4412-11		J9370		01/01/2002	03/11/2019	VINCRISTINE SULFATE, 1 MG	VINCRISTINE SULFATE (S.D.V.) 1 MG/ML	2	ML	VL	IV	ML	1	MG	1	01/01/2002	03/11/2019						
00703-4432-11		J9206		02/28/2008	04/16/2019	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML,SINGLE DOSE) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	02/28/2008	04/16/2019						
00703-4685-01		J9293		04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (MDV,PF) 2 MG/ML	10	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99/99/9999						
00703-4805-01		J9209		04/23/2015	01/21/2020	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	04/23/2015	01/21/2020						
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						
00591-3797-83		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						
00591-4130-54		J0641		02/06/2017	03/18/2019	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	LEVOLEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 175 MG	1	EA	VL	IV	EA	0.5	MG	350	02/06/2017	03/18/2019						
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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00603-4593-15		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						
00603-5336-21		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, 1 MG	PREDNISONE 2.5 MG	100	EA	BO	PO	EA	1	MG	2.5	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, 1 MG	PREDNISONE (DOSE PACK) 10 MG	21	EA	DP	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, 1 MG	PREDNISONE 10 MG	500	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
00603-6330-20		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						
00641-0376-21		J1200		12/08/2004	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (DOSETTE VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	12/08/2004	99/99/9999						
00641-0476-21		J2560		12/08/2004	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (VIAL, DOSETTE) 65 MG/ML	1	ML	VL	IJ	ML	120	MG	0.54166	12/08/2004	99/99/9999						
00641-0929-25		J2550		12/27/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE,VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	12/27/2002	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	IJ	ML	50	MG	0.5	05/05/2007	99/99/9999						
00641-6024-10		J3010		10/10/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SINGLE DOSE, 10X2ML) 0.05 MG/ML	10	ML	AM	IJ	ML	0.1	MG	0.5	10/10/2012	99/99/9999						
00641-6028-25		J3010		07/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X5ML,USP,SDV,PF) 0.05 MG/ML	25	ML	VL	IJ	ML	0.1	MG	0.5	07/25/2012	99/99/9999						
00641-6135-25		J0780		10/31/2016	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	10/31/2016	99/99/9999						
00641-6145-25		J1100		01/20/2017	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	DEXAMETHASONE SODIUM PHOSPHATE 4 MG/1 ML	2	ML	VL	IJ	ML	1	MG	4	01/20/2017	99/99/9999						
00641-6147-10		A4216		10/22/2019	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER FOR INJECTION	10	ML	VL	IJ	ML	10	ML	0.1	10/22/2019	99/99/9999						
00641-6166-10		J0278		12/02/2015	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (10X4ML) 250 MG/1 ML	4	ML	VL	IJ	ML	100	MG	2.5	12/02/2015	99/99/9999						
00641-6173-10		J0500		03/23/2016	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	03/23/2016	99/99/9999						
00641-6176-10		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 500 MCG/1 ML	1	ML	VL	IJ	ML	25	MCG	20	10/20/2017	99/99/9999						
00641-6182-10		J2360		11/07/2017	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE 30 MG/1 ML	2	ML	VL	IJ	ML	60	MG	0.5	11/07/2017	99/99/9999						
00641-6195-20		J2704		05/08/2020	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (20X50ML,SDV,PF) 10 MG/1 ML	50	ML	VL	IV	ML	10	MG	1	05/08/2020	99/99/9999						
00703-0031-01		J1030		03/09/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (SDV) 40 MG/ML	1	ML	VL	IJ	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	IJ	ML	40	MG	1	10/31/2006	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	IJ	ML	80	MG	1	03/09/2005	99/99/9999						
00703-0241-01		J3301		08/29/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (LATEX-FREE) 40 MG/1 ML	1	ML	VL	IJ	ML	10	MG	4	08/29/2019	99/99/9999						
00703-0243-01		J3301		08/29/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (LATEX-FREE) 40 MG/1 ML	5	ML	VL	IJ	ML	10	MG	4	08/29/2019	99/99/9999						
00409-7922-53		J7060		09/01/2005	12/19/2019	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,24X250ML) 5%	250	ML	FC	IV	ML	500	ML	0.002	09/01/2005	12/19/2019						
00409-7925-03		J7799		09/16/2005	12/20/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE,PLASTIC) 5%-0.3%	500	ML	FC	IV	ML	1	EA	1	09/16/2005	12/20/2019						
00409-7926-09		J7799		08/25/2005	03/06/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (12X1000ML, LIFECARE) 5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	08/25/2005	03/06/2020						
00409-7926-48		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						
00409-7930-09		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						
00409-7937-19		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						
00409-7972-08		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						
00703-4805-03		J9209		02/22/2002	04/27/2015	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	02/22/2002	04/27/2015						
00703-5043-03		J9000		01/01/2002	01/08/2019	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (S.D.V. POLYMER) 2 MG/ML	5	ML	VL	IV	ML	10	MG	0.2	01/01/2002	01/08/2019						
00703-5046-01		J9000		01/01/2002	01/08/2019	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (S.D.V. POLYMER) 2 MG/ML	25	ML	VL	IV	ML	10	MG	0.2	01/01/2002	01/08/2019						
00703-5054-01		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						
00703-5657-01		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						
00703-7221-04		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						
00703-8510-21		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						
00703-9040-03		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						
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						
00378-6196-93		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						
00378-6961-12		J1595		10/04/2017	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG	GLATIRAMER ACETATE 40 MG/1 ML	1	ML	SR	SC	ML	20	MG	2	10/04/2017	99/99/9999						
00378-6986-01		A4216		10/08/2009	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (100X5ML,PF) 0.9%	5	ML	PC	IH	ML	10	ML	0.1	10/08/2009	99/99/9999						
00378-6988-91		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						
00378-6991-52		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						
00703-1501-02		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 (S.D.V.) 0.5 MG/ML	1	ML	VL	IV	ML	1.25	MCG	400	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00703-1985-01		J1325		04/23/2008	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL SODIUM 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	04/23/2008	99/99/9999						
00703-3069-11		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						
00703-3155-01		J9040		01/01/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE (S.D.V.) 30 U	1	EA	VL	IJ	EA	15	U	2	01/01/2002	99/99/9999						
00703-3217-01		J9267		03/05/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (M.D.V,1X25ML) 6 MG/1 ML	25	ML	VL	IV	ML	1	MG	6	03/05/2020	99/99/9999						
00703-3246-11		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						
00703-3268-71		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						
00703-4094-01		J2469		03/23/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (S.D.V.) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/23/2018	99/99/9999						
00409-7973-05		A4217		03/16/2005	01/24/2020	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (FLEXIBLE CONTAINER,PF)	1000	ML	FC	IR	ML	500	ML	0.002	03/16/2005	01/24/2020						
00409-7973-08		A4217		07/14/2005	10/22/2019	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (4X3000ML,PF,LATEX-FREE)	3000	ML	FC	IR	ML	500	ML	0.002	07/14/2005	10/22/2019						
00409-7983-53		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						
00409-7984-13		A4216		06/20/2005	08/19/2019	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (48X50ML,PF,LATEX-FREE) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	06/20/2005	08/19/2019						
00409-7984-20		A4216		06/17/2005	03/06/2020	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LIFECARE,QUAD PACK,LF) 0.9%	25	ML	FC	IV	ML	10	ML	0.1	06/17/2005	03/06/2020						
00409-7984-23		J7050		05/18/2005	07/01/2019	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE SINGLE-P/F) 0.9%	100	ML	PC	IV	ML	250	ML	0.004	05/18/2005	07/01/2019						
00409-7984-36		A4216		07/14/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LFCARE,QUAD,LF,80X50ML) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	07/14/2005	99/99/9999						
00409-7985-02		J7799		04/06/2005	11/01/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (24X250ML,LATEX-FREE) 0.45%	250	ML	FC	IV	ML	1	EA	1	04/06/2005	11/01/2019						
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						
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						
00781-1497-31		Q0144		11/14/2005	10/29/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	11/14/2005	10/29/2017						
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						
00378-6993-93		J7612		08/28/2009	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (USP,PF) 1.25 MG/0.5 ML	30	EA	SOL	IH	ML	0.5	MG	5	08/28/2009	99/99/9999						
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						
00378-7734-97		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						
00378-8270-52		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						
00703-4100-58		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						
00703-4434-11		J9206		02/28/2008	05/02/2018	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML,SINGLE DOSE) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	02/28/2008	05/02/2018						
00703-4502-04		J2765		12/20/2013	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HYDROCHLORIDE (S.D.V.) 5 MG/ML	2	ML	VL	IJ	ML	10	MG	0.5	12/20/2013	99/99/9999						
00703-4636-01		J9320		12/03/2003	99/99/9999	INJECTION, STREPTOZOCIN, 1 GRAM	ZANOSAR 1 GM	1	EA	VL	IV	EA	1	GM	1	12/03/2003	99/99/9999						
00703-4680-01		J9293		04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (MDV,PF) 2 MG/ML	12.5	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99/99/9999						
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						
00703-6801-01		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7985-03		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						
00409-8004-15		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						
00409-9093-35		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	IJ	ML	0.1	MG	0.5	12/13/2005	99/99/9999						
00409-9094-61		J3010		12/30/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VIAL, FLIPTOP) 0.05 MG/ML	50	ML	VL	IJ	ML	0.1	MG	0.5	12/30/2005	99/99/9999						
00463-1021-30		J3420		01/01/2002	02/03/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITAMIN B12 (VIAL) 100 MCG/ML	30	ML	VL	IM	ML	1000	MCG	0.1	01/01/2002	02/03/2016						
00463-1036-10		J1700		01/01/2002	02/03/2016	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (VIAL) 25 MG/ML	10	ML	VL	IJ	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 (VIAL) 100 MG/ML	10	ML	VL	IM	ML	50	MG	2	01/01/2002	12/31/2014						
00781-2102-01		J7507		08/10/2009	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	08/10/2009	99/99/9999						
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						
00781-2694-44		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						
00781-3094-15		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						
00781-3124-95		J3490		04/27/2004	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (VIAL) 1 GM	1	EA	VL	IJ	EA	1	EA	1	04/27/2004	99/99/9999						
00781-3177-96		J0713		02/23/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	02/23/2007	99/99/9999						
00781-3179-86		J0713		02/23/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (USP,PHARMACY BULK PKG) 6 GM	1	EA	VL	IV	EA	500	MG	12	02/23/2007	99/99/9999						
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						
00378-9735-73		J8499		10/05/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG/5 ML	473	ML		PO	ML	1	EA	1	10/05/2018	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		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE	25	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999						
00703-7011-03		J1631		01/01/2002	12/03/2019	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 50 MG/ML	1	ML	VL	IM	ML	50	MG	1	01/01/2002	12/03/2019						
00703-7013-01		J1631		01/01/2002	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	10/08/2019	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 100 MG/ML	5	ML	VL	IM	ML	50	MG	2	01/01/2002	10/08/2019						
00703-7121-03		J1631		12/04/2019	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (10X1ML) 50 MG/1 ML	1	ML	VL	IM	ML	50	MG	1	12/04/2019	99/99/9999						
00703-7123-01		J1631		04/15/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV) 50 MG/1 ML	5	ML	VL	IM	ML	50	MG	1	04/15/2020	99/99/9999						
00703-7133-01		J1631		10/09/2019	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE ((M.D.V.),1X5ML) 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	10/09/2019	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						
00463-1069-10		J3490		01/01/2015	07/23/2015	UNCLASSIFIED DRUGS	TESTRO AQ (VIAL) 100 MG/ML	10	ML	VL	IM	ML	1	EA	1	01/01/2015	07/23/2015						
00463-1074-30		J3411		01/01/2004	02/03/2016	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (VIAL) 100 MG/ML	30	ML	VL	IJ	ML	100	MG	1	01/01/2004	02/03/2016						
00463-1080-30		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	TRUXADRYL (VIAL) 10 MG/ML	30	ML	VL	IJ	ML	50	MG	0.2	01/01/2002	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						
00469-0657-11		J7507		01/01/2004	03/03/2020	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF (10X10,BLISTER PACK) 5 MG	100	EA	BX	PO	EA	1	MG	5	01/01/2004	03/03/2020						
00469-0657-73		J7507		01/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2004	99/99/9999						
00469-1230-50		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						
00781-3208-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/19/2005	99/99/9999						
00781-3209-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1	EA	VL	IJ	EA	250	MG	8	07/19/2005	99/99/9999						
00781-3296-80		J0894		03/30/2020	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	03/30/2020	99/99/9999						
00781-3315-70		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						
00781-3338-70		J0690		08/23/2004	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (1X10ML VIAL) 500 MG	1	EA	VL	IJ	EA	500	MG	1	08/23/2004	99/99/9999						
00781-3409-95		J0290		05/12/2004	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 10 GM	1	EA	VL	IJ	EA	500	MG	20	05/12/2004	99/99/9999						
00781-3425-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 2.5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2.5	02/27/2019	99/99/9999						
00781-3481-92		J3243		11/30/2017	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (10ML VIALS,PF) 50 MG	10	EA	VL	IV	EA	1	MG	50	11/30/2017	99/99/9999						
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						
00406-3245-52		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						
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						
00409-0528-15		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						
00409-1067-20		J0670		01/15/2007	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE (SDV,USP,PF) 2%	20	ML	VL	IJ	ML	10	ML	0.1	01/15/2007	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						
00703-8680-21		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						
00703-9416-01		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00703-9526-01		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						
00713-0526-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
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						
00469-3211-10		J2248		01/01/2007	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MYCAMINE (W/RED FLIP-OFF CAP) 100 MG	1	EA	VL	IV	EA	1	MG	100	01/01/2007	99/99/9999						
00469-3250-10		J2248		01/01/2007	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MYCAMINE (PF) 50 MG	1	EA	VL	IV	EA	1	MG	50	01/01/2007	99/99/9999						
00487-4301-05		J7040		07/16/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (PF,LATEX-FREE) 0.9%	50	ML		IV	ML	500	ML	0.002	07/16/2020	99/99/9999						
00487-9801-25		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						
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						
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						
00781-5175-05		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						
00781-6135-95		J2540		11/25/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM 5 Million U	1	EA	VL	IV	EA	600000	U	8.33333	11/25/2002	99/99/9999						
00781-7146-64		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						
00781-7515-87		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						
00781-8047-01		Q0175		03/02/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP) 4 MG	100	EA	BO	PO	EA	4	MG	1	03/02/2020	99/99/9999						
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	IJ	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	IJ	ML	10	MG	2.5	07/21/2005	12/31/2014						
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						
00409-1159-01		J3490		06/29/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (USP,25X2ML,LATEX-FREE) 0.25%	10	ML	VL	IJ	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	IJ	ML	1	EA	1	08/10/2005	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	IJ	ML	5	MG	0.5	08/23/2005	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	IJ	ML	1	MG	0.4	07/08/2005	99/99/9999						
00761-0914-20		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTI-HIST 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
00781-1046-01		Q0175		01/01/2002	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						
00781-1046-10		Q0175		01/01/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE 2 MG	1000	EA	BO	PO	EA	4	MG	0.5	05/16/2008	99/99/9999	01/01/2002	12/01/2004	0.5			
00781-1047-13		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						
00781-1496-68		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						
00781-1681-31		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00490-0075-90		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						
00490-0091-90		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						
00517-0650-02		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			
00517-1045-25		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	GM	0.2	01/01/2002	12/31/2013						
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						
00517-2310-05		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						
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 VIAL) 2 GM	1	EA	VL	IV	EA	250	MG	8	03/19/2008	99/99/9999						
00781-9124-85		J3490		02/01/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN 1 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2007	99/99/9999						
00781-9126-46		J3490		03/31/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN 10 GM	1	EA	VL	IJ	EA	1	EA	1	03/31/2007	99/99/9999						
00781-9166-95		J2354		04/07/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 50 MCG/ML	1	ML	AM	IJ	ML	25	MCG	2	04/07/2005	99/99/9999						
00781-9224-15		J3490		02/01/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN (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 NAFCILLIN (USP,ADD-VANTAGE) 1 GM	1	EA	VL	IV	EA	1	EA	1	09/18/2006	99/99/9999						
00781-9261-95		J0290		12/10/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	PREMIERPRO RX AMPICILLIN 1 GM	10	EA	VL	IJ	EA	500	MG	2	12/10/2015	99/99/9999						
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	IJ	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	IJ	ML	0.1	MG	0.5	07/27/2005	99/99/9999						
00409-1281-31		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,50X1ML) 100 U/ML	1	ML	CR	IV	ML	10	U	10	10/01/2009	99/99/9999						
00409-1281-32		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,CARPUJECT) 100 U/ML	2	ML	CR	IV	ML	10	U	10	10/01/2009	99/99/9999						
00409-1281-33		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,25X3ML) 100 U/ML	3	ML	CR	IV	ML	10	U	10	10/01/2009	99/99/9999						
00409-1283-31		J1170		06/14/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (LUER LOCK,10X1ML) 1 MG/ML	1	ML	CR	IJ	ML	4	MG	0.25	06/14/2005	99/99/9999						
00409-1316-66		J1644		02/11/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (PF,CARPUJECT) 10000 U/ML	0.5	ML	SR	IJ	ML	1000	U	10	02/11/2005	99/99/9999						
00409-1323-05		J2001		12/08/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (10X5ML, ANSYR) 2%	5	ML	SR	IJ	ML	10	MG	2	12/08/2005	99/99/9999						
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						
00781-2067-01		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						
00781-2104-01		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						
00781-2691-75		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						
00781-2692-75		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						
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						
00517-4601-25		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						
00517-4620-25		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						
00781-9273-95		J0290		12/10/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	PREMIERPRO RX AMPICILLIN 2 GM	10	EA	VL	IJ	EA	500	MG	4	12/10/2015	99/99/9999						
00781-9327-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 500 MG	1	EA	VL	IJ	EA	250	MG	2	07/19/2005	99/99/9999						
00781-9330-46		J0696		07/19/2005	06/30/2015	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 10 GM	1	EA	VL	IJ	EA	250	MG	40	07/19/2005	06/30/2015						
00781-9401-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 125 MG	1	EA	VL	IJ	EA	500	MG	0.25	02/01/2006	99/99/9999						
00781-9402-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 250 MG	1	EA	VL	IJ	EA	500	MG	0.5	02/01/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-9408-92		J0290		02/01/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	02/01/2007	99/99/9999						
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						
00409-1390-51		J2185		10/08/2019	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (LATEX-FREE) 500 MG	10	EA	VL	IV	EA	100	MG	5	10/08/2019	99/99/9999						
00409-1467-01		J2300		05/12/2005	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (VIAL,FLIPTOP) 20 MG/ML	10	ML	VL	IJ	ML	10	MG	2	05/12/2005	99/99/9999						
00409-1559-10		J3490		08/22/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (10X10ML, S.D.V.) 0.25%	10	ML	VL	IJ	ML	1	EA	1	08/22/2005	99/99/9999						
00409-1559-30		J3490		09/07/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.,LATEX-FREE) 0.25%	30	ML	VL	IJ	ML	1	EA	1	09/07/2005	99/99/9999						
00409-1610-50		J3490		11/22/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.) 0.5%	50	ML	VL	IJ	ML	1	EA	1	11/22/2005	99/99/9999						
00409-1626-01		J0595		03/21/2006	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 2 MG/ML	1	ML	VL	IJ	ML	1	MG	2	03/21/2006	99/99/9999						
00409-1626-02		J0595		12/21/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X2ML) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	12/21/2005	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	IJ	ML	500	MG	1	11/27/2006	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						
00781-2696-75		None		09/30/2013	99/99/9999	TEMODAR, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	09/30/2013	99/99/9999						
00781-3000-95		J2185		09/12/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM 500 MG	10	EA	VL	IV	EA	100	MG	5	09/12/2016	99/99/9999						
00781-3001-26		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						
00781-3032-95		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	IJ	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	IJ	EA	1.5	GM	2	09/05/2006	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						
00781-3095-80		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						
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						
00527-2370-32		Q0144		05/01/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	05/01/2020	99/99/9999						
00527-2930-37		J7512		10/21/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 1 MG	100	EA	BO	PO	EA	1	MG	1	10/21/2019	99/99/9999						
00527-2932-43		J7512		10/21/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	1	MG	5	10/21/2019	99/99/9999						
00527-2933-41		J7512		10/21/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	500	EA	BO	PO	EA	1	MG	10	10/21/2019	99/99/9999						
00904-6425-61		J7507		01/09/2015	08/21/2019	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	1	EA	BX	PO	EA	1	MG	1	01/09/2015	08/21/2019						
00904-6574-61		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						
00904-6745-61		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						
00904-6785-61		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						
00904-6893-61		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 ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (10X10,FILM-COATED) 25 MG	100	EA	BP	PO	EA	5	MG	5	07/29/2019	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						
00904-7067-04		J0604		07/20/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (3X10,FILM COATED) 30 MG	30	EA	BX	PO	EA	1	MG	30	07/20/2020	99/99/9999						
00409-1894-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 15 MG/ML	1	ML	SR	IV	ML	10	MG	1.5	01/01/2015	99/99/9999						
00409-1894-01		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						
00409-1941-01		J3070		11/18/2005	03/01/2018	INJECTION, PENTAZOCINE, 30 MG	TALWIN LACTATE (UNI-AMP,LATEX-FREE) 30 MG/ML	1	ML	AM	IJ	ML	30	MG	1	11/18/2005	03/01/2018						
00409-1966-07		A4216		04/05/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (VIAL,FLIPTOP PLASTIC) 0.9%	30	ML	VL	IV	ML	10	ML	0.1	04/05/2005	99/99/9999						
00409-1966-12		A4216		10/06/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (25X10ML, LS-PLASTIC) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	10/06/2005	99/99/9999						
00409-2025-20		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						
00409-2287-61		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						
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						
00781-3101-80		J2700		02/01/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (USP) 2 GM	1	EA	VL	IJ	EA	250	MG	8	02/01/2007	99/99/9999						
00781-3125-85		J3490		09/09/2005	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM 2 GM	1	EA	VL	IJ	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	IJ	EA	1	EA	1	02/23/2005	99/99/9999						
00781-3126-95		J3490		04/27/2004	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (VIAL,PHARMACY BULK) 10 GM	1	EA	VL	IJ	EA	1	EA	1	04/27/2004	99/99/9999						
00781-3128-92		J3490		04/17/2006	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	IV	EA	1	EA	1	04/17/2006	99/99/9999						
00781-3158-95		J0583		07/06/2015	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SINGLE-USE,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	07/06/2015	99/99/9999						
00781-3207-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	VL	IJ	EA	250	MG	2	07/19/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00536-3772-06		Q0163		01/01/2002	01/22/2015	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	50	EA	BO	PO	EA	50	MG	1	01/01/2002	01/22/2015						
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	09/19/2019	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	03/01/2016	09/19/2019						
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						
00555-0572-35		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						
00562-7805-25		J2790		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	RHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 300 MCG	25	EA	SR	IM	EA	300	MCG	1	09/01/2007	99/99/9999						
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						
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	TWILITE 50 MG	20	EA	BX	PO	EA	50	MG	1	01/01/2002	99/99/9999						
00944-2511-02		J1575		01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	52.5	ML	VL	SC	ML	100	MG	1	01/01/2016	99/99/9999						
00944-2511-02		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 GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	105	ML	VL	SC	ML	100	MG	1	01/01/2016	99/99/9999						
00944-2512-02		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 GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	210	ML	VL	SC	ML	100	MG	1	01/01/2016	99/99/9999						
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	IJ	ML	1	MG	1	09/13/2005	99/99/9999						
00409-2308-50		J2250		11/18/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (VIAL,FLIPTOP,PF) 5 MG/ML	2	ML	VL	IJ	ML	1	MG	5	11/18/2005	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	IJ	EA	500	MG	1	04/25/2005	99/99/9999						
00409-2347-32		J1250		01/11/2006	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE (LATEX-FREE) 5%-200 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.008	01/11/2006	99/99/9999						
00409-2347-33		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						
00409-2504-10		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						
00409-2776-23		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						
00781-3210-46		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 10 GM	1	EA	VL	IJ	EA	250	MG	40	07/19/2005	99/99/9999						
00781-3222-95		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	04/14/2008	99/99/9999						
00781-3223-95		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/14/2008	99/99/9999						
00781-3232-95		J3490		03/30/2020	99/99/9999	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (SDV,FREEZE-DRIED) 40 MG	10	EA	VL	IV	EA	1	EA	1	03/30/2020	99/99/9999						
00781-3239-09		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						
00781-3295-70		J0878		07/13/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	07/13/2020	99/99/9999						
00781-3317-80		J9263		04/14/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (1X20ML,SINGLE USE,PF) 5 MG/ML	20	ML	VL	IV	ML	0.5	MG	10	04/14/2015	99/99/9999						
00574-0827-10		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP, MDV) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	03/08/2019	99/99/9999	01/01/2015	08/31/2017	200			
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						
00574-0851-05		J1110		05/18/2020	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE NOVAPLUS (SDV;USP) 1 MG/1 ML	1	ML	AM	IJ	ML	1	MG	1	05/18/2020	99/99/9999						
00574-0858-01		J0770		03/11/2005	06/30/2018	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM (VIAL,STERILE) 150 MG	1	EA	VL	IJ	EA	150	MG	1	03/11/2005	06/30/2018						
00574-0866-10		J7516		12/12/2012	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE 50 MG/ML	5	ML	AM	IV	ML	250	MG	0.2	12/12/2012	99/99/9999						
00574-7226-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPRO 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
00591-0801-01		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						
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						
00944-2700-02		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00944-2700-06		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						
00944-2850-05		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						
00944-2850-08		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						
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			
00409-2998-03		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	IJ	EA	1.5	GM	2	07/20/2007	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						
00409-3382-21		J3490		07/15/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (10X1ML,LATEX-FREE) 50 MCG/ML	1	ML	VL	IJ	ML	1	EA	1	07/15/2005	99/99/9999						
00409-3382-22		J3490		07/18/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (10X2ML,LATEX-FREE) 50 MCG/ML	2	ML	VL	IJ	ML	1	EA	1	07/18/2005	99/99/9999						
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	IJ	ML	80	MG	0.125	03/31/2005	02/01/2016						
00409-3713-01		J3490		01/01/2018	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN (PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	1	EA	1	01/01/2018	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	IJ	EA	500	MG	0.25	05/12/2004	99/99/9999						
00781-3411-95		J0330		07/17/2017	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	ANECTINE (MDV) 20 MG/1 ML	10	ML	VL	IV	ML	20	MG	1	07/17/2017	99/99/9999						
00781-3415-75		J2469		01/08/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL NOVAPLUS (SDV) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	01/08/2019	99/99/9999						
00781-3420-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 1 MG/1 ML	20	ML	VL	IJ	ML	1	MG	1	02/27/2019	99/99/9999						
00781-3422-95		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						
00781-3427-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	5	02/27/2019	99/99/9999						
00781-3430-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 10 MG/1 ML	20	ML	VL	IJ	ML	1	MG	10	02/27/2019	99/99/9999						
00781-3433-95		J2020		08/02/2016	99/99/9999	INJECTION, LINEZOLID, 200MG	LINEZOLID (10X300ML BAGS) 2 MG/1 ML	300	ML	FC	IV	ML	200	MG	0.01	08/02/2016	99/99/9999						
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			
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			
00591-2418-30		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						
00591-2919-23		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						
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						
00944-4175-10		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						
00990-7075-14		J3480		11/12/2019	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (PF,LATEX-FREE) 10 MEQ/50 ML	50	ML	PC	IV	ML	2	MEQ	0.1	11/12/2019	99/99/9999						
00990-7139-09		A4217		03/13/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	STERILE WATER (12X1000ML;USP,PF)	1000	ML	FC	IR	ML	500	ML	0.002	03/13/2020	99/99/9999						
00990-7730-36		J7799		02/07/2020	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (80X50ML,LATEX-FREE) 0.45%	50	ML	FC	IV	ML	1	EA	1	02/07/2020	99/99/9999						
00990-7922-55		J7060		12/19/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LATEX-FREE) 5%	500	ML	FC	IV	ML	500	ML	0.002	12/19/2019	99/99/9999						
00990-7922-61		J7060		12/30/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LATEX-FREE) 5%	150	ML	FC	IV	ML	500	ML	0.002	12/30/2019	99/99/9999						
00990-7923-11		J7060		06/09/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (60X100ML;USP,LATEX-FREE) 5%	100	ML	FC	IV	ML	500	ML	0.002	06/09/2020	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	IJ	EA	500	MG	2	08/01/2017	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	IJ	ML	15	MG	1	04/19/2005	04/01/2016						
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						
00409-3977-03		A4216		04/07/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION BACTERIOSTATIC (VIAL,FLIPTOP,LATEX-FREE)	30	ML	VL	IV	ML	10	ML	0.1	04/07/2005	99/99/9999						
00409-4029-03		A4216		03/01/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (AMP,PF,LATEX-FREE)	20	ML	AM	IV	ML	10	ML	0.1	03/01/2005	99/99/9999						
00409-4053-03		J3490		05/11/2005	09/02/2015	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (ADD-VANTAGE,25X2ML) 150 MG/ML	2	ML	VL	IJ	ML	1	EA	1	05/11/2005	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	IJ	ML	10	MG	1.5	10/31/2005	11/01/2015						
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	IJ	EA	0.1	MG	3	01/16/2019	99/99/9999						
00781-3447-95		J0583		03/18/2020	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	ANGIOMAX (LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	03/18/2020	99/99/9999						
00781-3451-96		J0690		09/13/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	09/13/2006	99/99/9999						
00781-3458-95		J2370		01/16/2020	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	01/16/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-3466-70		J2370		01/16/2020	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	01/16/2020	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	IJ	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	IJ	ML	1	MG	0.2	08/15/2019	99/99/9999						
00781-4004-36		J2941		01/15/2007	99/99/9999	INJECTION, SOMATROPIN, 1 MG	OMNITROPE (W/ 8 VIALS OF DILUENT) 5.8 MG	1	EA	VL	SC	EA	1	MG	5.8	01/15/2007	99/99/9999						
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						
00591-3797-60		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						
00591-3817-39		J7620		02/25/2016	11/11/2019	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	02/25/2016	11/11/2019						
00591-4385-79		J1453		09/19/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,PF,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/19/2019	99/99/9999						
00591-5307-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999						
00990-7923-13		J7060		06/24/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LATEX-FREE) 5%	50	ML	FC	IV	ML	500	ML	0.002	06/24/2020	99/99/9999						
00990-7923-37		J7060		02/12/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LATEX-FREE) 5%	100	ML	FC	IV	ML	500	ML	0.002	02/12/2020	99/99/9999						
00990-7924-09		A4216		06/09/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE-SODIUM CHLORIDE (LATEX-FREE) 5%-0.225%	1000	ML	FC	IV	ML	10	ML	0.1	06/09/2020	99/99/9999						
00990-7926-02		J7799		12/30/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE-SODIUM CHLORIDE (24X250ML,LATEX-FREE) 5%-0.45%	250	ML	FC	IV	ML	1	EA	1	12/30/2019	99/99/9999						
00990-7929-09		J7121		03/13/2020	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	LACTATED RINGER'S AND 5% DEXTROSE (12X1000ML;USP)	1000	ML	FC	IV	ML	1000	ML	0.001	03/13/2020	99/99/9999						
00990-7930-02		J7799		08/12/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LATEX-FREE) 10%	250	ML	FC	IV	ML	1	EA	1	08/12/2019	99/99/9999						
00990-7935-19		J7799		11/12/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (PARTIAL FILL) 20%	500	ML	FC	IV	ML	1	EA	1	11/12/2019	99/99/9999						
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	IJ	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	IJ	ML	10	MG	0.05	12/13/2005	12/31/2014						
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						
00409-4229-01		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						
00409-4275-01		J2001		12/30/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL, FLIPTOP) 0.5%	50	ML	VL	IJ	ML	10	MG	0.5	12/30/2005	99/99/9999						
00409-4278-01		J2001		06/29/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X50ML) 0.5%	50	ML	VL	IJ	ML	10	MG	0.5	06/29/2005	99/99/9999						
00409-4684-12		J1450		12/29/2015	09/01/2017	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (LATEX-FREE) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	12/29/2015	09/01/2017						
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						
00781-6136-94		J2540		11/25/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM 20 Million U	1	EA	VL	IV	EA	600000	U	33.33333	11/25/2002	99/99/9999						
00781-7157-29		J7644		09/09/2011	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	ML	0.2	09/09/2011	99/99/9999						
00781-7157-29	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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00591-5307-10		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						
00591-5442-01		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						
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						
00591-5442-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	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						
00990-7953-09		J7120		02/25/2020	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LATEX-FREE)	1000	ML	FC	IV	ML	1000	ML	0.001	02/25/2020	99/99/9999						
00990-7972-07		A4217		06/02/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (6X2000ML;USP,PF) 0.9%	2000	ML	FC	IR	ML	500	ML	0.002	06/02/2020	99/99/9999						
00990-7973-07		A4217		01/24/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (6X2000ML;USP,PF)	2000	ML	FC	IR	ML	500	ML	0.002	01/24/2020	99/99/9999						
00990-7985-25		J7799		01/24/2020	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (LATEX-FREE) 0.45%	250	ML	FC	IV	ML	1	EA	1	01/24/2020	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						
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						
08080-1022-00		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						
08166-1109-05		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						
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						
00409-4688-23		J1450		06/16/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X100ML,LATEX FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	06/16/2006	99/99/9999						
00409-4699-24		J3490		03/22/2006	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (FLIPTOP VIAL) 10 MG/ML	100	ML	VL	IV	ML	1	EA	1	03/22/2006	99/99/9999						
00409-4888-10		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						
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						
00781-8048-01		Q0175		03/02/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP) 8 MG	100	EA	BO	PO	EA	4	MG	2	03/02/2020	99/99/9999						
00781-8089-26		Q0144		08/23/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6	EA	BO	PO	EA	1	GM	0.25	08/23/2019	99/99/9999						
00781-8089-31		Q0144		10/01/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	10/01/2019	99/99/9999						
00781-8090-03		Q0144		10/01/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3	EA	BO	PO	EA	1	GM	0.5	10/01/2019	99/99/9999						
00781-9109-95		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						
00591-5443-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						
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						
00591-5443-10		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						
00597-0145-60		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						
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						
00603-1584-58		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						
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						
08290-0321-05		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						
08290-0331-05		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
10019-0050-36		J3490		05/05/2007	02/03/2016	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE 50 MCG/ML	5	ML	AM	IJ	ML	1	EA	1	05/05/2007	02/03/2016						
00409-4902-34		J7799		12/08/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFESHEILD, 18G1-1/2) 50%	1	ML	SR	IV	ML	1	EA	1	12/08/2005	99/99/9999						
00409-4903-34		J2001		12/01/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (21GX1-1/2",LATEX-FREE) 2%	5	ML	SR	IJ	ML	10	MG	2	12/01/2005	99/99/9999						
00409-5092-16		J0713		05/02/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (SINGLE-DOSE ADD-VANTAGE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	05/02/2006	99/99/9999						
00409-5093-11		J0713		04/03/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (ADD-VANTAGE,USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/03/2006	99/99/9999						
00409-5684-01		J2920		11/01/2005	09/22/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	A-METHAPRED (UNIVIAL,LATEX-FREE) 40 MG	1	EA	VL	IJ	EA	40	MG	1	11/01/2005	09/22/2016						
00409-6030-04		J2175		01/02/2007	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (SDV,USP,10X30ML) 10 MG/ML	30	ML	VL	IV	ML	100	MG	0.1	01/02/2007	99/99/9999						
00409-6102-04		J1940		02/21/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	4	ML	VL	IJ	ML	20	MG	0.5	02/21/2005	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	IJ	ML	10	MG	2.5	09/01/2005	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	IV	EA	250	MG	4	03/19/2008	99/99/9999						
00781-9125-95		J3490		02/01/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN 2 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2006	99/99/9999						
00781-9250-95		J0290		12/10/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	PREMIERPRO RX AMPICILLIN 500 MG	10	EA	VL	IJ	EA	500	MG	1	12/10/2015	99/99/9999						
00781-9328-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/19/2005	99/99/9999						
00781-9338-95		J0690		02/27/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	NOVAPLUS CEFAZOLIN (USP) 500 MG	1	EA	VL	IJ	EA	500	MG	1	02/27/2006	99/99/9999						
00781-9404-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	02/01/2006	99/99/9999						
00781-9407-78		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 500 MG	1	EA	VL	IJ	EA	500	MG	1	01/24/2006	99/99/9999						
00781-9408-80		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 2 GM	1	EA	VL	IJ	EA	500	MG	4	01/24/2006	99/99/9999						
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						
00603-5337-21		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, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
10019-0103-39		J2060		05/05/2007	01/31/2014	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 4 MG/ML	25	ML	VL	IJ	ML	2	MG	2	05/05/2007	01/31/2014						
10019-0105-71		J2060		05/05/2007	02/03/2016	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM (USP) 2 MG/ML	1	ML	VL	IJ	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 4 MG/ML	1	ML	VL	IJ	ML	2	MG	2	05/05/2007	02/03/2016						
10019-0178-39		J2270		05/05/2007	10/17/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE 10 MG/ML	1	ML	VL	IJ	ML	10	MG	1	05/05/2007	10/17/2016						
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	IJ	EA	1.5	GM	1	05/05/2007	02/03/2016						
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	IJ	ML	1	MG	2	05/05/2007	10/17/2016						
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						
00409-6478-44		J1364		01/10/2007	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (ADD-VANTAGE VIAL) 1 GM	1	EA	VL	IV	EA	500	MG	2	01/10/2007	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						
00409-6534-49		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						
00409-6727-23		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						
00409-6730-13		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						
00409-6778-05		J2060		03/06/2018	99/99/9999	INJECTION, LORAZEPAM, 2 MG	PREMIERPRO RX LORAZEPAM (LATEX-FREE) 2 MG/1 ML	1	ML		IJ	ML	2	MG	1	03/06/2018	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	IJ	ML	2	MG	1	12/29/2005	99/99/9999						
00781-9409-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 10 GM	1	EA	VL	IJ	EA	500	MG	20	02/01/2006	99/99/9999						
00781-9412-15		J0290		02/01/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	02/01/2007	99/99/9999						
00781-9413-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	03/20/2007	99/99/9999						
00904-1228-00		Q0163		01/01/2002	04/26/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BANOPHEN (AF) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	04/26/2019						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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						
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						
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						
10106-1649-04		J0706		01/01/2002	10/17/2016	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	10/17/2016						
10106-3046-05		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	99/99/9999						
10106-4206-01		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	99/99/9999						
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						
10135-0156-13		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						
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						
00409-7077-26		J3480		05/04/2005	04/17/2020	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (HIGHLY CONC.,24X100ML) 40 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.2	05/04/2005	04/17/2020						
00409-7100-67		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						
00409-7101-66		A4216		07/28/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (ADD-VANT,LIFECARE) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	07/28/2005	99/99/9999						
00409-7115-09		J3480		04/06/2005	06/02/2020	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (12X1000ML,LATEX-FREE) 2 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.01	04/06/2005	06/02/2020						
00409-7132-67		J7799		11/14/2005	10/09/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (ADD-VANTAGE,LATEX-FREE) 0.45%	100	ML	PC	IV	ML	1	EA	1	11/14/2005	10/09/2019						
00409-7138-09		A4217		05/11/2005	02/12/2020	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,12X1000ML,PF) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	05/11/2005	02/12/2020						
00409-7337-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/20/2005	99/99/9999						
00904-6617-61		Q0177		06/11/2018	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 HCL (FILM-COATED) 25 MG	100	EA		PO	EA	25	MG	1	06/11/2018	99/99/9999						
00904-6796-04		J8499		08/27/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	30	EA		PO	EA	1	EA	1	08/27/2018	99/99/9999						
00944-2510-02		J1575		01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	26.25	ML	VL	SC	ML	100	MG	1	01/01/2016	99/99/9999						
00944-2510-02		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						
00944-2514-02		J1575		01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	315	ML	VL	SC	ML	100	MG	1	01/01/2016	99/99/9999						
00944-2514-02		J7799		10/06/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	315	ML	VL	SC	ML	1	ML	1	10/06/2014	12/31/2015						
00944-2656-03		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						
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						
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						
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						
10702-0003-50		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						
00409-7337-20		J0696		02/28/2018	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP) 250 MG	10	EA		IJ	EA	250	MG	1	02/28/2018	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7620-03		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						
00409-7730-20		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						
00409-7730-37		J7799		09/16/2005	05/08/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (80X100ML,LATEX-FREE) 0.45%	100	ML	FC	IV	ML	1	EA	1	09/16/2005	05/08/2020						
00409-7761-03		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						
00409-7794-62		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						
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						
00944-2814-01		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						
00944-2850-07		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						
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						
00990-6138-22		A4217		04/17/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (24X250ML;USP) 0.9%	250	ML	FC	IR	ML	500	ML	0.002	04/17/2020	99/99/9999						
00990-6139-03		A4217		02/12/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	STERILE WATER (PF,LATEX-FREE)	500	ML	BO	IR	ML	500	ML	0.002	02/12/2020	99/99/9999						
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						
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						
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						
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						
00409-7886-23		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						
00409-7918-19		J7799		07/08/2005	12/04/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE) 70%	500	ML	PC	IV	ML	1	EA	1	07/08/2005	12/04/2019						
00409-7923-13		J7060		06/09/2005	06/24/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (48X50ML,LATEX-FREE) 5%	50	ML	FC	IV	ML	500	ML	0.002	06/09/2005	06/24/2020						
00409-7923-23		J7060		07/15/2005	05/27/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (48X100ML,LATEX-FREE) 5%	100	ML	FC	IV	ML	500	ML	0.002	07/15/2005	05/27/2020						
00409-7923-36		J7060		04/05/2005	04/17/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,QUAD PACK) 5%	50	ML	FC	IV	ML	500	ML	0.002	04/05/2005	04/17/2020						
00409-7923-37		J7060		03/16/2005	02/12/2020	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,80X100ML) 5%	100	ML	FC	IV	ML	500	ML	0.002	03/16/2005	02/12/2020						
00409-7924-09		J7799		12/21/2005	06/09/2020	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE, PLASTIC) 5%-0.225%	1000	ML	FC	IV	ML	1	EA	1	12/21/2005	06/09/2020						
00990-7074-26		J3480		08/29/2019	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (PF,LATEX-FREE) 10 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.05	08/29/2019	99/99/9999						
00990-7138-36		A4217		03/06/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (9X1500ML;USP) 0.9%	1500	ML	FC	IR	ML	500	ML	0.002	03/06/2020	99/99/9999						
00990-7198-19		J7799		12/04/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LATEX-FREE) 70%	500	ML	VL	IV	ML	1	EA	1	12/04/2019	99/99/9999						
00990-7715-03		J7799		12/19/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (LATEX-FREE) 20%	500	ML	FC	IV	ML	1	EA	1	12/19/2019	99/99/9999						
00990-7922-09		J7060		01/24/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X1000ML;USP) 5%	1000	ML	FC	IV	ML	500	ML	0.002	01/24/2020	99/99/9999						
00990-7922-25		J7060		06/09/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (24X250ML;USP,LATEX-FREE) 5%	250	ML	FC	IV	ML	500	ML	0.002	06/09/2020	99/99/9999						
00990-7926-09		J7799		03/06/2020	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE-SODIUM CHLORIDE (12X1000ML;USP) 5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	03/06/2020	99/99/9999						
00990-7929-03		J7121		01/24/2020	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	LACTATED RINGER'S AND 5% DEXTROSE	500	ML	FC	IV	ML	1000	ML	0.001	01/24/2020	99/99/9999						
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						
13533-0631-11		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						
13533-0635-12		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						
13533-0701-01		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						
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	03/13/2020	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	DEXTROSE 5% IN RINGERS (LIFECARE,LATEX-FREE)	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	03/13/2020						
00409-7930-02		J7799		07/05/2005	08/15/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (24X250ML,LIFECARE) 10%	250	ML	FC	IV	ML	1	EA	1	07/05/2005	08/15/2019						
00409-7930-03		J7799		01/12/2005	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						
00409-7935-19		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						
00409-7938-19		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7953-09		J7120		05/18/2005	02/25/2020	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE,LATEX-FREE)	1000	ML	PC	IV	ML	1000	ML	0.001	05/18/2005	02/25/2020						
00990-7941-09		J7042		12/02/2019	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE-SODIUM CHLORIDE (12X1000ML,LATEX-FREE) 5%-0.9%	1000	ML	FC	IV	ML	500	ML	0.002	12/02/2019	99/99/9999						
00990-7953-02		J7120		06/24/2020	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LATEX-FREE)	250	ML	FC	IV	ML	1000	ML	0.001	06/24/2020	99/99/9999						
00990-7972-05		A4217		05/08/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (12X1000ML;USP,PF) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	05/08/2020	99/99/9999						
00990-7972-08		A4217		09/27/2019	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEX CONTAINER,PF) 0.9%	3000	ML	PC	IR	ML	500	ML	0.002	09/27/2019	99/99/9999						
00990-7973-05		A4217		01/24/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	STERILE WATER (PF,LATEX-FREE)	1000	ML	FC	IR	ML	500	ML	0.002	01/24/2020	99/99/9999						
00990-7973-08		A4217		10/11/2019	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (4X3000ML,PF,LATEX-FREE)	3000	ML	FC	IR	ML	500	ML	0.002	10/11/2019	99/99/9999						
00990-7984-11		J7040		04/09/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (60X100ML;SD,PF) 0.9%	100	ML	FC	IV	ML	500	ML	0.002	04/09/2020	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						
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, 1 MG	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, 1 MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	1	MG	5	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, 1 MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
00603-5437-21		Q0169		08/25/2006	01/09/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	100	EA	BO	PO	EA	12.5	MG	1	08/25/2006	01/09/2017						
13533-0800-12		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X10ML,SINGLE-USE) 100 MG/1 ML	10	ML	VL	IJ	ML	500	MG	0.2	12/07/2010	99/99/9999						
13533-0800-15		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X25ML,SINGLE-USE) 100 MG/1 ML	25	ML	VL	IJ	ML	500	MG	0.2	12/07/2010	99/99/9999						
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						
14789-0110-05		J1953		07/20/2020	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 500 MG/100 ML-0.82%	100	ML	FC	IV	ML	10	MG	0.5	07/20/2020	99/99/9999						
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						
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						
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						
00409-7972-07		A4217		04/05/2005	06/02/2020	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEX CONTAINER,6X2000ML) 0.9%	2000	ML	FC	IR	ML	500	ML	0.002	04/05/2005	06/02/2020						
00409-7973-07		A4217		08/09/2005	01/24/2020	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (FLEXIBLE, CONTAINER,PF)	2000	ML	FC	IR	ML	500	ML	0.002	08/09/2005	01/24/2020						
00409-7983-02		J7050		07/01/2005	08/19/2019	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,24X250ML,PF) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	07/01/2005	08/19/2019						
00409-7983-03		J7040		01/05/2005	04/17/2020	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (LIFECARE,P.C.,24X500ML) 0.9%	500	ML	FC	IV	ML	500	ML	0.002	01/05/2005	04/17/2020						
00409-7983-30		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						
00409-7985-09		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						
00409-8300-10		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						
00990-7984-23		J7050		06/24/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (SD,FLEXIBLE,PF) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	06/24/2019	99/99/9999						
00990-7984-36		J7040		11/12/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (SD,FLEXIBLE,PF) 0.9%	50	ML		IV	ML	500	ML	0.002	11/12/2019	99/99/9999						
00990-7985-02		J7799		11/01/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (LATEX-FREE) 0.45%	250	ML	FC	IV	ML	1	EA	1	11/01/2019	99/99/9999						
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						
08166-1110-03		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE,PF) 10 U/ML	3	ML	NA	IV	ML	10	U	1	01/01/2002	99/99/9999						
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,PF) 10 U/ML	5	ML	NA	IV	ML	10	U	1	01/01/2002	02/03/2016						
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						
00641-0121-25		J1170		01/01/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (VIAL, DOSETTE) 2 MG/ML	1	ML	VL	IJ	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 (VIAL, DOSETTE) 10 MG/ML	1	ML	VL	IJ	ML	1	MG	10	12/08/2004	99/99/9999						
00641-0477-21		J2560		12/08/2004	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (DOSETTE VIAL) 130 MG/ML	1	ML	VL	IJ	ML	120	MG	1.08333	12/08/2004	99/99/9999						
00641-0928-25		J2550		12/27/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE,VIAL) 25 MG/1 ML	1	ML	VL	IJ	ML	50	MG	0.5	12/27/2002	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	IJ	ML	50	MG	0.5	05/05/2007	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						
00641-6025-10		J3010		11/13/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE 0.05 MG/ML	10	ML	AM	IJ	ML	0.1	MG	0.5	11/13/2012	99/99/9999						
00641-6029-25		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	IJ	ML	0.1	MG	0.5	10/10/2012	99/99/9999						
16571-0600-96		J8499		12/12/2011	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CROMOLYN SODIUM (96X5ML,CONCENTRATE) 100MG/5ML	5	ML	PC	PO	ML	1	MG	1	12/12/2011	99/99/9999						
16571-0696-03		Q0144		05/01/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	05/01/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
16590-0191-15		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						
16590-0191-90		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						
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						
00409-9094-25		J3010		11/07/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VIAL,FLIPTOP,LATEX-FREE) 0.05 MG/ML	5	ML	VL	IJ	ML	0.1	MG	0.5	11/07/2005	99/99/9999						
00409-9137-05		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	IJ	ML	20	MG	0.5	04/21/2006	99/99/9999						
00463-1019-30		J2650		01/01/2002	02/03/2016	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	COTOLONE (VIAL) 25 MG/ML	30	ML	VL	IJ	ML	1	ML	1	01/01/2002	02/03/2016						
00463-1091-05		J3302		01/01/2002	02/03/2016	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCOT (VIAL) 40 MG/ML	5	ML	VL	IJ	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 (VIAL) 30 MG/ML	10	ML	VL	IJ	ML	60	MG	0.5	01/01/2002	01/28/2016						
00463-1108-20		J3250		01/01/2002	01/01/2016	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	BENZACOT (VIAL) 100 MG/ML	20	ML	VL	IM	ML	200	MG	0.5	01/01/2002	01/01/2016						
08290-0910-02		A4216		01/01/2007	12/05/2019	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 2ML,PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2007	12/05/2019						
08290-0930-10		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						
08881-5701-29		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						
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	IJ	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	IJ	ML	1	MG	0.2	05/05/2007	04/30/2014						
10019-0028-37		J2250		05/05/2007	02/03/2016	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 1 MG/ML	5	ML	VL	IJ	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	IJ	ML	15	MG	2	05/05/2007	10/17/2016						
00641-6075-25		J2270		02/08/2012	06/30/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, DOSETTE) 8MG/ML	25	ML	VL	IJ	ML	10	MG	0.8	02/08/2012	06/30/2016						
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	IJ	ML	4	MG	0.5	10/01/2018	99/99/9999						
00641-6167-10		J0278		12/02/2015	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (10X2ML) 250 MG/1 ML	2	ML	VL	IJ	ML	100	MG	2.5	12/02/2015	99/99/9999						
00641-6177-01		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 200 MCG/1 ML	5	ML	VL	IJ	ML	25	MCG	8	10/20/2017	99/99/9999						
00641-6194-10		J2704		05/08/2020	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (10X20ML,SDV,PF) 10 MG/1 ML	20	ML	VL	IV	ML	10	MG	1	05/08/2020	99/99/9999						
00641-6199-10		J1644		09/06/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (PF) 5000 U/1 ML	1	ML	SR	IJ	ML	1000	U	5	09/06/2019	99/99/9999						
00641-6204-10		J1644		06/30/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (10X0.5ML;USP,PF) 5000 U/0.5 ML	0.5	ML	SR	IJ	ML	1000	U	10	06/30/2020	99/99/9999						
00641-6229-25		J2370		10/18/2018	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PREMIERPRO RX PHENYLEPHRINE HCL 10 MG/1 ML	1	ML		IV	ML	1	ML	1	10/18/2018	99/99/9999						
16590-0326-10		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 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	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	06/01/2006	06/01/2014						
16590-0326-30		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	06/01/2006	06/01/2014						
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						
16590-0370-20		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						
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						
00463-6155-10		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						
00469-0607-73		J7507		01/01/2002	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	01/01/2002	99/99/9999						
00469-0617-11		J7507		01/01/2002	03/03/2020	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	PROGRAF (10X10,BLISTER PACK) 1 MG	100	EA	BX	PO	EA	1	MG	1	01/01/2002	03/03/2020						
00469-0647-73		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						
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						
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						
10019-0070-10		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10019-0070-20		J2260		05/05/2007	10/17/2016	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (SDV) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	05/05/2007	10/17/2016						
10019-0159-44		J2175		05/05/2007	10/17/2016	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL 25 MG/ML	1	ML	VL	IJ	ML	100	MG	0.25	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	IJ	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	IJ	ML	10	MG	1	05/05/2007	02/03/2016						
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	IJ	EA	1.5	GM	2	05/05/2007	10/31/2013						
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	IJ	EA	1.5	GM	1	05/05/2007	10/17/2016						
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	IJ	ML	80	MG	1	10/31/2006	99/99/9999						
00703-0696-01		J3285		09/30/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.,LATEX-FREE) 10 MG/1 ML	20	ML	VL	IJ	ML	1	MG	10	09/30/2019	99/99/9999						
00703-1179-01		J1327		12/11/2015	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	12/11/2015	99/99/9999						
00703-2191-04		J2550		09/30/2002	09/03/2019	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 25 MG/ML	1	ML	VL	IJ	ML	50	MG	0.5	09/30/2002	09/03/2019						
00703-2858-09		J3490		01/02/2014	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (SDV,20X50ML) 10 MG/ML	50	ML	VL	IV	ML	1	EA	1	01/02/2014	99/99/9999						
00703-3154-01		J9040		01/01/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE (S.D.V.) 15 U	1	EA	VL	IJ	EA	15	U	1	01/01/2002	99/99/9999						
00703-3213-01		J9267		07/07/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	07/07/2020	99/99/9999						
16714-0066-10		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 150 MG/1 ML	1	ML	SR	IJ	ML	10	MG	15	01/08/2020	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						
16714-0671-01		Q0162		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/5ML	60	ML	BO	PO	ML	1	MG	0.8	10/15/2009	10/31/2016						
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						
16714-0858-01		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						
16714-0886-01		J9040		04/20/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN (SDV,PF,LATEX-FREE) 15 U	1	EA		IJ	EA	15	U	1	04/20/2018	99/99/9999						
16714-0927-01		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						
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						
00487-9801-60		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						
00487-9904-25		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						
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						
10106-1649-01		J0706		01/01/2002	10/17/2016	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	10/17/2016						
10106-2506-01		J3475		01/01/2002	10/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	10/17/2016						
10106-2555-05		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						
10106-3052-05		J3480		01/01/2002	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	10/17/2016						
10135-0149-61		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						
00703-3216-01		J9267		03/25/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	03/25/2020	99/99/9999						
00703-3218-81		J9267		03/05/2020	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PREMIERPRO RX PACLITAXEL (1X50ML;MDV) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	03/05/2020	99/99/9999						
00703-3249-11		J9045		11/17/2005	05/24/2016	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (AQUEOUS SOLUTION) 10 MG/ML	60	ML	VL	IV	ML	50	MG	0.2	11/17/2005	05/24/2016						
00703-3333-01		J2354		11/23/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 200 MCG/ML	5	ML	VL	IJ	ML	25	MCG	8	11/23/2005	99/99/9999						
00703-3343-01		J2354		11/23/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 1000 MCG/ML	5	ML	VL	IJ	ML	25	MCG	40	11/23/2005	99/99/9999						
00703-3429-11		J9208		07/26/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE 3 GM	1	EA	VL	IV	EA	1	GM	3	07/26/2007	99/99/9999						
00703-4014-19		J9218		01/01/2002	99/99/9999	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (M.D.V.) 5 MG/ML	2.8	ML	VL	SC	ML	1	MG	5	01/01/2002	99/99/9999						
00703-4085-51		J2430		11/08/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 9 MG/ML	10	ML	VL	IV	ML	30	MG	0.3	11/08/2005	99/99/9999						
16714-0930-01		J9201		03/27/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	200	MG	5	03/27/2019	99/99/9999						
16714-0999-01		J1050		04/22/2020	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (SINGLE DOSE;USP) 150 MG/1 ML	1	ML	SR	IM	ML	1	MG	150	04/22/2020	99/99/9999						
16729-0035-15		J8999		02/08/2011	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOT OTHERWISE SPECIFIED	ANASTROZOLE (FILM-COATED) 1 MG	90	EA	BO	PO	EA	1	MG	1	02/08/2011	99/99/9999						
16729-0048-53		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						
16729-0051-53		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						
16729-0189-29		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16729-0224-05		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						
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						
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			
00517-0710-01		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						
00517-0920-01		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						
00517-1133-01		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						
00517-1825-10		J2800		01/29/2018	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	01/29/2018	99/99/9999						
00517-1980-05		J0500		08/30/2017	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	08/30/2017	99/99/9999						
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						
10135-0151-52		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						
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						
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						
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						
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						
00703-4100-48		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						
00703-4244-01		J9045		05/01/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (1X5ML) 10 MG/ML	5	ML	VL	IV	ML	50	MG	0.2	05/01/2006	99/99/9999						
00703-4686-01		J9293		04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (MDV,PF) 2 MG/ML	15	ML	VL	IV	ML	5	MG	0.4	04/11/2006	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						
00703-5747-11		J9060		06/19/2000	99/99/9999	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG	CISPLATIN (M.D.V.) 1 MG/ML	1	ML	VL	IV	ML	10	MG	0.1	06/19/2000	99/99/9999						
00703-5854-01		J9185		09/12/2003	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						
00703-8510-23		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						
16729-0243-31		J9351		07/01/2020	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG	TOPOTECAN (1X4ML;MDV) 1 MG/1 ML	4	ML	VL	IV	ML	0.1	MG	10	07/01/2020	99/99/9999						
16729-0288-38		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		09/14/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	15	ML	VL	IV	ML	50	MG	0.2	09/14/2017	99/99/9999						
16729-0306-10		J9025		01/01/2019	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (PF,LYOPHILIZED) 100 MG	1	EA	VL	IJ	EA	1	MG	100	01/01/2019	99/99/9999						
16729-0364-68		J3243		03/04/2019	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (PF,LYOPHILIZED) 50 MG	10	EA	VL	IV	EA	1	MG	50	03/04/2019	99/99/9999						
16729-0423-33		J9201		01/15/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	15	ML	VL	IV	ML	200	MG	0.5	01/15/2018	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						
00517-2810-25		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						
00517-4050-25		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						
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						
00527-2934-41		J7512		10/21/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	500	EA	BO	PO	EA	1	MG	20	10/21/2019	99/99/9999						
00527-2935-37		J7512		10/21/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	100	EA	BO	PO	EA	1	MG	50	10/21/2019	99/99/9999						
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 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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10702-0003-01		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						
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						
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						
00703-8610-21		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						
00703-9503-03		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						
00703-9514-93		J3490		02/27/2020	99/99/9999	UNCLASSIFIED DRUGS	SULFAMETHOXAZOLE/TRIMETHOPRIM NOVAPLUS 80 MG/1 ML-16 MG/1 ML	10	ML	VL	IV	ML	1	EA	1	02/27/2020	99/99/9999						
16729-0434-05		J0878		07/12/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IV	EA	1	MG	350	07/12/2019	99/99/9999						
16729-0434-45		J0878		02/12/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	10	EA	VL	IV	EA	1	MG	350	02/12/2020	99/99/9999						
16729-0440-10		J0604		06/01/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30	EA	BO	PO	EA	1	MG	30	06/01/2020	99/99/9999						
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						
17317-0049-04		J3490		01/01/2002	01/01/2014	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1	EA	NA	NA	GM	1	EA	1	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						
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						
00548-9090-10		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						
00555-0323-04		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	500	EA	BO	PO	EA	25	MG	1	01/01/2002	99/99/9999						
00555-0324-02		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 100 MG	100	EA	BO	PO	EA	25	MG	4	01/01/2014	99/99/9999						
00555-0324-02		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						
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						
13411-0182-10		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						
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						
13411-0183-10		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						
13533-0631-06		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						
13533-0645-24		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						
13533-0800-71		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X100ML SINGLE-USE) 100 MG/1 ML	100	ML	VL	IJ	ML	500	MG	0.2	12/07/2010	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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						
00781-1496-69		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						
00781-1830-01		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						
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						
17317-0345-05		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						
17317-0413-01		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						
17317-0438-05		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						
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						
00555-0882-02		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
00562-7805-01		J2790		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	RHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 300 MCG	1	EA	SR	IM	EA	300	MCG	1	09/01/2007	99/99/9999						
00562-7806-05		J2788		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	5	EA	SR	IM	EA	50	MCG	1	09/01/2007	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	IJ	ML	1	MG	1	03/15/2004	99/99/9999						
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						
00591-2897-49		J9025		09/16/2016	10/21/2019	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	1	MG	100	09/16/2016	10/21/2019						
13925-0522-01		J2545		10/11/2019	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE (PF) 300 MG	1	EA	VL	IH	EA	300	MG	1	10/11/2019	99/99/9999						
13925-0523-01		J9025		07/07/2017	02/13/2018	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (PF,LYOPHILIZED) 100 MG	1	EA	VL	IJ	EA	1	MG	100	07/07/2017	02/13/2018						
14539-0675-05		Q0177		06/01/2019	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25	MG	2	06/01/2019	99/99/9999						
14789-0600-10		J9017		07/09/2019	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (10X10 SDV,PF) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	07/09/2019	99/99/9999						
14789-0700-02		J0780		02/20/2019	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	02/20/2019	99/99/9999						
15054-1040-05		J2170		01/01/2007	99/99/9999	INJECTION, MECASERMIN, 1 MG	INCRELEX (10X4ML,M.D.V.) 10 MG/ML	4	ML	VL	SC	ML	1	MG	10	01/01/2007	99/99/9999						
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						
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			
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						
00781-2691-44		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						
00781-2692-44		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						
00781-3059-95		J1160		07/21/2006	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (USP,10X2ML) 0.25 MG/ML	2	ML	AM	IJ	ML	0.5	MG	0.5	07/21/2006	99/99/9999						
00781-3099-95		J2700		02/08/2005	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM 1 GM	1	EA	VL	IJ	EA	250	MG	4	02/08/2005	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	IJ	EA	250	MG	8	07/02/2004	99/99/9999						
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						
17317-0567-02		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
17317-0568-08		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						
17317-0593-08		J3350		01/01/2002	01/01/2014	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	01/01/2014						
17317-0626-01		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	01/01/2014						
17317-0626-02		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	01/01/2014						
17317-0626-03		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	01/01/2014						
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						
00591-3798-60		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						
00591-5052-01		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						
00591-5052-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
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						
16571-0695-03		Q0144		05/01/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	05/01/2020	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						
16590-0078-20		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 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						
16590-0191-10		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						
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	IJ	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	IJ	EA	1	EA	1	09/09/2005	99/99/9999						
00781-3126-46		J3490		09/09/2005	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM 10 GM	1	EA	VL	IJ	EA	1	EA	1	09/09/2005	99/99/9999						
00781-3129-92		J3490		02/22/2006	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (2GMX10, ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	1	EA	1	02/22/2006	99/99/9999						
00781-3182-73		J1451		04/02/2008	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	FOMEPIZOLE (1X1.5ML,PF) 1 GM/ML	1.5	ML	VL	IV	ML	15	MG	66.66666	04/02/2008	99/99/9999						
00781-3206-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/19/2005	99/99/9999						
00781-3222-80		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (S.D.V,USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	04/14/2008	99/99/9999						
00781-3250-89		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						
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						
17317-1010-05		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						
17317-1466-01		J3350		01/01/2002	01/01/2014	INJECTION, UREA, UP TO 40 GM	UREA (A.C.S., REAGENT)	1	EA	NA	NA	GM	40	GM	0.025	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						
17478-0040-01		J2060		09/21/2011	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (S.D.V.) 2 MG/ML	1	ML	VL	IJ	ML	2	MG	1	09/21/2011	99/99/9999						
17478-0081-30		J2795		06/08/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	IJ	ML	1	MG	5	06/08/2016	99/99/9999						
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						
00591-5052-10		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						
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						
00591-5319-01		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						
00597-0053-45		J1610		04/09/2015	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGEN (VIAL) 1 MG	10	EA	VL	IJ	EA	1	MG	1	04/09/2015	99/99/9999						
00597-0260-10		J1610		04/09/2015	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGEN DIAGNOSTIC KIT (VIAL W/STERILE WATER) 1 MG	1	EA	VL	IJ	EA	1	MG	1	04/09/2015	99/99/9999						
00603-0823-58		Q0163		01/01/2002	06/30/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Q-DRYL 12.5 MG/5 ML	473	ML	BO	PO	ML	50	MG	0.05	01/01/2002	06/30/2017						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16590-0191-20		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						
16590-0326-45		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	45	EA	BO	PO	EA	5	MG	4	06/01/2006	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						
16590-0404-21		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	06/01/2006	06/01/2014						
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						
00781-3402-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 250 MG	1	EA	VL	IJ	EA	500	MG	0.5	12/01/2005	99/99/9999						
00781-3407-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 500 MG	1	EA	VL	IJ	EA	500	MG	1	12/01/2005	99/99/9999						
00781-3421-94		J0637		11/12/2018	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	5	MG	10	11/12/2018	99/99/9999						
00781-3422-70		J2370		09/05/2019	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						
00781-3423-94		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						
00781-3777-95		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						
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						
17478-0181-20		J2515		06/03/2019	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	NEMBUTAL NOVAPLUS (MDV;USP,LATEX-FREE) 50 MG/1 ML	20	ML	VL	IJ	ML	50	MG	1	06/03/2019	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						
18860-0720-10		J2278		01/31/2011	12/01/2019	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X1ML,SINGLE-USE VIAL) 100 MCG/ML	1	ML	VL	IN	ML	1	MCG	100	01/31/2011	12/01/2019						
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						
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						
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						
00603-4593-21		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, 1 MG	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, 1 MG	PREDNISONE 1 MG	1000	EA	BO	PO	EA	1	MG	1	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, 1 MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
16714-0016-10		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 40 MG/0.4 ML	0.4	ML	SR	IJ	ML	10	MG	10	01/08/2020	99/99/9999						
16714-0048-01		Q0161		07/20/2020	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (USP,FILM-COATED) 25 MG	100	EA	BO	PO	EA	5	MG	5	07/20/2020	99/99/9999						
16714-0079-01		J0604		07/03/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	30	EA	BO	PO	EA	1	MG	60	07/03/2020	99/99/9999						
16714-0221-10		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16714-0221-30		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						
16714-0500-01		J9171		03/14/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	03/14/2016	99/99/9999						
00781-3825-96		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	1	ML	VL	IJ	ML	1	MG	0.2	08/15/2019	99/99/9999						
00781-3825-96	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	1	ML	VL	IJ	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	IJ	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	IJ	ML	1	MG	0.2	08/15/2019	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						
00781-5175-01		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	05/04/2009	99/99/9999						
00781-7146-63		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						
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						
21695-0306-28		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						
21695-0382-04		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						
21695-0580-05		J7506		07/25/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	5	EA	BO	PO	EA	5	MG	10	07/25/2007	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						
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, 1 MG	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, 1 MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
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						
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						
16714-0728-01		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						
16714-0857-01		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						
16714-0890-01		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						
16714-0906-25		J7643		09/18/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	09/18/2019	99/99/9999						
16714-0906-25	KO	J7643	KO	09/18/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	09/18/2019	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						
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						
00781-7157-64		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-7157-64	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						
00781-7516-87		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						
00781-8049-01		Q0175		03/02/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP) 16 MG	100	EA	BO	PO	EA	4	MG	4	03/02/2020	99/99/9999						
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						
23155-0196-43		J2405		06/12/2014	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	06/12/2014	99/99/9999						
23155-0521-44		J1940		08/01/2015	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	PREMIERPRO RX FUROSEMIDE (SDV) 10 MG/ML	10	ML	VL	IJ	ML	20	MG	0.5	08/01/2015	99/99/9999						
23155-0549-31		J2405		11/01/2015	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	11/01/2015	99/99/9999						
23155-0649-41		J9050		02/26/2020	99/99/9999	INJECTION, CARMUSTINE, 100 MG	CARMUSTINE (LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	100	MG	1	02/26/2020	99/99/9999						
23155-0685-31		J2354		08/01/2019	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 200 MCG/1 ML	5	ML	VL	IJ	ML	25	MCG	8	08/01/2019	99/99/9999						
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						
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						
00641-0493-21		J1165		12/08/2004	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (DOSETTE,VIAL) 50 MG/ML	2	ML	VL	IV	ML	50	MG	1	12/08/2004	99/99/9999						
00641-0929-21		J2550		12/08/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE,VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	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	IJ	ML	50	MG	1	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	IJ	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	IJ	ML	50	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	IJ	ML	4	MG	0.5	01/01/2002	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						
16714-0928-01		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						
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						
16729-0073-29		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						
16729-0259-38		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						
16729-0260-38		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						
16729-0295-34		J9045		09/14/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	09/14/2017	99/99/9999						
00781-8090-31		Q0144		04/17/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	04/17/2020	99/99/9999						
00781-9053-95		J0330		06/11/2019	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	ANECTINE NOVAPLUS (MDV) 20 MG/1 ML	10	ML	VL	IV	ML	20	MG	1	06/11/2019	99/99/9999						
00781-9110-15		J2700		03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	IV	EA	250	MG	4	03/19/2008	99/99/9999						
00781-9112-92		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	IV	EA	250	MG	8	03/19/2008	99/99/9999						
00781-9124-95		J3490		02/01/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN 1 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2006	99/99/9999						
00781-9168-95		J2354		04/07/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 500 MCG/ML	1	ML	AM	IJ	ML	25	MCG	20	04/07/2005	99/99/9999						
00781-9214-95		J2543		11/05/2018	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN SODIUM-TAZOBACTAM SODIUM NOVAPLUS (PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	11/05/2018	99/99/9999						
00781-9225-20		J3490		02/01/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN (ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	1	EA	1	02/01/2007	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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
24385-0462-78		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						
24987-0362-10		J2780		12/01/2014	01/10/2017	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC 25 MG/ML	2	ML	VL	IJ	ML	25	MG	1	12/01/2014	01/10/2017						
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						
25021-0174-15		J0878		01/08/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	1	MG	500	01/08/2020	99/99/9999						
25021-0179-15		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						
00641-2569-41		J1245		05/05/2007	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (SDV) 5 MG/ML	10	ML	VL	IV	ML	10	MG	0.5	05/05/2007	99/99/9999						
00641-6019-10		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	DURAMORPH (10X10ML,PF) 1 MG/ML	10	ML	AM	IJ	ML	10	MG	0.1	01/01/2015	99/99/9999						
00641-6019-10		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	IJ	ML	10	MG	0.1	07/03/2012	12/31/2014						
00641-6020-10		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	DURAMORPH (10X10ML,PF) 0.5 MG/ML	10	ML	AM	IJ	ML	10	MG	0.05	01/01/2015	99/99/9999						
00641-6020-10		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	IJ	ML	10	MG	0.05	07/03/2012	12/31/2014						
00641-6030-01		J3010		07/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (S.D.V) 0.05 MG/ML	1	ML	VL	IJ	ML	0.1	MG	0.5	07/25/2012	99/99/9999						
00641-6039-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	INFUMORPH 200 (1X20ML,PF) 10 MG/ML	20	ML	AM	IJ	ML	10	MG	1	01/01/2015	99/99/9999						
16729-0298-05		J2405		10/08/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	10/08/2016	99/99/9999						
16729-0311-08		J2501		03/15/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (SDV) 0.005 MG/1 ML	1	ML	VL	IV	ML	1	MCG	5	03/15/2016	99/99/9999						
16729-0311-93		J2501		03/15/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (MDV) 0.005 MG/1 ML	2	ML	VL	IV	ML	1	MCG	5	03/15/2016	99/99/9999						
16729-0332-05		J9263		05/01/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	05/01/2018	99/99/9999						
16729-0365-66		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						
16729-0426-05		J9201		01/15/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	20	ML	VL	IV	ML	200	MG	0.5	01/15/2018	99/99/9999						
16729-0440-15		J0604		06/01/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	90	EA	BO	PO	EA	1	MG	30	06/01/2020	99/99/9999						
17317-0049-01		J3490		01/01/2002	01/01/2014	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1	EA	NA	NA	GM	1	EA	1	01/01/2002	01/01/2014						
00781-9329-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 2 GM	1	EA	VL	IJ	EA	250	MG	8	07/19/2005	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	IJ	EA	500	MG	0.25	02/01/2007	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	IJ	EA	500	MG	0.5	01/24/2006	99/99/9999						
00781-9408-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	02/01/2006	99/99/9999						
00781-9412-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	03/20/2007	99/99/9999						
00904-2035-24		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						
00904-5551-59		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						
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	IJ	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	IJ	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	IJ	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	IJ	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	IJ	ML	10	MG	1	02/08/2012	09/16/2015						
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	IJ	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	IJ	ML	100	MG	0.15	02/08/2012	12/31/2014						
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						
17317-0199-08		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						
17317-0417-05		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						
17317-0455-05		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						
17317-0477-08		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						
17317-0567-08		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						
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						
00904-6623-61		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						
00904-6785-04		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						
00904-6786-61		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						
00904-6923-61		J7512		02/24/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (10X10) 10 MG	100	EA	BX	PO	EA	1	MG	10	02/24/2020	99/99/9999						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00944-2620-04		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						
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	IJ	ML	1	MG	0.4	11/09/2015	99/99/9999						
00641-6146-25		J1100		01/20/2017	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	DEXAMETHASONE SODIUM PHOSPHATE 4 MG/1 ML	5	ML	VL	IJ	ML	1	MG	4	01/20/2017	99/99/9999						
00641-6175-10		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 100 MCG/1 ML	1	ML	VL	IJ	ML	25	MCG	4	10/20/2017	99/99/9999						
00641-6178-01		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 1000 MCG/1 ML	5	ML	VL	IJ	ML	25	MCG	40	10/20/2017	99/99/9999						
00641-6188-10		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						
00641-6196-10		J2704		05/08/2020	99/99/9999	INJECTION, PROPOFOL, 10 MG	PROPOFOL (10X100ML,SDV,PF) 10 MG/1 ML	100	ML	VL	IV	ML	10	MG	1	05/08/2020	99/99/9999						
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	IJ	ML	40	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						
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						
17317-0571-05		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						
17317-0571-08		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						
17317-0593-01		J3350		01/01/2002	01/01/2014	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	01/01/2014						
17317-0719-01		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						
17317-0719-01	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						
17317-0829-01		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						
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						
00944-2658-04		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						
00944-2700-05		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						
00944-2815-01		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						
00703-0245-01		J3301		08/29/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (LATEX-FREE) 40 MG/1 ML	10	ML	VL	IJ	ML	10	MG	4	08/29/2019	99/99/9999						
00703-0404-02		J1955		01/01/2002	05/02/2017	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (VIAL) 200 MG/ML	5	ML	VL	IV	ML	1	GM	0.2	01/01/2002	05/02/2017						
00703-1165-01		J1327		07/06/2016	03/18/2019	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	07/06/2016	03/18/2019						
00703-1995-01		J1325		04/23/2008	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL SODIUM 1.5 MG	1	EA	VL	IV	EA	0.5	MG	3	04/23/2008	99/99/9999						
00703-3015-13		J9190		09/02/2003	05/18/2020	INJECTION, FLUOROURACIL, 500 MG	ADRUCIL (S.D.V.) 50 MG/ML	10	ML	VL	IV	ML	500	MG	0.1	09/02/2003	05/18/2020						
00703-3018-12		J9190		09/02/2003	05/18/2020	INJECTION, FLUOROURACIL, 500 MG	ADRUCIL (PHARMACY BULK PACKAGE) 50 MG/ML	50	ML	VL	IV	ML	500	MG	0.1	09/02/2003	05/18/2020						
00703-3067-11		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						
00703-3266-01		J9045		06/24/2004	10/17/2016	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (VIAL) 150 MG	1	EA	VL	IV	EA	50	MG	3	06/24/2004	10/17/2016						
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						
17317-1011-01		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						
17317-1011-08		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						
17317-1012-01		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						
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						
25021-0207-25		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						
25021-0230-05		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						
25021-0234-10		J9201		01/01/2015	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE HCL (SDV,USP,PF,LYOPHILIZED) 200 MG	1	EA	VL	IV	EA	200	MG	1	01/01/2015	99/99/9999						
25021-0236-04		J9351		01/01/2015	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG	TOPOTECAN HCL (1X4ML,PF) 1 MG/ML	4	ML	VL	IV	ML	0.1	MG	10	01/01/2015	99/99/9999						
25021-0237-06		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						
25021-0239-52		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						
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						
00944-2850-06		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						
00944-2884-01		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						
00944-4175-05		J2724		01/01/2008	06/30/2015	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	CEPROTIN (400-600IU) 1 IU	600	IU	VL	IV	EA	10	IU	0.1	01/01/2008	06/30/2015						
00990-6138-03		A4217		01/24/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (24X500ML-USP) 0.9%	500	ML	FC	IR	ML	500	ML	0.002	01/24/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00703-3311-04		J2354		11/14/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (1MLX25 VIALS) 100 MCG/ML	1	ML	VL	IJ	ML	25	MCG	4	11/14/2005	99/99/9999						
00703-3321-04		J2354		11/14/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (1MLX25 VIALS) 500 MCG/ML	1	ML	VL	IJ	ML	25	MCG	20	11/14/2005	99/99/9999						
00703-4075-59		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						
00703-4100-68		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						
00703-4155-11		J9211		09/24/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (S.D.V.) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	09/24/2002	99/99/9999						
00703-4156-11		J9211		09/24/2002	99/99/9999	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	99/99/9999						
00703-4246-01		J9045		05/01/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (1X15ML) 10 MG/ML	15	ML	VL	IV	ML	50	MG	0.2	05/01/2006	99/99/9999						
17317-2409-02		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						
17478-0015-02		J0500		06/28/2019	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE 10 MG/1 ML	2	ML	AM	IM	ML	20	MG	0.5	06/28/2019	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						
17478-0181-50		J2515		06/03/2019	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	NEMBUTAL NOVAPLUS (MDV;USP,LATEX-FREE) 50 MG/1 ML	50	ML	VL	IJ	ML	50	MG	1	06/03/2019	99/99/9999						
17478-0953-02		J0153		08/01/2018	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	2	ML	VL	IV	ML	1	MG	3	08/01/2018	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						
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						
25021-0408-51		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						
25021-0676-20		J2515		05/10/2017	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (MDV,PF,LATEX-FREE) 50 MG/1 ML	20	ML	VL	IJ	ML	50	MG	1	05/10/2017	99/99/9999						
25021-0788-74		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						
25021-0808-10		J2930		04/17/2017	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 125 MG	10	EA	VL	IJ	EA	125	MG	1	04/17/2017	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						
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						
00990-6139-22		A4217		11/12/2019	99/99/9999	STERILE WATER/SALINE, 500 ML	STERILE WATER (AQUALITE,PF,LATEX-FREE)	250	ML	PC	IR	ML	500	ML	0.002	11/12/2019	99/99/9999						
00990-7075-26		J3480		07/29/2019	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (PC,24X100ML,LATEX-FREE) 20 MEQ/100 ML	100	ML	PC	IV	ML	2	MEQ	0.1	07/29/2019	99/99/9999						
00990-7077-14		J3480		11/01/2019	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (24X50ML) 20 MEQ/50 ML	50	ML	FC	IV	ML	2	MEQ	0.2	11/01/2019	99/99/9999						
00990-7111-09		J7121		12/19/2019	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	DEX/LACT. RINGERS/POTASSIUM CHL (12X1000ML,LATEX-FREE)	1000	ML	FC	IV	ML	1000	ML	0.001	12/19/2019	99/99/9999						
00990-7118-07		A4216		12/19/2019	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER FOR INJECTION (BULK PACKAGE,LATEX-FREE)	2000	ML	FC	IJ	ML	10	ML	0.1	12/19/2019	99/99/9999						
00990-7139-36		A4217		02/25/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	STERILE WATER (PF,LATEX-FREE)	1500	ML	FC	IR	ML	500	ML	0.002	02/25/2020	99/99/9999						
00990-7924-02		J7799		09/30/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE-SODIUM CHLORIDE (LATEX-FREE) 5%-0.225%	250	ML	FC	IV	ML	1	EA	1	09/30/2019	99/99/9999						
00703-4248-01		J9045		02/01/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 10 MG/ML	45	ML	VL	IV	ML	50	MG	0.2	02/01/2006	99/99/9999						
00703-4402-11		J9370		01/01/2002	06/24/2019	VINCRISTINE SULFATE, 1 MG	VINCRISTINE SULFATE (S.D.V.) 1 MG/ML	1	ML	VL	IV	ML	1	MG	1	01/01/2002	06/24/2019						
00703-4852-11		J9185		05/02/2007	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (SDV) 25 MG/ML	2	ML	VL	IV	ML	50	MG	0.5	05/02/2007	99/99/9999						
00703-5040-01		J9000		01/01/2002	01/08/2019	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (M.D.V. POLYMER) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	01/01/2002	01/08/2019						
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						
00703-5233-13		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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						
21695-0080-21		J7509		01/01/2007	06/01/2014	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISONE 4 MG	21	EA	BO	PO	EA	4	MG	1	01/01/2007	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						
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						
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						
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						
31722-0960-60		Q0167		02/13/2020	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	02/13/2020	99/99/9999						
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						
33358-0010-15		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
00990-7924-03		A4216		05/08/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	DEXTROSE-SODIUM CHLORIDE (24X500ML;USP,LATEX-FREE) 5%-0.225%	500	ML	FC	IV	ML	10	ML	0.1	05/08/2020	99/99/9999						
00990-7925-03		J7799		12/02/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LATEX-FREE) 5%-0.3%	500	ML	FC	IV	ML	1	EA	1	12/02/2019	99/99/9999						
00990-7983-09		J7030		12/30/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (USP,PF,LATEX-FREE) 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	12/30/2019	99/99/9999						
00990-7983-25		J7050		12/19/2019	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	12/19/2019	99/99/9999						
00990-7984-20		J7040		03/06/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (SD,QUAD PACK,PF) 0.9%	25	ML	FC	IV	ML	500	ML	0.002	03/06/2020	99/99/9999						
00990-7984-37		J7040		10/14/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (BAG,PF,LATEX-FREE) 0.9%	100	ML		IV	ML	500	ML	0.002	10/14/2019	99/99/9999						
00990-9257-39		J3480		04/24/2020	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE IN SODIUM CHLORIDE (LATEX-FREE) 2 MEQ/100 ML-0.45%	1000	ML	FC	IV	ML	2	MEQ	0.01	04/24/2020	99/99/9999						
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						
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						
00703-9032-03		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						
00703-9402-04		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						
00713-0135-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
00713-0536-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 12.5 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
00781-1048-01		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						
21695-0202-10		J0696		02/01/2007	06/01/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV) 500 MG	1	EA	VL	IJ	EA	250	MG	2	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						
21695-0306-30		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						
21695-0307-21		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						
21695-0571-30		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						
33358-0010-28		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	28	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0011-30		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0111-20		Q0163		07/10/2007	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	20	EA	BO	PO	EA	50	MG	1	07/10/2007	04/01/2020						
33358-0292-12		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	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	12	EA	BO	PO	EA	1	MG	5	01/01/2016	04/01/2020						
33358-0292-21		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						
33358-0292-21		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	1	MG	5	01/01/2016	04/01/2020						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
08166-1109-10		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						
08290-0911-02		A4216		01/01/2004	12/05/2019	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2004	12/05/2019						
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						
08881-5801-25		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						
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						
00781-1496-31		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						
00781-2067-05		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						
00781-2695-44		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						
00781-3000-96		J2185		09/12/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM 500 MG	25	EA	VL	IV	EA	100	MG	5	09/12/2016	99/99/9999						
00781-3001-07		J2941		03/12/2008	99/99/9999	INJECTION, SOMATROPIN, 1 MG	OMNITROPE (1X1.5ML,W/DILUENT) 5 MG/1.5 ML	1.5	ML	CT	SC	ML	1	MG	3.33333	03/12/2008	99/99/9999						
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						
21695-0587-10		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						
21695-0765-48		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						
23155-0229-05		J8499		05/01/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500	EA		PO	EA	1	EA	1	05/01/2018	99/99/9999						
33358-0300-10		Q0164		01/01/2014	04/01/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	04/01/2020						
33358-0300-10		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	04/01/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2014	04/01/2020						
33358-0300-20		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						
33358-0369-02		Q0162		01/01/2012	04/01/2020	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 4 MG	2	EA	BO	PO	EA	1	MG	4	01/01/2012	04/01/2020						
33358-0418-30		Q0169		07/24/2007	04/01/2020	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	30	EA	BO	PO	EA	12.5	MG	1	07/24/2007	04/01/2020						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10019-0027-39		J2250		05/05/2007	10/17/2016	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 5 MG/ML	10	ML	VL	IJ	ML	1	MG	5	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	IJ	ML	15	MG	2	05/05/2007	10/31/2013						
10019-0102-37		J2060		05/05/2007	02/03/2016	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 2 MG/ML	10	ML	VL	IJ	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	IJ	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	IJ	ML	2	MG	1	05/05/2007	02/03/2016						
10019-0106-71		J2060		05/05/2007	02/03/2016	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM 4 MG/ML	1	ML	VL	IJ	ML	2	MG	2	05/05/2007	02/03/2016						
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						
00781-3034-46		J0295		09/05/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 10 GM-5 GM	1	EA	VL	IV	EA	1.5	GM	10	09/05/2006	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						
00781-3095-92		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						
00781-3098-96		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						
00781-3125-95		J3490		04/27/2004	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (VIAL) 2 GM	1	EA	VL	IJ	EA	1	EA	1	04/27/2004	99/99/9999						
00781-3178-95		J0713		02/23/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (USP) 2 GM	1	EA	VL	IV	EA	500	MG	4	02/23/2007	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	IJ	ML	10	MG	0.5	01/09/2017	99/99/9999						
23155-0521-41		J1940		08/01/2015	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	PREMIERPRO RX FUROSEMIDE (SDV) 10 MG/ML	2	ML	VL	IJ	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	PREMIERPRO RX FUROSEMIDE (SDV) 10 MG/ML	4	ML	VL	IJ	ML	20	MG	0.5	08/01/2015	99/99/9999						
23155-0663-01		J8499		06/20/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CALCITRIOL (SOFTGEL) 0.5 MCG	100	EA		PO	EA	1	EA	1	06/20/2018	99/99/9999						
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						
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						
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						
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	IJ	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						
35356-0102-00		J1817		03/07/2008	01/01/2015	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG (100X10ML) 100 U/ML	10	ML	VL	SC	ML	50	U	2	03/07/2008	01/01/2015						
36000-0297-24		J0744		12/23/2019	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN IN DEXTROSE NOVAPLUS (24X100ML,SINGLE DOSE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	12/23/2019	99/99/9999						
10019-0162-44		J2175		05/05/2007	10/17/2016	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL 100 MG/ML	1	ML	VL	IJ	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	IJ	ML	10	MG	0.5	08/21/1998	10/31/2013						
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	IJ	ML	10	MG	1	08/21/1998	02/03/2016						
10019-0179-36		J2270		01/01/2015	10/17/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (MDV) 15 MG/ML	20	ML	NA	IJ	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	IJ	ML	100	MG	0.15	05/05/2007	12/31/2014						
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	IJ	EA	1.5	GM	1	05/05/2007	10/31/2013						
10019-0688-27		J0696		05/05/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1	EA	VL	IJ	EA	250	MG	8	05/05/2007	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	IJ	ML	1	MG	2	05/05/2007	10/17/2016						
00781-3182-84		J1451		04/02/2008	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	FOMEPIZOLE (4X1.5ML,PF) 1 GM/ML	1.5	ML	VL	IV	ML	15	MG	66.66666	04/02/2008	99/99/9999						
00781-3223-91		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (S.D.V,USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/14/2008	99/99/9999						
00781-3240-09		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						
00781-3312-75		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						
00781-3344-95		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						
00781-3404-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 1 GM	1	EA	VL	IJ	EA	500	MG	2	12/01/2005	99/99/9999						
00781-3408-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 2 GM	1	EA	VL	IJ	EA	500	MG	4	12/01/2005	99/99/9999						
00781-3412-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE,USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	03/20/2007	99/99/9999						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
24385-0479-78		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						
25021-0159-10		J0770		12/15/2014	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (USP,LYOPHILIZED) 150 MG	1	EA	VL	IJ	EA	150	MG	1	12/15/2014	99/99/9999						
25021-0163-97		J2700		07/31/2020	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (PHARMACY BULK,PF) 10 GM	1	EA	BO	IV	EA	250	MG	40	07/31/2020	99/99/9999						
25021-0179-66		J0878		07/22/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN NOVAPLUS (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IV	EA	1	MG	350	07/22/2020	99/99/9999						
25021-0184-66		J1450		04/10/2020	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IN SODIUM CHLORIDE NOVAPLUS (10X100ML,PF,LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	04/10/2020	99/99/9999						
25021-0184-82		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						
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						
38779-0008-05		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999						
38779-0008-08		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999						
38779-0011-01		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-01	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-03		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-03	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
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,AMBER GLASS) 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						
10019-0953-01		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 MG	ARSENIC TRIOXIDE (A.C.S., REAGENT)	1	EA	NA	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
00781-3413-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE,ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	03/20/2007	99/99/9999						
00781-3422-92		J2370		12/16/2019	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (10X1ML,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	12/16/2019	99/99/9999						
00781-3450-95		J0690		11/08/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (USP) 500 MG	1	EA	VL	IJ	EA	500	MG	1	11/08/2006	99/99/9999						
00781-3452-95		J0690		09/13/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (USP) 10 GM	1	EA	VL	IV	EA	500	MG	20	09/13/2006	99/99/9999						
00781-3827-96		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	IJ	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	IJ	ML	1	MG	0.2	08/15/2019	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						
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						
25021-0231-20		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						
25021-0239-26		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						
25021-0241-10		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						
25021-0301-67		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						
38779-0015-04		J3490		04/26/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	EA	1	04/26/2002	99/99/9999						
38779-0017-03		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0017-03	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0017-06		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0017-06	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0025-04		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
38779-0034-05		J2010		01/01/2002	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10106-0062-01		J9017		01/01/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (REAGENT)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
10106-1080-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (FINE, U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
10106-3046-01		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	99/99/9999						
10106-3343-01		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P., F.C.C.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999						
10106-4206-05		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	99/99/9999						
10106-8994-01		J3520		01/01/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	99/99/9999						
10106-9224-01		J1212		01/01/2002	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (A.C.S., REAGENT)	500	ML	EA	NA	ML	50	%	0.02	01/01/2002	99/99/9999						
00781-6153-95		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	PENICILLIN G SODIUM (VIAL) 5 Million U	1	EA	VL	IV	EA	1	EA	1	01/01/2002	99/99/9999						
00781-7157-86		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	ML	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						
00781-8046-01		Q0175		03/02/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM-COATED) 2 MG	100	EA	BO	PO	EA	4	MG	0.5	03/02/2020	99/99/9999						
00781-9109-85		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						
25021-0676-50		J2515		01/29/2018	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (MDV,PF,LATEX-FREE) 50 MG/1 ML	50	ML	VL	IJ	ML	50	MG	1	01/29/2018	99/99/9999						
25021-0700-01		J1885		09/01/2014	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	09/01/2014	99/99/9999						
25021-0807-05		J2920		04/17/2017	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 40 MG	10	EA	VL	IJ	EA	40	MG	1	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						
25021-0831-01		J1631		12/11/2017	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 50 MG/1 ML	1	ML	VL	IM	ML	50	MG	1	12/11/2017	99/99/9999						
25021-0833-01		J1631		12/11/2017	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	12/11/2017	99/99/9999						
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						
25682-0022-01		J1303		10/01/2019	99/99/9999	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	ULTOMIRIS (SDV,PF) 10 MG/1 ML	30	ML	VL	IV	ML	10	MG	1	10/01/2019	99/99/9999						
38779-0034-08		J2010		08/26/2002	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	08/26/2002	99/99/9999						
38779-0043-01		J2675		10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	10	GM	BO	NA	GM	50	MG	20	10/01/2012	99/99/9999						
38779-0051-05		J7684		04/30/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	04/30/2002	99/99/9999						
38779-0051-05	KO	J7684	KO	04/30/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	04/30/2002	99/99/9999						
38779-0057-04		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP, WETTABLE)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0057-09		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						
38779-0071-03		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						
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						
10135-0166-13		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						
10139-0063-11		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						
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						
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						
00781-9113-46		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-9125-85		J3490		02/01/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN 2 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2007	99/99/9999						
00781-9126-95		J3490		02/01/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN (BULK PACKAGE) 10 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2006	99/99/9999						
00781-9167-95		J2354		04/07/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 100 MCG/ML	1	ML	AM	IJ	ML	25	MCG	4	04/07/2005	99/99/9999						
00781-9210-95		J2543		10/17/2018	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN SODIUM-TAZOBACTAM SODIUM NOVAPLUS (PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	10/17/2018	99/99/9999						
27241-0158-60		J8499		02/10/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	60	EA		PO	EA	1	EA	1	02/10/2020	99/99/9999						
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						
33358-0009-25		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0040-06		Q0144		07/10/2007	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1	GM	0.25	07/10/2007	04/01/2020						
33358-0182-20		Q0177		07/10/2007	04/01/2020	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAM 25 MG	20	EA	BO	PO	EA	25	MG	1	07/10/2007	04/01/2020						
33358-0182-30		Q0177		07/10/2007	04/01/2020	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAM 25 MG	30	EA	BO	PO	EA	25	MG	1	07/10/2007	04/01/2020						
33358-0241-21		J7509		07/10/2007	04/01/2020	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	BO	PO	EA	4	MG	1	07/10/2007	04/01/2020						
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						
38779-0150-04		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						
38779-0150-09		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						
38779-0163-03		J3490		10/01/2012	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	1	GM	1	10/01/2012	99/99/9999						
38779-0164-04		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						
38779-0164-09		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						
12496-0757-05		J0592		01/19/2015	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENEX 0.3 MG/ML	1	ML	AM	IJ	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						
13411-0182-09		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						
13411-0183-09		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						
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						
13533-0635-04		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						
00781-9213-95		J2543		09/11/2018	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN SODIUM-TAZOBACTAM SODIUM NOVAPLUS (PF) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	09/11/2018	99/99/9999						
00781-9225-92		J3490		09/18/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFCILLIN (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	PREMIERPRO RX AMPICILLIN 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	12/10/2015	99/99/9999						
00781-9326-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/19/2005	99/99/9999						
00781-9329-90		J0696		03/31/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 2 GM	1	EA	VL	IJ	EA	250	MG	8	03/31/2007	99/99/9999						
00781-9338-85		J0690		02/27/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	NOVAPLUS CEFAZOLIN 500 MG	1	EA	VL	IJ	EA	500	MG	1	02/27/2006	99/99/9999						
00781-9404-85		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/24/2006	99/99/9999						
00781-9407-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 500 MG	1	EA	VL	IJ	EA	500	MG	1	02/01/2006	99/99/9999						
33358-0291-08		J7510		07/10/2007	04/01/2020	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	07/10/2007	04/01/2020						
33358-0294-60		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	60	EA	BO	PO	EA	5	MG	4	07/10/2007	12/31/2015						
33358-0294-60		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	60	EA	BO	PO	EA	1	MG	20	01/01/2016	04/01/2020						
33358-0299-20		Q0164		07/10/2007	04/01/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE 5 MG	20	EA	BO	PO	EA	5	MG	1	07/10/2007	04/01/2020						
33358-0299-30		Q0164		07/10/2007	04/01/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE 5 MG	30	EA	BO	PO	EA	5	MG	1	07/10/2007	04/01/2020						
33358-0300-60		Q0164		01/01/2014	04/01/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2014	04/01/2020						
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						
38779-0165-05		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0165-08		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	500	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
38779-0166-03		J3302		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (USP)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0173-01		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						
38779-0183-03		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
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						
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						
14789-0010-02		J0500		02/13/2019	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HCL (SDV) 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	02/13/2019	99/99/9999						
14789-0220-10		J1953		07/20/2020	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 1000 MG/100 ML-0.75%	100	ML	FC	IV	ML	10	MG	1	07/20/2020	99/99/9999						
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						
15054-1120-04		J1930		09/01/2019	99/99/9999	INJECTION, LANREOTIDE, 1 MG	SOMATULINE DEPOT (1X0.5ML, SINGLE USE) 120 MG/0.5 ML	0.5	ML	SR	SC	ML	1	MG	240	09/01/2019	99/99/9999						
15927-3220-00		J7799		09/08/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (BASE)	1	EA	BO	NA	GM	1	EA	1	09/08/2003	99/99/9999						
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						
00904-4274-51		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						
00904-5307-60		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999						
00904-5307-80		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999						
00904-5840-61		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 THE 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						
33358-0300-60		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	60	EA	BO	PO	EA	10	MG	1	07/10/2007	12/31/2013						
33358-0301-02		J8498		07/10/2007	04/01/2020	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	2	EA	BX	RC	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0302-10		Q0169		01/01/2014	04/01/2020	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	04/01/2020						
33358-0302-10		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	04/01/2020	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	04/01/2020						
33358-0302-30		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						
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						
38779-0189-04		J1320		10/01/2012	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	25	GM	BO	NA	GM	20	MG	50	10/01/2012	99/99/9999						
38779-0191-05		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0191-08		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0195-01		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0195-01	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
16477-0510-08		J8499		04/30/2008	07/14/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	MILLIPRED (1X237ML,AF,DYE-FREE) 10 MG/5 ML	237	ML	BO	PO	ML	1	EA	1	04/30/2008	07/14/2014						
16571-0695-81		Q0144		05/01/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6;USP,FILM-COATED) 250 MG	18	EA	BX	PO	EA	1	GM	0.25	05/01/2020	99/99/9999						
16590-0079-20		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 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						
16590-0191-60		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						
16590-0248-06		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						
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 THE 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						
00904-6621-04		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						
00904-6624-61		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						
00904-6746-04		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						
00904-6786-04		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						
33358-0368-50		Q0144		07/10/2007	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	50	EA	BO	PO	EA	1	GM	0.25	07/10/2007	04/01/2020						
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						
35356-0058-10		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	01/01/2015	01/01/2015						
35356-0082-01		J3301		02/08/2008	01/01/2015	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG 10 MG/ML	5	ML	VL	IJ	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	IJ	ML	40	MG	1	02/08/2008	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						
35356-0178-05		J1040		05/16/2008	01/01/2015	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (1X5ML) 80 MG/ML	5	ML	NA	IJ	ML	80	MG	1	05/16/2008	01/01/2015						
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						
38779-0198-03		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						
38779-0198-06		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16590-0357-30		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						
16590-0404-10		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 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	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	06/01/2006	06/01/2014						
16590-0404-30		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	06/01/2006	06/01/2014						
16714-0006-01		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (INNER-PACK,PF) 30 MG/0.3 ML	0.3	ML	SR	IJ	ML	10	MG	10	01/08/2020	99/99/9999						
16714-0006-10		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 30 MG/0.3 ML	0.3	ML	SR	IJ	ML	10	MG	10	01/08/2020	99/99/9999						
00904-6796-10		J8499		08/27/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	20	EA		PO	EA	1	EA	1	08/27/2018	99/99/9999						
00904-6914-61		J7509		08/19/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BX	PO	EA	4	MG	1	08/19/2019	99/99/9999						
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						
00944-2655-03		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						
00944-2700-07		J1569		03/18/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED,(E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (1X300ML, PF, LATEX-FREE) 100 MG/ML	1	ML	VL	IV	ML	500	MG	0.2	03/18/2011	99/99/9999						
00944-2850-04		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						
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						
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						
36000-0298-24		J0744		12/23/2019	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN IN DEXTROSE NOVAPLUS (24X200ML,LATEX-FREE) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	12/23/2019	99/99/9999						
37205-0270-78		Q0163		01/01/2002	06/27/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICINE 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	06/27/2019						
37205-0565-26		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						
38423-0110-01		J1190		09/06/2007	04/21/2016	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	TOTECT (W/10 VIALS OF DILUENT) 500 MG	1	EA	VL	IV	EA	250	MG	2	09/06/2007	04/21/2016						
38779-0198-06	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0215-09		J1160		02/05/2002	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1	EA	BO	NA	GM	0.5	MG	2000	02/05/2002	99/99/9999						
38779-0230-06		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						
38779-0253-05		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0253-08		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0274-04		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
38779-0295-03		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						
16714-0056-10		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 120 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	15	01/08/2020	99/99/9999						
16714-0078-01		J0604		07/03/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30	EA	BO	PO	EA	1	MG	30	07/03/2020	99/99/9999						
16714-0119-03		J7682		05/27/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	VL	IH	ML	300	MG	0.2	05/27/2020	99/99/9999						
16714-0119-03	KO	J7682	KO	05/27/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	VL	IH	ML	300	MG	0.2	05/27/2020	99/99/9999						
16714-0120-01		J1453		02/26/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	02/26/2020	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						
16714-0465-01		J9171		03/14/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	03/14/2016	99/99/9999						
00944-2850-09		J1555		07/01/2019	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	CUVITRU (10GM,PF,LATEX-FREE) 20%	50	ML	CT	SC	ML	100	MG	2	07/01/2019	99/99/9999						
00944-3810-01		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						
00944-4177-05		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						
00955-1746-01		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00990-7077-26		J3480		04/17/2020	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (24X100ML,LATEX-FREE) 40 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.2	04/17/2020	99/99/9999						
00990-7120-07		J7799		12/19/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LATEX-FREE) 70%	2000	ML	FC	IV	ML	1	EA	1	12/19/2019	99/99/9999						
38779-0006-04		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0008-01		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999						
38779-0011-04		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-04	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0017-04		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0017-04	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0042-05		J2460		04/25/2002	99/99/9999	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	OXYTETRACYCLINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	04/25/2002	99/99/9999						
38779-0303-06		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						
38779-0312-03		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						
38779-0319-05		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						
38779-0330-06		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0388-05		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						
38779-0393-05		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						
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						
16714-0705-01		J8999		02/23/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA		PO	EA	1	EA	1	02/23/2018	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						
16714-0765-01		J8499		04/03/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	60	EA	BO	PO	EA	1	EA	1	04/03/2018	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	ML	25	MCG	2	08/08/2018	99/99/9999						
16714-0856-01		Q2050		10/04/2017	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	10/04/2017	99/99/9999						
16714-0892-01		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						
00990-7138-09		A4217		02/12/2020	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (12X1000ML;USP) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	02/12/2020	99/99/9999						
00990-7730-37		A4216		05/08/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (80X100ML;USP,LATEX-FREE) 0.45%	100	ML	FC	IV	ML	10	ML	0.1	05/08/2020	99/99/9999						
00990-7922-02		J7060		12/04/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LATEX-FREE) 5%	250	ML	FC	IV	ML	500	ML	0.002	12/04/2019	99/99/9999						
00990-7922-03		J7060		06/09/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (24X500ML;USP,LATEX-FREE) 5%	500	ML	FC	IV	ML	500	ML	0.002	06/09/2020	99/99/9999						
00990-7923-20		J7060		04/09/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X4;USP,LATEX-FREE) 5%	25	ML	FC	IV	ML	500	ML	0.002	04/09/2020	99/99/9999						
00990-7923-23		J7060		05/27/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LATEX-FREE) 5%	100	ML	FC	IV	ML	500	ML	0.002	05/27/2020	99/99/9999						
00990-7923-36		J7060		04/17/2020	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (60X50ML;USP,LATEX-FREE) 5%	50	ML	FC	IV	ML	500	ML	0.002	04/17/2020	99/99/9999						
00990-7941-03		J7042		07/06/2020	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE-SODIUM CHLORIDE (24X500ML,LATEX-FREE) 5%-0.9%	500	ML	FC	IV	ML	5	%	0.002	07/06/2020	99/99/9999						
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						
38779-0051-01		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						
38779-0057-01		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1	EA	BO	NA	GM	50	MG	20	09/26/2008	99/99/9999	01/01/2002	04/25/2002	20			
38779-0405-05		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						
38779-0468-05		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						
38779-0495-08		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						
38779-0534-05		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						
38779-0561-01		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						
16714-0908-01		J9040		04/20/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN (SDV,PF,LATEX-FREE) 30 U	1	EA		IJ	EA	15	U	2	04/20/2018	99/99/9999						
16714-0929-01		J1453		05/22/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	05/22/2020	99/99/9999						
16714-0998-25		J7643		09/18/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	09/18/2019	99/99/9999						
16714-0998-25	KO	J7643	KO	09/18/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	09/18/2019	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
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						
16729-0049-54		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						
16729-0050-54		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						
16729-0129-54		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						
00990-7983-02		J7050		07/25/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (SD,FLEXIBLE,PF) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	07/25/2019	99/99/9999						
00990-7983-03		J7040		04/17/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (24X500ML,PF,LATEX-FREE) 0.9%	500	ML	FC	IV	ML	500	ML	0.002	04/17/2020	99/99/9999						
00990-7983-55		J7040		03/23/2020	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (PF,LATEX-FREE) 0.9%	500	ML	FC	IV	ML	500	ML	0.002	03/23/2020	99/99/9999						
00990-7983-61		J7050		12/30/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (SD,FLEXIBLE,PF) 0.9%	150	ML	FC	IV	ML	250	ML	0.004	12/30/2019	99/99/9999						
00990-7990-09		A4216		03/27/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER (12X1000ML;USP)	1000	ML	VL	IJ	ML	10	ML	0.1	03/27/2020	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						
03221-0608-11		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						
38779-0063-09		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0071-04		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						
38779-0082-04		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						
38779-0082-09		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						
38779-0101-09		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						
38779-0123-05		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						
38779-0123-08		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						
38779-0561-03		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						
38779-0561-06		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						
38779-0599-09		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						
38779-0673-03		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (U.S.P.)	5	GM	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						
38779-0855-03		J3130		04/25/2002	12/31/2014	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE	1	EA	NA	NA	GM	200	MG	5	04/25/2002	12/31/2014						
38779-0873-08		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						
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						
16729-0275-67		J0583		11/01/2018	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	11/01/2018	99/99/9999						
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						
16729-0297-83		J2405		10/08/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (5X2ML,SINGLE DOSE) 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	10/08/2016	99/99/9999						
16729-0310-08		J2501		03/15/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (SDV) 0.002 MG/1 ML	1	ML	VL	IV	ML	1	MCG	2	03/15/2016	99/99/9999						
16729-0391-30		J9201		01/15/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	2	ML	VL	IV	ML	200	MG	0.5	01/15/2018	99/99/9999						
16729-0419-03		J9201		01/15/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	01/15/2018	99/99/9999						
16729-0419-30		J9201		01/15/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	01/15/2018	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						
08080-1020-00		A4217		03/01/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	CURITY STERILE SALINE (100MLX48) 0.9%	100	ML	NA	IR	ML	500	ML	0.002	03/01/2006	99/99/9999						
08290-0310-02		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0310-03		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0320-03		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0320-05		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
08290-0330-05		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						
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						
38779-0154-05		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						
38779-0163-04		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						
38779-0885-06		J1960		11/22/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	11/22/2002	99/99/9999						
38779-0888-06		J0592		01/01/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2003	99/99/9999						
38779-0891-05		J1435		08/21/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	08/21/2002	99/99/9999						
38779-0925-09		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						
38779-0927-06		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						
16729-0441-15		J0604		06/01/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	90	EA	SR	PO	EA	1	MG	60	06/01/2020	99/99/9999						
16729-0442-15		J0604		06/01/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	90	EA	BO	PO	EA	1	MG	90	06/01/2020	99/99/9999						
17317-0022-01		J0280		01/01/2002	01/01/2014	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	VL	NA	GM	250	MG	4	01/01/2002	01/01/2014						
17317-0022-05		J0280		01/01/2002	01/01/2014	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	VL	NA	GM	250	MG	4	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
17317-0073-04		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						
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						
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						
08881-5901-21		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						
10019-0028-39		J2250		05/05/2007	02/03/2016	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 1 MG/ML	10	ML	VL	IJ	ML	1	MG	1	05/05/2007	02/03/2016						
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						
10019-0050-37		J3490		05/05/2007	02/03/2016	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE 50 MCG/ML	2	ML	AM	IJ	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	IJ	ML	1	EA	1	05/05/2007	02/03/2016						
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						
38779-1931-01		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						
38779-1968-07		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						
38779-2087-03		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						
39822-0125-04		J2543		02/13/2017	11/19/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	02/13/2017	11/19/2019						
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						
17317-0345-01		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						
17317-0346-05		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						
17317-0398-04		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						
17317-0438-01		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						
17317-0571-04		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						
17317-0626-08		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	01/01/2014						
10019-0097-44		J2550		05/05/2007	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL AMERINET CHOICE 25 MG/ML	1	ML	AM	IJ	ML	50	MG	0.5	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	IJ	ML	100	MG	0.5	05/05/2007	10/17/2016						
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	IJ	ML	10	MG	0.8	05/05/2007	10/17/2016						
10019-0179-39		J2270		05/05/1999	02/03/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X1ML,SDV, USP) 15MG/ML	1	ML	VL	IJ	ML	10	MG	1.5	05/05/1999	02/03/2016						
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	IJ	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	IJ	EA	250	MG	8	07/05/2005	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						
39822-0127-06		J2543		02/13/2017	11/19/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	02/13/2017	11/19/2019						
39822-0617-01		J0770		07/01/2016	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (LYOPHILIZED CAKE) 150 MG	1	EA	VL	IJ	EA	150	MG	1	07/01/2016	99/99/9999						
39822-0617-02		J0770		07/01/2016	02/08/2019	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (LYOPHILIZED CAKE) 150 MG	12	EA	VL	IJ	EA	150	MG	1	07/01/2016	02/08/2019						
39822-0706-02		J3000		01/01/2002	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (STERILE) 1 GM	1	EA	VL	IM	EA	1	GM	1	01/01/2002	99/99/9999						
39822-0710-01		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	66.66666	12/14/2007	06/06/2018						
39822-2100-02		J9120		08/09/2019	99/99/9999	INJECTION, DACTINOMYCIN, 0.5 MG	DACTINOMYCIN (SDV,LYOPHILIZED) 0.5 MG	1	EA	BO	IV	EA	0.5	MG	1	08/09/2019	99/99/9999						
39822-2180-01		J9171		05/05/2017	07/22/2020	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SDV) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	05/05/2017	07/22/2020						
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						
17317-0735-06		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						
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						
38779-0166-04		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						
38779-0173-04		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						
38779-0180-05		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	100	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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 IV 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						
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						
10019-0934-79		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						
10106-0061-04		J9017		01/01/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (A.C.S., REAGENT)	1	EA	NA	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
10106-0062-04		J9017		01/01/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (REAGENT)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
10106-2506-05		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
10106-3052-01		J3480		01/01/2002	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	10/17/2016						
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						
39822-2200-01		J9171		05/05/2017	07/22/2020	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SDV) 20 MG/1 ML	10	ML	VL	IV	ML	1	MG	20	05/05/2017	07/22/2020						
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	IJ	ML	10	U	1	02/29/2008	09/06/2018						
42023-0173-25		J1570		04/05/2017	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	GANCICLOVIR (SDV,PF,LYOPHILIZED) 500 MG	25	EA	VL	IV	EA	500	MG	1	04/05/2017	99/99/9999						
42023-0189-10		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						
42023-0207-01		J3285		09/25/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 2.5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2.5	09/25/2019	99/99/9999						
42023-0221-10		J1335		07/26/2018	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM 1 GM	10	EA	VL	IJ	EA	500	MG	2	07/26/2018	99/99/9999						
42023-0221-85		J1335		11/09/2018	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	PREMIERPRO RX ERTAPENEM SODIUM 1 GM	10	EA	VL	IJ	EA	500	MG	2	11/09/2018	99/99/9999						
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						
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						
17317-1010-08		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						
17317-1466-05		J3350		01/01/2002	01/01/2014	INJECTION, UREA, UP TO 40 GM	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						
17478-0114-02		J3260		12/23/2015	12/17/2018	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (MDV;USP,LATEX-FREE) 40 MG/1 ML	2	ML	VL	IJ	ML	80	MG	0.5	12/23/2015	12/17/2018						
17478-0114-30		J3260		12/23/2015	12/17/2018	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (MDV;USP,LATEX-FREE) 40 MG/1 ML	30	ML	VL	IJ	ML	80	MG	0.5	12/23/2015	12/17/2018						
38779-0180-08		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	500	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999						
38779-0180-08		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 IV 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						
38779-0183-04		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0189-03		J1320		10/01/2012	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	5	GM	BO	NA	GM	20	MG	50	10/01/2012	99/99/9999						
38779-0198-04		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			
38779-0215-00		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						
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						
10135-0151-01		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10135-0151-10		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						
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						
42195-0221-06		J8540		03/01/2020	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	TAPERDEX 6-DAY (USP) 1.5 MG	21	EA	DP	PO	EA	0.25	MG	6	03/01/2020	99/99/9999						
42291-0166-60		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						
42291-0594-01		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						
42291-0754-01		J7507		03/23/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 5 MG	100	EA	BO	PO	EA	1	MG	5	03/23/2020	99/99/9999						
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						
42367-0521-25		J9036		07/01/2019	99/99/9999	INJECTION, BELRAPZO 1 MG	BELRAPZO (MDV,PF) 25 MG/1 ML	4	ML	VL	IV	ML	1	MG	25	07/01/2019	99/99/9999						
42658-0021-01		J9150		01/20/2020	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (SDV,PF) 5 MG/1 ML	4	ML	VL	IV	ML	10	MG	0.5	01/20/2020	99/99/9999						
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						
17478-0340-38		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	0.2	09/11/2014	99/99/9999						
17478-0538-02		J2360		10/01/2006	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (10X2ML) 30 MG/ML	2	ML	VL	IJ	ML	60	MG	0.5	10/01/2006	99/99/9999						
17478-0902-90		J1327		11/20/2017	08/15/2019	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 2 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.4	11/20/2017	08/15/2019						
17478-0903-90		J1327		11/20/2017	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						
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						
38779-0216-05		J1165		01/01/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0216-08		J1165		01/01/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0247-04		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						
38779-0274-03		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
38779-0274-06		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
38779-0281-04		J1240		02/05/2002	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	02/05/2002	99/99/9999						
38779-0282-04		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
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						
42806-0150-33		Q0144		08/30/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (BANANA-CHERRY) 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	08/30/2019	99/99/9999						
42806-0400-21		J7509		08/16/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 4 MG	21	EA	BO	PO	EA	4	MG	1	08/16/2019	99/99/9999						
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						
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						
43292-0557-05		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALERCAP 25 MG	100	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
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						
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						
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						
11743-0210-02		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (HEMOCHRON RXDX,VIAL) 1000 U/ML	10	ML	VL	IJ	ML	1000	U	1	01/01/2002	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
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						
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						
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						
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						
38779-0295-04		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						
38779-0298-04		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						
38779-0301-05		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						
38779-0301-09		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						
43547-0543-25		J7643		12/09/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (1X25 SDV) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	12/09/2019	99/99/9999						
43547-0543-25	KO	J7643	KO	12/09/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (1X25 SDV) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	12/09/2019	99/99/9999						
43598-0345-30		J8999		09/27/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA		PO	EA	1	EA	1	09/27/2018	99/99/9999						
43598-0412-25		J7614		09/16/2014	99/99/9999	LEVALBUTERAL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5MG	LEVALBUTERAL HYDROCHLORIDE (5X5,PF), 0.31MG/3ML	3	ML	PC	IH	ML	0.5	MG	0.20666	09/16/2014	99/99/9999						
43598-0412-25	KO	J7614	KO	09/16/2014	99/99/9999	LEVALBUTERAL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5MG	LEVALBUTERAL HYDROCHLORIDE (5X5,PF), 0.31MG/3ML	3	ML	PC	IH	ML	0.5	MG	0.20666	09/16/2014	99/99/9999						
43598-0529-11		J2710		09/11/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML		IV	ML	0.5	MG	2	09/11/2018	99/99/9999						
43598-0529-36		J2710		09/11/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML		IV	ML	0.5	MG	2	09/11/2018	99/99/9999						
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	IJ	ML	0.1	MG	3.24	01/01/2003	01/18/2015						
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						
13411-0183-06		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						
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						
21695-0111-30		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						
21695-0171-00		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						
21695-0241-01		J3070		01/01/2007	06/01/2014	INJECTION, PENTAZOCINE, 30 MG	TALWIN 30 MG/ML	1	ML	AM	IJ	ML	30	MG	1	01/01/2007	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						
21695-0306-42		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						
38779-0310-09		J2675		09/26/2008	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED, U.S.P.)	1000	GM	BO	NA	GM	50	MG	20	09/26/2008	99/99/9999						
38779-0330-04		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0364-01		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0364-01	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						
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						
43598-0635-10		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						
43598-0636-52		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						
43598-0650-11		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	1	EA	VL	IJ	EA	1	MG	100	12/21/2017	99/99/9999						
43598-0682-35		Q2050		03/26/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME NOVAPLUS 2 MG/1 ML	10	ML		IV	ML	10	MG	0.2	03/26/2018	99/99/9999						
43598-0683-25		Q2050		03/26/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME NOVAPLUS 2 MG/1 ML	25	ML		IV	ML	10	MG	0.2	03/26/2018	99/99/9999						
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						
13533-0645-20		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						
13533-0645-71		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						
13533-0700-01		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						
13533-0800-20		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X50ML,SINGLE-USE) 100 MG/1 ML	50	ML	VL	IJ	ML	500	MG	0.2	12/07/2010	99/99/9999						
13533-0800-24		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X200ML,SINGLE-USE) 100 MG/1 ML	200	ML	VL	IJ	ML	500	MG	0.2	12/07/2010	99/99/9999						
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						
21695-0307-30		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						
21695-0365-08		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						
21695-0453-15		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						
21695-0453-25		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						
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						
38779-0388-09		J0475		04/22/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	04/22/2002	99/99/9999						
38779-0403-04		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						
38779-0423-05		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						
38779-0454-05		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						
38779-0495-04		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						
38779-0536-05		J2780		05/20/2002	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	04/01/2020						
43598-0757-10		J1953		04/17/2019	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE NOVAPLUS (LATEX-FREE) 1000 MG/100 ML-0.75%	100	ML	FC	IV	ML	10	MG	1	04/17/2019	99/99/9999						
43598-0839-36		J2800		03/15/2020	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (10X10ML;USP,PF) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	03/15/2020	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						
43975-0257-05		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						
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						
13533-0800-40		J1561		10/01/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E. G. LIQUID), 500 MG	GAMUNEX-C (1X400ML,SINGLE-USE) 100 MG/ML	400	ML	VL	IJ	ML	500	MG	0.2	10/01/2014	99/99/9999						
13925-0515-10		J7676		03/20/2019	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE (SDV,LYOPHILIZED) 300 MG	10	EA	VL	IJ	EA	300	MG	1	03/20/2019	99/99/9999						
13925-0515-10	KO	J7676	KO	03/20/2019	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE (SDV,LYOPHILIZED) 300 MG	10	EA	VL	IJ	EA	300	MG	1	03/20/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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						
14789-0330-15		J1953		07/20/2020	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 1500 MG/100 ML-0.54%	100	ML	FC	IV	ML	10	MG	1.5	07/20/2020	99/99/9999						
15054-0043-01		J9205		10/16/2017	99/99/9999	INJECTION, IRINOTECAN LIPOSOME, 1 MG	ONIVYDE (SDV) 4.3 MG/1 ML	10	ML	VL	IV	ML	1	MG	4.3	10/16/2017	99/99/9999						
15054-1120-03		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						
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 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						
23155-0473-41		J1940		12/08/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	2	ML	VL	IJ	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	IJ	ML	20	MG	0.5	12/08/2014	99/99/9999						
23155-0547-41		J2405		11/01/2015	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,PF) 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	11/01/2015	99/99/9999						
23155-0547-42		J2405		11/01/2015	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,PF) 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	11/01/2015	99/99/9999						
23155-0601-41		J2250		01/30/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (MDV) 5 MG/1 ML	5	ML	VL	IJ	ML	1	MG	5	01/30/2017	99/99/9999						
23155-0601-42		J2250		01/30/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (MDV) 5 MG/1 ML	10	ML	VL	IJ	ML	1	MG	5	01/30/2017	99/99/9999						
38779-0536-08		J2780		05/20/2002	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	04/01/2020						
38779-0561-04		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						
38779-0632-05		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						
38779-0655-04		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						
38779-0660-05		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						
38779-0673-04		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						
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						
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						
44087-6075-04		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1	EA	NA	IM	EA	75	IU	1	01/01/2006	99/99/9999						
44206-0300-01		J2791		01/01/2008	99/99/9999	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU	RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2	ML	SR	IJ	ML	100	IU	7.5	01/01/2008	99/99/9999						
44206-0300-10		J2791		01/01/2008	99/99/9999	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU	RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2	ML	SR	IJ	ML	100	IU	7.5	01/01/2008	99/99/9999						
44206-0436-05		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						
44206-0438-20		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						
16590-0326-21		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	06/01/2006	06/01/2014						
16590-0326-60		J7506		11/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 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						
16590-0362-06		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						
16590-0404-45		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	45	EA	BO	PO	EA	5	MG	2	06/01/2006	06/01/2014						
16714-0026-10		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 60 MG/0.6 ML	0.6	ML	SR	IJ	ML	10	MG	10	01/08/2020	99/99/9999						
23155-0686-31		J2354		08/01/2019	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 1000 MCG/1 ML	5	ML	VL	IJ	ML	25	MCG	40	08/01/2019	99/99/9999						
24201-0010-20		J2515		02/23/2018	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (MDV,LATEX-FREE) 50 MG/1 ML	20	ML	VL	IJ	ML	50	MG	1	02/23/2018	99/99/9999						
24201-0585-10		J0500		10/07/2019	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HCL (10X2ML;SDV) 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	10/07/2019	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						
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						
25021-0162-68		J2700		01/22/2019	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN NOVAPLUS (USP,PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	250	MG	8	01/22/2019	99/99/9999						
25021-0163-68		J2700		01/22/2019	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN NOVAPLUS (PHARMACY BULK PACKAGE) 10 GM	10	EA	BO	IV	EA	250	MG	40	01/22/2019	99/99/9999						
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						
38779-0679-05		J0745		01/01/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2002	99/99/9999						
38779-0731-05		J1170		09/27/2007	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (1X100GM)	1	EA	JR	NA	GM	4	MG	250	09/27/2007	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
38779-0767-06		J2310		01/01/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0855-04		J3121		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE,1 MG	TESTOSTERONE ENANTHATE	25	GM	NA	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
38779-0855-04		J3130		04/25/2002	12/31/2014	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE	1	EA	NA	NA	GM	200	MG	5	04/25/2002	12/31/2014						
38779-0873-04		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						
44206-0456-21		J1559		04/06/2020	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE,PF) 20%	5	ML	SR	SC	ML	100	MG	2	04/06/2020	99/99/9999						
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						
44567-0400-10		J2185		03/09/2020	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (LATEX-FREE) 500 MG	10	EA	VL	IV	EA	100	MG	5	03/09/2020	99/99/9999						
44567-0511-01		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						
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						
45963-0608-68		J9178		02/02/2015	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HCL (SDV,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	02/02/2015	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						
16714-0036-10		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 80 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	10	01/08/2020	99/99/9999						
16714-0046-10		J1650		01/08/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 100 MG/1 ML	1	ML	SR	IJ	ML	10	MG	10	01/08/2020	99/99/9999						
16714-0080-01		J0604		07/03/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30	EA	BO	PO	EA	1	MG	90	07/03/2020	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						
16714-0726-01		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						
16714-0742-01		Q2050		10/04/2017	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	10/04/2017	99/99/9999						
16714-0777-01		J9025		07/03/2018	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	1	MG	100	07/03/2018	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						
25021-0173-02		J0278		06/15/2016	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE 250 MG/1 ML	2	ML	VL	IJ	ML	100	MG	2.5	06/15/2016	99/99/9999						
25021-0174-16		J0878		01/08/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	1	MG	500	01/08/2020	99/99/9999						
25021-0179-16		J0878		06/15/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	10	EA	VL	IV	EA	1	MG	350	06/15/2018	99/99/9999						
25021-0179-67		J0878		07/06/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN NOVAPLUS (PF,LATEX-FREE) 350 MG	10	EA	VL	IV	EA	1	MG	350	07/06/2020	99/99/9999						
25021-0184-67		J1450		04/10/2020	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IN SODIUM CHLORIDE NOVAPLUS (10X200ML,PF,LATEX-FREE) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	04/10/2020	99/99/9999						
25021-0184-87		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						
25021-0186-20		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	IJ	EA	1.5	GM	1	04/23/2018	99/99/9999						
38779-0888-00		J0592		01/01/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2003	99/99/9999						
38779-0888-09		J0592		01/01/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2003	99/99/9999						
38779-0927-04		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						
38779-0944-07		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						
38779-0989-05		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						
38779-1756-03		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						
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						
45963-0614-85		J9206		09/24/2018	99/99/9999	INJECTION, IRINOTECAN, 20 MG	PREMIERPRO RX IRINOTECAN HCL (PF,LATEX-FREE) 20 MG/1 ML	5	ML		IV	ML	20	MG	1	09/24/2018	99/99/9999						
45963-0620-60		J9201		10/21/2016	11/11/2019	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE HCL (PF,LATEX-FREE) 2 GM	1	EA	VL	IV	EA	200	MG	10	10/21/2016	11/11/2019						
45963-0636-60		J9201		04/12/2016	05/05/2020	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	52.6	ML	VL	IV	ML	200	MG	0.19	04/12/2016	05/05/2020						
45963-0686-02		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						
45963-0733-60		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						
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						
16729-0049-53		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						
16729-0050-53		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						
16729-0072-12		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						
16729-0094-01		J7517		05/05/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	05/05/2009	99/99/9999						
16729-0129-53		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
25021-0215-99		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						
25021-0235-50		J9201		01/01/2015	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE HCL (SDV,USP,PF,LYOPHILIZED) 1 GM	1	EA	VL	IV	EA	200	MG	5	01/01/2015	99/99/9999						
25021-0245-04		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						
25021-0305-66		J1205		05/22/2020	99/99/9999	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	CHLOROTHIAZIDE SODIUM NOVAPLUS (USP, SDV,PF,LATEX-FREE) 0.5 GM	1	EA	VL	IV	EA	500	MG	1	05/22/2020	99/99/9999						
25021-0402-01		J1644		07/06/2010	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 5000 U/ML	1	ML	VL	IJ	ML	1000	U	5	07/06/2010	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						
38779-1764-00		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-1766-05		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						
38779-1901-05		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						
38779-2363-05		J1956		10/25/2007	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN HEMIHYDRATE (1X100GM)	1	EA	BO	NA	GM	250	MG	4	10/25/2007	99/99/9999						
39822-0350-02		J2010		02/01/2016	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL 300 MG/1 ML	2	ML	VL	IJ	ML	300	MG	1	02/01/2016	99/99/9999						
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						
45963-0765-52		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						
47335-0151-40		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						
47335-0379-83		J0604		08/21/2019	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	08/21/2019	99/99/9999						
47335-0706-52		J7644		02/25/2020	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/25/2020	99/99/9999						
47335-0706-52	KO	J7644	KO	02/25/2020	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/25/2020	99/99/9999						
47335-0890-21		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						
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						
16729-0223-61		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						
16729-0260-03		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						
16729-0332-03		J9263		05/01/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	05/01/2018	99/99/9999						
16729-0351-92		J0594		06/27/2019	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SINGLE-USE) 6 MG/1 ML	10	ML	CT	IV	ML	1	MG	6	06/27/2019	99/99/9999						
16729-0435-05		J0878		06/27/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	06/27/2019	99/99/9999						
16729-0441-10		J0604		06/01/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	30	EA	BO	PO	EA	1	MG	60	06/01/2020	99/99/9999						
25021-0675-10		J2800		06/04/2018	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	06/04/2018	99/99/9999						
25021-0701-01		J1885		09/01/2014	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	09/01/2014	99/99/9999						
25021-0701-02		J1885		09/01/2014	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X2ML,PF) 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	09/01/2014	99/99/9999						
25021-0783-05		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						
25021-0810-30		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	IJ	EA	125	MG	8	04/17/2017	99/99/9999						
25208-0002-01		J3246		04/01/2008	12/31/2017	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (1X100ML) 0.05 MG/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 MG/ML	250	ML	PC	IV	ML	0.25	MG	0.2	04/01/2008	99/99/9999						
25208-0002-03		J3246		09/01/2016	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						
39822-0615-01		J0770		01/01/2002	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM (VIAL,STERILE) 150 MG	1	EA	VL	IJ	EA	150	MG	1	01/01/2002	99/99/9999						
39822-1055-05		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (STERILE) 50 MG	1	EA	VL	IV	EA	50	MG	1	01/01/2002	99/99/9999						
42023-0116-25		J2590		02/01/2008	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	PITOCIN (25X1ML) 10 U/ML	1	ML	VL	IJ	ML	10	U	1	02/01/2008	99/99/9999						
42023-0129-01		J2680		07/09/2014	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (LATEX-FREE) 25 MG/ML	5	ML	VL	IJ	ML	25	MG	1	07/09/2014	99/99/9999						
42023-0149-01		J9245		08/24/2016	01/13/2020	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	MELPHALAN HYDROCHLORIDE (W/ 10ML DILUENT) 50 MG	1	EA	VL	IV	EA	50	MG	1	08/24/2016	01/13/2020						
42023-0191-10		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						
16729-0442-10		J0604		06/01/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30	EA	BO	PO	EA	1	MG	90	06/01/2020	99/99/9999						
17317-0022-04		J0280		01/01/2002	01/01/2014	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	VL	NA	GM	250	MG	4	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						
17317-0049-05		J3490		01/01/2002	01/01/2014	UNCLASSIFIED DRUGS	BENZOCAINE (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						
17317-0398-01		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						
17317-0417-02		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
33358-0010-60		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0041-10		Q0144		07/10/2007	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	10	EA	BO	PO	EA	1	GM	0.5	07/10/2007	04/01/2020						
33358-0111-30		Q0163		07/10/2007	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	30	EA	BO	PO	EA	50	MG	1	07/10/2007	04/01/2020						
33358-0292-15		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						
42023-0208-01		J3285		09/25/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	5	09/25/2019	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						
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						
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						
42291-0085-30		J8999		02/13/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ANASTROZOLE (FILM-COATED) 1 MG	30	EA	BO	PO	EA	1	EA	1	02/13/2020	99/99/9999						
42291-0190-60		None		03/24/2015	03/19/2018	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM-COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	03/24/2015	03/19/2018						
42291-0407-50		Q0177		04/13/2018	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	500	EA		PO	EA	25	MG	2	04/13/2018	99/99/9999						
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						
17317-0447-02		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						
17317-0455-06		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						
17317-0571-01		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						
17317-0593-05		J3350		01/01/2002	01/01/2014	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	01/01/2014						
47335-0891-80		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 20 MG	5	EA	BO	PO	EA	20	MG	1	02/13/2014	99/99/9999						
47335-0892-21		None		02/13/2014	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 100 MG	14	EA	BO	PO	EA	100	MG	1	02/13/2014	99/99/9999						
47335-0892-80		None		02/13/2014	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 100 MG	5	EA	BO	PO	EA	100	MG	1	02/13/2014	99/99/9999						
47335-0893-80		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						
47335-0929-80		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						
47335-0930-74		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						
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						
42291-0407-90		Q0177		04/13/2018	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	90	EA		PO	EA	25	MG	2	04/13/2018	99/99/9999						
42291-0450-60		Q0167		03/13/2020	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 5 MG	60	EA	BO	PO	EA	2.5	MG	2	03/13/2020	99/99/9999						
42291-0729-01		Q0164		04/01/2020	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP,FILM-COATED) 10 MG	100	EA	BO	PO	EA	5	MG	2	04/01/2020	99/99/9999						
42291-0752-01		J7507		03/23/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	03/23/2020	99/99/9999						
42291-0753-01		J7507		03/23/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 1 MG	100	EA	BO	PO	EA	1	MG	1	03/23/2020	99/99/9999						
42291-0768-01		J7512		04/24/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 2.5 MG	100	EA	BO	PO	EA	1	MG	2.5	04/24/2020	99/99/9999						
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						
17317-0829-05		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						
17317-0934-08		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						
17317-1011-05		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						
17317-1413-01		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
17317-1413-03		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						
17317-1485-04		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						
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						
47781-0585-68		J1885		11/22/2017	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,25X2ML,SDV) 30 MG/1 ML	2	ML	VL	IM	ML	15	MG	2	11/22/2017	99/99/9999						
47781-0594-07		J9267		01/23/2018	10/23/2019	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	01/23/2018	10/23/2019						
47781-0609-25		J9060		10/09/2017	08/31/2019	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	10/09/2017	08/31/2019						
47781-0610-23		J9060		10/09/2017	10/23/2019	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (PF,LATEX-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.1	10/09/2017	10/23/2019						
47781-0613-07		J0637		12/11/2017	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						
47781-0623-07		J0895		04/26/2018	10/23/2019	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP,PF,LATEX-FREE) 500 MG	1	EA	VL	IJ	EA	500	MG	1	04/26/2018	10/23/2019						
42291-0770-50		J7512		04/24/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	500	EA	BO	PO	EA	1	MG	10	04/24/2020	99/99/9999						
42658-0010-01		J9065		05/18/2020	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	05/18/2020	99/99/9999						
42806-0147-31		Q0144		08/30/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (BANANA-CHERRY) 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	08/30/2019	99/99/9999						
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						
43066-0014-01		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						
43547-0544-25		J7643		12/09/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	12/09/2019	99/99/9999						
43547-0544-25	KO	J7643	KO	12/09/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	12/09/2019	99/99/9999						
43598-0409-25		J7614		09/16/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (5X5,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83332	09/16/2014	99/99/9999						
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	IJ	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	IJ	ML	1	MG	0.4	08/14/2017	99/99/9999						
17478-0380-20		J1230		11/13/2017	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL 10 MG/1 ML	20	ML	VL	IJ	ML	10	MG	1	11/13/2017	99/99/9999						
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						
17478-0931-01		J0636		02/28/2017	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL (10 X 1ML) 1 MCG/1 ML	1	ML	AM	IV	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						
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						
18860-0722-10		J2278		01/31/2011	12/01/2019	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X5ML,SINGLE-USE VIAL) 100 MCG/ML	1	ML	VL	IN	ML	1	MCG	100	01/31/2011	12/01/2019						
48102-0046-01		J8540		06/08/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100	EA		PO	EA	0.25	MG	3	06/08/2018	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						
49230-0534-10		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						
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						
49348-0564-04		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						
49452-0027-02		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						
43598-0409-25	KO	J7614	KO	09/16/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (5X5,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83332	09/16/2014	99/99/9999						
43598-0564-25		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						
43598-0605-56		J7682		06/04/2019	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	06/04/2019	99/99/9999						
43598-0605-56	KO	J7682	KO	06/04/2019	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	06/04/2019	99/99/9999						
43598-0637-10		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						
43598-0755-10		J1953		04/17/2019	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE NOVAPLUS (LATEX-FREE) 500 MG/100 ML-0.82%	100	ML	FC	IV	ML	10	MG	0.5	04/17/2019	99/99/9999						
43598-0859-11		J1453		09/05/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/05/2019	99/99/9999						
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						
49452-0073-03		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						
49452-0409-04		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.)	1000	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						
49452-0783-01		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						
49452-1309-05		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-1776-01		J1955		06/01/2015	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE HYDROCHLORIDE	25	GM	BO	NA	GM	1	GM	1	09/01/2018	99/99/9999	06/01/2015	10/17/2016	1			
49452-1776-02		J1955		06/01/2015	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE HYDROCHLORIDE	100	GM	BO	NA	GM	1	GM	1	09/01/2018	99/99/9999	06/01/2015	10/17/2016	1			
49452-2400-02		J3420		06/01/2015	10/17/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	GM	BO	NA	GM	1000	MCG	1000	06/01/2015	10/17/2016						
49452-2400-03		J3420		06/01/2015	10/17/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	5	GM	BO	NA	GM	1000	MCG	1000	06/01/2015	10/17/2016						
49452-2460-01		J1094		06/01/2015	10/17/2016	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P,MICRONIZED)	5	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016						
49452-2460-02		J1094		06/01/2015	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P,MICRONIZED)	25	GM	BO	NA	GM	1	MG	1000	06/01/2015	99/99/9999						
49452-2460-03		J1094		06/01/2015	10/17/2016	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P,MICRONIZED)	1	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016						
49452-2541-02		J1730		09/01/2015	10/17/2016	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P./N.F.)	1	GM	BO	NA	GM	300	MG	3.33333	09/01/2015	10/17/2016						
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						
49452-2612-02		J1160		06/01/2015	10/17/2016	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1	GM	BO	NA	GM	0.5	MG	2000	06/01/2015	10/17/2016						
49452-2795-01		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						
49452-3038-05		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			
49452-3222-01		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	HYALURONIC ACID	1	GM	BO	NA	GM	1	GM	1	06/01/2015	10/17/2016						
49452-3919-05		J1885		06/01/2015	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						
49452-4036-04		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			
49452-4553-01		J1230		06/01/2015	10/17/2016	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	5	GM	BO	NA	GM	10	MG	100	06/01/2015	10/17/2016						
49452-4553-02		J1230		06/01/2015	10/17/2016	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	25	GM	BO	NA	GM	10	MG	100	06/01/2015	10/17/2016						
49452-4715-03		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						
49452-5217-04		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						
43975-0255-05		None		08/02/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	08/02/2016	99/99/9999						
43975-0255-14		None		08/02/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	08/02/2016	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						
44087-0044-03		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						
44087-1150-01		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						
44087-6075-03		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1	EA	NA	IM	EA	75	IU	1	01/01/2006	99/99/9999						
44087-6150-01		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 150 IU	1	EA	NA	IM	EA	75	IU	2	01/01/2006	99/99/9999						
44087-9030-01		J3490		05/10/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F (M.D.V.) 450 IU	1	EA	VL	SC	EA	1	EA	1	05/10/2004	99/99/9999						
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						
49452-6000-01		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						
44206-0417-06		J1566		01/01/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	CARIMUNE NF (PF,NANOFILTERED) 6 GM	1	EA	VL	IV	EA	500	MG	12	01/01/2006	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						
44206-0451-01		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						
44206-0455-10		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						
44567-0410-24		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						
44567-0436-24		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						
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						
49452-6000-03		J7512		01/01/2016	10/17/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,ANH,MICRONIZED)	100	GM	BO	NA	GM	1	MG	1000	01/01/2016	10/17/2016						
49452-6080-02		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE/U.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 (WETTABLE/U.S.P.)	100	GM	BO	NA	GM	50	MG	20	06/01/2015	99/99/9999						
49452-6089-04		J1800		09/01/2015	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL	100	GM	BO	NA	GM	1	MG	1000	09/01/2015	99/99/9999						
49452-7660-01		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						
45802-0759-30		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
45963-0607-56		J9390		02/26/2015	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE (USP;SINGLE-USE VIAL,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	02/26/2015	99/99/9999						
45963-0608-60		J9178		01/13/2015	05/18/2020	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HCL (SDV,PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	01/13/2015	05/18/2020						
45963-0609-55		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						
45963-0619-59		J9201		01/13/2015	07/27/2020	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (SDV, USP,PF,LYOPHILIZED) 1 GM	1	EA	VL	IV	EA	200	MG	5	01/13/2015	07/27/2020						
45963-0638-58		J9263		08/03/2018	08/26/2019	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	08/03/2018	08/26/2019						
45963-0733-68		J9000		01/13/2015	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (USP,SDV,PF) 2 MG/ML	25	ML	VL	IV	ML	10	MG	0.2	01/13/2015	99/99/9999						
45963-0734-54		J9171		01/13/2015	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SINGLE-USE VIAL,PF) 20 MG/ML	1	ML	VL	IV	ML	1	MG	20	01/13/2015	99/99/9999						
45963-0762-57		J0641		02/14/2017	07/20/2020	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	02/14/2017	07/20/2020						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
47335-0300-40		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						
47335-0600-83		J0604		08/21/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30	EA	BO	PO	EA	1	MG	90	08/21/2019	99/99/9999						
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						
47335-0930-21		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						
47335-0930-80		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						
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						
47781-0578-07		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						
47781-0589-17		J2250		08/21/2017	10/23/2019	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LATEX-FREE) 5 MG/1 ML	5	ML	VL	IJ	ML	1	MG	5	08/21/2017	10/23/2019						
47781-0593-07		J9267		01/23/2018	10/23/2019	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	01/23/2018	10/23/2019						
47781-0604-27		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						
47781-0614-07		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						
47781-0622-91		J9209		04/24/2018	10/23/2019	INJECTION, MESNA, 200 MG	MESNA 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	04/24/2018	10/23/2019						
47781-0624-07		J0895		04/26/2018	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP,PF,LATEX-FREE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/26/2018	99/99/9999						
48102-0047-20		J8540		07/16/2020	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 4 MG	100	EA	BO	PO	EA	0.25	MG	16	07/16/2020	99/99/9999						
49230-0534-25		J1756		11/01/2008	99/99/9999	INJECTION, IRON SUCROSE, 1MG	VENOFER (SDV,25X5ML) 20 MG/1ML	5	ML	VL	IV	ML	1	MG	20	11/01/2008	99/99/9999						
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						
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						
49452-0027-04		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						
49452-0073-04		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						
49452-0735-01		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						
49452-7720-01		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						
49452-8253-02		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						
49452-0735-02		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						
49452-2400-04		J3420		09/01/2015	10/17/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	25	GM	BO	NA	GM	1000	MCG	1000	09/01/2015	10/17/2016						
49452-2697-01		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			
49452-2795-04		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						
49452-3175-01		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						
49452-9201-05		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						
49483-0061-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTIHISTAMINE 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
49483-0061-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTIHISTAMINE 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
49502-0501-20		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						
49502-0672-30		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 (VIAL,U.D.) 3 MG/3 ML-0.5 MG/3 ML	30	ML	PC	IH	ML	3	MG	0.33333	01/01/2006	04/30/2014						
49502-0806-77		J7677		12/14/2018	99/99/9999	REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, 1 MICROGRAM	YUPELRI (SAMPLE) 175 MCG/3 ML	3	ML	VL	IH	ML	1	MCG	58.333333	12/14/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
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						
49452-3544-01		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						
49452-3590-03		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						
49452-3845-01		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						
49884-0373-01		J8540		01/25/2017	01/05/2018	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 6 MG	100	EA	BO	PO	EA	0.25	MG	24	01/25/2017	01/05/2018						
49884-0907-38		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	240	ML	BO	PO	ML	1	EA	1	01/01/2002	99/99/9999						
49999-0003-15		Q0163		07/11/2002	06/01/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT 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						
49999-0008-00		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						
49999-0028-20		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						
49999-0028-30		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						
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						
49452-4300-01		J3475		06/01/2015	10/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE HEPTAHYDRATE (U.S.P.,E.P.,B.P.,J.P.)	500	GM	BO	NA	GM	500	MG	2	06/01/2015	10/17/2016						
49452-4300-02		J3475		06/01/2015	10/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE HEPTAHYDRATE (U.S.P.,E.P.,B.P.,J.P.)	2500	GM	BO	NA	GM	500	MG	2	06/01/2015	10/17/2016						
49452-4300-03		J3475		06/01/2015	10/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE HEPTAHYDRATE (U.S.P.,E.P.,B.P.,J.P.)	12000	GM	BO	NA	GM	500	MG	2	06/01/2015	10/17/2016						
49452-4380-01		J2150		06/01/2015	10/17/2016	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	500	GM	BO	NA	GM	50	ML	0.8	06/01/2015	10/17/2016						
49452-4380-02		J2150		06/01/2015	10/17/2016	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	2500	GM	BO	NA	GM	50	ML	0.8	06/01/2015	10/17/2016						
49452-4380-03		J2150		06/01/2015	10/17/2016	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	12000	GM	BO	NA	GM	50	ML	0.8	06/01/2015	10/17/2016						
49452-4686-01		J7509		06/01/2015	10/17/2016	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	1	GM	BO	NA	GM	4	MG	250	06/01/2015	10/17/2016						
49452-4686-02		J7509		06/01/2015	10/17/2016	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	4	MG	250	06/01/2015	10/17/2016						
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						
49452-4800-01		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						
49452-5217-01		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						
49452-5770-01		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						
49452-5980-01		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						
33358-0292-15		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	15	EA	BO	PO	EA	1	MG	5	01/01/2016	04/01/2020						
33358-0292-78		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	78	EA	BO	PO	EA	5	MG	1	07/10/2007	12/31/2015						
33358-0292-78		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	78	EA	BO	PO	EA	1	MG	5	01/01/2016	04/01/2020						
33358-0294-20		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	07/10/2007	12/31/2015						
33358-0294-20		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	04/01/2020						
33358-0294-30		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	07/10/2007	12/31/2015						
33358-0294-30		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	04/01/2020						
33358-0294-40		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	40	EA	BO	PO	EA	5	MG	4	07/10/2007	12/31/2015						
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						
49999-0059-06		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						
49999-0090-10		Q0169		01/01/2014	10/11/2019	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	10/11/2019						
49999-0090-10		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						
49999-0090-20		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-5980-03		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						
49452-6053-01		Q0164		02/01/2016	10/17/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P., N.F.)	5	GM	BO	NA	GM	5	MG	200	02/01/2016	10/17/2016						
49452-6053-02		Q0164		02/01/2016	10/17/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P., N.F.)	25	GM	BO	NA	GM	5	MG	200	02/01/2016	10/17/2016						
49452-6053-03		Q0164		02/01/2016	10/17/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P., N.F.)	100	GM	BO	NA	GM	5	MG	200	02/01/2016	10/17/2016						
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						
49452-6080-04		J2675		09/01/2015	10/17/2016	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE/U.S.P./PR111)	1000	GM	BO	NA	GM	50	MG	20	09/01/2015	10/17/2016						
33358-0294-40		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	40	EA	BO	PO	EA	1	MG	20	01/01/2016	04/01/2020						
33358-0300-30		Q0164		01/01/2014	04/01/2020	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	04/01/2020						
33358-0300-30		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						
33358-0301-12		J8498		07/10/2007	04/01/2020	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0302-60		Q0169		01/01/2014	04/01/2020	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	04/01/2020						
33358-0302-60		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						
49999-0090-30		Q0169		01/01/2014	10/11/2019	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	10/11/2019						
49999-0090-30		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						
49999-0091-60		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						
49999-0110-15		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						
49999-0153-21		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						
18860-0723-10		J2278		01/31/2011	10/08/2019	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X20ML,SINGLE-USE VIAL) 25 MCG/ML	1	ML	VL	IN	ML	1	MCG	25	01/31/2011	10/08/2019						
18864-0211-03		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SERABRINA LA FRANCE 50 MG/15 ML	480	ML	NA	PO	ML	50	MG	0.06666	01/01/2002	99/99/9999						
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						
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						
21695-0010-30		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						
21695-0111-00		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						
21695-0307-15		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						
49452-6089-02		J1800		06/01/2015	10/17/2016	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL 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, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	06/01/2015	99/99/9999						
49452-6222-04		J3490		09/01/2015	10/17/2016	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	100	GM	BO	NA	GM	1	GM	1	09/01/2015	10/17/2016						
49452-7924-01		J3250		06/01/2015	10/17/2016	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (U.S.P.)	5	GM	BO	NA	GM	200	MG	5	06/01/2015	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
49452-7924-02		J3250		06/01/2015	10/17/2016	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (U.S.P.)	25	GM	BO	NA	GM	200	MG	5	06/01/2015	10/17/2016						
49452-8253-04		J0592		09/01/2015	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	5	GM	BO	NA	GM	0.1	MG	10000	09/01/2015	99/99/9999						
49502-0500-02		J0171		05/02/2001	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPIPEN AUTO-INJECTOR (W/TRAINER DEVICE) 0.3 MG/0.3 ML	2	EA	PG	IJ	EA	0.1	MG	3	05/02/2001	99/99/9999						
33358-0313-01		J3415		07/10/2007	04/01/2020	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE (SINGLE-DOSE) 100 MG/ML	1	ML	VL	IJ	ML	100	MG	1	07/10/2007	04/01/2020						
33358-0367-01		Q0144		07/10/2007	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 1 GM/Packet	1	EA	BX	PO	EA	1	GM	1	07/10/2007	04/01/2020						
33358-0367-03		Q0144		07/10/2007	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 1 GM/Packet	1	EA	BX	PO	EA	1	GM	1	07/10/2007	04/01/2020						
33358-0368-04		Q0144		07/10/2007	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	07/10/2007	04/01/2020						
33358-0370-02		Q0162		01/01/2012	04/01/2020	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 4 MG	2	EA	BO	PO	EA	1	MG	4	01/01/2012	04/01/2020						
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						
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	IJ	ML	80	MG	0.5	09/17/2016	99/99/9999						
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						
49999-0339-12		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						
49999-0380-24		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						
49999-0385-15		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						
49999-0525-10		J1200		01/25/2008	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	01/25/2008	02/03/2016						
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						
21695-0332-25		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						
21695-0365-16		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						
21695-0415-60		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						
49502-0806-93		J7677		07/01/2019	99/99/9999	REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, 1 MICROGRAM	YUPELRI 175 mcg/3 ml	3	ML	VL	IH	ML	1	MCG	58.333333	07/01/2019	99/99/9999						
49502-0806-93		J7699		12/14/2018	06/30/2019	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	YUPELRI 175 mcg/3 ml	3	ML	VL	IH	ML	1	EA	1	12/14/2018	06/30/2019						
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						
49884-0753-13		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						
49999-0003-20		Q0163		02/24/2005	06/01/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	20	EA	BO	PO	EA	50	MG	0.5	02/24/2005	06/01/2017						
49999-0003-30		Q0163		07/11/2002	06/01/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	07/11/2002	06/01/2018						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
36000-0244-25		J3260		09/17/2016	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (MDV;USP,LATEX-FREE) 40 MG/1 ML	2	ML	VL	IJ	ML	80	MG	0.5	09/17/2016	99/99/9999						
36000-0282-25		J1940		07/01/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	2	ML	VL	IJ	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	IJ	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						
37205-0277-78		Q0163		01/01/2002	06/27/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICINE 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	06/27/2019						
38779-0006-05		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						
38779-0011-05		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
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						
49999-0936-30		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						
49999-0994-10		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						
50090-2345-09		None		06/08/2018	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/08/2018	99/99/9999						
50090-3418-09		None		06/08/2018	99/99/9999	METHOTREXATE,2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/08/2018	99/99/9999						
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						
50242-0053-06		J9310		01/01/2002	12/31/2018	INJECTION, RITUXIMAB, 100 MG	RITUXAN (S.D.V.,PF) 10 MG/ML	50	ML	VL	IV	ML	100	MG	0.1	01/01/2002	12/31/2018						
50242-0053-06		J9312		01/01/2019	99/99/9999	INJECTION, RITUXIMAB, 10 MG	RITUXAN (S.D.V.,PF) 10 MG/ML	50	ML	VL	IV	ML	10	MG	1	01/01/2019	99/99/9999						
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						
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						
21695-0649-12		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						
21695-0721-25		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						
23155-0119-01		J8499		05/28/2013	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CALCITRIOL 0.5 MCG	100	EA	BO	PO	EA	1	MCG	1	05/28/2013	99/99/9999						
49999-0008-05		J7506		05/16/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	5	EA	NA	PO	EA	5	MG	1	05/16/2008	12/31/2015						
49999-0008-05		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						
49999-0028-15		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						
49999-0028-50		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						
49999-0028-90		J7506		03/30/2005	12/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 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						
38779-0011-05	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0015-01		J3490		04/26/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	EA	1	04/26/2002	99/99/9999						
38779-0025-01		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P., 5-FU)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
38779-0043-04		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						
38779-0043-09		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						
38779-0063-05		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0063-08		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0071-05		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						
50242-0105-01		J9309		01/01/2020	99/99/9999	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	POLIVY (PF,LATEX-FREE) 140 MG	1	EA	VL	IV	EA	1	MG	140	01/01/2020	99/99/9999						
50242-0134-68		J9355		09/01/2003	06/30/2019	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	HERCEPTIN (M.D.V.,W/DILUENT 20ML) 440 MG	1	EA	VL	IV	EA	10	MG	44	09/01/2003	06/30/2019						
50242-0214-01		J2357		12/03/2018	99/99/9999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR (PF) 75 MG/0.5 ML	0.5	ML	SR	SC	ML	5	MG	30	12/03/2018	99/99/9999						
50262-0098-15		Q0144		04/19/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (10X3,FILM-COATED) 250 MG	30	EA		PO	EA	1	GM	0.25	04/19/2018	99/99/9999						
50268-0163-15		Q0161		02/21/2020	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL AVPAK (FILM-COATED) 25 MG	50	EA	BX	PO	EA	5	MG	5	02/21/2020	99/99/9999						
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						
50383-0741-20		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
23155-0229-01		J8499		05/01/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA		PO	EA	1	EA	1	05/01/2018	99/99/9999						
23155-0473-44		J1940		12/08/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	10	ML	VL	IJ	ML	20	MG	0.5	12/08/2014	99/99/9999						
23155-0600-41		J2250		01/30/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV) 1 MG/1 ML	2	ML	VL	IJ	ML	1	MG	1	01/30/2017	99/99/9999						
24201-0010-50		J2515		03/13/2018	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (MDV,LATEX-FREE) 50 MG/1 ML	50	ML	VL	IJ	ML	50	MG	1	03/13/2018	99/99/9999						
24201-0101-04		J9357		04/23/2019	99/99/9999	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	VALRUBICIN (4X5ML;SDV,PF) 40 MG/1 ML	5	ML	VL	IL	ML	200	MG	0.2	04/23/2019	99/99/9999						
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						
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						
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						
49999-0086-30		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						
49999-0090-15		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						
49999-0096-06		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						
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						
38779-0082-05		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						
38779-0101-08		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						
38779-0104-03		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						
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			
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						
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						
50580-0226-50		Q0163		10/30/2017	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL ALLERGY (ULTRATAB) 25 MG	100	EA	BX	PO	EA	50	MG	0.5	10/30/2017	99/99/9999						
50742-0118-08		J8515		10/08/2018	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8	EA		PO	EA	0.25	MG	2	10/08/2018	99/99/9999						
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						
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						
25021-0173-04		J0278		06/15/2016	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE 250 MG/1 ML	4	ML	VL	IJ	ML	100	MG	2.5	06/15/2016	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
25021-0185-11		J1570		01/15/2020	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	GANCICLOVIR (SDV,PF,LATEX-FREE) 50 MG/1 ML	10	ML	VL	IV	ML	500	MG	0.1	01/15/2020	99/99/9999						
25021-0187-30		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	IJ	EA	1.5	GM	2	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						
25021-0207-51		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						
25021-0245-01		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						
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, ORAL, PER 5MG	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						
49999-0110-20		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						
49999-0110-30		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						
49999-0385-40		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						
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						
38779-0123-09		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						
38779-0126-04		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						
38779-0142-04		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						
38779-0144-03		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						
38779-0144-06		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						
38779-0146-09		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						
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						
50742-0463-16		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						
50742-0512-20		J9027		02/25/2019	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOFARABINE (SDV,PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	02/25/2019	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						
51079-0435-01		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP) 40 MG	1	EA	BX	PO	EA	1	EA	1	01/01/2002	99/99/9999						
51079-0435-20		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						
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						
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						
25332-0073-30		J3415		01/01/2004	02/03/2016	INJECTION, PYRIDOXINE HCL, 100 MG	RODEX (VIAL) 100 MG/ML	30	ML	VL	IJ	ML	100	MG	1	01/01/2004	02/03/2016						
31722-0961-60		Q0167		02/13/2020	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 5 MG	60	EA	BO	PO	EA	2.5	MG	2	02/13/2020	99/99/9999						
31722-0962-60		Q0167		02/13/2020	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 10 MG	60	EA	BO	PO	EA	2.5	MG	4	02/13/2020	99/99/9999						
31722-0963-31		J0500		11/05/2019	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HCL (USP;SDV) 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	11/05/2019	99/99/9999						
31722-0963-32		J0500		11/05/2019	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HCL (USP, SDV) 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	11/05/2019	99/99/9999						
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						
38779-0154-04		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		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
38779-0154-09		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						
38779-0163-05		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						
38779-0165-03		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						
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						
51079-0670-05		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						
51079-0818-20		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			
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	IJ	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	IJ	EA	5	MG	1	01/31/2018	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
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						
51224-0022-06		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						
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						
49999-0993-10		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						
50090-0294-09		None		06/08/2018	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/08/2018	99/99/9999						
50090-3418-02		None		06/08/2018	99/99/9999	METHOTREXATE,2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	06/08/2018	99/99/9999						
50242-0041-10		J2997		10/14/2019	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	CATHFLO ACTIVASE 2 MG	10	EA	VL	IV	EA	1	MG	2	10/14/2019	99/99/9999						
50242-0041-63		J2997		01/18/2007	12/20/2018	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	CATHFLO ACTIVASE (INNER) 2 MG	1	EA	VL	IV	EA	1	MG	2	01/18/2007	12/20/2018						
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						
33358-0010-30		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0011-25		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0011-35		J8499		07/10/2007	04/01/2020	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	07/10/2007	04/01/2020						
33358-0110-30		Q0163		07/10/2007	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	30	EA	BO	PO	EA	50	MG	0.5	07/10/2007	04/01/2020						
33358-0292-30		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	07/10/2007	12/31/2015						
33358-0292-30		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	04/01/2020						
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						
38779-0166-05		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						
38779-0173-05		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
38779-0173-08		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
38779-0180-04		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	25	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999						
38779-0180-04		Q0165		03/08/2002	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 (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	03/08/2002	12/31/2013						
38779-0183-05		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
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						
51224-0122-03		Q0144		10/08/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	3	EA	BX	PO	EA	1	GM	0.5	10/08/2019	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						
51285-0367-01		None		03/09/2006	99/99/9999	METHOTREXATE, 7.5 MG	TREXALL (FILM-COATED) 7.5 MG	30	EA	BO	PO	EA	7.5	MG	1	03/09/2006	99/99/9999						
51552-0006-01		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0006-03		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
50242-0060-01		J9035		01/01/2005	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/ML	4	ML	VL	IV	ML	10	MG	2.5	01/01/2005	99/99/9999						
50242-0060-10		J9035		06/03/2019	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						
50242-0080-01		J2778		01/01/2008	99/99/9999	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	99/99/9999						
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	99/99/9999	INJECTION, RANIBIZUMAB, 0.1 MG	LUCENTIS (INTRAVITREAL INJECTION) 0.5 MG/0.05 ML	0.05	ML	SR	IO	ML	0.1	MG	100	01/30/2017	99/99/9999						
50242-0100-40		J7639		01/01/2002	99/99/9999	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP) 2.5 MG/2.5 ML	2.5	ML	PC	IH	ML	1	MG	1	01/01/2002	99/99/9999						
50242-0100-40	KO	J7639	KO	01/01/2002	99/99/9999	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP) 2.5 MG/2.5 ML	2.5	ML	PC	IH	ML	1	MG	1	01/01/2002	99/99/9999						
50242-0132-01		J9355		05/30/2017	99/99/9999	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	HERCEPTIN (SDV,PF,LYPHOLIZED) 150 MG	1	EA	VL	IV	EA	10	MG	15	05/30/2017	99/99/9999						
33358-0293-20		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	07/10/2007	12/31/2015						
33358-0293-20		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	04/01/2020						
33358-0293-30		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	07/10/2007	12/31/2015						
33358-0293-30		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	04/01/2020						
33358-0293-40		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG	2	07/10/2007	12/31/2015						
33358-0293-40		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	04/01/2020						
33358-0294-15		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	07/10/2007	12/31/2015						
33358-0294-15		J7512		01/01/2016	04/01/2020	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	1	MG	20	01/01/2016	04/01/2020						
38779-0183-08		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0191-03		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						
38779-0191-06		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						
38779-0198-05		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0198-05	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED,MICRONIZED)	1	EA	NA	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
38779-0216-04		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						
38779-0230-04		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						
51552-0006-05		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0026-04		J7510		09/01/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0029-01		J3140		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	12/31/2014						
51552-0029-01		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE (U.S.P.)	1	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51552-0029-02		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						
51552-0029-02		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS	TESTOSTERONE MICRONIZED (U.S.P.)	5	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999						
51552-0030-01		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						
50242-0132-10		J9355		06/03/2019	99/99/9999	INJECTION, TRASTUZUMAB, 10 MG	HERCEPTIN (SDV,PF,LYPHOLIZED) 150 MG	10	EA	VL	IV	EA	10	MG	15	06/03/2019	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						
50268-0685-15		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						
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						
50419-0537-01		J2280		04/01/2017	99/99/9999	INJECTION, MOXIFLOXACIN, 100 MG	AVELOX I.V. (SINGLE-DOSE FLEXIBAG,PF) 400 MG/250 ML	250	ML	BG	IV	ML	100	MG	0.016	04/01/2017	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						
33358-0302-08		Q0169		01/01/2014	04/01/2020	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 25 MG	8	EA	BO	PO	EA	12.5	MG	2	01/01/2014	04/01/2020						
33358-0302-08		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						
33358-0352-10		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						
33358-0368-30		Q0144		07/10/2007	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	07/10/2007	04/01/2020						
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						
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						
38779-0247-05		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						
38779-0281-05		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						
38779-0282-05		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						
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						
51552-0030-08		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	01/01/2015	UNCLASSIFIED DRUGS	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	0.3	GM	BO	NA	GM	1	EA	1	01/01/2015	01/01/2015						
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						
51552-0044-06		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
35356-0020-10		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						
35356-0098-90		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						
35356-0124-30		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						
35356-0177-15		J0696		05/16/2008	01/01/2015	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X15ML) 1 GM	15	ML	NA	IJ	ML	250	MG	4	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	IJ	ML	10	MG	2	05/16/2008	01/01/2015						
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						
38779-0298-05		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						
38779-0301-04		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						
38779-0301-08		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						
38779-0312-04		J7501		10/01/2012	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	25	GM	BO	NA	GM	100	MG	10	10/01/2012	99/99/9999						
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						
51552-0079-07		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						
51552-0106-05		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						
51552-0124-06		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						
51552-0141-04		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						
51552-0147-05		J2550		09/01/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0156-02		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						
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						
36000-0284-25		J1940		07/01/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/ML	10	ML	VL	IJ	ML	20	MG	0.5	07/01/2014	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	06/27/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICINE 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	06/27/2019						
37205-0277-62		Q0163		01/01/2002	06/27/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICINE 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	06/27/2019						
38779-0319-01		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0319-01	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0319-03		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0319-03	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0319-06		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						
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						
51552-0180-04		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						
51552-0188-01		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						
51552-0232-04		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						
51552-0278-01		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						
38779-0006-03		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						
38779-0008-04		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999						
38779-0008-09		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999						
38779-0015-05		J3490		04/26/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	EA	1	04/26/2002	99/99/9999						
38779-0017-01		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0017-01	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0025-05		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
38779-0324-06		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						
38779-0330-05		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						
38779-0388-03		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						
38779-0393-03		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						
38779-0393-06		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						
38779-0403-05		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						
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						
51552-0324-06		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						
51552-0393-01		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						
51552-0416-04		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						
38779-0034-04		J2010		01/01/2002	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999						
38779-0051-04		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						
38779-0057-05		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						
38779-0071-01		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						
38779-0104-04		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						
38779-0405-01	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						
38779-0405-06		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						
38779-0454-04		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						
38779-0468-03		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
51552-0423-04	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
51552-0430-01		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						
51552-0446-04		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						
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						
38779-0126-06		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						
38779-0142-06		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						
38779-0144-04		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	40	MG	25	01/01/2002	99/99/9999						
38779-0150-05		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						
38779-0154-03		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						
38779-0468-06		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						
38779-0495-05		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						
38779-0536-04		J2780		05/20/2002	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	04/01/2020						
38779-0536-09		J2780		05/20/2002	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	04/01/2020						
38779-0571-05		J0280		01/01/2002	10/17/2016	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	09/26/2008	10/17/2016	01/01/2002	11/27/2003	4			
38779-0571-08		J0280		01/01/2002	10/17/2016	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	09/26/2008	10/17/2016	01/01/2002	11/27/2003	4			
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						
51552-0496-01		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						
51552-0498-09		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						
51552-0529-02		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						
38779-0154-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
38779-0164-05		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						
38779-0165-04		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						
38779-0632-04		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						
38779-0632-09		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						
38779-0655-05		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						
38779-0660-04		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						
38779-0673-05		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						
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						
38779-0679-04		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						
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						
51552-0564-07		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						
51552-0613-04		J0475		09/01/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (1X25GM)	1	EA	JR	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0620-05		J2780		09/01/2003	04/07/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	04/07/2020						
51552-0652-01		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (1X1GM)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
51552-0652-02		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (1X5GM)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
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						
38779-0189-05		J1320		10/01/2012	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	100	GM	BO	NA	GM	20	MG	50	10/01/2012	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0191-04		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						
38779-0194-03		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						
38779-0198-00		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						
38779-0731-04		J1170		01/01/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	01/01/2002	99/99/9999						
38779-0873-05		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						
38779-0885-03		J1960		11/22/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	11/22/2002	99/99/9999						
38779-0891-03		J1435		01/01/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0891-06		J1435		01/01/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0927-05		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						
38779-0989-04		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						
38779-0989-09		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						
51552-0668-01		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
51552-0668-01	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
51552-0671-05		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
51552-0674-07		J2010		09/01/2003	01/01/2015	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HYDROCHLORIDE (USP,1X1000GM)	1	EA	BO	NA	GM	300	MG	3.33333	09/01/2003	01/01/2015						
51552-0676-05		J1240		09/01/2003	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (1X100GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0678-02		J2270		01/01/2015	01/01/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X5GM,USP)	5	GM	NA	NA	GM	10	MG	100	01/01/2015	01/01/2015						
51552-0678-02		J2271		09/01/2003	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (1X5GM,USP)	1	EA	NA	NA	GM	100	MG	10	09/01/2003	12/31/2014						
51552-0688-02		J0745		09/01/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X5GM,USP)	1	EA	BO	NA	GM	30	MG	33.33333	09/01/2003	99/99/9999						
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						
38779-0253-04		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						
38779-0253-09		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						
38779-0301-03		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						
38779-0303-03		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						
38779-0312-06		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						
38779-1502-09		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						
38779-1756-09		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						
38779-1764-03		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-1764-06		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-1766-04		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						
38779-1816-05		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						
51552-0688-03		J0745		09/01/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X10GM,USP)	1	EA	BO	NA	GM	30	MG	33.33333	09/01/2003	99/99/9999						
51552-0729-01		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X1GM,USP)	1	EA	BO	NA	GM	2	MG	500	09/01/2003	99/99/9999						
51552-0729-02		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X5GM,USP)	1	EA	BO	NA	GM	2	MG	500	09/01/2003	99/99/9999						
51552-0733-04		J9190		09/01/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X25GM,USP)	1	EA	BO	NA	GM	500	MG	2	09/01/2003	99/99/9999						
51552-0738-07		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X1000GM,USP,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0741-04		J0500		09/01/2003	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HYDROCHLORIDE (USP)	1	EA	BO	NA	GM	20	MG	50	09/01/2003	99/99/9999						
51552-0763-05		J3490		09/01/2003	05/01/2015	UNCLASSIFIED DRUGS	6-AMINOCAPROIC ACID (1X100GM)	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						
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						
38779-0324-04		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						
38779-0330-01		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						
38779-0388-04		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						
38779-0393-04		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						
38779-1901-04		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						
38779-1943-05		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						
38779-1968-09		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						
39822-0139-07		J2543		02/13/2017	11/19/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PHARMACY BULK PACKAGE) 36 GM-4.5 GM	1	EA	VL	IV	EA	1.125	GM	36	02/13/2017	11/19/2019						
39822-0353-06		J2010		02/01/2016	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL 300 MG/1 ML	10	ML	VL	IJ	ML	300	MG	1	02/01/2016	99/99/9999						
39822-0500-04		J0360		09/21/2015	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (USP) 20 MG/1 ML	1	ML	VL	IJ	ML	20	MG	1	09/21/2015	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						
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						
51552-0789-02		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						
51552-0829-01		J2675		09/01/2003	01/01/2015	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X1GM,USP)	1	EA	NA	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0829-06		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						
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						
42023-0129-89		J2680		06/15/2018	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	PREMIERPRO RX FLUPHENAZINE DECANOATE (LATEX-FREE) 25 MG/1 ML	5	ML		IJ	ML	25	MG	1	06/15/2018	99/99/9999						
42023-0179-05		J0592		07/29/2015	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (5X1ML; SDV) 0.3 MG/ML	1	ML	VL	IJ	ML	0.1	MG	3	07/29/2015	99/99/9999						
42023-0209-01		J3285		09/25/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 10 MG/1 ML	20	ML	VL	IJ	ML	1	MG	10	09/25/2019	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						
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						
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						
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						
51552-0894-04		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						
51552-0910-05		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						
51552-0920-05		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						
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						
38779-0405-04		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						
38779-0454-03		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						
38779-0468-04		J3420		04/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG	1000	04/25/2003	99/99/9999						
38779-0495-09		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						
38779-0534-09		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						
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						
51552-0958-04		J1030		09/01/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP,1X25GM,MICRONIZED)	1	EA	BO	NA	GM	40	MG	25	09/01/2003	99/99/9999						
51552-0991-01		J0760		09/01/2003	12/31/2016	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	12/31/2016						
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						
51552-1031-01		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						
51552-1045-01		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						
51552-1069-02		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						
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						
42291-0191-12		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						
42291-0406-50		Q0177		04/13/2018	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	500	EA		PO	EA	25	MG	1	04/13/2018	99/99/9999						
42291-0406-90		Q0177		04/13/2018	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	90	EA		PO	EA	25	MG	1	04/13/2018	99/99/9999						
42291-0449-60		Q0167		03/13/2020	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	03/13/2020	99/99/9999						
42291-0451-60		Q0167		03/13/2020	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (SOFT GELATIN) 10 MG	60	EA	BO	PO	EA	2.5	MG	4	03/13/2020	99/99/9999						
38779-0599-01		J2150		01/01/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	99/99/9999						
38779-0599-08		J2150		01/01/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	99/99/9999						
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						
38779-0660-06		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						
38779-0673-07		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	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						
38779-0731-01		J1170		04/23/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	04/23/2002	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						
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						
51759-0202-10		J3031		04/20/2020	99/99/9999	INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	AJOVY (AUTOINJECTOR,PF) 225 MG/1.5 ML	1.5	ML	PN	SC	ML	1	MG	150	04/20/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51862-0083-14		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	11/18/2016	09/30/2019						
51862-0083-51		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 5MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	11/18/2016	09/30/2019						
51862-0086-14		None		11/18/2016	03/31/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	11/18/2016	03/31/2019						
51862-0086-51		None		11/18/2016	03/31/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	11/18/2016	03/31/2019						
51862-0447-18		J8999		09/10/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	180	EA		PO	EA	1	EA	1	09/10/2018	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						
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						
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	100	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						
42291-0728-01		Q0164		04/01/2020	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (USP,FILM-COATED) 5 MG	100	EA	BO	PO	EA	5	MG	1	04/01/2020	99/99/9999						
42291-0769-01		J7512		04/24/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	1	MG	5	04/24/2020	99/99/9999						
42291-0771-50		J7512		04/24/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	500	EA	BO	PO	EA	1	MG	20	04/24/2020	99/99/9999						
42367-0121-21		J9171		01/29/2016	09/30/2018	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (AF) 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	01/29/2016	09/30/2018						
42806-0151-34		Q0144		04/11/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (BANANA-CHERRY) 200 MG/5 ML	30	ML		PO	ML	1	GM	0.04	04/11/2018	99/99/9999						
42858-0868-06		Q0167		06/26/2018	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (USP,SOFT GELATIN) 5 MG	60	EA		PO	EA	2.5	MG	2	06/26/2018	99/99/9999						
43292-0556-31		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALERTAB 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
38779-0731-06		J1170		01/01/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	01/01/2002	99/99/9999						
38779-0767-03		J2310		01/01/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0873-09		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						
38779-0891-04		J1435		01/01/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0925-05		J3360		04/23/2012	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (U.S.P.)	100	GM	BO	NA	GM	5	MG	200	04/23/2012	99/99/9999						
38779-0925-08		J3360		04/23/2012	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (U.S.P.)	500	GM	BO	NA	GM	5	MG	200	04/23/2012	99/99/9999						
38779-1502-00		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						
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						
51927-1017-00		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						
51927-1027-00		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						
51927-1082-00		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						
51927-1202-00		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						
51927-1317-00		J3520		12/04/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (USP; DIHYDRATE)	1	EA	BO	NA	GM	150	MG	6.66666	12/04/2003	99/99/9999						
51927-1347-00		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						
50742-0430-01		J0894		11/07/2019	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	11/07/2019	99/99/9999						
50742-0446-15		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						
50742-0448-60		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						
50742-0519-02		J9070		07/30/2020	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (PF) 200 MG/1 ML	2.5	ML	VL	IV	ML	100	MG	2	07/30/2020	99/99/9999						
50742-0520-05		J9070		07/30/2020	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (PF) 200 MG/1 ML	5	ML	VL	IV	ML	100	MG	2	07/30/2020	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						
51079-0066-01		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						
43598-0392-48		J9245		12/21/2017	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	MELPHALAN HYDROCHLORIDE (W/ 10ML DILUENT) 50 MG	1	EA	VL	IV	EA	50	MG	1	12/21/2017	99/99/9999						
43598-0413-11		J0878		05/06/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	05/06/2019	99/99/9999						
43598-0635-52		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						
43598-0759-10		J1953		04/17/2019	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE NOVPALUS (LATEX-FREE) 1500 MG/100 ML-0.54%	100	ML	FC	IV	ML	10	MG	1.5	04/17/2019	99/99/9999						
43598-0848-58		J3486		02/07/2020	99/99/9999	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	ZIPRASIDONE MESYLATE (LYOPHILIZED) 20 MG	10	EA	VL	IM	EA	10	MG	2	02/07/2020	99/99/9999						
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						
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						
38779-1766-03		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						
38779-1901-03		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-1905-05		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						
38779-1943-09		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						
39822-0123-02		J2543		02/13/2017	11/19/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	02/13/2017	11/19/2019						
39822-0277-02		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BACIIM (STERILE) 50000 U	1	EA	VL	IM	EA	1	EA	1	01/01/2002	99/99/9999						
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						
51927-1510-00		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						
51927-1571-00		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						
51927-1601-00		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						
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						
51079-0510-01		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						
51079-0620-06		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						
51079-0817-20		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						
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						
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						
51285-0368-01		None		12/01/2005	99/99/9999	METHOTREXATE, 10 MG	TREXALL (FILM-COATED) 10 MG	30	EA	BO	PO	EA	10	MG	1	12/01/2005	99/99/9999						
51407-0095-60		None		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						
39822-0412-01		J3260		01/01/2007	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (BULK VIAL,PF) 1.2 GM	1	EA	VL	IV	EA	80	MG	15	01/01/2007	99/99/9999						
39822-0412-06		J3260		01/01/2007	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (BULK VIAL,PF) 1.2 GM	6	EA	VL	IV	EA	80	MG	15	01/01/2007	99/99/9999						
39822-2120-01		J9171		05/05/2017	02/22/2019	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (SDV) 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	05/05/2017	02/22/2019						
39822-5525-03		J2550		08/01/2016	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (25X1ML,USP) 25 MG/1 ML	1	ML	AM	IJ	ML	50	MG	0.5	08/01/2016	99/99/9999						
39822-5550-06		J2550		08/01/2016	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (25X1ML,USP) 50 MG/1 ML	1	ML	AM	IJ	ML	50	MG	1	08/01/2016	99/99/9999						
42023-0110-01		J1380		12/10/2007	99/99/9999	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	DELESTROGEN (1X5ML,MULTIDOSE) 10 MG/ML	5	ML	VL	IM	ML	10	MG	1	12/10/2007	99/99/9999						
42023-0188-10		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						
42023-0206-01		J3285		09/25/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	TREPROSTINIL (M.D.V.) 1 MG/1 ML	20	ML	VL	IJ	ML	1	MG	1	09/25/2019	99/99/9999						
51927-1601-00	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
51927-1603-00		J1320		09/08/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	JR	NA	GM	20	MG	50	09/08/2003	99/99/9999						
51927-1606-00		J1800		09/08/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1610-00		J7699		09/08/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999						
51927-1659-00		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						
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						
44087-0005-07		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						
44087-1005-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAIZEN (VIAL, W/DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	01/01/2002	99/99/9999						
44087-1088-01		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAIZEN (VIAL W/DILUENT) 8.8 MG	1	EA	VL	IJ	EA	1	MG	8.8	01/01/2002	99/99/9999						
44087-1114-01		J3490		06/15/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF (29GX1/2,PEN) 900 IU/1.5 ML	1.5	ML	CR	SC	ML	1	EA	1	06/15/2004	99/99/9999						
44087-3388-07		J2941		04/07/2003	99/99/9999	INJECTION, SOMATROPIN, 1 MG	ZORBTIVE (MDV, VIALS W/ DILUENT) 8.8 MG	1	EA	VL	SC	EA	1	MG	8.8	04/07/2003	99/99/9999						
44087-6075-01		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1	EA	NA	IM	EA	75	IU	1	01/01/2006	99/99/9999						
44087-8822-01		Q3026		02/14/2005	12/31/2013	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	REBIF (TITRATION PACK,PF) 44 MCG/ML	4.2	ML	BX	SC	ML	11	MCG	4	02/14/2005	12/31/2013						
51552-0006-07		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0021-05		J1700		09/01/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	99/99/9999						
51552-0024-04		J1094		09/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0025-01		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0025-01	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	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						
42195-0721-21		J8540		05/15/2020	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE THERAPY PACK (6-DAY) 1.5 MG	21	EA	DP	PO	EA	0.25	MG	6	05/15/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
42291-0167-12		None		04/14/2017	05/31/2020	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP, FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	04/14/2017	05/31/2020						
42291-0727-10		J7512		02/05/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	1	MG	5	02/05/2020	99/99/9999						
42291-0771-01		J7512		04/24/2020	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	100	EA	BO	PO	EA	1	MG	20	04/24/2020	99/99/9999						
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						
42367-0520-25		J9036		05/15/2018	99/99/9999	INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO/BENDAMUSTINE), 1 MG	BENDAMUSTINE HYDROCHLORIDE (MDV,PF) 25 MG/1 ML	4	ML		IV	ML	1	MG	25	05/15/2018	99/99/9999						
42806-0149-32		Q0144		04/10/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (BANANA-CHERRY) 200 MG/5 ML	15	ML		PO	ML	1	GM	0.04	04/10/2018	99/99/9999						
42806-0400-01		J7509		05/01/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 4 MG	100	EA	BO	PO	EA	4	MG	1	05/01/2019	99/99/9999						
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						
51927-1794-00		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						
51927-1981-00		J3250		09/12/2003	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL	1	EA	BO	NA	GM	200	MG	5	09/12/2003	99/99/9999						
51927-2101-00		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						
51927-2140-00		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						
44087-9070-01		J3490		05/07/2007	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F (MDV) 1200 IU	1	EA	VL	SC	EA	1	EA	1	05/07/2007	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	CARIMUNE NF (PF,NANOFILTERED) 3 GM	1	EA	VL	IV	EA	500	MG	6	01/01/2006	11/17/2016						
44567-0104-01		J0290		01/13/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PHARMACY BULK,PF) 10 GM	1	EA	VL	IV	EA	500	MG	20	01/13/2020	99/99/9999						
44567-0120-25		J0690		09/01/2019	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (PF) 1 GM	25	EA	VL	IJ	EA	500	MG	2	09/01/2019	99/99/9999						
44567-0246-25		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						
44567-0421-24		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						
44567-0437-24		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						
51552-0026-02		J7510		09/01/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0028-05		J7506		09/01/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	12/31/2015						
51552-0028-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
51552-0030-04		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						
51552-0038-05		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						
51552-0044-04		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						
42858-0867-06		Q0167		06/26/2018	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DRONABINOL (USP,SOFT GELATIN) 2.5 MG	60	EA		PO	EA	2.5	MG	1	06/26/2018	99/99/9999						
43063-0439-30		None		03/14/2013	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						
43066-0001-01		J9171		02/23/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X2ML,MDV) 10 MG/1 ML	2	ML	VL	IV	ML	1	MG	10	02/23/2018	99/99/9999						
43066-0006-01		J9171		02/23/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (1X8ML,MDV) 10 MG/1 ML	8	ML	VL	IV	ML	1	MG	10	02/23/2018	99/99/9999						
43066-0010-01		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						
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						
51927-2258-00		J7501		09/08/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (USP)	1	EA	BO	NA	GM	100	MG	10	09/08/2003	99/99/9999						
51927-2303-00		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P., HEMIHYDRATE)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
51927-2706-00		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						
51927-2762-00		J9340		09/08/2003	99/99/9999	INJECTION, THIOTEPA, 15 MG	TRIETHYLENETHIOPHOSPHORAMIDE/T	1	EA	BO	NA	GM	15	MG	66.66666	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						
51927-2994-00		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						
44567-0701-25		J0696		04/25/2013	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	25	EA	VL	IJ	EA	250	MG	4	04/25/2013	99/99/9999						
45802-0205-14		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999						
45802-0205-65		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999						
45802-0758-30		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 12.5 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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						
45963-0611-53		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						
45963-0612-57		J9201		01/13/2015	11/11/2019	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (SDV,USP,PF,LYOPHILIZED) 200 MG	1	EA	VL	IV	EA	200	MG	1	01/13/2015	11/11/2019						
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						
51552-0074-05		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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	100	GM	BO	NA	GM	5	MG	200	01/01/2014	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 IV 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						
51552-0079-05		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						
51552-0124-04		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						
51552-0130-04		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
43292-0557-19		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEP-TABS 25 MG	36	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
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	INJECTION, CLOFARABINE, 1 MG	CLOFARABINE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	11/08/2017	99/99/9999						
43598-0410-25		J7614		09/16/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (5X5,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	09/16/2014	99/99/9999						
43598-0410-25	KO	J7614	KO	09/16/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (5X5,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	09/16/2014	99/99/9999						
43598-0528-11		J2710		09/11/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML		IV	ML	0.5	MG	1	09/11/2018	99/99/9999						
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						
51927-3258-00		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						
51927-3530-00		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						
51927-9018-00		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						
51991-0005-33		J8999		12/19/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	EXEMESTANE (FILM-COATED) 25 MG	30	EA		PO	EA	1	EA	1	12/19/2019	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	5	ML	VL	IV	ML	1	MG	0.8	10/30/2017	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						
45963-0613-89		J9267		06/13/2018	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PREMIERPRO RX PACLITAXEL (PF,LATEX-FREE) 6 MG/1 ML	50	ML		IV	ML	1	MG	6	06/13/2018	99/99/9999						
45963-0614-55		J9206		01/13/2015	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV;USP,PF) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	01/13/2015	99/99/9999						
45963-0614-81		J9206		01/17/2019	99/99/9999	INJECTION, IRINOTECAN, 20 MG	PREMIERPRO RX IRINOTECAN HCL (PF,LATEX-FREE) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	01/17/2019	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	05/05/2020	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	5.26	ML	VL	IV	ML	200	MG	0.19	04/12/2016	05/05/2020						
45963-0624-58		J9201		04/12/2016	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						
45963-0637-49		J9263		08/03/2018	08/26/2019	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	08/03/2018	08/26/2019						
45963-0733-57		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						
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						
51552-0149-04		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						
51552-0156-04		J7636		09/01/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0156-04	KO	J7636	KO	09/01/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0180-03		J2765		09/01/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0201-04		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
51552-0201-04	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999						
43598-0528-36		J2710		09/11/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML		IV	ML	0.5	MG	1	09/11/2018	99/99/9999						
43598-0565-10		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						
43598-0637-52		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						
43825-0102-01		J0131		01/03/2011	99/99/9999	INJECTION, ACETAMINOPHEN, 10 MG	OFIRMEV 10 MG/1 ML	100	ML	VL	IV	ML	10	MG	1	01/03/2011	99/99/9999						
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						
43975-0307-10		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						
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						
51991-0937-98		J9267		07/19/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	07/19/2017	99/99/9999						
52536-0162-01		Q0175		02/06/2018	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 2 MG	100	EA		PO	EA	4	MG	0.5	02/06/2018	99/99/9999						
52565-0106-10		J0713		08/18/2020	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (STERILE,CRYSTALLINE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	08/18/2020	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						
52959-0043-15		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						
52959-0043-50		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						
47335-0177-95		J3245		01/01/2019	99/99/9999	INJECTION, TILDRAKIZUMAB, 1 MG	ILUMYA (PF) 100 MG/1 ML	1	ML	SR	SC	ML	1	MG	100	01/01/2019	99/99/9999						
47335-0177-95		J3490		09/17/2018	12/31/2018	UNCLASSIFIED DRUGS	ILUMYA (PF) 100 MG/1 ML	1	ML	SR	SC	ML	1	MG	1	09/17/2018	12/31/2018						
47335-0235-96		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						
47335-0380-83		J0604		08/21/2019	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	08/21/2019	99/99/9999						
47335-0706-54		J7644		02/25/2020	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/25/2020	99/99/9999						
47335-0706-54	KO	J7644	KO	02/25/2020	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/25/2020	99/99/9999						
47335-0891-74		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						
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						
51552-0233-02		J1110		09/01/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0304-01		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0304-02		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0304-05		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999	01/01/2002	08/31/2003	20			
51552-0313-06		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						
44087-1112-01		J3490		06/15/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF (29GX1/2 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 (29GX1/2,PEN) 300 IU/0.5 ML	0.5	ML	CR	SC	ML	1	EA	1	06/15/2004	99/99/9999						
44087-9005-01		J3490		06/07/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF 75 IU	1	EA	VL	SC	EA	1	EA	1	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	1	06/07/2004	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	CARIMUNE NF (PF,NANOFILTERED) 12 GM	1	EA	VL	IV	EA	500	MG	24	01/01/2006	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						
44206-0452-02		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						
52959-0053-10		Q0163		01/01/2002	07/16/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50	MG	1	01/01/2002	07/16/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0053-20		Q0163		01/01/2002	07/16/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	07/16/2019						
52959-0053-30		Q0163		01/01/2002	07/16/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	07/16/2019						
52959-0126-05		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						
52959-0126-44		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						
47335-0892-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE (1X5,HARD GELATIN) 100 MG	5	EA	ST	PO	EA	100	MG	1	07/11/2018	99/99/9999						
47335-0893-74		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						
47335-0929-74		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						
47335-0930-72		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						
47335-0936-40		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						
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	IJ	ML	15	MG	1	10/10/2017	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	IJ	ML	1	MG	1	08/21/2017	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						
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						
51552-0380-06		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						
51552-0393-04		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						
51552-0416-02		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						
51552-0423-02		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
51552-0423-02	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999						
44206-0457-22		J1559		04/06/2020	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE,PF) 20%	10	ML	SR	SC	ML	100	MG	2	04/06/2020	99/99/9999						
44206-0458-24		J1559		04/06/2020	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (4GM;SINGLE-USE,PF) 20%	20	ML	SR	SC	ML	100	MG	2	04/06/2020	99/99/9999						
44567-0247-10		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						
44567-0401-10		J2185		03/09/2020	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV, USP,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	100	MG	10	03/09/2020	99/99/9999						
44567-0435-24		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						
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						
45963-0613-83		J9267		07/19/2018	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PREMIERPRO RX PACLITAXEL (LATEX-FREE) 6 MG/1 ML	16.7	ML		IV	ML	1	MG	6	07/19/2018	99/99/9999						
52959-0127-15		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						
52959-0127-15		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						
52959-0127-18		J7506		06/18/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	5	MG	4	06/18/2008	12/31/2015						
52959-0127-18		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
52959-0127-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	25	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						
52959-0127-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	25	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
52959-0179-06		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						
52959-0313-15		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						
48102-0045-01		J8540		06/08/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	100	EA		PO	EA	0.25	MG	2	06/08/2018	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						
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						
51552-0446-03		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0464-05		J1320		09/01/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (1X100GM)	1	EA	BO	NA	GM	20	MG	50	09/01/2003	99/99/9999						
51552-0480-01		J0735		01/01/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0480-02		J0735		09/01/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0496-04		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						
51552-0564-05		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						
45963-0613-86		J9267		06/13/2018	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PREMIERPRO RX PACLITAXEL (PF,LATEX-FREE) 6 MG/1 ML	5	ML		IV	ML	1	MG	6	06/13/2018	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						
45963-0640-77		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						
45963-0687-49		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						
45963-0734-74		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						
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						
47335-0171-49		J7682		03/23/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	AM	IH	ML	300	MG	0.2	03/23/2020	99/99/9999						
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						
52959-0476-15		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
52959-0476-15		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	PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	10	MG	1	01/01/2002	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						
52959-0479-20		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						
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						
49348-0205-37		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VALU-DRYL ALLERGY CHILDREN'S (AF,CHERRY) 12.5 MG/5 ML	236	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999						
49348-0282-08		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VALU-DRYL ALLERGY 25 MG	48	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
49452-0029-01		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						
49452-1309-01		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						
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						
51552-0611-02		J7641		09/01/2003	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	09/01/2003	01/01/2015						
51552-0611-02	KO	J7641	KO	09/01/2003	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	09/01/2003	01/01/2015						
51552-0613-02		J0475		09/01/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (1X5GM)	1	EA	JR	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0652-04		J0364		01/01/2007	01/01/2015	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015						
51552-0674-05		J2010		09/01/2003	01/01/2015	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HYDROCHLORIDE (USP,1X100GM)	1	EA	BO	NA	GM	300	MG	3.33333	09/01/2003	01/01/2015						
51552-0678-04		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X25GM,USP)	25	GM	JR	NA	GM	10	MG	100	01/01/2015	99/99/9999						
47335-0171-49	KO	J7682	KO	03/23/2020	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	AM	IH	ML	300	MG	0.2	03/23/2020	99/99/9999						
47335-0235-83		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						
47335-0284-40		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						
47335-0706-49		J7644		02/25/2020	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/25/2020	99/99/9999						
47335-0706-49	KO	J7644	KO	02/25/2020	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/25/2020	99/99/9999						
47335-0890-80		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
47335-0891-21		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						
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						
52959-0517-25		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						
52959-0517-35		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						
52959-0544-12		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	12	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
52959-0544-21		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
52959-0547-04		J8540		05/16/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	4	EA	BO	PO	EA	0.25	MG	16	05/16/2007	99/99/9999						
52959-0547-50		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	50	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999						
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						
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						
49452-2147-04		J0735		09/01/2015	10/17/2016	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	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						
49452-2791-01		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						
51552-0678-04		J2271		09/01/2003	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (1X25GM,USP)	1	EA	JR	NA	GM	100	MG	10	09/01/2003	12/31/2014						
51552-0686-06		J2175		09/01/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (USP,1X100GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999						
51552-0687-01		J3010		09/01/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (1X1GM,USP)	1	EA	BO	NA	GM	0.1	MG	10000	09/01/2003	99/99/9999						
51552-0715-05		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (USP,1X100GM)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0729-04		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X25GM,USP)	1	EA	BO	NA	GM	2	MG	500	09/01/2003	99/99/9999						
51552-0733-01		J9190		09/01/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X1GM,USP)	1	EA	BO	NA	GM	500	MG	2	09/01/2003	99/99/9999						
51552-0733-02		J9190		09/01/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X5GM,USP)	1	EA	BO	NA	GM	500	MG	2	09/01/2003	99/99/9999						
51552-0738-05		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X100GM,USP,MICRONIZED)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
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						
47335-0892-72		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE (3X5,HARD GELATIN) 100 MG	15	EA	ST	PO	EA	100	MG	1	07/11/2018	99/99/9999						
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						
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	IJ	ML	15	MG	2	10/10/2017	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	IJ	ML	1	MG	5	08/21/2017	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						
47781-0603-20		J9045		04/02/2018	08/31/2019	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	50	MG	0.2	04/02/2018	08/31/2019						
52959-0657-03		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						
52959-0748-01		J8501		08/22/2007	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 40 MG	1	EA	BO	PO	EA	5	MG	8	08/22/2007	99/99/9999						
52959-0838-06		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						
52959-0928-30		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						
53270-3000-01		J2792		06/01/2010	12/31/2016	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (SDV) 15000 IU	1	ML	VL	IV	ML	100	IU	150	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	IU	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	IU	15	06/01/2010	12/31/2016						
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						
49452-3038-03		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						
49452-3590-01		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						
49452-4140-01		J2060		06/01/2015	10/17/2016	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	5	GM	JR	NA	GM	2	MG	500	06/01/2015	10/17/2016						
49452-4140-02		J2060		06/01/2015	10/17/2016	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	25	GM	JR	NA	GM	2	MG	500	06/01/2015	10/17/2016						
49452-4140-03		J2060		06/01/2015	10/17/2016	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	100	GM	JR	NA	GM	2	MG	500	06/01/2015	10/17/2016						
49452-4410-01		J3430		06/01/2015	10/17/2016	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	MENADIONE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016						
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						
51552-0775-04		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						
51552-0779-04		J7501		09/01/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (1X25GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999						
51552-0789-04		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						
51552-0829-04		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						
51552-0829-08		J2675		09/01/2003	01/01/2015	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X5000GM,USP)	1	EA	BO	NA	GM	50	MG	20	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
47781-0606-94		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						
47781-0622-22		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						
48102-0047-01		J8540		06/08/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100	EA		PO	EA	0.25	MG	16	06/08/2018	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						
49281-0545-05		J3490		01/01/2002	12/14/2017	UNCLASSIFIED DRUGS	ACTHIB (SDV W/DIL,TAX INCL,PF) 10 MCG	1	EA	VL	IM	EA	1	EA	1	01/01/2002	12/14/2017						
49348-0045-34		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VALU-DRYL ALLERGY CHILDREN'S 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999						
49452-0011-02		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						
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	IU	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						
53964-0001-01		J9340		04/21/2017	08/16/2019	INJECTION, THIOTEPA, 15 MG	TEPADINA 15 MG	1	EA	VL	IJ	EA	15	MG	1	04/21/2017	08/16/2019						
53964-0002-02		J9340		04/21/2017	08/16/2019	INJECTION, THIOTEPA, 15 MG	TEPADINA 100 MG	1	EA	VL	IJ	EA	15	MG	6.6667	04/21/2017	08/16/2019						
54092-0700-01		J1743		01/01/2008	99/99/9999	INJECTION, IDURSULFASE, 1 MG	ELAPRASE (PF) 2 MG/ML	3	ML	VL	IV	ML	1	MG	2	01/01/2008	99/99/9999						
54288-0100-01		J3489		01/09/2019	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SINGLE-USE,LATEX-FREE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	01/09/2019	99/99/9999						
54482-0054-01		J8999		03/30/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MATULANE 50 MG	100	EA		PO	EA	1	EA	1	03/30/2018	99/99/9999						
49452-4410-02		J3430		06/01/2015	10/17/2016	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	MENADIONE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1000	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						
49452-4836-02		J2310		09/01/2015	10/17/2016	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	0.25	GM	BO	NA	GM	1	MG	1000	09/01/2015	10/17/2016						
49452-4836-03		J2310		06/01/2015	10/17/2016	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	1	GM	JR	NA	GM	1	MG	1000	06/01/2015	10/17/2016						
49452-4936-01		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						
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						
51552-0913-01		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						
51552-0958-06		J1030		09/01/2003	01/01/2015	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP,1X500GM,MICRONIZED)	1	EA	BO	NA	GM	40	MG	25	09/01/2003	01/01/2015						
51552-0978-05		J3000		09/01/2003	01/01/2015	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	09/01/2003	01/01/2015						
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						
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						
49452-0029-04		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						
49452-0783-02		J7501		06/01/2015	10/17/2016	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	5	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	BENZOCAINE (U.S.P.)	125	GM	BO	NA	GM	1	EA	1	06/01/2015	10/17/2016						
54569-0241-00		Q0163		01/01/2002	01/07/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	01/07/2020						
54569-0322-00		J8540		01/01/2006	12/31/2018	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	01/01/2006	12/31/2018						
54569-0330-01		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	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	50	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2018						
54569-0330-03		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015						
54569-0330-03		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2018						
54569-0331-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015						
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						
49452-5971-01		J2730		09/01/2015	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PRALIDOXIME CHLORIDE (U.S.P.)	1	GM	BO	NA	GM	1	GM	1	09/01/2015	99/99/9999						
49452-5971-02		J2730		09/01/2015	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PRALIDOXIME CHLORIDE (U.S.P.)	5	GM	BO	NA	GM	1	GM	1	09/01/2015	99/99/9999						
49452-5971-03		J2730		09/01/2015	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PRALIDOXIME CHLORIDE (U.S.P.)	25	GM	BO	NA	GM	1	GM	1	09/01/2015	99/99/9999						
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						
51552-1025-04		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						
51552-1031-04		J1450		09/01/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (1X25GM)	1	EA	JR	NA	GM	200	MG	5	09/01/2003	99/99/9999						
51552-1045-09		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						
51552-1063-02		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
51754-6000-04		J7643		09/10/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYRX-PF (SDV,PF) 0.2 MG/1 ML	1	ML		IJ	ML	1	MG	0.2	09/10/2018	99/99/9999						
49452-0970-02		J3490		06/01/2015	10/17/2016	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	500	GM	BO	NA	GM	1	EA	1	06/01/2015	10/17/2016						
49452-0970-03		J3490		06/01/2015	10/17/2016	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	2500	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						
49452-1309-04		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						
49452-1317-01		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						
49452-2147-02		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						
54569-0331-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	10	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-0331-07		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						
54569-0331-07		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-0333-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	8	EA	BO	PO	EA	5	MG	10	01/01/2002	12/31/2015						
54569-0333-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 50 MG	8	EA	BO	PO	EA	1	MG	50	01/01/2016	12/31/2018						
54569-1377-00		J0696		01/01/2002	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (VIAL) 500 MG	1	EA	VL	IJ	EA	250	MG	2	01/01/2002	01/31/2014						
54569-1387-00		J2010		01/01/2002	12/31/2018	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOCIN (VIAL) 300 MG/ML	10	ML	VL	IJ	ML	300	MG	1	01/15/2004	12/31/2018	01/01/2002	01/31/2003	1			
54569-1555-01		J2930		06/05/2002	02/03/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (ACT-O-VIAL) 125 MG	1	EA	VL	IJ	EA	125	MG	1	06/05/2002	02/03/2016						
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						
49452-6087-04		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			
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						
49452-7910-04		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						
49452-8070-01		J3350		06/01/2015	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,J.P.)	500	GM	BO	NA	GM	40	GM	0.025	06/01/2015	99/99/9999						
49452-8070-02		J3350		06/01/2015	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,J.P.)	2500	GM	BO	NA	GM	40	GM	0.025	06/01/2015	99/99/9999						
51754-6000-04	KO	J7643	KO	09/10/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYRX-PF (SDV,PF) 0.2 MG/1 ML	1	ML		IJ	ML	1	MG	0.2	09/10/2018	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						
51862-0084-14		None		11/18/2016	03/31/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	11/18/2016	03/31/2019						
51862-0084-51		None		11/18/2016	03/31/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	11/18/2016	03/31/2019						
51862-0088-51		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	11/18/2016	09/30/2019						
51862-0458-47		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						
49452-2147-03		J0735		06/01/2015	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	06/01/2015	99/99/9999						
49452-2210-02		J0760		06/01/2015	10/17/2016	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	1	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016						
49452-2210-03		J0760		06/01/2015	10/17/2016	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016						
49452-2588-04		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						
49452-2640-01		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						
49452-2702-01		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						
54569-1754-00		Q0169		01/01/2014	12/31/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2018						
54569-1754-00		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	1	01/01/2002	12/31/2013						
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	1	01/08/2015	10/17/2016						
54569-1818-09		None		05/13/2008	12/31/2018	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	05/13/2008	12/31/2018						
54569-1827-01		J3301		01/01/2002	12/31/2018	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-10 (VIAL) 10 MG/ML	5	ML	VL	IJ	ML	10	MG	1	01/15/2004	12/31/2018	01/01/2002	01/31/2003	1			
54569-2353-05		Q0177		01/01/2002	12/31/2018	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2018						
49452-8070-03		J3350		06/01/2015	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,J.P.)	12000	GM	BO	NA	GM	40	GM	0.025	06/01/2015	99/99/9999						
49452-9201-01		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						
49452-9201-06		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49502-0605-30		J7606		07/02/2012	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	PERFOROMIST, 20 MCG/2 ML	30	ML	PC	IH	ML	20	MCG	0.5	07/02/2012	99/99/9999						
49502-0605-30	KO	J7606	KO	07/02/2012	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	PERFOROMIST, 20 MCG/2 ML	30	ML	PC	IH	ML	20	MCG	0.5	07/02/2012	99/99/9999						
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						
51927-1018-00		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						
51927-1079-00		J1200		09/08/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999						
51927-1090-00		J3480		12/04/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (USP; GRANULAR)	1	EA	BO	NA	GM	2	MEQ	6.71141	12/04/2003	99/99/9999						
51927-1148-00		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						
51927-1225-00		J7799		09/08/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999						
51927-1269-00		J3350		12/04/2003	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (USP)	1	EA	BO	NA	GM	40	GM	0.025	12/04/2003	99/99/9999						
54569-2571-01		Q0177		01/01/2014	12/31/2018	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	25	MG	2	01/01/2014	12/31/2018						
54569-2571-01		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	20	EA	BO	PO	EA	50	MG	1	09/01/2005	12/31/2013	01/01/2002	06/10/2003	1			
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	1	01/15/2004	10/17/2016	01/01/2002	01/31/2003	1			
54569-2646-00		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1	EA	NA	IM	EA	75	IU	1	01/01/2006	99/99/9999						
54569-3043-01		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						
54569-3043-01		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	12	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-3043-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 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	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	6	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018	01/01/2002	06/10/2003	4			
49502-0605-61	KO	J7606	KO	01/01/2009	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	PERFOROMIST 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	01/01/2009	99/99/9999						
49502-0692-03		J7613		04/01/2008	06/17/2016	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ACCUNEB (PF) 0.021%	3	ML	PC	IH	ML	1	MG	0.21	04/01/2008	06/17/2016						
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	ACCUNEB (PF) 0.021%	3	ML	PC	IH	ML	1	MG	0.21	04/01/2008	06/17/2016						
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						
49884-0673-14		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						
49884-0922-04		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						
49999-0028-05		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						
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						
51927-1435-00		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						
51927-1648-00		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						
51927-1709-00		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						
51927-1775-00		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						
54569-3302-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015						
54569-3302-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-3467-00		J1815		01/01/2003	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	12/31/2018						
54569-3701-00		J1050		01/01/2013	12/31/2018	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	DEPO-PROVERA CONTRACEPTIVE (VIAL) 150 MG/ML	1	ML	VL	IM	ML	1	MG	150	01/01/2013	12/31/2018						
54569-3833-00		J1815		01/01/2003	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R (VIAL) 100 U/ML	10	ML	VL	IJ	ML	5	U	20	01/26/2004	12/31/2018	01/01/2003	06/10/2003	20			
54569-3899-00		J7613		04/01/2008	12/31/2018	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	12/31/2018						
54569-3899-00	KO	J7613	KO	04/01/2008	12/31/2018	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	12/31/2018						
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						
49999-0086-00		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						
49999-0086-90		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49999-0090-05		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						
49999-0091-15		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						
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	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	100	GM	BO	NA	GM	1	GM	1	06/01/2015	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			
49452-3175-04		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						
49452-3659-01		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						
49452-4050-01		J2001		06/01/2015	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL MONOHYDRATE (U.S.P.)	25	GM	BO	NA	GM	10	MG	100	06/01/2015	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						
51927-1829-00		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						
51927-1865-00		J1955		12/04/2003	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (USP)	1	EA	BO	NA	GM	1	GM	1	12/04/2003	99/99/9999						
51927-1925-00		J3430		09/08/2003	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (USP; VITAMIN K1)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1950-00		J0945		09/08/2003	99/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/08/2003	99/99/9999						
51927-1956-00		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						
51927-2097-00		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						
51927-2118-00		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						
54569-3946-00		J1030		01/01/2002	12/31/2018	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (VIAL) 40 MG/ML	1	ML	VL	IJ	ML	40	MG	1	01/22/2004	12/31/2018	01/01/2002	01/31/2003	1			
54569-4168-00		Q0169		01/01/2014	12/31/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	5	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2018						
54569-4168-00		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						
54569-4265-00		J1030		01/01/2002	12/31/2018	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	10	ML	VL	IJ	ML	40	MG	1	01/15/2004	12/31/2018	01/01/2002	01/31/2003	1			
54569-4482-04		J8499		09/11/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1	EA	1	01/01/2005	12/31/2018	09/11/2002	06/10/2003	1			
54569-4724-00		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4734-00		J1610		01/01/2002	12/31/2018	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT 1 MG	1	EA	VL	IJ	EA	1	MG	1	01/01/2002	12/31/2018						
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						
49999-0110-07		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						
49999-0110-21		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						
49999-0335-08		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						
49452-4050-02		J2001		06/01/2015	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE 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, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL MONOHYDRATE (U.S.P.)	500	GM	BO	NA	GM	10	MG	100	06/01/2015	99/99/9999						
49452-4140-04		J2060		06/01/2015	10/17/2016	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	500	GM	JR	NA	GM	2	MG	500	06/01/2015	10/17/2016						
49452-4553-03		J1230		06/01/2015	10/17/2016	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	100	GM	BO	NA	GM	10	MG	100	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						
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						
51927-2765-00		J7681		09/08/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51927-2765-00	KO	J7681	KO	09/08/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-3115-00		J2690		09/08/2003	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	09/08/2003	99/99/9999						
51927-3335-00		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						
51927-3484-00		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						
51927-9017-00		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						
54569-4765-09		J8499		06/01/2006	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	45	EA	BO	PO	EA	1	EA	1	06/01/2006	12/31/2018						
54569-5445-00		J7614		04/01/2008	12/31/2018	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.042%	3	ML	VL	IH	ML	0.5	MG	0.84	04/01/2008	12/31/2018						
54569-5445-00	KO	J7614	KO	04/01/2008	12/31/2018	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.042%	3	ML	VL	IH	ML	0.5	MG	0.84	04/01/2008	12/31/2018						
54569-5448-00		Q0144		09/09/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX TRI-PAK 500 MG	1	EA	DP	PO	EA	1	GM	0.5	09/09/2002	12/31/2018						
54569-5589-00		Q0173		08/26/2004	12/31/2018	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOBENZAMIDE HCL 300 MG	12	EA	BO	PO	EA	250	MG	1.2	08/26/2004	12/31/2018						
54569-5715-00		J8999		07/15/2005	12/31/2018	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1	EA	1	07/15/2005	12/31/2018						
54569-5725-00		J0696		07/27/2005	12/31/2018	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/27/2005	12/31/2018						
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						
49999-0340-12		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						
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						
49999-0582-15		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						
50111-0787-66		Q0144		01/10/2012	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (6X3,FILM-COATED) 250 MG	18	EA	DP	PO	EA	1	GM	0.25	01/10/2012	99/99/9999						
50242-0020-20		J2941		01/01/2002	11/30/2013	INJECTION, SOMATROPIN, 1 MG	NUTROPIN (VIAL) 10 MG	1	EA	VL	SC	EA	1	MG	10	01/01/2002	11/30/2013						
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						
49452-4836-04		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						
49452-5344-01		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.)	25	GM	BO	NA	GM	1	MG	1000	09/01/2015	10/17/2016						
49452-6053-05		Q0164		02/01/2016	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	500	GM	BO	NA	GM	5	MG	200	02/01/2016	99/99/9999						
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, 1 MG	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	IJ	EA	1	MG	100	09/25/2017	99/99/9999						
51991-0922-98		J9263		07/19/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	07/19/2017	99/99/9999						
51991-0923-98		J9263		07/19/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	07/19/2017	99/99/9999						
51991-0933-17		J1630		02/05/2018	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (10X1ML) 5 MG/1 ML	1	ML	SR	IM	ML	5	MG	1	02/05/2018	99/99/9999						
51991-0938-98		J9267		07/19/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	07/19/2017	99/99/9999						
51991-0941-17		J3370		07/06/2017	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	07/06/2017	99/99/9999						
54569-5744-01		J8498		01/01/2006	12/31/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2018						
54569-5745-00		J8498		01/01/2006	12/31/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2018						
54569-5764-00		J2792		01/12/2006	12/31/2018	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	HYPERRHO S/D (FULL DOSE)	1	ML	SR	IM	ML	100	IU	15	01/12/2006	12/31/2018						
54569-5804-00		Q0144		06/30/2006	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 600 MG	8	EA	BO	PO	EA	1	GM	0.6	06/30/2006	12/31/2018						
54569-5809-00		Q0144		07/24/2006	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	07/24/2006	12/31/2018						
54569-5815-00		J1200		08/03/2006	12/31/2018	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HYDROCHLORIDE (25X1ML) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	08/03/2006	12/31/2018						
54569-5828-00		J1460		09/26/2006	12/31/2018	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN S/D (SDV)	2	ML	VL	IM	ML	1	ML	1	09/26/2006	12/31/2018						
54569-5857-00		J8999		11/06/2006	12/31/2018	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	30	EA	BO	PO	EA	1	EA	1	11/06/2006	12/31/2018						
51991-0942-98		J1190		09/15/2017	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE (LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	250	MG	2	09/15/2017	99/99/9999						
52536-0164-01		Q0175		02/06/2018	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 4 MG	100	EA		PO	EA	4	MG	1	02/06/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52536-0625-01		J1071		07/10/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP, SDV) 200 MG/1 ML	1	ML	CT	IM	ML	1	MG	200	07/10/2019	99/99/9999						
52536-0625-10		J1071		07/24/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (USP, MDV) 200 MG/1 ML	10	ML	VL	IM	ML	1	MG	200	07/24/2019	99/99/9999						
52609-4505-06		J0895		04/16/2018	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP,SINGLE USE) 500 MG	4	EA	VL	IJ	EA	500	MG	1	04/16/2018	99/99/9999						
52652-2001-01		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						
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						
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	IJ	ML	1	MG	2	01/12/2007	03/14/2016						
54766-0149-23		J0630		08/31/2015	09/15/2016	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	MIACALCIN 200 IU/1 ML	2	ML	VL	IJ	ML	400	U	0.5	08/31/2015	09/15/2016						
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						
54868-0026-04		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						
54868-0169-01		Q0177		01/01/2002	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VISTARIL 25 MG	100	EA	BO	PO	EA	25	MG	1	01/01/2002	02/03/2016						
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						
52959-0043-30		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						
52959-0053-52		Q0163		01/24/2005	07/16/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	52	EA	BO	PO	EA	50	MG	1	01/24/2005	07/16/2019						
52959-0123-03		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						
52959-0126-07		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						
52959-0126-20		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						
52959-0126-30		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						
52959-0126-40		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						
52959-0126-60		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						
52959-0127-12		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						
52959-0127-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						
52959-0127-21		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						
52959-0127-37		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	37	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0127-37		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	37	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						
52959-0220-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015						
52959-0220-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
52959-0220-21		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						
52959-0220-21		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						
52959-0220-36		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015						
52959-0220-36		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						
52959-0220-60		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015						
52959-0220-60		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						
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						
52959-0355-06		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						
52959-0433-10		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						
52959-0433-20		Q0177		12/27/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	20	EA	BO	PO	EA	25	MG	1	12/27/2004	99/99/9999						
52959-0433-30		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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	10/17/2002	99/99/9999						
52959-0433-60		Q0177		12/27/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	60	EA	BO	PO	EA	25	MG	1	12/27/2004	99/99/9999						
52959-0476-02		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	120	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
52959-0476-02		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 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	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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
52959-0476-10		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 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						
52959-0476-20		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
52959-0476-20		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 10 MG	20	EA	BO	PO	EA	10	MG	1	01/01/2002	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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
52959-0517-30		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						
52959-0547-10		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						
52959-0547-20		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	20	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999						
52959-0547-30		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						
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						
49452-6061-02		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	25	GM	JR	NA	GM	50	MG	20	06/01/2015	99/99/9999						
49452-6061-03		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	100	GM	JR	NA	GM	50	MG	20	06/01/2015	99/99/9999						
49452-6080-06		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			
49452-6087-01		J2550		06/01/2015	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	25	GM	BO	NA	GM	50	MG	20	06/01/2015	10/17/2016						
49452-6087-02		J2550		06/01/2015	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	100	GM	BO	NA	GM	50	MG	20	06/01/2015	10/17/2016						
49452-6140-01		J3415		06/01/2015	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	25	GM	BO	NA	GM	100	MG	10	06/01/2015	99/99/9999						
49452-6140-02		J3415		06/01/2015	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	100	GM	BO	NA	GM	100	MG	10	06/01/2015	99/99/9999						
49452-6140-03		J3415		06/01/2015	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1000	GM	BO	NA	GM	100	MG	10	06/01/2015	99/99/9999						
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	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	480	ML	BO	PO	ML	5	MG	0.6	01/01/2002	99/99/9999						
52959-0804-04		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						
52959-0817-10		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						
52959-0927-03		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						
53097-0568-60		Q0167		04/01/2020	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL (SOFT GELATIN) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	04/01/2020	99/99/9999						
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						
49452-8253-01		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						
49502-0672-60		J7620		01/01/2006	06/30/2014	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	DUONEB (VIAL,U.D.) 3 MG/3 ML-0.5 MG/3 ML	60	ML	PC	IH	ML	3	MG	0.33333	01/01/2006	06/30/2014						
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						
49884-0907-61		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						
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						
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						
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						
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	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2018						
54569-0239-01		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2018						
54569-0239-02		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2018						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49999-0028-12		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						
49999-0028-21		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						
49999-0028-48		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						
54569-0239-03		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2018						
54569-0241-05		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2018						
54569-0330-04		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						
54569-0330-04		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2018						
54569-0331-05		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						
54569-0331-05		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-0332-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						
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						
49999-0028-60		J7512		01/01/2016	06/01/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	1	MG	10	01/01/2016	06/01/2017						
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						
49999-0090-60		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						
54569-0332-05		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-0332-09		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						
54569-0332-09		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-1754-05		Q0169		01/01/2014	12/31/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2018						
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	1	12/07/2007	12/31/2013						
54569-1818-02		None		02/08/2018	12/31/2018	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	02/08/2018	12/31/2018						
54569-2318-00		J1815		01/01/2003	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	12/31/2018						
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						
54868-0218-03		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	3	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999						
54868-0218-06		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						
54868-0258-04		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015						
54868-0258-04		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						
54868-0258-09		J7506		03/14/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	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						
54868-0734-00		J3490		08/27/2002	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B (S.D.V.,PF) 20 MCG/ML	1	ML	VL	IM	ML	1	EA	1	08/27/2002	99/99/9999						
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						
49999-0110-14		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						
49999-0231-35		J8499		06/02/2005	10/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	06/02/2005	10/11/2019						
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						
49999-0380-36		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49999-0783-30		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						
54569-2319-00		J1815		01/01/2003	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R (VIAL) 100 U/ML	10	ML	VL	IJ	ML	5	U	20	01/01/2003	12/31/2018						
54569-2918-02		J1815		09/22/2003	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (10X10ML) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	09/22/2003	12/31/2018						
54569-3043-05		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						
54569-3043-05		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	14	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-3078-00		A4216		01/18/2007	12/31/2018	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE/RESPIRATORY THERAPY 0.9%	5	ML	VL	IH	ML	10	ML	0.1	01/18/2007	12/31/2018						
54569-3504-00		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	8	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2018						
54569-3704-00		J3030		01/01/2002	12/31/2018	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX (S.D.V.) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6	MG	2	01/01/2002	12/31/2018						
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						
54868-0756-00		J3250		01/01/2002	02/03/2016	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TIGAN (VIAL) 100 MG/ML	20	ML	VL	IM	ML	200	MG	0.5	01/01/2002	02/03/2016						
54868-0768-00		J2920		01/01/2002	02/03/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	SOLU-MEDROL (S.D.V.) 40 MG	1	EA	VL	IJ	EA	40	MG	1	01/01/2002	02/03/2016						
54868-0796-00		J1070		10/21/2004	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	DEPO-TESTOSTERONE 100 MG/ML	10	ML	VL	IM	ML	100	MG	1	10/21/2004	12/31/2014						
54868-0796-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1MG	DEPO-TESTOSTERONE 100 MG/ML	10	ML	VL	IM	ML	100	MG	100	01/01/2015	99/99/9999						
54868-0836-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015						
54868-0836-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
54868-0836-08		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015						
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						
49999-0937-30		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						
50111-0788-10		Q0144		04/05/2017	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	04/05/2017	99/99/9999						
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						
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	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	ACTIVASE (W/DILUENT) 50 MG	1	EA	VL	IV	EA	1	MG	50	01/01/2002	99/99/9999						
54569-4230-00		Q0144		01/01/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	01/01/2002	12/31/2018						
54569-4482-01		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4482-06		J8499		04/26/2005	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	21	EA	BO	PO	EA	1	EA	1	04/26/2005	12/31/2018						
54569-4522-01		Q0144		01/01/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	2	EA	BO	PO	EA	1	GM	0.25	01/01/2002	12/31/2018						
54569-4567-00		Q0144		01/01/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	1	EA	BX	PO	EA	1	GM	1	01/01/2002	12/31/2018						
54569-4720-00		J8498		01/01/2006	12/31/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2018						
54569-4720-02		J8498		01/01/2006	12/31/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	3	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2018						
54569-4765-05		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	45	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54868-0836-08		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						
54868-0908-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 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	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 50 MG	30	EA	BO	PO	EA	1	MG	50	01/01/2016	99/99/9999						
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						
54868-1050-06		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						
54868-1082-05		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-4910-00		J7644		01/01/2002	12/31/2018	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	12/31/2018						
54569-4910-00	KO	J7644	KO	01/01/2002	12/31/2018	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	12/31/2018						
54569-5247-00		J2310		01/01/2002	12/31/2018	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (VIAL, FLIPTOP) 0.4 MG/ML	1	ML	VL	IJ	ML	1	MG	0.4	01/01/2002	12/31/2018						
54569-5311-00		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	IJ	ML	10	MG	2	11/08/2007	02/03/2016						
54569-5755-00		Q0144		11/24/2005	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	DP	PO	EA	1	GM	0.25	11/24/2005	12/31/2018						
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 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	06/09/2005	12/31/2013						
54868-1119-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	5	MG	0.2	01/01/2002	12/31/2015						
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 5MG	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 5MG	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						
54569-5781-00		J1324		01/01/2007	10/17/2016	INJECTION, ENFUVIRTIDE, 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	12/31/2018	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (10X1ML) 10 MG/ML	1	ML	AM	IJ	ML	10	MG	1	05/12/2006	12/31/2018						
54569-5806-00		Q0144		07/24/2006	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 1 GM/Packet	1	EA	BX	PO	EA	1	GM	1	07/24/2006	12/31/2018						
54569-5840-00		J7506		10/10/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	10/10/2006	12/31/2015						
54569-5840-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-5862-00		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	12/31/2018	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	4	EA	BO	PO	EA	1	MG	8	01/01/2012	12/31/2018						
50242-0040-62		J2357		01/01/2005	99/99/9999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR 150 MG	1	EA	VL	SC	EA	5	MG	30	01/01/2005	99/99/9999						
50242-0041-64		J2997		01/01/2002	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	CATHFLO ACTIVASE (VIAL) 2 MG	1	EA	VL	IV	EA	1	MG	2	01/01/2002	99/99/9999						
50242-0061-01		J9035		01/01/2005	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/ML	16	ML	VL	IV	ML	10	MG	2.5	01/01/2005	99/99/9999						
50242-0061-10		J9035		06/03/2019	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						
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						
50242-0082-02		J2778		05/15/2017	99/99/9999	INJECTION, RANIBIZUMAB, 0.1 MG	LUCENTIS (INTRAVITREAL INJECTION) 0.3 MG/0.05 ML	0.05	ML	VL	IO	ML	0.1	MG	60	05/15/2017	99/99/9999						
50242-0082-03		J2778		04/23/2018	99/99/9999	INJECTION, RANIBIZUMAB, 0.1 MG	LUCENTIS (INTRAVITREAL,PF) 0.3 MG/0.05 ML	0.05	ML	VL	IO	ML	0.1	MG	60	04/23/2018	99/99/9999						
50242-0085-27		J2997		01/01/2002	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	ACTIVASE (W/DILUENT) 100 MG	1	EA	VL	IV	EA	1	MG	100	01/01/2002	99/99/9999						
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						
54868-1183-08		J7506		08/19/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	08/19/2003	12/31/2015						
54868-1183-08		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						
54868-1323-04		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 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, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS 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						
54868-1429-01		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-0026-01		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						
54868-0026-07		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						
50242-0140-01		J8999		01/31/2012	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ERIVEDGE 150 MG	28	EA	BO	PO	EA	1	MG	1	01/31/2012	99/99/9999						
50268-0075-15		J8999		10/15/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ANASTROZOLE AVPAK (5X10) 1 MG	50	EA	BX	PO	EA	1	EA	1	10/15/2019	99/99/9999						
50268-0684-15		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						
50268-0761-11		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 (4 X 5) 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						
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						
54868-1854-04		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						
54868-2048-00		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	01/01/2002	02/03/2016						
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						
54868-2219-01		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						
54868-2429-01		J0515		01/01/2002	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	COGENTIN (AMP) 1 MG/ML	2	ML	AM	IJ	ML	1	MG	1	01/01/2002	99/99/9999						
54868-0173-00		J9250		03/26/2003	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (PF) 25 MG/ML	2	ML	EA	IJ	ML	5	MG	5	03/26/2003	99/99/9999						
54868-0183-00		A4216		01/01/2004	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION BACTERIOSTATIC (VIAL)	30	ML	VL	IV	ML	10	ML	0.1	01/01/2004	02/03/2016						
54868-0206-00		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						
54868-0218-04		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						
54868-0218-09		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						
54868-0258-01		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		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
54868-0258-02		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						
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						
50383-0042-24		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						
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						
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						
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						
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						
50242-0051-21		J9310		01/01/2002	12/31/2018	INJECTION, RITUXIMAB, 100 MG	RITUXAN (S.D.V.,PF) 10 MG/ML	10	ML	VL	IV	ML	100	MG	0.1	01/01/2002	12/31/2018						
50242-0051-21		J9312		01/01/2019	99/99/9999	INJECTION, RITUXIMAB, 10 MG	RITUXAN (S.D.V.,PF) 10 MG/ML	10	ML	VL	IV	ML	10	MG	1	01/01/2019	99/99/9999						
50242-0077-01		J9356		07/01/2019	99/99/9999	INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK	HERCEPTIN HYLECTA (PF) 10000 U/5 ML-600 MG/5 ML	5	ML	VL	SC	ML	10	MG	12	07/01/2019	99/99/9999						
50242-0100-39		J7639		01/01/2002	99/99/9999	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP,INNER NDC) 2.5 MG/2.5 ML	2.5	ML	PC	IH	ML	1	MG	1	01/01/2002	99/99/9999						
50242-0100-39	KO	J7639	KO	01/01/2002	99/99/9999	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP,INNER NDC) 2.5 MG/2.5 ML	2.5	ML	PC	IH	ML	1	MG	1	01/01/2002	99/99/9999						
50242-0150-01		J2350		01/01/2018	99/99/9999	INJECTION, OCRELIZUMAB, 1 MG	OCREVUS (SDV,PF) 30 MG/1 ML	10	ML	VL	IV	ML	1	MG	30	01/01/2018	99/99/9999						
50242-0215-01		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						
50268-0718-13		J7520		04/23/2018	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS AVPAK 1 MG	30	EA	BP	PO	EA	1	MG	1	04/23/2018	99/99/9999						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-2528-00		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						
54868-2825-00		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						
54868-2844-01		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						
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						
54868-0258-02		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						
54868-0258-06		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	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						
54868-0261-00		J0780		01/01/2002	06/14/2016	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (M.D.V.) 5 MG/ML	10	ML	VL	IJ	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	IJ	ML	50	MG	1	01/01/2002	02/03/2016						
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	IJ	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 (VIAL) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2002	99/99/9999						
54868-0617-01		J3360		03/07/2002	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (M.D.V.,FLIPTOP) 5 MG/ML	10	ML	VL	IJ	ML	5	MG	1	03/07/2002	99/99/9999						
50742-0416-05		J3489		07/12/2020	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	07/12/2020	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 (1X8ML,SINGLE-USE) 10 MG/1 ML	8	ML	VL	IV	ML	1	MG	10	04/13/2018	99/99/9999						
50742-0438-10		J9017		11/15/2018	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	11/15/2018	99/99/9999						
50742-0447-45		J9045		01/29/2018	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (PF) 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	01/29/2018	99/99/9999						
50742-0495-25		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						
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						
50419-0385-01		J3490		09/18/2017	12/31/2018	UNCLASSIFIED DRUGS	ALIQOPA (LYOPHILIZED) 60 MG	1	EA	VL	IV	EA	1	MG	1	09/18/2017	12/31/2018						
50419-0385-01		J9057		01/01/2019	99/99/9999	INJECTION, COPANLISIB, 1 MG	ALIQOPA (LYOPHILIZED) 60 MG	1	EA	VL	IV	EA	1	MG	60	01/01/2019	99/99/9999						
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						
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						
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	SLEEPINAL 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	SLEEPINAL 50 MG	32	EA	NA	PO	EA	50	MG	1	12/04/2002	99/99/9999						
54868-2889-00		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						
54868-2892-03		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						
54868-3004-01		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						
54868-3084-00		Q0167		01/01/2002	12/30/2019	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL (SOFTGEL) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	01/01/2002	12/30/2019						
54868-3089-00		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						
54868-0617-02		J3360		04/03/2008	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X10ML,M.D.V) 5 MG/ML	10	ML	VL	IJ	ML	5	MG	1	04/03/2008	99/99/9999						
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						
54868-0710-06		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						
54868-0762-01		J3420		09/18/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/ML	1	ML	VL	IM	ML	1000	MCG	1	09/18/2003	99/99/9999						
54868-0767-00		J3480		01/01/2002	02/03/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (VIAL) 2 MEQ/ML	10	ML	VL	IV	ML	2	MEQ	1	01/01/2002	02/03/2016						
54868-0776-01		J7509		01/01/2002	02/03/2016	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	02/03/2016						
54868-0836-00		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51079-0077-20		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (10X10) 25 MG	100	EA	BX	PO	EA	25	MG	1	11/26/2007	99/99/9999	01/01/2002	04/01/2002	1			
51079-0541-01		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						
50580-0843-24		Q0163		02/02/2009	12/31/2019	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	SIMPLY SLEEP (CAPLET) 25 MG	24	EA	BO	PO	EA	50	MG	0.5	02/02/2009	12/31/2019						
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						
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	1			
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						
54868-3134-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	30	ML	VL	IJ	ML	1	EA	1	01/01/2002	02/03/2016						
54868-3157-00		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	10	EA	BO	PO	EA	0.25	MG	8	01/01/2006	99/99/9999						
54868-3189-00		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						
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						
54868-3474-00		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						
54868-3508-01		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						
54868-0836-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
54868-0836-07		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						
54868-0836-07		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-0871-01		J1100		07/21/2003	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (1X125ML) 4 MG/ML	125	ML	NA	IJ	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	IJ	ML	1	MG	4	01/01/2002	02/03/2016						
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						
54868-0954-00		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						
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						
51079-0670-01		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						
51079-0721-20		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						
51079-0895-01		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						
51079-0895-20		Q0169		01/01/2014	09/02/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE (10X10) 25 MG	100	EA	BX	PO	EA	12.5	MG	2	01/01/2014	09/02/2016						
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						
54868-3608-01		J2300		05/24/2007	02/03/2016	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (10X1ML) 10 MG/ML	1	ML	AM	IJ	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	IJ	ML	10	MG	2	01/01/2002	06/30/2015						
54868-3615-00		J1642		01/01/2002	06/30/2015	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (VIAL,DOSETTE,PF) 100 U/ML	1	ML	VL	IV	ML	10	U	10	01/01/2002	06/30/2015						
54868-3618-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (M.D.V.) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999						
54868-3618-00		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			
54868-1050-04		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						
54868-1082-01		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
54868-1082-01		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 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	01/29/2004	12/31/2013						
54868-1119-04		J7506		06/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	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						
54868-1126-00		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						
54868-1126-03		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						
54868-3645-00		J1940		01/01/2002	02/03/2016	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (CARPUJECT) 10 MG/ML	2	ML	SR	IJ	ML	20	MG	0.5	01/01/2002	02/03/2016						
54868-3648-00		Q0144		11/16/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (TRI-PACK) 500 MG	3	EA	DP	PO	EA	1	GM	0.5	11/16/2005	99/99/9999						
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	IJ	ML	0.1	MG	0.5	01/01/2002	02/03/2016						
54868-3826-04		None		08/25/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	28	EA	BO	PO	EA	2.5	MG	1	08/25/2003	99/99/9999						
54868-3826-09		None		09/13/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	2	EA	BO	PO	EA	2.5	MG	1	09/13/2010	99/99/9999						
54868-3889-00		J2597		01/01/2002	02/03/2016	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP (VIAL) 4 MCG/ML	10	ML	VL	IJ	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	IJ	ML	5	MG	0.5	01/01/2002	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	IJ	ML	40	MG	1	05/03/2005	02/03/2016						
54868-1183-00		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						
54868-1183-00		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						
54868-1183-07		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						
54868-1183-07		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-1323-00		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						
54868-1323-06		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						
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 IV 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	1			
51285-0369-01		None		12/01/2005	99/99/9999	METHOTREXATE, 15 MG	TREXALL (FILM-COATED) 15 MG	30	EA	BO	PO	EA	15	MG	1	12/01/2005	99/99/9999						
51552-0005-01		J2675		09/01/2003	01/01/2015	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	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	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	01/01/2015						
51552-0021-04		J1700		09/01/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	99/99/9999						
51552-0024-01		J1094		01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2003	99/99/9999						
51552-0024-02		J1094		09/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
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						
51079-0508-20		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						
51079-0510-05		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						
51079-0591-01		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						
51224-0122-09		Q0144		10/08/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	9	EA	BX	PO	EA	1	GM	0.5	10/08/2019	99/99/9999						
54868-3896-02		J1030		02/02/2007	02/03/2016	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL 40 MG/ML	5	ML	VL	IJ	ML	40	MG	1	02/02/2007	02/03/2016						
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						
54868-3996-01		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1	EA	1	01/01/2002	02/03/2016						
54868-3996-05		J8499		08/06/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	60	EA	BO	PO	EA	1	EA	1	08/06/2007	99/99/9999						
54868-3997-00		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						
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	11/03/2003	99/99/9999						
54868-3998-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
54868-3998-02		J8499		03/05/2003	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	15	EA	BO	PO	EA	1	EA	1	03/05/2003	02/03/2016						
54868-1323-06		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						
54868-1366-00		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						
54868-1613-02		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						
54868-1795-00		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						
54868-1932-01		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	TORECAN 10 MG	15	EA	BO	PO	EA	10	MG	1	02/11/2003	02/03/2016						
51285-0366-01		None		03/09/2006	99/99/9999	METHOTREXATE, 5 MG	TREXALL (FILM-COATED) 5 MG	30	EA	BO	PO	EA	5	MG	1	03/09/2006	99/99/9999						
51407-0096-12		None		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	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	06/07/2018	99/99/9999						
51552-0005-04		J2675		09/01/2003	01/01/2015	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	01/01/2015						
51552-0005-07		J2675		09/01/2003	01/01/2015	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	01/01/2015						
51552-0006-04		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0021-01		J1700		01/01/2002	01/01/2015	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	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						
51552-0024-03		J1094		09/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0025-04		J7638		09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0025-04	KO	J7638	KO	09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0028-04		J7506		09/01/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	12/31/2015						
51552-0028-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
51552-0030-05		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						
54868-3998-03		J8499		12/08/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	20	EA	BO	PO	EA	1	EA	1	12/08/2003	99/99/9999						
54868-3998-06		J8499		07/06/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	07/06/2004	99/99/9999						
54868-4021-00		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	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	1	01/01/2002	99/99/9999						
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	0.02	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	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	0.2	01/01/2002	99/99/9999						
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						
54868-2302-02		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	IJ	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	IJ	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						
51552-0021-03		J1700		09/01/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	99/99/9999						
51552-0025-03		J7638		09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0025-03	KO	J7638	KO	09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0026-05		J7510		09/01/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0028-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE	1	EA	BO	NA	GM	5	MG	200	01/01/2002	12/31/2015						
51552-0028-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE	1	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
51552-0028-02		J7506		09/01/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	12/31/2015						
51552-0038-04		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						
51552-0044-05		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						
51552-0057-04		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						
51552-0061-06		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						
51552-0074-09		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	25	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999						
51552-0074-09		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 IV 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						
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	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	100	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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	0.5	01/01/2002	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						
54868-4142-00		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						
54868-4142-02		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						
54868-4142-06		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						
54868-2380-01		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						
54868-2472-00		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						
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						
54868-2522-00		J1440		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (S.D.V.,PF) 300 MCG/ML	1	ML	VL	IJ	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	PROCRIT (S.D.V.) 10000 U/ML	1	ML	VL	IJ	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	PROCRIT (S.D.V.) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2006	99/99/9999						
54868-2527-00		A4216		06/28/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (150X5ML) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	06/28/2007	02/03/2016						
51552-0028-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
51552-0030-09		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						
51552-0079-04		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						
51552-0106-06		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						
51552-0124-02		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						
51552-0124-05		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						
51552-0139-05		J3230		09/01/2003	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0147-01		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	01/01/2002	99/99/9999						
54868-4143-00		None		02/10/2005	99/99/9999	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	60	EA	BO	PO	EA	150	MG	1	02/10/2005	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						
54868-4287-01		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						
54868-4311-00		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						
54868-2686-00		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-2687-02		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						
54868-2892-04		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						
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						
51552-0038-06		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						
51552-0147-02		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						
51552-0149-05		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						
51552-0188-05		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						
51552-0201-05		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						
51552-0304-04		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						
51552-0304-09		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						
51552-0324-08		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						
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 (VIAL) 75 U/ML-25 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999						
54868-4527-00		J0456		01/01/2002	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	ZITHROMAX (VIAL) 500 MG	1	EA	VL	IV	EA	500	MG	1	01/01/2002	99/99/9999						
54868-4586-00		J3360		01/23/2002	02/03/2016	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (22GX1 1/4",CARPUJECT) 5 MG/ML	2	ML	SR	IJ	ML	5	MG	1	01/23/2002	02/03/2016						
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						
54868-4721-01		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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	15	EA	BO	PO	EA	5	MG	1	04/08/2003	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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	60	EA	BO	PO	EA	5	MG	1	06/09/2005	99/99/9999						
54868-2913-01		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						
54868-3004-04		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						
54868-3099-01		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						
54868-3181-00		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						
54868-3221-00		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						
54868-3230-01		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						
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						
51552-0044-07		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						
51552-0044-07	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						
51552-0057-06		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						
51552-0064-01		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0064-01	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
51552-0064-02		J7624		09/01/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0393-05		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						
51552-0416-07		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						
51552-0423-07		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						
51552-0445-04		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						
51552-0496-05		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						
54868-4721-03		Q0164		06/04/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5	MG	1	06/04/2007	99/99/9999						
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						
54868-4781-00		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						
54868-5020-00		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	IJ	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,REDIPEN) 150 MCG	1	EA	BX	MR	EA	1	EA	1	03/31/2004	02/03/2016						
54868-3341-00		J9214		07/02/2003	02/03/2016	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A 50 Million IU	1	EA	VL	IJ	EA	1	MU	50	07/02/2003	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						
54868-3481-00		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						
54868-3555-00		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	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 2 MG/ML	10	ML	VL	IJ	ML	2	MG	1	01/01/2002	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						
51552-0079-02		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						
51552-0106-04		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						
51552-0106-09		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			
51552-0139-07		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						
51552-0496-09		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						
51552-0564-04		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						
51552-0603-02		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						
51552-0620-02		J2780		09/01/2003	04/07/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	04/07/2020						
54868-5089-04		Q0162		01/01/2012	02/03/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN ODT 8 MG	20	EA	BO	PO	EA	1	MG	8	01/01/2012	02/03/2016						
54868-5112-01		J1650		09/08/2004	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	09/08/2004	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						
54868-5230-00		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						
54868-5242-00		J7510		03/03/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE,GRAPE) 15 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.6	03/03/2005	99/99/9999						
54868-5260-00		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						
54868-3598-00		J1815		06/30/2005	02/03/2016	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R 100 U/ML	10	ML	VL	IJ	ML	5	U	20	06/30/2005	02/03/2016						
54868-3637-00		J2930		01/01/2002	02/03/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (ACT-O-VIAL) 125 MG	1	EA	VL	IJ	EA	125	MG	1	01/01/2002	02/03/2016						
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	IJ	ML	10	MG	1	01/01/2002	06/30/2015						

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
54868-3695-00		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (S.D.V.) 150 MG/ML	2	ML	VL	IJ	ML	1	EA	1	01/01/2002	99/99/9999						
54868-3703-00		J7799		01/01/2002	02/03/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (18GX1-1/2") 50%	50	ML	VL	IV	ML	1	EA	1	01/01/2002	02/03/2016						
54868-3826-01		None		12/04/2002	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	12	EA	DP	PO	EA	2.5	MG	1	12/04/2002	99/99/9999						
54868-3826-03		None		08/25/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	20	EA	BO	PO	EA	2.5	MG	1	08/25/2003	99/99/9999						
54868-3826-06		None		11/22/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	50	EA	BO	PO	EA	2.5	MG	1	11/22/2004	99/99/9999						
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						
51552-0180-05		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						
51552-0188-07		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						
51552-0232-02		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						
51552-0232-05		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						
51552-0304-03		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						
51552-0313-05		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						
51552-0643-07		J2675		09/01/2003	01/01/2015	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	01/01/2015						
51552-0663-01		J7516		01/01/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG	4	01/01/2002	99/99/9999						
51552-0663-02		J7516		09/01/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (1X5GM,USP)	1	EA	BO	NA	GM	250	MG	4	09/01/2003	99/99/9999						
51552-0663-06		J7516		09/01/2003	01/01/2015	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (1X500MG,USP)	1	EA	BO	NA	GM	250	MG	4	09/01/2003	01/01/2015						
51552-0671-01		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
51552-0671-02		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
51552-0671-03		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
51552-0671-06		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
51552-0682-01		J1170		09/01/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (1X1GM,USP)	1	EA	BO	NA	GM	4	MG	250	09/01/2003	99/99/9999						
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						
54868-5282-01		J8999		05/23/2005	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE 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						
54868-5350-04		None		03/23/2006	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	30	EA	BO	PO	EA	100	MG	1	03/23/2006	99/99/9999						
54868-5354-00		None		04/13/2006	99/99/9999	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	5	EA	BO	PO	EA	250	MG	1	04/13/2006	99/99/9999						
54868-5355-01		None		01/30/2006	99/99/9999	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE 50 MG	7	EA	NA	PO	EA	50	MG	1	01/30/2006	99/99/9999						
54868-5355-02		None		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						
54868-5440-01		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						
54868-3859-01		J2560		01/01/2002	02/03/2016	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (TUBEX) 30 MG/ML	1	ML	SR	IJ	ML	120	MG	0.25	01/01/2002	02/03/2016						
54868-3873-00		J1800		12/11/2006	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL (S.D.V.,10X1ML) 1 MG/ML	1	ML	VL	IV	ML	1	MG	1	12/11/2006	99/99/9999						
54868-3997-01		J8499		06/12/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	06/12/2003	99/99/9999						
54868-3997-02		J8499		09/25/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1	EA	1	09/25/2003	99/99/9999						
54868-3997-03		J8499		10/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	10	EA	BO	PO	EA	1	EA	1	10/20/2003	99/99/9999						
54868-3998-04		J8499		01/28/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	40	EA	BO	PO	EA	1	EA	1	01/28/2004	99/99/9999						
54868-4078-01		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	01/01/2002	99/99/9999						
54868-4078-02		Q0144		01/01/2002	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	01/01/2002	02/03/2016						
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						
51552-0380-08		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						
51552-0416-05		J2440		09/01/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	09/01/2003	99/99/9999						
51552-0423-05		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						
51552-0445-01		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						
51552-0464-02		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						
51552-0682-02		J1170		09/01/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (1X5GM,USP)	1	EA	BO	NA	GM	4	MG	250	09/01/2003	99/99/9999						
51552-0682-03		J1170		09/01/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (1X10GM,USP)	1	EA	BO	NA	GM	4	MG	250	09/01/2003	99/99/9999						
51552-0686-01		J2175		09/01/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (USP,1X1GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999						
51552-0686-02		J2175		09/01/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (USP,1X5GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999						
51552-0688-04		J0745		09/01/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X25GM,USP)	1	EA	BO	NA	GM	30	MG	33.33333	09/01/2003	99/99/9999						
51552-0701-02		J2710		09/01/2003	01/01/2015	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE	1	EA	BO	NA	GM	0.5	MG	2000	09/01/2003	01/01/2015						
51552-0715-04		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (USP,1X25GM)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	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						
54868-5487-00		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						
54868-5501-00		J1652		01/11/2006	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	01/11/2006	99/99/9999						
54868-5501-02		J1652		11/13/2006	02/03/2016	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	11/13/2006	02/03/2016						
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						
54868-5587-00		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-4109-00		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 100 MG	100	EA	BO	PO	EA	12.5	MG	8	01/01/2014	99/99/9999						
54868-4109-00		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	2	01/01/2002	12/31/2013						
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	1	02/10/2005	02/03/2016						
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						
51552-0464-06		J1320		09/01/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (1X500GM)	1	EA	JR	NA	GM	20	MG	50	09/01/2003	99/99/9999						
51552-0487-05		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						
51552-0498-05		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						
51552-0526-05		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						
51552-0588-06		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						
51552-0611-01		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						
51552-0728-04		J1230		09/01/2004	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	09/01/2004	99/99/9999						
51552-0729-05		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X100GM,USP)	1	EA	NA	NA	GM	2	MG	500	09/01/2003	99/99/9999						
51552-0729-09		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X500MG,USP)	1	EA	BO	NA	GM	2	MG	500	09/01/2003	99/99/9999						
51552-0737-01		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS	NALTREXONE HYDROCHLORIDE (1X1GM,USP)	1	EA	JR	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0737-02		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS	NALTREXONE HYDROCHLORIDE (1X5GM,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0738-04		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X25GM,USP,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0775-05		J7699		09/01/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0779-05		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						
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	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.5 MG/2 ML	60	ML	PC	IH	ML	0.5	MG	0.5	07/17/2007	99/99/9999						
54868-5621-00	KO	J7626	KO	07/17/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.5 MG/2 ML	60	ML	PC	IH	ML	0.5	MG	0.5	07/17/2007	99/99/9999						
54868-5670-00		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						
54868-5673-01		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						
54868-5711-00		J2250		12/27/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (10X2ML) 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	12/27/2006	99/99/9999						
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						
54868-4142-04		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						
54868-4169-00		J3490		03/02/2004	02/03/2016	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (S.D.V.) 150 MG/ML	2	ML	VL	IJ	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	IJ	ML	10	MG	1	01/01/2002	02/03/2016						
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						
54868-4339-01		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-4339-02		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						
51552-0613-05		J0475		09/01/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (1X100GM)	1	EA	JR	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0620-04		J2780		09/01/2003	04/07/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	04/07/2020						
51552-0628-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
51552-0663-04		J7516		09/01/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (1X25GM,USP)	1	EA	BO	NA	GM	250	MG	4	09/01/2003	99/99/9999						
51552-0671-04		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999						
51552-0676-04		J1240		09/01/2003	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (1X25GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0678-06		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X100GM,USP)	100	GM	JR	NA	GM	10	MG	100	01/01/2015	99/99/9999						
51552-0678-06		J2271		09/01/2003	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (1X100GM,USP)	1	EA	JR	NA	GM	100	MG	10	09/01/2003	12/31/2014						
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						
51552-0829-05		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						
51552-0839-05		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						
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						
54868-5741-00		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						
54868-5760-00		J2941		08/17/2007	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK 0.8 MG	1	EA	CT	SC	EA	1	MG	0.8	08/17/2007	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						
54868-5836-00		J1817		12/03/2007	07/11/2019	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN-HUMALOG (1X15ML) 100 U/ML	15	ML	CT	SC	ML	50	U	2	12/03/2007	07/11/2019						
54868-4339-03		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						
54868-4409-00		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						
54868-4419-01		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%	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	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						
54868-4644-01		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						
51552-0682-04		J1170		09/01/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (1X25GM,USP)	1	EA	BO	NA	GM	4	MG	250	09/01/2003	99/99/9999						
51552-0686-04		J2175		09/01/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (USP,1X25GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999						
51552-0687-09		J3010		09/01/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (1X500MG,USP)	500	ML	BO	NA	ML	0.1	MG	10000	09/01/2003	99/99/9999						
51552-0688-06		J0745		09/01/2003	01/01/2015	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X100GM,USP)	1	EA	BO	NA	GM	30	MG	33.33333	09/01/2003	01/01/2015						
51552-0715-06		J3490		09/01/2003	01/01/2015	UNCLASSIFIED DRUGS	RIFAMPIN (USP,1X500GM)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	01/01/2015						
51552-0728-01		J1230		09/01/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0728-02		J1230		09/01/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0733-05		J9190		09/01/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X100GM,USP)	1	EA	BO	NA	GM	500	MG	2	09/01/2003	99/99/9999						
51552-0883-02		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						
51552-0920-02		J1835		09/01/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X5GM)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0920-06		J1835		09/01/2003	01/01/2015	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X500GM)	1	EA	NA	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						
51552-0958-02		J1030		09/01/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP,1X5GM,MICRONIZED)	1	EA	BO	NA	GM	40	MG	25	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						
51552-1018-05		J2800		09/01/2003	01/01/2015	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (USP,1X100GM)	1	EA	BO	NA	GM	10	ML	1	09/01/2003	01/01/2015						
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						
54868-5980-00		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						
54868-6624-01		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54888-1082-03		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						
55045-1124-05		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						
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						
54868-4749-01		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						
54868-4751-01		J2175		07/03/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE 100 MG/ML	1	ML	AM	IJ	ML	100	MG	1	07/03/2003	99/99/9999						
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	IJ	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 (VIAL, L.P.P.) 25 MG/ML	10	ML	EA	IJ	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						
54868-4952-01		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						
51552-0738-06		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X500GM,USP,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0779-02		J7501		09/01/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (1X5GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999						
51552-0789-01		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						
51552-0910-04		J1800		09/01/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HYDROCHLORIDE (USP,1X25GM)	1	EA	JR	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0920-04		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						
51552-0958-05		J1030		09/01/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP,1X100GM,MICRONIZED)	1	EA	BO	NA	GM	40	MG	25	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						
51552-1036-01		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						
51552-1054-01		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						
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	IJ	ML	6	MG	1	02/04/2019	99/99/9999						
51754-6001-04		J7643		09/10/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYRX-PF (SDV,PF) 0.2 MG/1 ML	2	ML		IJ	ML	1	MG	0.2	09/10/2018	99/99/9999						
51754-6001-04	KO	J7643	KO	09/10/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYRX-PF (SDV,PF) 0.2 MG/1 ML	2	ML		IJ	ML	1	MG	0.2	09/10/2018	99/99/9999						
51862-0085-14		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	11/18/2016	09/30/2019						
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						
55045-1125-04		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						
55045-1125-09		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						
55045-1126-07		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						
55045-1260-00		J7506		12/06/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSEPACK) 5 MG	48	EA	DP	PO	EA	5	MG	1	12/06/2004	06/01/2014						
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						
51552-1036-09		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						
51552-1053-06		J1212		09/01/2003	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYLSULFOXIDE	473	ML	BO	NA	ML	50	%	0.02	09/01/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-1054-09		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						
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	IJ	ML	500	MG	1	04/24/2018	99/99/9999						
51862-0087-14		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	11/18/2016	09/30/2019						
51862-0087-51		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	11/18/2016	09/30/2019						
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						
51862-0085-51		None		11/18/2016	09/30/2019	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	11/18/2016	09/30/2019						
51927-1001-00		J7636		09/08/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME; UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1001-00	KO	J7636	KO	09/08/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME; UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1005-00		J2060		09/08/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.; CIV)	1	EA	JR	NA	GM	2	MG	500	09/08/2003	99/99/9999						
51927-1014-00		J3360		09/08/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (U.S.P.; CIV)	1	EA	JR	NA	GM	5	MG	200	09/08/2003	99/99/9999						
51927-1019-00		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						
51927-1029-00		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						
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						
55045-1444-08		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						
55045-1480-07		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						
55045-1533-07		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						
55045-1596-04		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						
55045-1596-09		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						
51927-1012-00		J0592		09/08/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.;CIII)	1	EA	JR	NA	GM	0.1	MG	10000	09/08/2003	99/99/9999						
51927-1013-00		J0745		09/08/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.; CII)	1	EA	BO	NA	GM	30	MG	33.33333	09/08/2003	99/99/9999						
51927-1026-00		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						
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						
51927-1046-00		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						
51927-1080-00		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						
51927-1194-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999						
51927-1213-00		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						
51927-1085-00		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						
51927-1093-00		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						
51927-1444-00		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						
51927-1565-00		J8610		09/08/2003	99/99/9999	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1	EA	BO	NA	GM	2.5	MG	400	09/08/2003	99/99/9999						
51927-1575-00		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						
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						
55045-1661-01		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-1661-03		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						
51927-1242-00		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (USP)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999						
51927-1326-00		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						
51927-1400-00		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						
51927-1433-00		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						
51927-1441-00		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						
51927-1575-00	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						
51927-1784-00		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						
51927-1838-00		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						
51927-1951-00		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						
51927-2134-00		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	1	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999						
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						
55045-2043-07		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						
55045-2195-02		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						
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						
51927-1612-00		J1212		12/04/2003	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (USP)	1	ML	BO	NA	ML	50	%	0.02	12/04/2003	99/99/9999						
51927-1641-00		J7622		09/08/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P. (ANHYDROUS))	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1641-00	KO	J7622	KO	09/08/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P. (ANHYDROUS))	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1722-00		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						
51927-2134-00		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 IV 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						
51927-2196-00		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						
51927-2234-00		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51927-2319-00		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL	1	EA	BO	NA	GM	40	MG	25	01/01/2006	99/99/9999						
51927-2375-00		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51927-2375-00	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51927-2379-00		J0735		09/08/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
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						
55045-2373-06		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						
55045-2533-00		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						
55045-2565-05		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						
55045-2571-02		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						
55045-2571-06		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						
55045-2648-05		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						
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						
51927-1776-00		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						
51927-1831-00		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						
51927-1895-00		J0760		09/08/2003	12/31/2016	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	12/31/2016						
51927-1954-00		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						
51927-2007-00		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						
51927-2116-00		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						
51927-2132-00		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						
54868-5005-01		None		04/13/2006	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	50	EA	BO	PO	EA	50	MG	1	04/13/2006	99/99/9999						
54868-5089-01		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 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	ZOFRAN 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	ZOFRAN ODT 8 MG	3	EA	BO	PO	EA	1	MG	8	01/01/2012	02/03/2016						
54868-5108-00		J1817		07/15/2004	07/11/2019	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG 100 U/ML	10	ML	VL	SC	ML	50	U	2	07/15/2004	07/11/2019						
54868-5218-01		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						
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						
51927-3196-00		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						
51927-3408-00		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						
51927-3557-00		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						
51927-3634-00		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						
51991-0377-33		J8999		08/06/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA		PO	EA	1	EA	1	08/06/2019	99/99/9999						
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						
55045-2887-02		J2250		08/27/2003	06/01/2014	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X2ML) 1 MG/ML	2	ML	EA	IJ	ML	1	MG	1	08/27/2003	06/01/2014						
55045-2963-01		J7506		12/06/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE (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	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSEPACK) 10 MG	48	EA	DP	PO	EA	5	MG	2	12/06/2004	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						
55045-3249-05		J2001		07/01/2006	06/01/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HYDROCHLORIDE 2%	50	ML	NA	IJ	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	IJ	ML	1	EA	1	07/01/2006	06/01/2014						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (U.S.P.)	1	GM	JR	NA	GM	25	MG	40	01/01/2014	99/99/9999						
51927-2316-00		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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY 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						
51927-2732-00		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						
51927-2895-00		J1600		09/08/2003	99/99/9999	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	GOLD SODIUM THIOMALATE	1	EA	BO	NA	GM	50	MG	20	09/08/2003	99/99/9999						
51927-2986-00		J0595		01/01/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (U.S.P.; CIV)	1	EA	BO	NA	GM	1	MG	1000	01/01/2004	99/99/9999						
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						
54868-5260-08		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						
54868-5310-04		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	IJ	ML	4	MG	0.5	05/31/2005	09/28/2016						
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						
54868-5348-01		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						
54868-5350-01		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		None		11/22/2005	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	5	EA	BO	PO	EA	100	MG	1	11/22/2005	99/99/9999						
51991-0940-17		J3370		07/06/2017	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500	MG	1	07/06/2017	99/99/9999						
51991-0964-25		J0330		03/31/2020	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE 20 MG/1 ML	10	ML		IJ	ML	20	MG	1	03/31/2020	99/99/9999						
52536-0168-01		Q0175		02/06/2018	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 8 MG	100	EA		PO	EA	4	MG	2	02/06/2018	99/99/9999						
52544-0154-02		J3315		12/30/2004	03/12/2017	INJECTION, TRIPTORELIN 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	04/16/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC 25 MG/1 ML	40	ML	VL	IJ	ML	25	MG	1	01/11/2017	04/16/2020						
52565-0101-10		J2780		01/11/2017	04/16/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC 25 MG/1 ML	2	ML	VL	IJ	ML	25	MG	1	01/11/2017	04/16/2020						
52565-0102-01		J2780		01/11/2017	04/16/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC (M.D.V.) 25 MG/1 ML	6	ML	VL	IJ	ML	25	MG	1	01/11/2017	04/16/2020						
52565-0105-10		J0713		08/18/2020	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (STERILE,CRYSTALLINE) 500 MG	10	EA	VL	IJ	EA	500	MG	1	08/18/2020	99/99/9999						
55045-3281-03		J7506		12/20/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	NA	PO	EA	5	MG	2	12/20/2004	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	IJ	ML	50	MG	1	01/01/2005	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	IJ	EA	250	MG	2	06/28/2006	06/01/2014						
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	IJ	ML	5	U	20	06/28/2006	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	IJ	ML	10	ML	0.1	01/01/2007	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						
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						
51927-3023-00		J2780		09/08/2003	04/02/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	09/08/2003	04/02/2020						
51927-3177-00		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						
51927-3213-00		J3490		01/13/2015	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P)	1	GM	BO	NA	GM	1	GM	1	01/13/2015	99/99/9999						
51927-3370-00		J3302		09/08/2003	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (USP)	1	EA	JR	NA	GM	5	MG	200	09/08/2003	99/99/9999						
51927-3422-00		J0636		09/08/2003	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL IN ALMOND OIL (NF) 1 MCG/ML	1	ML	BO	NA	ML	0.1	MCG	10	09/08/2003	99/99/9999						
51927-3613-00		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						
51927-3643-00		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						
54868-5350-03		None		02/08/2006	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	10	EA	BO	PO	EA	100	MG	1	02/08/2006	99/99/9999						
54868-5389-01		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						
54868-5444-00		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						
54868-5478-00		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						
54868-5551-00		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 A9270)	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						
54868-5568-00		J9217		04/12/2006	02/03/2016	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT 30 MG	1	EA	BX	IM	EA	7.5	MG	4	04/12/2006	02/03/2016						
54868-5596-00		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						
52609-4504-06		J0895		05/23/2018	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE 2 GM	4	EA	VL	IJ	EA	500	MG	4	05/23/2018	99/99/9999						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0043-00		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						
52959-0043-60		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						
52959-0053-15		Q0163		01/01/2002	07/16/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	01/01/2002	07/16/2019						
52959-0100-00		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						
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						
55111-0652-07		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						
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						
55150-0199-20		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	IJ	ML	1	MG	7.5	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						
55150-0215-02		J2501		06/04/2019	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL (LATEX-FREE) 0.005 MG/1 ML	2	ML	VL	IV	ML	1	MCG	5	06/04/2019	99/99/9999						
55150-0220-99		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						
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						
51991-0144-17		J2210		11/10/2016	99/99/9999	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	METHYLERGONOVINE MALEATE (USP) 0.2 MG/1 ML	1	ML	AM	IJ	ML	0.2	MG	1	11/10/2016	99/99/9999						
51991-0188-31		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						
51991-0936-98		J9267		07/19/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	07/19/2017	99/99/9999						
52118-0001-01		J3095		01/02/2015	09/30/2016	INJECTION, TELEVANCIN, 10 MG	VIBATIV (SDV,PF,LYOPHILIZED) 750 MG	10	EA	VL	IV	EA	10	MG	75	01/02/2015	09/30/2016						
52118-0002-01		J3095		05/05/2014	11/30/2016	INJECTION, TELEVANCIN, 10 MG	VIBATIV (SDV,PF,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	10	MG	25	05/05/2014	11/30/2016						
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						
54868-5648-01		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						
54868-5714-00		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						
54868-5724-00		J3475		12/12/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNES SULF (25X10ML) 500 MG/ML	10	ML	SR	IJ	ML	500	MG	1	12/12/2006	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						
54868-5752-00		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						
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						
52959-0126-12		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						
52959-0126-21		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						
52959-0126-37		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						
55150-0238-05		J1100		02/19/2016	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (USP, MDV,LATEX-FREE) 4 MG/1 ML	5	ML	VL	IJ	ML	1	MG	4	02/19/2016	99/99/9999						
55150-0245-52		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						
55150-0259-30		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						
55150-0324-25		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	IJ	ML	20	MG	0.5	06/20/2019	99/99/9999						
55289-0100-01		Q0163		05/07/2019	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	05/07/2019	99/99/9999	01/01/2002	02/03/2016				
55289-0100-10		Q0163		05/07/2019	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50	MG	1	05/07/2019	99/99/9999	01/01/2002	02/03/2016				

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52536-0170-01		Q0175		02/06/2018	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (USP,FILM COATED) 16 MG	100	EA		PO	EA	4	MG	4	02/06/2018	99/99/9999						
52544-0153-02		J3315		12/30/2004	03/12/2017	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR DEPOT (SDV) 3.75 MG	1	EA	VL	IM	EA	3.75	MG	1	12/30/2004	03/12/2017						
52565-0107-10		J0713		08/18/2020	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (STERILE,CRYSTALLINE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	08/18/2020	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						
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						
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						
52959-0053-06		Q0163		01/01/2002	07/16/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	6	EA	BO	PO	EA	50	MG	1	01/01/2002	07/16/2019						
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						
54868-5775-00		J2780		06/06/2007	02/03/2016	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC 25 MG/ML	40	ML	VL	IJ	ML	25	MG	1	06/06/2007	02/03/2016						
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	IJ	ML	100	MG	0.5	08/21/2007	99/99/9999						
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						
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						
55045-1125-01		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						
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						
52959-0127-20		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						
52959-0127-20		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						
52959-0127-30		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						
52959-0127-30		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						
55289-0100-20		Q0163		05/07/2019	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	05/07/2019	99/99/9999	01/01/2002	02/03/2016				
55289-0100-30		Q0163		05/07/2019	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	05/07/2019	99/99/9999	01/01/2002	02/03/2016				
55289-0100-40		Q0163		05/07/2019	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	40	EA	BO	PO	EA	50	MG	1	05/07/2019	99/99/9999	01/01/2002	02/03/2016				
55289-0224-04		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						
55289-0226-10		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0053-12		Q0163		01/01/2002	07/16/2019	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	12	EA	BO	PO	EA	50	MG	1	01/01/2002	07/16/2019						
52959-0079-00		J7500		01/01/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999						
52959-0126-15		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						
52959-0126-25		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						
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						
55045-1125-06		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						
55045-1126-08		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						
55045-1259-09		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						
55045-1308-07		J8540		01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	20	EA	BO	PO	EA	0.25	MG	3	01/01/2006	06/01/2014						
52959-0127-42		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 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	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	42	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
52959-0220-10		J7506		08/19/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 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	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 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	PREDNISONE, ORAL, PER 5MG	PREDNISONE 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	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						
52959-0220-30		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						
52959-0220-30		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						
55289-0273-30		J8499		08/01/2006	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	08/01/2006	09/11/2019						
55289-0330-07		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						
55289-0352-05		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						
55289-0352-14		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						
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	NA	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						
52959-0220-75		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 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	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	75	EA	BO	PO	EA	1	MG	5	01/01/2016	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						
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						
55045-1480-05		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						
55045-1480-08		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						
55045-1533-08		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						
55045-1596-00		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-1596-06		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						
52959-0220-40		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						
52959-0220-40		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						
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						
52959-0355-12		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						
52959-0392-28		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						
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						
55289-0373-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015						
55289-0373-30		J7512		01/01/2016	10/02/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	10/02/2018						
55289-0373-55		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						
55289-0373-55		J7512		01/01/2016	10/02/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	55	EA	BO	PO	EA	1	MG	5	01/01/2016	10/02/2018						
55289-0373-72		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	72	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015						
55289-0373-72		J7512		01/01/2016	10/02/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	72	EA	BO	PO	EA	1	MG	5	01/01/2016	10/02/2018						
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						
55045-1628-03		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						
55045-1661-09		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						
55045-1811-08		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						
52959-0433-40		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	40	EA	BO	PO	EA	25	MG	1	01/01/2002	99/99/9999						
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						
52959-0544-15		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						
52959-0544-25		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						
52959-0544-50		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0547-11		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	11	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999						
55289-0438-38		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	38	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015						
55289-0438-38		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						
55289-0438-50		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						
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						
55289-0462-30		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						
55289-0464-15		Q0169		01/01/2014	04/12/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	12.5	MG	2	01/01/2014	04/12/2018						
55289-0464-15		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						
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						
55045-2195-08		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						
55045-2400-02		J8498		01/01/2006	06/01/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	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						
55045-2571-04		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						
55045-2648-02		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						
52959-0547-12		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	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	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	16	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						
52959-0741-20		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						
52959-0804-08		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						
52959-0833-06		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						
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			
55289-0479-15		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						
55289-0564-15		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						
55289-0564-48		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	48	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
55289-0582-10		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						
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 (10X20ML) 15 MG/5 ML	20	ML	BO	PO	ML	5	MG	0.6	01/02/2006	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	IJ	ML	1	MG	2	01/01/2005	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
55045-2968-02		J0595		04/11/2006	06/01/2014	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE 2 MG/ML	1	ML	NA	IJ	ML	1	MG	2	04/11/2006	06/01/2014						
55045-3011-02		J8498		01/01/2006	06/01/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE 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						
55045-3242-05		J1030		07/01/2006	06/01/2014	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO MEDROL 40 MG/ML	5	ML	NA	IJ	ML	40	MG	1	07/01/2006	06/01/2014						
55045-3248-01		J3301		07/21/2006	06/01/2014	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG 40 40 MG/ML	1	ML	VL	IJ	ML	10	MG	4	07/21/2006	06/01/2014						
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						
52959-0932-30		Q0144		05/23/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X30ML,CHERRY) 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	05/23/2008	99/99/9999						
53097-0569-60		Q0167		04/01/2020	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL (SOFT GELATIN) 5 MG	60	EA	BO	PO	EA	2.5	MG	2	04/01/2020	99/99/9999						
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						
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						
52959-0433-15		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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25	MG	1	02/28/2002	99/99/9999						
52959-0476-24		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	24	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999						
52959-0476-24		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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	24	EA	BO	PO	EA	10	MG	1	10/27/2004	12/31/2013						
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						
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						
55289-0928-04		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						
55289-0940-02		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						
55289-0964-04		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						
55292-0702-55		J1640		07/01/2017	99/99/9999	INJECTION, HEMIN, 1 MG	PANHEMATIN (PF,LYOPHILIZED) 350 MG	1	EA	VL	IV	EA	1	MG	350	07/01/2017	99/99/9999						
55390-0106-01		J9999		09/01/2004	09/05/2014	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	ALLOPURINOL SODIUM (S.D.V.,PF) 500 MG	1	EA	VL	IV	EA	1	EA	1	09/01/2004	09/05/2014						
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						
55045-3281-04		J7506		02/11/2005	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	18	EA	NA	PO	EA	5	MG	2	02/11/2005	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	IJ	EA	125	MG	1	07/10/2006	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	IJ	ML	1	MG	0.4	07/12/2006	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						
55045-3773-05		J3490		04/06/2007	06/01/2014	UNCLASSIFIED DRUGS	BACITRACIN 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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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						
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						
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	IJ	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	IJ	ML	0.5	ML	2	08/01/2010	12/31/2016						
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						
54288-0111-05		J1980		10/09/2019	99/99/9999	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (5X1ML) 0.5 MG/1 ML	1	ML	VL	IJ	ML	0.25	MG	2	10/09/2019	99/99/9999						
54288-0135-01		J7507		04/01/2020	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 1 MG	100	EA	BO	PO	EA	1	MG	1	04/01/2020	99/99/9999						
54569-0331-04		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						
52959-0505-06		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						
52959-0544-01		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						
52959-0544-30		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						
52959-0678-30		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						
52959-0914-30		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						
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						
55390-0137-02		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	01/01/2002	99/99/9999						
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						
55390-0161-10		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	IJ	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	IJ	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	IJ	ML	25	MCG	8	05/25/2005	09/05/2014						
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						
55111-0694-07		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						
55150-0186-05		J2469		02/07/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	02/07/2019	99/99/9999						
55150-0191-83		J1740		09/08/2015	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG	IBANDRONATE SODIUM 1 MG/1 ML	3	ML	SR	IV	ML	1	MG	1	09/08/2015	99/99/9999						
55150-0192-01		J0153		05/06/2020	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	05/06/2020	99/99/9999						
55150-0192-20		J0153		02/08/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	02/08/2018	99/99/9999						
55150-0193-01		J0153		05/06/2020	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	30	ML	VL	IV	ML	1	MG	3	05/06/2020	99/99/9999						
54569-0331-04		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	50	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-0331-08		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						
54569-0331-08		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-1754-09		Q0169		01/01/2014	12/31/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2018						
54569-1754-09		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	1	01/01/2002	12/31/2013						
54569-2918-00		J1815		01/01/2003	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	12/31/2018						
53097-0570-60		Q0167		04/01/2020	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL (SOFT GELATIN) 10 MG	60	EA	BO	PO	EA	2.5	MG	4	04/01/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
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						
54482-0147-01		J1955		01/01/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	CARNITOR (S.D.V.) 200 MG/ML	5	ML	VL	IV	ML	1	GM	0.2	01/01/2002	99/99/9999						
54569-0239-08		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	6	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2018						
54569-0241-02		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2018						
54569-3504-01		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	01/01/2002	12/31/2018						
54569-3765-01		J8999		10/20/2005	12/31/2018	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60	EA	BO	PO	EA	1	EA	1	10/20/2005	12/31/2018						
54569-3835-00		J1815		01/01/2003	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U	20	09/22/2003	12/31/2018	01/01/2003	06/10/2003	20			
54569-4112-00		J2300		01/01/2002	02/03/2016	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HYDROCHLORIDE (10X1ML) 20 MG/ML	1	ML	NA	IJ	ML	10	MG	2	01/01/2002	02/03/2016						
54569-4232-00		Q0144		01/01/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	01/01/2002	12/31/2018						
54569-4482-00		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4522-00		Q0144		01/01/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	01/01/2002	12/31/2018						
54569-4522-02		Q0144		08/26/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	01/05/2004	12/31/2018	08/26/2002	06/10/2003	0.25			
54569-4765-04		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4827-00		J7510		12/02/2011	12/31/2018	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (2X120 ML,RED CHERRY) 15 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.6	12/02/2011	12/31/2018						
54569-4930-00		J2941		01/01/2002	12/31/2018	INJECTION, SOMATROPIN, 1 MG	SAIZEN (VIAL, W/DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	01/01/2002	12/31/2018						
54569-5312-01		J2001		11/08/2007	12/31/2018	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (5X5ML) 2%	5	ML	SR	IJ	ML	10	MG	2	11/08/2007	12/31/2018						
54569-5610-00		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	12/31/2018	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (PF) 3 MG/ML	2	ML	NA	IV	ML	1	MG	3	01/01/2015	12/31/2018						
54569-5630-00		J3490		11/10/2004	02/03/2016	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL) 10 MCG/ML	1	ML	VL	IM	ML	1	EA	1	11/10/2004	02/03/2016						
54569-5720-00		J0696		07/26/2005	12/31/2018	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/26/2005	12/31/2018						
54569-5721-00		J0696		07/26/2005	12/31/2018	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	VL	IJ	EA	250	MG	2	07/26/2005	12/31/2018						
54569-5723-00		J0696		07/27/2005	12/31/2018	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/27/2005	12/31/2018						
54569-5741-00		J8501		10/24/2005	12/31/2018	APREPITANT, ORAL, 5 MG	EMEND TRI-FOLD PACK	3	EA	PG	PO	EA	5	MG	19	10/24/2005	12/31/2018						
54569-5754-00		Q0144		11/24/2005	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	4	EA	BO	PO	EA	1	GM	0.25	11/24/2005	12/31/2018						
54569-5807-00		Q0144		07/24/2006	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	07/24/2006	12/31/2018						
54569-5810-00		Q0144		07/25/2006	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	07/25/2006	12/31/2018						
54569-5841-00		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	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	48	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-5911-00		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	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (PACK) 5 MG	48	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2018						
54868-0007-00		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL (VIAL) 50 MG/ML	10	ML	AM	IJ	ML	50	MG	1	01/01/2002	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						
54868-0026-06		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						
54868-0163-02		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						
54868-0186-00		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						
54868-0216-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999						
54868-0216-00		J1080		09/20/2007	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10	ML	VL	IM	ML	200	MG	1	09/20/2007	12/31/2014						
54868-0218-05		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	16	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999						
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						
54868-0231-00		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						
54868-0262-01		J2550		09/29/2005	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (10X25ML,MDV) 50 MG/ML	10	ML	VL	IJ	ML	50	MG	1	09/29/2005	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-0601-01		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						
54868-0622-00		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						
54868-0710-01		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	PC	IV	ML	250	ML	0.004	12/12/2006	09/11/2016						
54868-0721-00		Q0169		01/01/2002	02/03/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PHENERGAN 12.5 MG	12	EA	BO	PO	EA	12.5	MG	1	01/01/2002	02/03/2016						
54868-0762-00		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITAMIN B12 (VIAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	01/01/2002	99/99/9999						
55390-0183-01		J0595		01/01/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1	ML	VL	IJ	ML	1	MG	1	01/01/2004	99/99/9999						
55390-0237-01		J9000		01/01/2002	09/05/2014	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.) 2 MG/ML	25	ML	VL	IV	ML	10	MG	0.2	01/01/2002	09/05/2014						
55390-0263-10		J0895		06/18/2007	09/05/2014	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP) 500 MG	1	EA	VL	IJ	EA	500	MG	1	06/18/2007	09/05/2014						
55390-0281-10		J9150		01/01/2002	09/05/2014	INJECTION, DAUNORUBICIN, 10 MG	CERUBIDINE (S.D.V.) 20 MG	1	EA	VL	IV	EA	10	MG	2	01/01/2002	09/05/2014						
55390-0403-20		J2400		01/01/2002	09/05/2014	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (S.D.V.,PF) 2%	20	ML	VL	IJ	ML	30	ML	0.03333	01/01/2002	09/05/2014						
55390-0481-01		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	01/01/2002	99/99/9999						
55390-0481-02		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	01/01/2002	99/99/9999						
55390-0481-10		J1885		01/01/2002	11/30/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (M.D.V.) 30 MG/ML	10	ML	VL	IJ	ML	15	MG	2	01/01/2002	11/30/2013						
54569-0241-03		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2018						
54569-0322-03		J8540		01/01/2006	12/31/2018	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	20	EA	BO	PO	EA	0.25	MG	3	01/01/2006	12/31/2018						
54569-0324-04		J8540		01/01/2006	12/31/2018	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	6	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2018						
54569-0327-00		J7509		01/01/2002	12/31/2018	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (UNIT OF USE) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	12/31/2018						
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	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2018						
54569-0330-07		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						
54569-0330-07		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	60	EA	BO	PO	EA	1	MG	5	01/01/2016	12/31/2018						
54868-0767-01		J3480		03/16/2007	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 2 MEQ/ML	250	ML	VL	IV	ML	2	MEQ	1	03/16/2007	99/99/9999						
54868-0821-00		J7510		04/11/2007	02/03/2016	PREDNISOLONE ORAL, PER 5 MG	ORAPRED ODT 15 MG	48	EA	BX	PO	EA	5	MG	3	04/11/2007	02/03/2016						
54868-0836-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015						
54868-0836-02		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						
54868-0836-03		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						
54868-0836-03		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						
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	IJ	ML	1	MG	4	01/01/2002	02/03/2016						
55513-0005-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.1 MG/ML	1	ML	VL	IJ	ML	1	MCG	100	09/11/2006	99/99/9999						
55513-0021-04		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.04 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	100	08/14/2006	99/99/9999						
55513-0025-04		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.1 MG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	200	08/14/2006	99/99/9999						
55513-0027-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.15 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	500	09/11/2006	99/99/9999						
55513-0057-04		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.025 MG/0.42 ML	0.42	ML	SR	IJ	ML	1	MCG	59.52381	08/14/2006	99/99/9999						
55513-0073-30		J0604		04/05/2004	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	SENSIPAR (FILM COATED) 30 MG	30	EA	BO	PO	EA	1	MG	30	04/05/2004	99/99/9999						
55513-0098-01		J0881		03/16/2015	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (INNER PACK,PF) 0.01 MG/0.4 ML	0.4	ML	BO	IJ	ML	1	MCG	25	03/16/2015	99/99/9999						
55513-0206-01		Q5107		07/18/2019	99/99/9999	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	MVASI (PF) 25 MG/1 ML	4	ML	VL	IV	ML	10	MG	2.5	07/18/2019	99/99/9999						
54569-0331-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015						
54569-0331-01		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-0331-02		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						
54569-0331-02		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-0332-01		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						
54569-0332-01		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-0332-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						
54569-0332-02		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54868-0908-04		J7506		02/06/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 50 MG	60	EA	BO	PO	EA	5	MG	10	02/06/2007	12/31/2015						
54868-0908-04		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	60	EA	BO	PO	EA	1	MG	50	01/01/2016	02/03/2016						
54868-0921-01		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						
54868-0923-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	DELTASONE 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	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	DELTASONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	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
54868-1050-05		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						
55513-0283-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (M.D.V.,M10) 10000 U/ML	2	ML	VL	IJ	ML	1000	U	10	01/01/2006	99/99/9999						
55513-0283-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (M.D.V.,M10) 10000 U/ML	2	ML	VL	IJ	ML	1000	U	10	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	IJ	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	IJ	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	IJ	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	IJ	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						
54569-0332-03		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						
54569-0332-03		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-0336-01		J8540		01/01/2006	12/30/2018	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	6	EA	BO	PO	EA	0.25	MG	8	01/01/2006	12/30/2018						
54569-0350-05		Q0164		01/01/2002	12/31/2018	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	6	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2018						
54569-0355-00		Q0164		01/01/2014	12/31/2018	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE (FILM-COATED) 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	12/31/2018						
54569-0355-00		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			
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						
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 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						
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 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	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 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						
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 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	08/24/2007	12/31/2013						
55513-0730-01		J0897		11/20/2010	99/99/9999	INJECTION, DENOSUMAB, 1 MG	XGEVA (PF) 120 MG/1.7 ML	1.7	ML	VL	SC	ML	1	MG	70.58823	11/20/2010	99/99/9999						
55513-0740-01		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG	PARSABIV (PF) 2.5 MG/0.5 ML	0.5	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999						
55513-0740-10		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG	PARSABIV (PF) 2.5 MG/0.5 ML	0.5	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999						
55553-0091-10		J3420		01/01/2002	02/03/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITA #12 (VIAL) 1000 MCG/ML	10	ML	VL	IM	ML	1000	MCG	1	01/01/2002	02/03/2016						
55553-0091-30		J3420		01/01/2002	02/03/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITA #12 (VIAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	01/01/2002	02/03/2016						
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	IJ	ML	60	MG	0.5	01/01/2002	99/99/9999						
55566-0302-01		J0795		01/01/2006	99/99/9999	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	ACTHREL (S.D.V.) 0.1 MG	1	EA	VL	IV	EA	1	MCG	100	01/01/2006	99/99/9999						
55566-1000-01		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						
54569-0355-02		Q0164		01/01/2014	12/31/2018	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE (FILM-COATED) 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	12/31/2018						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-0355-02		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	12/31/2018	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	12/31/2018						
54569-1046-00		Q0169		01/01/2014	12/31/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE PLAIN 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5	ML	0.1	01/01/2014	12/31/2018						
54569-1046-00		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						
54569-1411-00		J1071		01/01/2015	12/31/2018	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	01/01/2015	12/31/2018						
54569-1411-00		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			
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 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	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 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	04/16/2007	12/31/2013						
54868-1119-05		J7506		10/05/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	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						
54868-1126-01		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						
54868-1183-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						
55566-8505-06		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	BRAVELLE (SDV W/Q-CAP) 75 IU	1	EA	VL	IJ	EA	75	IU	1	01/01/2006	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						
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						
57894-0200-01		J0130		01/01/2017	10/01/2019	INJECTION ABCIXIMAB, 10 MG	REOPRO (VIAL,PF) 2 MG/1 ML	5	ML	VL	IV	ML	10	MG	0.2	01/01/2017	10/01/2019						
57896-0001-12		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE WATER	120	ML		IR	ML	500	ML	0.002	01/02/2018	99/99/9999						
57896-0002-12		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE SALINE 0.9%	120	ML		IR	ML	500	ML	0.002	01/02/2018	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						
54569-1522-00		A4216		01/01/2004	12/31/2018	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP) 0.9%	10	ML	AM	IV	ML	10	ML	0.1	01/01/2004	12/31/2018						
54569-1555-00		J2930		01/01/2002	12/31/2018	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (ACT-O-VIAL) 125 MG	1	EA	VL	IJ	EA	125	MG	1	05/23/2007	12/31/2018	01/01/2002	01/31/2003	1			
54569-1754-01		Q0169		01/01/2014	12/31/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2018						
54569-1754-01		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						
54569-1754-06		Q0169		01/01/2014	12/31/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2018						
54569-1754-06		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	1	07/02/2002	12/31/2013						
54868-1183-01		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						
54868-1183-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	60	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						
54868-1183-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	60	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
54868-1183-03		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						
54868-1183-03		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-1227-00		Q0163		02/23/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE (AF) 12.5 MG/5 ML	473	ML	BO	PO	ML	50	MG	0.05	02/23/2006	99/99/9999						
54868-1227-02		Q0163		10/22/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GENAHIST (AF,SF,CHERRY) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	10/22/2002	99/99/9999						
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						
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						
58016-0084-60		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						
58016-0111-00		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						
58016-0111-25		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						
58016-0111-90		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						
54569-1818-08		None		10/20/2000	12/31/2018	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	32	EA	NA	PO	EA	2.5	MG	1	10/20/2000	12/31/2018						
54569-1901-01		J1030		01/01/2002	12/31/2018	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	5	ML	VL	IJ	ML	40	MG	1	01/15/2004	12/31/2018	01/01/2002	01/31/2003	1			
54569-3043-00		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						
54569-3043-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-3043-06		J7506		11/07/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	25	EA	BO	PO	EA	5	MG	4	11/07/2006	12/31/2015						
54569-3043-06		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	25	EA	BO	PO	EA	1	MG	20	01/01/2016	12/31/2018						
54569-3260-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.) 0.25%	50	ML	VL	IJ	ML	1	EA	1	01/01/2002	02/03/2016						
54569-3302-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015						
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, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS 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, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS 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			
54868-1323-07		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						
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						
58016-0112-90		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						
58016-0170-90		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						
58016-0216-15		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						
58016-0216-28		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						
58016-0216-50		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						
58016-0216-84		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-3302-01		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2018						
54569-3413-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21	EA	DP	PO	EA	5	MG	1	01/01/2002	12/31/2015						
54569-3413-00		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	DP	PO	EA	1	MG	5	01/01/2016	12/31/2018						
54569-3900-00		J7611		04/01/2008	12/31/2018	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1	MG	5	04/01/2008	12/31/2018						
54569-4026-04		J7506		08/24/2010	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40	EA	TAB	PO	EA	5	MG	1	08/24/2010	12/31/2015						
54569-4026-04		J7512		01/01/2016	12/31/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	40	EA	TAB	PO	EA	1	MG	5	01/01/2016	12/31/2018						
54569-4197-00		Q0163		01/01/2002	12/31/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (AF) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	12/31/2018						
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						
54868-1720-00		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						
54868-1798-01		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						
54868-1867-00		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						
54868-1963-01		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						
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						
58016-0217-24		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						
58016-0218-00		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						
58016-0218-21		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						
58016-0218-33		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						
58016-0218-60		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						
58016-0259-50		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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	50	EA	BO	PO	EA	25	MG	1	01/01/2002	01/31/2014						
54569-4497-00		Q0144		01/01/2002	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK 250 MG	6	EA	DP	PO	EA	1	GM	0.25	01/01/2002	12/31/2018						
54569-4648-00		J1100		01/01/2002	02/03/2016	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (25X5ML) 4 MG/ML	5	ML	NA	IJ	ML	1	MG	4	01/01/2002	02/03/2016						
54569-4748-00		J7614		04/01/2008	12/31/2018	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.021%	3	ML	PC	IH	ML	0.5	MG	0.42	04/01/2008	12/31/2018						
54569-4748-00	KO	J7614	KO	04/01/2008	12/31/2018	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.021%	3	ML	PC	IH	ML	0.5	MG	0.42	04/01/2008	12/31/2018						
54569-4765-01		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	14	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4765-02		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4765-03		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
54569-4765-06		J8499		01/01/2002	12/31/2018	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2018						
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	IJ	ML	1	MG	0.4	01/01/2002	99/99/9999						
54868-2184-04		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	02/03/2016						
54868-2299-00		J1940		09/29/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (ABBOJECT) 10 MG/ML	250	ML	VL	IJ	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						
54868-2472-01		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-2526-00		J1642		01/01/2002	06/30/2015	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (VIAL,DOSETTE) 100 U/ML	1	ML	VL	IV	ML	10	U	10	01/01/2002	06/30/2015						
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						
58016-0290-12		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						
58016-0293-06		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						
58016-0293-20		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						
58016-0326-90		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						
58016-0391-01		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						
54569-4904-00		J1050		01/01/2013	12/31/2018	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	DEPO-PROVERA CONTRACEPTIVE (SRN, PREFILLED) 150 MG/ML	1	ML	SR	IM	ML	1	MG	150	01/01/2013	12/31/2018						
54569-5408-00		J3490		07/18/2002	12/31/2018	UNCLASSIFIED DRUGS	ENGERIX-B (TIP-LOK W/O NDL,TAX,PF) 20 MCG/ML	1	ML	SR	IM	ML	1	EA	1	07/18/2002	12/31/2018						
54569-5578-00		J3490		07/21/2004	02/03/2016	UNCLASSIFIED DRUGS	TWINRIX (TIP-LOK SYRINGE) 720 EL U/ML-20 MCG/ML	1	ML	SR	IM	ML	1	EA	1	07/21/2004	02/03/2016						
54569-5589-01		Q0173		09/02/2005	12/31/2018	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOBENZAMIDE HCL 300 MG	6	EA	BO	PO	EA	250	MG	1.2	09/02/2005	12/31/2018						
54569-5605-00		J1815		02/16/2006	12/31/2018	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10	ML	VL	SC	ML	5	U	20	02/16/2006	12/31/2018						
54569-5629-00		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						
54569-5724-00		J0696		07/27/2005	12/31/2018	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	VL	IJ	EA	250	MG	2	07/27/2005	12/31/2018						
54868-2530-00		J3070		01/01/2002	02/03/2016	INJECTION, PENTAZOCINE, 30 MG	TALWIN LACTATE (VIAL) 30 MG/ML	10	ML	VL	IJ	ML	30	MG	1	01/01/2002	02/03/2016						
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						
54868-2913-00		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						
54868-3004-05		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						
54868-3112-01		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						
54868-3220-00		J7510		01/01/2002	02/03/2016	PREDNISOLONE ORAL, PER 5 MG	PRELONE (CHERRY) 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	01/01/2002	02/03/2016						
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						
58016-0391-20		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						
58016-0391-30		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						
58016-0408-06		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						
58016-0408-10		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						
58016-0408-20		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						
54569-5729-00		J8540		01/01/2006	12/31/2018	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	28	EA	BO	PO	EA	0.25	MG	16	01/01/2006	12/31/2018						
54569-5744-00		J8498		01/01/2006	12/31/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2018						
54569-5745-01		J8498		01/01/2006	12/31/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	4	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2018						
54569-5745-02		J8498		01/01/2006	12/31/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	12/31/2018						
54569-5749-00		J7510		01/21/2014	12/31/2018	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE,GRAPE) 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	01/21/2014	12/31/2018						
54569-5756-00		Q0144		11/24/2005	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	3	EA	DP	PO	EA	1	GM	0.5	11/24/2005	12/31/2018						
54569-5808-00		Q0144		07/24/2006	12/31/2018	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	07/24/2006	12/31/2018						
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						
54868-3236-00		J3490		01/02/2003	02/03/2016	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC 10 MCG/0.5 ML	0.5	ML	VL	IM	ML	1	EA	1	01/02/2003	02/03/2016						
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						
54868-3407-00		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						
54868-3566-01		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 2 MG/ML	1	ML	VL	IJ	ML	2	MG	1	01/01/2002	99/99/9999						
54868-3566-02		J2060		01/10/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 2 MG/ML	25	ML	VL	IJ	ML	2	MG	1	01/10/2007	99/99/9999						
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	IJ	EA	125	MG	4	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-VIAL) 125 MG	1	EA	VL	IJ	EA	125	MG	1	01/01/2002	02/03/2016						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
55150-0196-99		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	IJ	ML	1	MG	2	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	IJ	ML	1	MG	10	10/31/2016	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						
55150-0219-10		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						
55150-0230-10		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						
55150-0239-30		J1100		02/19/2016	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (USP, MDV,LATEX-FREE) 4 MG/1 ML	30	ML	VL	IJ	ML	1	MG	4	02/19/2016	99/99/9999						
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						
58016-0409-00		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						
58016-0409-12		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						
58016-0409-21		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 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						
58016-0409-60		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 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						
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	IJ	ML	250000	IU	20	01/01/2002	99/99/9999						
54766-0590-10		J7500		01/01/2018	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2018	99/99/9999						
54838-0135-40		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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						
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						
54868-0218-07		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						
54868-3686-01		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	IJ	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						
54868-3826-00		None		02/07/2011	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	16	EA	DP	PO	EA	2.5	MG	1	02/07/2011	99/99/9999						
54868-3826-07		None		11/04/2005	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	11/04/2005	99/99/9999						
54868-3894-00		J2001		01/01/2004	02/03/2016	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (AMP) 2%	5	ML	AM	IJ	ML	10	MG	2	01/01/2004	02/03/2016						
54868-3996-02		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						
54868-3996-03		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
54868-3998-05		J8499		06/09/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	06/09/2004	99/99/9999						
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						
55150-0266-05		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						
55150-0292-01		J7643		01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55150-0292-01	KO	J7643	KO	01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	99/99/9999						
55150-0293-02		J7643		01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	99/99/9999						
55150-0293-02	KO	J7643	KO	01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	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						
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						
54868-0234-00		J3301		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-10 (VIAL) 10 MG/ML	5	ML	VL	IJ	ML	10	MG	1	01/01/2002	99/99/9999						
54868-0258-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015						
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						
54868-0258-08		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						
54868-0258-08		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	60	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999						
54868-0296-01		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						
54868-0597-00		J2550		01/01/2002	02/03/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN (AMP) 25 MG/ML	1	ML	AM	IJ	ML	50	MG	0.5	01/01/2002	02/03/2016						
54868-3998-08		J8499		04/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60	EA	BO	PO	EA	1	EA	1	04/22/2005	99/99/9999						
54868-4050-00		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE	25	GM	JR	NA	GM	10	MG	100	01/01/2015	99/99/9999						
54868-4050-00		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE	1	EA	JR	NA	GM	100	MG	10	01/01/2002	12/31/2014						
54868-4078-00		Q0144		01/01/2002	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	01/01/2002	02/03/2016						
54868-4096-00		J7506		11/27/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (6 DAY DOSEPAK) 5 MG	21	EA	BX	PO	EA	5	MG	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	5	01/01/2016	99/99/9999						
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	06/03/2005	02/03/2016						
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						
55150-0322-25		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	IJ	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	IJ	ML	20	MG	0.5	06/20/2019	99/99/9999						
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						
55289-0119-02		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						
55289-0224-06		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0424-20		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						
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	IJ	EA	100	MG	1	01/01/2002	02/03/2016						
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,48X50ML) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	12/15/2006	09/11/2016						
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	IJ	ML	1	MG	0.4	01/01/2002	02/03/2016						
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						
54868-0836-04		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015						
54868-0836-04		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						
54868-0908-01		J7506		11/10/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	10	EA	BO	PO	EA	5	MG	10	11/10/2005	12/31/2015						
54868-4142-05		None		03/23/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	30	EA	BO	PO	EA	20	MG	1	03/23/2006	99/99/9999						
54868-4296-00		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						
54868-4319-00		J1750		01/01/2009	99/99/9999	INJECTION, IRON DEXTRAN, 50 MG	INFED (2MLX10) 50 MG/ML	2	ML	VL	IJ	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						
54868-4419-00		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						
54868-4488-00		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (VIAL,PHARMACY BOTTLE) 20 Million U	1	EA	VL	IV	EA	600000	U	33.33333	01/01/2002	99/99/9999						
54868-4508-00		J1720		01/01/2002	02/03/2016	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF (ACT-O-VIAL) 1 GM	1	EA	VL	IJ	EA	100	MG	10	01/01/2002	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						
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						
55289-0273-25		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						
55289-0273-35		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						
55289-0273-50		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						
55289-0274-02		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						
55289-0310-14		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						
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						
58016-0424-73		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						
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						
58016-0627-90		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						
58016-0673-24		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
58016-0706-08		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						
54868-0908-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 50 MG	10	EA	BO	PO	EA	1	MG	50	01/01/2016	99/99/9999						
54868-0908-02		J7506		02/16/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	3	EA	BO	PO	EA	5	MG	10	02/16/2006	12/31/2015						
54868-0908-02		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 50 MG	3	EA	BO	PO	EA	1	MG	50	01/01/2016	02/03/2016						
54868-0908-03		J7506		05/16/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 50 MG	50	EA	BO	PO	EA	5	MG	10	05/16/2006	12/31/2015						
54868-0908-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	50	EA	BO	PO	EA	1	MG	50	01/01/2016	99/99/9999						
54868-0921-04		J7500		01/01/2002	02/03/2016	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	50	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016						
54868-1050-00		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						
54868-4644-00		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						
54868-4651-00		J0690		09/15/2003	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL,PF) 500 MG	1	EA	VL	IJ	EA	500	MG	1	09/15/2003	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						
54868-4751-00		J2175		03/11/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (CARPUJECT) 100 MG/ML	1	ML	AM	IJ	ML	100	MG	1	03/11/2003	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	IJ	ML	10	MG	1	03/11/2003	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						
54868-4998-00		J1940		02/18/2004	02/03/2016	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	02/18/2004	02/03/2016						
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						
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						
55289-0352-07		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						
55289-0352-10		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						
55289-0352-20		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						
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						
55289-0352-30		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						
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						
58016-0781-14		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						
58016-0781-24		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						
58016-0951-30		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						
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 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						
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 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	02/10/2005	12/31/2013						
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						
54868-1183-09		J7506		08/15/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 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	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	25	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
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						
54868-5089-00		Q0162		01/01/2012	02/03/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN ODT 8 MG	2	EA	BO	PO	EA	1	MG	8	01/01/2012	02/03/2016						
54868-5218-00		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						
54868-5260-04		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						
54868-5260-09		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-5325-00		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						
54868-5334-01		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		10/20/2005	02/03/2016	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	25	EA	NA	PO	EA	5	MG	1	10/20/2005	02/03/2016						
54868-5350-00		None		10/31/2007	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	15	EA	BO	PO	EA	100	MG	1	10/31/2007	99/99/9999						
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						
55289-0438-20		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						
55289-0438-20		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	03/08/2017						
55289-0438-30		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						
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						
55289-0438-40		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						
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						
55289-0462-15		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						
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						
58016-0973-50		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						
58016-0973-89		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						
58016-3018-03		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						
58016-4771-01		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						
58016-4840-01		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						
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						
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						
54868-1629-00		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						
54868-1729-00		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	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1.5 MG	100	EA	BO	PO	EA	0.25	MG	6	01/01/2006	99/99/9999						
54868-2048-01		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	01/01/2002	02/03/2016						
54868-5389-00		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						
54868-5404-00		Q0144		09/02/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZMAX (CHERRY-BANANA) 2 GM/60 ML	1	EA	BO	PO	EA	1	GM	2	09/02/2005	99/99/9999						
54868-5478-01		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						
54868-5569-00		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						
54868-5589-00		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						
54868-5648-00		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						
55289-0462-25		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						
55289-0462-35		J8499		04/21/2008	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	35	EA	BO	PO	EA	1	EA	1	04/21/2008	09/11/2019						
55289-0479-01		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
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						
55289-0479-20		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						
55289-0479-30		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						
58016-4855-01		J3303		02/01/2006	01/31/2014	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	ARISTOSPAN 20 MG/ML	5	ML	VL	IJ	ML	5	MG	4	02/01/2006	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						
58016-6404-01		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						
58016-9299-01		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						
58281-0560-01		J0475		01/01/2002	01/24/2018	INJECTION, BACLOFEN, 10 MG	LIORESAL 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	LIORESAL INTRATHECAL REFILL KIT (2X20ML AMP) 0.5 MG/ML	20	ML	BX	MR	EA	10	MG	2	04/02/2004	01/24/2018						
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						
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	IJ	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	IJ	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	IJ	ML	50	MG	1	09/29/2005	99/99/9999						
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						
54868-2219-00		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						
54868-2464-02		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						
54868-5709-00		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						
54868-5738-00		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						
54868-5749-01		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						
54868-5774-00		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						
54868-5825-00		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0531-04		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						
55289-0559-05		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						
55289-0564-20		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						
55289-0568-12		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						
55289-0582-04		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						
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						
58406-0032-04		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						
58406-0425-41		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						
58406-0456-01		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						
58463-0015-01		J8540		04/18/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DECADRON 0.75 MG	100	EA		PO	EA	0.25	MG	3	04/18/2018	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	IJ	ML	100	MG	1	01/01/2004	99/99/9999						
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						
54868-2844-00		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						
54868-5835-00		J1650		11/29/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (10X1ML) 100 MG/ML	1	ML	SR	IJ	ML	10	MG	10	11/29/2007	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						
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						
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						
55289-0928-02		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0928-06		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						
55289-0948-02		Q0169		05/09/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	2	EA	BO	PO	EA	12.5	MG	1	05/09/2006	99/99/9999						
55390-0009-01		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	IJ	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	IJ	ML	1	MG	1	09/03/2003	11/09/2016						
55390-0021-01		J2260		05/31/2002	05/31/2015	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	50	ML	VL	IV	ML	5	MG	0.2	05/31/2002	05/31/2015						
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						
54868-3025-00		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	IJ	ML	480	MCG	1.25	08/14/2006	12/31/2013						
54868-3084-01		Q0167		02/11/2004	12/30/2019	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	02/11/2004	12/30/2019						
54868-3084-02		Q0167		01/27/2006	02/03/2016	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MARINOL (SOFTGEL) 2.5 MG	90	EA	BO	PO	EA	2.5	MG	1	01/27/2006	02/03/2016						
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						
58864-0644-42		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	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	07/01/2005	99/99/9999						
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						
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						
55045-1125-00		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						
55045-1126-04		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						
55045-1252-02		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						
55045-1260-09		J7506		01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSEPACK) 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						
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	IJ	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						
55390-0100-10		J0592		06/03/2005	09/05/2014	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE 0.3 MG/ML	1	ML	VL	IJ	ML	0.1	MG	3.24	06/03/2005	09/05/2014						
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	IJ	ML	1	MG	2	12/26/2006	03/14/2016						
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	IJ	ML	1	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
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	IJ	ML	1	MG	5	01/01/2002	99/99/9999						
55390-0135-01		J9200		01/01/2002	09/05/2014	INJECTION, FLOXURIDINE, 500 MG	FLOXURIDINE (VIAL) 0.5 GM	1	EA	VL	IJ	EA	500	MG	1	01/01/2002	09/05/2014						
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						
54868-3134-01		J3490		02/02/2007	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL 0.5%	50	ML	VL	IJ	ML	1	EA	1	02/02/2007	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						
54868-3188-00		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						
54868-3189-01		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						
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						
59651-0182-01		None		05/14/2020	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	05/14/2020	99/99/9999						
59651-0205-08		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						
59676-0304-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VIAL) 4000 U/ML	1	ML	VL	IJ	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	PROCRIT (VOLUME PACK VIAL) 4000 U/ML	1	ML	VL	IJ	ML	1000	U	4	01/01/2006	99/99/9999						
59676-0320-04		J0885		01/01/2016	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (MULTIDOSE) 20000 U/ML	1	ML	VL	IJ	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)	PROCRIT (MULTIDOSE) 20000 U/ML	1	ML	VL	IJ	ML	1000	U	20	10/15/2007	12/31/2015						
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						
55045-1308-02		J8540		01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 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 0.75 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						
55045-1444-01		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						
55045-1480-09		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						
55045-1533-09		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						
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	IV	ML	1	GM	0.2	01/01/2002	09/05/2014						
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	IJ	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	IJ	ML	1	MG	5	01/01/2002	99/99/9999						
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	IJ	ML	25	MCG	40	05/25/2005	01/14/2016						
55390-0184-01		J0595		01/01/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1	ML	VL	IJ	ML	1	MG	2	01/01/2004	99/99/9999						
55390-0235-10		J9000		01/01/2002	09/05/2014	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.) 2 MG/ML	5	ML	VL	IV	ML	10	MG	0.2	01/01/2002	09/05/2014						
55390-0238-01		J9000		01/01/2002	09/05/2014	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (M.D.V.) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	01/01/2002	09/05/2014						
55390-0404-20		J2400		01/01/2002	09/05/2014	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (S.D.V.,PF) 3%	20	ML	VL	IJ	ML	30	ML	0.03333	01/01/2002	09/05/2014						
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						
54868-3244-00		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						
54868-3344-00		J3303		01/01/2002	02/03/2016	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	ARISTOSPAN (M.D.V.) 20 MG/ML	1	ML	VL	IJ	ML	5	MG	4	01/01/2002	02/03/2016						
54868-3349-00		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						
54868-3429-00		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						
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						
59746-0007-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000	EA	NA	PO	EA	5	MG	1	01/01/2002	12/31/2015						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
59746-0007-10		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						
59746-0113-06		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						
59746-0171-06		J7506		10/21/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	5	MG	0.2	10/21/2005	12/31/2015						
59746-0171-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999						
59746-0172-06		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	5	MG	1	08/03/2007	12/31/2015						
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						
55390-0618-01		J2780		03/29/2006	09/05/2014	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (PHARMACY BULK PACKAGE) 25 MG/ML	40	ML	VL	IJ	ML	25	MG	1	03/29/2006	09/05/2014						
55513-0021-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.04 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	100	08/14/2006	99/99/9999						
55513-0023-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.06 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	200	08/14/2006	99/99/9999						
55513-0027-04		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (0.3MLX4,PF) 0.15 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	500	09/11/2006	99/99/9999						
55513-0028-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.2 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	500	08/14/2006	99/99/9999						
55513-0032-01		J0881		06/07/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLEJECT,G27,1/2",PF) 0.5 MG/ML	1	ML	SR	IJ	ML	1	MCG	500	06/07/2006	99/99/9999						
55513-0057-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.025 MG/0.42 ML	0.42	ML	SR	IJ	ML	1	MCG	59.52381	08/14/2006	99/99/9999						
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						
54868-3509-01		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						
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						
54868-3608-00		J2300		01/01/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL 10 MG/ML	1	ML	AM	IJ	ML	10	MG	1	01/01/2002	99/99/9999						
54868-3618-01		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE 200 MG/ML	1	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999						
54868-3618-01		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						
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						

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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						
55045-1661-08		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						
55045-1696-02		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						
54868-3619-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R 100 U/ML	10	ML	VL	IJ	ML	5	U	20	01/01/2003	99/99/9999						
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	IJ	ML	50	MG	0.2	01/01/2002	02/03/2016						
54868-3738-01		J3010		01/01/2002	02/03/2016	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP) 0.05 MG/ML	2	ML	AM	IJ	ML	0.1	MG	0.5	01/01/2002	02/03/2016						
54868-3826-05		None		07/20/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	07/20/2004	99/99/9999						
54868-3826-08		None		06/29/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	40	EA	BO	PO	EA	2.5	MG	1	06/29/2010	99/99/9999						
54868-3905-00		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	6000	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999						
54868-3975-00		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	5	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
54868-3996-00		J8499		01/01/2002	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						
55513-0074-30		J0604		04/05/2004	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	SENSIPAR (FILM COATED) 60 MG	30	EA	BO	PO	EA	1	MG	60	04/05/2004	99/99/9999						
55513-0079-01		J9999		10/28/2015	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IMLYGIC (PF) 100000000 PFU/1 ML	1	ML	VL	IJ	ML	1	U	1	10/28/2015	99/99/9999						
55513-0098-04		J0881		03/16/2015	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLE USE,PF) 0.01 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	25	03/16/2015	99/99/9999						
55513-0111-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.3 MG/0.6 ML	0.6	ML	SR	IJ	ML	1	MCG	500	08/14/2006	99/99/9999						
55513-0132-01		Q5117		10/01/2019	99/99/9999	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	KANJINTI (PF,LYOPHILIZED) 420 MG	1	EA	VL	IV	EA	10	MG	42	10/01/2019	99/99/9999						
55513-0141-01		Q5117		11/04/2019	99/99/9999	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	KANJINTI (SDV,PF,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	10	MG	15	11/04/2019	99/99/9999						
55513-0148-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S4,PF) 4000 U/ML	1	ML	VL	IJ	ML	1000	U	4	01/01/2006	99/99/9999						
55513-0148-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S4,PF) 4000 U/ML	1	ML	VL	IJ	ML	1000	U	4	01/01/2006	99/99/9999						
54868-3996-04		J8499		06/17/2004	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	06/17/2004	02/03/2016						
54868-3997-05		J8499		08/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1	EA	1	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	01/01/2002	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	07/23/2004	02/03/2016						
54868-4082-01		J7644		01/01/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	99/99/9999						
54868-4082-01	KO	J7644	KO	01/01/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	99/99/9999						
54868-4103-00		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	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	0.5	01/01/2002	99/99/9999						
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						
54868-4142-01		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						
54868-4154-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (S.D.V.) 150 MG/ML	4	ML	VL	IJ	ML	1	EA	1	01/01/2002	02/03/2016						
54868-4167-00		J2765		01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (S.D.V.) 5 MG/ML	2	ML	VL	IV	ML	10	MG	0.5	01/01/2002	99/99/9999						
54868-4287-00		J8999		01/17/2005	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						
54868-4580-00		J2250		01/01/2002	02/03/2016	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	5	ML	VL	IJ	ML	1	MG	5	01/01/2002	02/03/2016						
55513-0160-01		J7799		12/16/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	BLINCYTO (W/ SOLN STABALIZER,PF) 35 MCG	1	EA	VL	IV	EA	1	MCG	1	12/16/2014	12/31/2015						
55513-0160-01		J9039		01/01/2016	99/99/9999	INJECTION, BLINATUMOMAB, 1 MICROGRAM	BLINCYTO (W/ SOLN STABALIZER,PF) 35 MCG	1	EA	VL	IV	EA	1	MCG	35	01/01/2016	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55513-0190-01		J2505		01/01/2004	99/99/9999	INJECTION, PEGFILGRASTIM, 6 MG	NEULASTA (SRN,PREFILLED,PF,4X0.6ML) 6 MG/0.6 ML	0.6	ML	SR	SC	ML	6	MG	1.66666	01/01/2004	99/99/9999						
55513-0209-01		J1441		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NEUPOGEN (26GX5/8",PF,SINGLEJECT) 480 MCG/0.8 ML	0.8	ML	SR	IJ	ML	480	MCG	1.25	01/01/2002	12/31/2013						
55513-0209-01		J1442		08/08/2000	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (26GX5/8",PF,SINGLEJECT) 480 MCG/0.8 ML	0.8	ML	SR	IJ	ML	1	MCG	600	08/08/2000	99/99/9999						
55513-0209-10		J1441		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NEUPOGEN (26GX5/8",10X0.8ML,PF,SINGLEJECT) 480 MCG/0.8 ML	0.8	ML	SR	IJ	ML	480	MCG	1.25	01/01/2002	12/31/2013						
55513-0209-10		J1442		08/08/2000	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	NEUPOGEN (26GX5/8",0.8MLX10,PF) 480 MCG/0.8 ML	0.8	ML	SR	IJ	ML	1	MCG	600	08/08/2000	99/99/9999						
54868-4626-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999						
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	IJ	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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	30	EA	BO	PO	EA	5	MG	1	02/10/2003	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						
54868-4997-00		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						
55513-0221-01		J2796		08/25/2008	99/99/9999	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	NPLATE (PF,STERILE, LYOPHILIZED) 250 MCG	1	EA	VL	SC	EA	10	MCG	25	08/25/2008	99/99/9999						
55513-0222-01		J2796		08/25/2008	99/99/9999	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	NPLATE (PF,STERILE, LYOPHILIZED) 500 MCG	1	EA	VL	SC	EA	10	MCG	50	08/25/2008	99/99/9999						
55553-0056-50		J2001		01/01/2004	02/10/2016	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	ANESTACAINE (VIAL) 2%	50	ML	VL	IJ	ML	10	MG	2	01/01/2004	02/10/2016						
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	IJ	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	IJ	ML	1	MCG	4	01/01/2002	99/99/9999						
57237-0076-30		Q0162		04/01/2016	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HCL (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	04/01/2016	99/99/9999						
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		J9098		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						
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						
54868-5016-00		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						
54868-5036-01		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	IJ	EA	1	MG	1	05/24/2004	99/99/9999						
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	ZOFRAN ODT 8 MG	30	EA	BX	PO	EA	1	MG	8	01/01/2012	02/03/2016						
54868-5112-00		J1650		07/28/2004	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	07/28/2004	99/99/9999						
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						
57896-0002-25		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE SALINE 0.9%	250	ML		IR	ML	500	ML	0.002	01/02/2018	99/99/9999						
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						
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						
58016-0086-60		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						
58016-0170-30		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						
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						
54868-5137-00		J1170		08/13/2004	02/03/2016	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUDID (AMP) 4 MG/ML	10	ML	AM	IJ	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						
54868-5213-00		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						
54868-5231-02		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						
54868-5260-01		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						
54868-5260-06		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						
54868-5261-00		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						
54868-5282-00		J8999		05/23/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE 50 MG	60	EA	BO	PO	EA	1	EA	1	05/23/2005	99/99/9999						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-5327-00		J1815		06/09/2005	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MIX 70/30 (PREFILLED SYRINGE) 70 U/ML-30 U/ML	3	ML	SR	SC	ML	5	U	20	06/09/2005	99/99/9999						
54868-5355-00		None		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						
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						
58016-0216-20		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						
58016-0216-30		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						
58016-0216-40		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						
58016-0217-00		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						
58016-0217-07		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						
58016-0217-12		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						
58016-0217-16		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						
58016-0217-21		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						
58016-0217-60		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						
58016-0218-24		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						
58016-0218-69		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						
58016-0259-02		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	120	EA	NA	PO	EA	25	MG	1	01/01/2007	01/31/2014						
58016-0259-10		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 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	01/31/2014						
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						
54868-5440-00		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						
54868-5471-00		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						
54868-5487-01		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						
54868-5501-01		J1652		01/11/2006	02/03/2016	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	01/11/2006	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						
54868-5587-01		J1650		09/25/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 60 MG/0.6 ML	6	ML	SR	SC	ML	10	MG	10	09/25/2007	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						
58016-0259-20		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 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	01/01/2002	01/31/2014						
58016-0259-30		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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	01/01/2002	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						
58016-0293-15		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						
58016-0326-30		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						
58016-0391-15		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						
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						
54868-5717-00		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						
54868-5801-00		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						
54868-5802-00		J0885		08/13/2007	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (SDV,1MLX4) 40000 U/ML	1	ML	VL	IJ	ML	1000	U	40	08/13/2007	99/99/9999						
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	IJ	ML	10	MG	15	12/04/2007	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	IJ	ML	1	MG	2	05/09/2008	99/99/9999						
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						
55045-1124-04		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-1124-09		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						
55045-1125-05		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						
55045-1125-08		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						
55045-1126-02		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						
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						
58016-0391-90		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						
58016-0408-09		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						
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						
58016-0408-25		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						
58016-0409-24		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 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						
58016-0424-15		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						
58016-0424-48		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-1126-03		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						
55045-1126-06		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						
55045-1308-09		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						
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						
58016-0424-90		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						
58016-0627-00		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						
58016-0627-60		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						
58016-0673-12		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						
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						
55045-1480-01		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						
55045-1480-06		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						
55045-1533-01		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						
55045-1596-05		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						
55045-1596-08		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			
55045-1661-00		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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		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						
58016-0706-60		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						
58016-0781-00		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						
58016-0781-12		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						
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						
55045-2133-03		J3360		03/24/2003	06/01/2014	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/ML	10	ML	VL	IJ	ML	5	MG	1	03/24/2003	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						
55045-2470-02		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						
55045-2565-04		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						
55045-2565-08		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						
55045-2885-08		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						
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						
58016-0826-30		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						
58016-0973-00		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						
58016-0973-12		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						
58016-0973-73		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						
58016-3066-01		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						
58016-4788-01		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						
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						
59746-0173-06		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	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						
59762-2596-01		J9211		08/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	08/27/2007	99/99/9999						
59923-0704-14		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						
59923-0709-05		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	01/25/2019	99/99/9999						
59923-0715-05		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						
59923-0718-05		J3490		08/01/2019	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE FISIOPHARMA 0.5%	5	ML	AM	IJ	ML	1	EA	1	08/01/2019	99/99/9999						
55045-3212-03		J1100		07/01/2006	06/01/2014	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE 4 MG/ML	30	ML	NA	IJ	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	IJ	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	CEFAZOLIN SODIUM 1 GM	1	EA	NA	IJ	EA	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	IJ	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	IJ	ML	80	MG	1	07/20/2006	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						
55045-3511-01		J0696		07/11/2006	06/01/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/11/2006	06/01/2014						
59923-0720-10		J3490		08/01/2019	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE FISIOPHARMA 0.5%	10	ML	AM	IJ	ML	1	EA	1	08/01/2019	99/99/9999						
59923-0722-12		None		05/01/2020	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	05/01/2020	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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 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 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						
60429-0846-60		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						
58016-4790-01		J0696		02/01/2006	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	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						
58016-4868-01		J0595		03/15/2006	01/31/2014	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 2 MG/ML	1	ML	VL	IJ	ML	1	MG	2	03/15/2006	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	IJ	ML	80	MG	1	06/01/2006	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						
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						
55045-3511-02		J0696		07/14/2006	06/01/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	IJ	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						
55045-3516-01		J0696		07/12/2006	06/01/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/12/2006	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						
55045-3726-02		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						
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						
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						
60432-0608-04		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						
60505-0681-04		J0692		06/19/2007	02/04/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	10	EA	VL	IJ	EA	500	MG	4	06/19/2007	02/04/2019						
60505-0686-04		J2543		09/21/2009	02/20/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	09/21/2009	02/20/2019						
60505-0705-00		J1885		02/28/2005	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	02/28/2005	01/31/2014						
58160-0856-35		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (TIPLOK,23GX1,TAX INC,PF) 10 MCG/0.5 ML	0.5	ML	SR	IM	ML	1	EA	1	01/01/2002	02/03/2016						
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						
58406-0044-04		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL MINI (4 PREFILLED CARTRIDGES) 50 MG/1 ML	1	ML	CT	SC	ML	25	MG	2	08/05/2019	99/99/9999						
58406-0425-34		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						
58406-0456-04		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						
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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-2195-05		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						
55045-2195-09		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						
55045-2373-08		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						
55045-2492-06		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						
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						
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	IJ	ML	1	MG	2	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	IJ	ML	1	MG	5	10/31/2016	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	IJ	ML	1	MG	4	02/19/2016	99/99/9999						
55150-0243-46		J1956		09/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN IN 5% DEXTROSE (24X50ML, SINGLE-USE,PF) 5%-250 MG/50 ML	50	ML	FC	IV	ML	250	MG	0.02	09/01/2016	99/99/9999						
55150-0247-47		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						
55150-0282-20		J1335		06/27/2018	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (LATEX-FREE,LYOPHILIZED) 1 GM	10	EA	VL	IJ	EA	500	MG	2	06/27/2018	99/99/9999						
60505-0715-01		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						
60505-0725-01		J1885		11/01/2004	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 15 MG/ML	1	ML	SR	IJ	ML	15	MG	1	11/01/2004	01/31/2014						
60505-0750-01		J0696		11/02/2015	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV, USP,CRYSTALLINE) 250 MG	1	EA	VL	IJ	EA	250	MG	1	11/02/2015	99/99/9999						
60505-0751-00		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X10ML) 500 MG	1	EA	VL	IJ	EA	250	MG	2	08/02/2005	99/99/9999						
60505-0759-05		J0694		01/23/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 1 GM	1	EA	VL	IV	EA	1	GM	1	01/23/2006	99/99/9999						
60505-0760-05		J0694		01/23/2006	08/01/2019	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 2 GM	1	EA	VL	IV	EA	1	GM	2	01/23/2006	08/01/2019						
60505-0761-04		J0694		02/13/2006	07/10/2019	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN (BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	1	GM	10	02/13/2006	07/10/2019						
60505-0795-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 100 MG/1 ML	1	ML	SY	IJ	ML	10	MG	10	01/16/2019	99/99/9999						
58468-0127-01		J1270		06/11/2014	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	HECTOROL (50X2ML,MDV) 2 MCG/ML	2	ML	VL	IV	ML	1	MCG	2	06/11/2014	99/99/9999						
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						
58864-0423-20		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						
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						
55045-2571-05		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						
55045-2571-08		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						
55045-2648-06		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						
55045-3029-02		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						
55045-3252-02		J3490		07/01/2006	06/01/2014	UNCLASSIFIED DRUGS	MARCAINE HYDROCHLORIDE 0.25%	50	ML	NA	IJ	ML	1	EA	1	07/01/2006	06/01/2014						
55150-0295-20		J7643		01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	99/99/9999						
55150-0295-20	KO	J7643	KO	01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	99/99/9999						
55150-0327-10		J2310		01/13/2020	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (10X1ML;SDV,PF) 0.4 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.4	01/13/2020	99/99/9999						
55154-8226-05		J2370		07/07/2018	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (SDV,5X1ML,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	07/07/2018	99/99/9999						
55289-0006-10		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						
55289-0273-10		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	10	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						
55289-0310-06		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						
60505-0834-00		J0692		06/19/2007	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	06/19/2007	03/18/2019						
60505-2965-07		J7518		03/11/2014	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID 180 MG	120	EA	BO	PO	EA	180	MG	1	03/11/2014	99/99/9999						
60505-4631-03		J7515		12/06/2019	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (6X5,USP,MODIFIED,PF,SF) 50 MG	30	EA	BX	PO	EA	25	MG	2	12/06/2019	99/99/9999						
60505-4632-03		J7502		12/06/2019	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (5X6,USP,MODIFIED,PF,SF) 100 MG	30	EA	BX	PO	EA	100	MG	1	12/06/2019	99/99/9999						
60505-5306-01		J8499		03/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	100	EA	BO	PO	EA	1	EA	1	03/01/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60505-6020-02		J1631		01/30/2008	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	NOVAPLUS HALOPERIDOL DECANOATE (1X5ML,MDV) 50 MG/ML	5	ML	VL	IM	ML	50	MG	1	01/30/2008	99/99/9999						
60505-6031-04		J0692		04/11/2008	07/19/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/11/2008	07/19/2019						
60505-6097-00		J1740		01/15/2016	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG	IBANDRONATE SODIUM 1 MG/1 ML	3	ML	SR	IV	ML	1	MG	1	01/15/2016	99/99/9999						
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						
58864-0655-06		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						
58864-0655-30		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						
58864-0761-10		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						
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						
55045-3514-01		J2550		07/12/2006	06/01/2014	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HYDROCHLORIDE (25X1ML) 25 MG/ML	1	ML	AM	IJ	ML	50	MG	0.5	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						
55045-3729-03		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						
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						
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						
55289-0352-09		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						
55289-0352-15		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						
55289-0352-15		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						
55289-0373-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015						
55289-0373-01		J7512		01/01/2016	10/02/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	11/22/2016	10/02/2018	01/01/2016	02/03/2016	5			
60505-6105-01		J1453		09/05/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/05/2019	99/99/9999						
60505-6128-00		J9206		01/10/2018	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV;USP,PF) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	01/10/2018	99/99/9999						
60505-6130-05		J2405		04/28/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	04/28/2016	99/99/9999						
60505-6143-04		J0690		04/11/2019	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (PF,LATEX-FREE) 10 GM	10	EA	VL	IV	EA	500	MG	20	04/11/2019	99/99/9999						
60505-6145-00		J0692		03/15/2018	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME NOVAPLUS (USP) 2 GM	1	EA		IJ	EA	500	MG	4	03/15/2018	99/99/9999						
60505-6146-04		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,SDV) 1 GM	10	EA	VL	IJ	EA	500	MG	2	04/03/2017	99/99/9999						
60505-6148-00		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (CRYSTALLINE) 1 GM	1	EA	VL	IJ	EA	250	MG	4	06/23/2017	99/99/9999						
60505-6151-01		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV,CRYSTALLINE) 250 MG	10	EA	VL	IJ	EA	250	MG	1	06/23/2017	99/99/9999						
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						
58914-0080-52		J0500		06/22/2004	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	BENTYL (AMP) 10 MG/ML	2	ML	AM	IM	ML	20	MG	0.5	03/23/2007	99/99/9999	06/22/2004	11/14/2004	0.5			
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	IJ	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	IJ	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	IJ	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	IJ	ML	1000	U	10	01/01/2019	99/99/9999						
59572-0984-01		J9315		09/16/2016	99/99/9999	INJECTION, ROMIDEPSIN, 1 MG	ISTODAX (W/DILUENT) 10 MG	1	EA	VL	IV	EA	1	MG	10	09/16/2016	99/99/9999						
55289-0373-36		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015						
55289-0373-36		J7512		01/01/2016	10/02/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	36	EA	BO	PO	EA	1	MG	5	01/01/2016	10/02/2018						
55289-0373-42		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	42	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015						
55289-0373-42		J7512		01/01/2016	10/02/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	42	EA	BO	PO	EA	1	MG	5	01/01/2016	10/02/2018						
55289-0373-46		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	46	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015						
55289-0373-46		J7512		01/01/2016	10/02/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	46	EA	BO	PO	EA	1	MG	5	01/01/2016	10/02/2018						
55289-0373-60		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0373-60		J7512		01/01/2016	10/02/2018	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	60	EA	BO	PO	EA	1	MG	5	01/01/2016	10/02/2018						
60505-6152-01		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X10ML,CRYSTALLINE) 500 MG	10	EA	VL	IJ	EA	250	MG	2	06/23/2017	99/99/9999						
60505-6157-00		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 3 GM-0.375 GM	1	EA	VL	IV	EA	1.125	GM	3	02/15/2019	99/99/9999						
60505-6159-04		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	02/15/2019	99/99/9999						
60505-6160-04		J1267		12/12/2016	08/01/2019	INJECTION, DORIPENEM, 10 MG	DORIPENEM 250 MG	10	EA	VL	IV	EA	10	MG	25	12/12/2016	08/01/2019						
60505-6177-08		J0594		07/19/2019	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (SDV) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	07/19/2019	99/99/9999						
60505-6179-00		J7643		05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	99/99/9999						
60505-6179-00	KO	J7643	KO	05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	99/99/9999						
59618-0199-33		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENYL ELIXIR 12.5 MG/5 ML	120	ML	EA	PO	ML	50	MG	0.05	01/01/2002	02/03/2016						
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	05/31/2019	INJECTION, INTERFERON BETA-1A, 30 MCG	AVONEX (4 DOSE PACKS; S.D.V.) 30 MCG	4	EA	BX	IM	EA	30	MCG	1	04/01/2015	05/31/2019						
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						
59676-0302-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VIAL) 2000 U/ML	1	ML	VL	IJ	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	PROCRIT (VOLUME PACK VIAL) 2000 U/ML	1	ML	VL	IJ	ML	1000	U	2	01/01/2006	99/99/9999						
59676-0303-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VIAL) 3000 U/ML	1	ML	VL	IJ	ML	1000	U	3	01/01/2006	99/99/9999						
60505-6181-05		J7643		05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	99/99/9999						
60505-6181-05	KO	J7643	KO	05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	99/99/9999						
60505-6193-01		J2469		09/19/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	09/19/2018	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						
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						
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						
55111-0654-01		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						
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						
55150-0181-09		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						
55150-0197-20		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	IJ	ML	1	MG	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	IJ	ML	1	MG	10	10/31/2016	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						
60842-0021-01		J0171		04/18/2018	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	AUVI-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	AUVI-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	AUVI-Q 0.3 MG/0.3 ML	2	EA	BX	IJ	EA	0.1	MG	3	01/19/2017	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						
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	IJ	ML	1	MCG	600	04/01/2018	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						
61553-0170-41		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						
55289-0462-12		J8499		01/01/2002	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	12	EA	BO	PO	EA	1	EA	1	01/01/2002	09/11/2019						
55289-0462-21		J8499		08/17/2006	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21	EA	BO	PO	EA	1	EA	1	08/17/2006	09/11/2019						
55289-0462-60		J8499		03/01/2006	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	60	EA	BO	PO	EA	1	EA	1	03/01/2006	09/11/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0479-24		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						
55289-0559-03		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						
55289-0559-06		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						
55289-0629-50		J8499		04/23/2008	09/06/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 800 MG	50	EA	BO	PO	EA	1	EA	1	04/23/2008	09/06/2019						
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 (IPUMP BAG) 100 MG/100 ML-0.9%	100	ML	BG	IV	ML	10	MG	0.1	02/02/2004	06/30/2017						
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						
61553-0186-67		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						
61553-0190-48		J3490		02/02/2004	06/30/2017	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (IPUMP BAG) 0.0625%-0.9%	100	ML	BG	IV	ML	1	EA	1	02/02/2004	06/30/2017						
61553-0624-48		J1170		02/02/2004	06/30/2017	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (IPUMP BAG) 20 MG/100 ML-0.9%	100	ML	BG	IV	ML	4	MG	0.05	02/02/2004	06/30/2017						
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						
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						
55289-0964-14		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	INJECTION, HEMIN, 1 MG	PANHEMATIN (PF,LYOPHIIZED) 350 MG	1	EA	VL	IV	EA	1	MG	350	07/01/2017	99/99/9999						
55390-0004-01		J1610		01/01/2002	04/08/2015	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGEN DIAGNOSTIC KIT (VIAL W/STERILE WATER) 1 MG	1	EA	VL	IJ	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	GLUCAGEN (VIAL) 1 MG	1	EA	VL	IJ	EA	1	MG	1	01/01/2002	04/08/2015						
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	IJ	ML	5	MG	5	01/01/2002	09/05/2014						
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						
55150-0212-01		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						
55150-0218-99		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						
55150-0223-10		J2800		07/07/2016	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	07/07/2016	99/99/9999						
55150-0228-10		J3243		06/26/2019	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (PF,LATEX-FREE) 50 MG	10	EA	VL	IV	EA	1	MG	50	06/26/2019	99/99/9999						
55150-0231-10		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						
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						
61703-0305-38		J9100		05/01/2003	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (S.D.V. X 5,PF) 20 MG/ML	5	ML	VL	IJ	ML	100	MG	0.2	05/01/2003	99/99/9999						
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						
61703-0339-18		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						
61703-0339-50		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						
61703-0341-06		J9390		09/07/2005	10/31/2017	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						
61703-0343-66		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						
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	IJ	ML	5	MG	5	01/01/2002	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						
55390-0054-01		J0640		01/01/2002	09/05/2014	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (S.D.V.,PF) 350 MG	1	EA	VL	IJ	EA	50	MG	7	01/01/2002	09/05/2014						
55390-0059-10		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	IJ	ML	60	MG	0.5	04/28/2003	09/05/2014						
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 A9270)	ADENOSINE (S.D.V.) 3 MG/ML	2	ML	VL	IV	ML	6	MG	0.5	06/16/2004	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
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						
55390-0077-01		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	IJ	ML	10	MG	0.5	07/22/2004	06/14/2016						
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						
55150-0241-10		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						
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						
55150-0267-05		J2680		04/21/2018	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (MDV,LATEX-FREE) 25 MG/1 ML	5	ML	VL	IJ	ML	25	MG	1	04/21/2018	99/99/9999						
55150-0282-09		J1335		05/03/2019	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM NOVAPLUS (LATEX-FREE,LYOPHILIZED) 1 GM	10	EA	VL	IJ	EA	500	MG	2	05/03/2019	99/99/9999						
55150-0294-05		J7643		01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	99/99/9999						
61703-0349-09		J9206		02/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	02/27/2008	99/99/9999						
61703-0356-18		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, EPIRUBICIN HCL, 2 MG	NOVAPLUS EPIRUBICIN HYDROCHLORIDE (1X25ML,SINGLE USE,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	04/10/2008	11/30/2015						
61703-0359-02		J9178		04/10/2008	01/31/2015	INJECTION, EPIRUBICIN HCL, 2 MG	NOVAPLUS EPIRUBICIN 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, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	08/08/2007	06/05/2017						
61755-0005-01		J0178		12/03/2019	99/99/9999	INJECTION, AFLIBERCEPT, 1 MG	EYLEA (PF) 40 MG/1 ML	0.05	ML	VL	IO	ML	1	MG	40	12/03/2019	99/99/9999						
61755-0005-02		J0178		11/21/2011	99/99/9999	INJECTION, AFLIBERCEPT, 1 MG	EYLEA (PF) 40 MG/1 ML	0.05	ML	VL	IO	ML	1	MG	40	11/21/2011	99/99/9999						
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	IJ	ML	10	MG	0.5	07/22/2004	99/99/9999						
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	IJ	EA	5	MG	1	01/01/2002	01/05/2015						
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						
55390-0122-10		J7516		01/01/2002	09/05/2014	INJECTION, 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						
55390-0126-10		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	10	ML	VL	IJ	ML	1	MG	5	01/01/2002	99/99/9999						
55390-0131-10		J9100		01/01/2002	09/05/2014	INJECTION, CYTARABINE, 100 MG	CYTARABINE (VIAL) 100 MG	1	EA	VL	IJ	EA	100	MG	1	01/01/2002	09/05/2014						
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	IJ	EA	50	MG	20	09/07/2005	09/05/2014						
55150-0294-05	KO	J7643	KO	01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	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						
55150-0328-10		J2310		01/13/2020	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (10X10ML;MDV,LATEX-FREE) 0.4 MG/1 ML	10	ML	VL	IJ	ML	1	MG	0.4	01/13/2020	99/99/9999						
55150-0331-01		J9263		07/14/2020	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SDV,PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	07/14/2020	99/99/9999						
55150-0332-01		J9263		07/14/2020	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SDV,PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	07/14/2020	99/99/9999						
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						
61755-0008-01		J9119		10/01/2019	99/99/9999	INJECTION, CEMIPLIMAB-RWLC, 1 MG	LIBTAYO 50 MG/1 ML	7	ML	VL	IV	ML	1	MG	50	10/01/2019	99/99/9999						
61755-0008-01		J9999		09/28/2018	09/30/2019	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	LIBTAYO 50 MG/1 ML	7	ML	VL	IV	ML	1	MG	1	09/28/2018	09/30/2019						
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						
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						
61990-0411-01		J1110		05/04/2020	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE 1 MG/1 ML	1	ML	AM	IJ	ML	1	MG	1	05/04/2020	99/99/9999						
61990-0411-02		J1110		05/04/2020	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE 1 MG/1 ML	1	ML	AM	IJ	ML	1	MG	1	05/04/2020	99/99/9999						
62175-0381-37		J7507		09/28/2012	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	09/28/2012	99/99/9999						
62559-0930-01		None		07/01/2020	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25	MG	1	07/01/2020	99/99/9999						
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	IJ	ML	25	MCG	2	05/04/2005	09/05/2014						
55390-0226-02		J0278		01/01/2006	01/14/2016	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (S.D.V.,PF) 250 MG/ML	2	ML	VL	IJ	ML	100	MG	2.5	01/01/2006	01/14/2016						
55390-0231-10		J9000		01/01/2002	09/05/2014	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 10 MG	1	EA	VL	IV	EA	10	MG	1	01/01/2002	09/05/2014						
55390-0232-10		J9000		01/01/2002	09/05/2014	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 20 MG	1	EA	VL	IV	EA	10	MG	2	01/01/2002	09/05/2014						
55390-0233-01		J9000		01/01/2002	09/05/2014	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 50 MG	1	EA	VL	IV	EA	10	MG	5	01/01/2002	09/05/2014						
55390-0236-10		J9000		01/01/2002	09/05/2014	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 2 MG/ML	10	ML	VL	IV	ML	10	MG	0.2	01/01/2002	09/05/2014						
55390-0460-01		J1120		01/01/2002	09/05/2014	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	ACETAZOLAMIDE SODIUM (S.D.V.,PF) 500 MG	1	EA	VL	IV	EA	500	MG	1	01/01/2002	09/05/2014						
55289-0119-06		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999						
55289-0224-12		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0224-12		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						
55289-0226-15		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						
55289-0310-04		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						
55289-0352-12		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						
62756-0129-40		J3490		10/08/2019	99/99/9999	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (LYOPHILIZED) 40 MG	1	EA	VL	IV	EA	1	EA	1	10/08/2019	99/99/9999						
62756-0219-60		J9199		01/01/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1500 MG/150 ML	150	ML	FC	IV	ML	200	MG	0.05	01/01/2020	99/99/9999						
62756-0238-86		None		11/14/2019	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	11/14/2019	99/99/9999						
62756-0239-20		None		11/14/2019	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	11/14/2019	99/99/9999						
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						
62927-0621-04		Q0177		01/01/2002	12/17/2015	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (BANANA) 25 MG/5 ML	120	ML	EA	PO	ML	25	MG	0.2	01/01/2002	12/17/2015						
62991-1003-01		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						
55390-0480-01		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	01/01/2002	99/99/9999						
55390-0600-20		J7501		01/01/2002	09/05/2014	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE SODIUM (PF) 100 MG	1	EA	VL	IV	EA	100	MG	1	01/01/2002	09/05/2014						
55390-0612-10		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (PF) 500 MG	1	EA	VL	IV	EA	5	MG	100	01/01/2006	99/99/9999						
55390-0613-20		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (PF) 1000 MG	1	EA	VL	IV	EA	5	MG	200	01/01/2006	99/99/9999						
55390-0616-01		J2780		11/22/2004	09/05/2014	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (M.D.V.) 25 MG/ML	6	ML	VL	IJ	ML	25	MG	1	11/22/2004	09/05/2014						
55390-0616-10		J2780		11/22/2004	09/05/2014	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (S.D.V.) 25 MG/ML	2	ML	VL	IJ	ML	25	MG	1	11/22/2004	09/05/2014						
55513-0002-04		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (4X1ML,PF) 0.025 MG/ML	1	ML	VL	IJ	ML	1	MCG	25	09/11/2006	99/99/9999						
55513-0003-04		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1MLX4,PF) 0.04 MG/ML	1	ML	VL	IJ	ML	1	MCG	40	09/11/2006	99/99/9999						
55289-0352-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015						
55289-0352-21		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	1	MG	20	01/01/2016	03/08/2017						
55289-0438-21		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						
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						
55289-0438-36		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	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						
55289-0438-42		J7506		03/18/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	42	EA	BO	PO	EA	5	MG	2	03/18/2008	12/31/2015						
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						
62991-1024-05		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						
55513-0004-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.06 MG/ML	1	ML	VL	IJ	ML	1	MCG	60	09/11/2006	99/99/9999						
55513-0005-04		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1MLX4,PF) 0.1 MG/ML	1	ML	VL	IJ	ML	1	MCG	100	09/11/2006	99/99/9999						
55513-0025-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.1 MG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	200	08/14/2006	99/99/9999						
55513-0053-04		J0881		09/11/2006	12/02/2014	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1MLX4,PF) 0.15 MG/0.75 ML	1	ML	VL	IJ	ML	1	MCG	200	09/11/2006	12/02/2014						
55513-0126-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S2,PF) 2000 U/ML	1	ML	VL	IJ	ML	1000	U	2	01/01/2006	99/99/9999						
55513-0126-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S2,PF) 2000 U/ML	1	ML	VL	IJ	ML	1000	U	2	01/01/2006	99/99/9999						
55513-0150-01		J7799		12/16/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	BLINCYTO (INNER VIAL NDC,PF) 35 MCG	1	EA	VL	IV	EA	1	MCG	1	12/16/2014	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						
55289-0438-60		J7506		03/05/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG	2	03/05/2002	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
55289-0438-60		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	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	5	EA	BO	PO	EA	1	EA	1	01/15/2004	09/11/2019						
55289-0479-12		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						
55289-0568-10		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						
55289-0568-30		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						
55513-0150-01		J9039		01/01/2016	99/99/9999	INJECTION, BLINATUMOMAB, 1 MICROGRAM	BLINCYTO (INNER VIAL NDC,PF) 35 MCG	1	EA	VL	IV	EA	1	MCG	35	01/01/2016	99/99/9999						
55513-0207-01		Q5107		07/18/2019	99/99/9999	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	MVASI (PF) 25 MG/1 ML	16	ML	VL	IV	ML	10	MG	2.5	07/18/2019	99/99/9999						
55513-0267-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S3,PF) 3000 U/ML	1	ML	VL	IJ	ML	1000	U	3	01/01/2006	99/99/9999						
55513-0267-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S3,PF) 3000 U/ML	1	ML	VL	IJ	ML	1000	U	3	01/01/2006	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	IJ	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	IJ	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	IJ	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	IJ	ML	1	MCG	300	03/17/1997	99/99/9999						
55289-0629-10		J8499		08/26/2002	09/06/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	10	EA	BO	PO	EA	1	EA	1	08/26/2002	09/06/2019						
55289-0629-30		J8499		06/05/2007	09/06/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	06/05/2007	09/06/2019						
55289-0649-30		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						
55289-0924-30		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						
55289-0928-79		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						
55289-0953-06		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						
55390-0003-10		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (S.D.V.) 1 MG/ML	1	ML	VL	IV	ML	1	MG	1	01/01/2002	99/99/9999						
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						
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						
62991-1047-02		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						
62991-1072-01		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						
62991-1124-05		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						
55513-0741-01		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG	PARSABIV (PF) 5 MG/1 ML	1	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999						
55513-0741-10		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG	PARSABIV (PF) 5 MG/1 ML	1	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999						
55513-0742-01		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG	PARSABIV (SDV,PF) 10 MG/2 ML	2	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999						
55513-0742-10		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG	PARSABIV (SDV,PF) 10 MG/2 ML	2	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999						
55513-0880-02		J3111		10/01/2019	99/99/9999	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	EVENITY (PF,LATEX-FREE) 105 MG/1.17 ML	1.17	ML	SR	SC	ML	1	MG	89.74359	10/01/2019	99/99/9999						
55513-0954-01		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						
55553-0042-05		J3302		01/01/2002	05/15/2016	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	CLINACORT (VIAL) 40 MG/ML	5	ML	VL	IJ	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	ANESTACAINE (VIAL) 1%	50	ML	VL	EP	ML	10	MG	1	01/01/2004	02/10/2016						
55390-0029-10		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V.,PF) 10 MG/ML	2	ML	VL	IV	ML	1	EA	1	01/01/2002	99/99/9999						
55390-0030-10		J9340		01/01/2002	09/05/2014	INJECTION, THIOTEPA, 15 MG	THIOTEPA (S.D.V.) 15 MG	1	EA	VL	IJ	EA	15	MG	1	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	IJ	ML	5	MG	5	01/01/2002	09/05/2014						
55390-0051-10		J0640		01/01/2002	09/05/2014	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (VIAL) 50 MG	1	EA	VL	IJ	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	IJ	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	IJ	EA	50	MG	4	01/01/2002	09/05/2014						
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						
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						
62991-1128-08		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						
62991-1173-02		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			
62991-1179-05		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1179-05	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999						
62991-1206-01		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						
55553-0807-05		J1100		01/01/2002	02/03/2016	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	CORTASTAT (VIAL) 4 MG/ML	5	ML	VL	IJ	ML	1	MG	4	01/01/2002	02/03/2016						
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 (10MLVIALBACTRIOSTTICH2O) 5000 U	1	EA	VL	IM	EA	1000	U	5	09/15/2017	99/99/9999						
55566-1801-01		J2941		05/18/2015	99/99/9999	INJECTION, SOMATROPIN, 1 MG	ZOMACTON (VIAL W/DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	05/18/2015	99/99/9999						
55566-1901-01		J2941		05/18/2015	99/99/9999	INJECTION, SOMATROPIN, 1 MG	ZOMACTON (VIAL W/DILUENT) 10 MG	1	EA	VL	SC	EA	1	MG	10	05/18/2015	99/99/9999						
55566-1902-01		J2941		09/26/2018	99/99/9999	INJECTION, SOMATROPIN, 1 MG	ZOMACTON WITH VIAL ADAPTER (LYOPHILIZED) 10 MG	1	EA	VL	SC	EA	1	MG	10	09/26/2018	99/99/9999						
55566-2200-00		J2597		04/15/2015	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP 4 MCG/ML	1	ML	AM	IJ	ML	1	MCG	4	04/15/2015	99/99/9999						
55566-2300-00		J2597		05/10/2015	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP 4 MCG/ML	10	ML	VL	IJ	ML	1	MCG	4	05/10/2015	99/99/9999						
59676-0303-02		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VOLUME PACK VIAL) 3000 U/ML	1	ML	VL	IJ	ML	1000	U	3	01/01/2006	99/99/9999						
59676-0310-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VIAL) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2006	99/99/9999						
59676-0310-02		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VOLUME PACK VIAL) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2006	99/99/9999						
59676-0340-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (PF) 40000 U/ML	1	ML	VL	IJ	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						
59730-6502-01		J1556		12/19/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	BIVIGAM (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 (BIVIGAM), 500 MG	BIVIGAM (LATEX-FREE) 100 MG/ML	100	ML	VL	IV	ML	500	MG	0.2	12/19/2012	12/16/2016						
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						
55390-0108-01		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						
55390-0114-20		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						
55390-0124-01		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						
55390-0129-01		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						
55390-0137-05		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 1 MG/ML	5	ML	VL	IJ	ML	1	MG	1	01/01/2002	99/99/9999						
55390-0226-04		J0278		01/01/2006	09/05/2014	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (PF) 250 MG/ML	4	ML	VL	IJ	ML	100	MG	2.5	01/01/2006	09/05/2014						
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		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						
62991-1206-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999						
62991-1382-01		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P./N.F.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	99/99/9999						
62991-1530-02		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						
62991-1635-05		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						
55700-0705-06		Q0144		11/30/2018	12/31/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1000	MG	0.25	11/30/2018	12/31/2019						
57237-0075-30		Q0162		04/01/2016	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HCL (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	04/01/2016	99/99/9999						
57237-0078-30		Q0162		02/19/2016	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,STRAWBERRY GUARANA) 8 MG	30	EA	BO	PO	EA	1	MG	8	02/19/2016	99/99/9999						
57278-0315-02		J1444		07/01/2019	99/99/9999	INJECTION, FERRIC PYROPHOSPHATE CITRATE POWDER, 0.1 MG OF IRON	TRIFERIC 272 MG	100	EA	BX	NA	EA	0.1	MG	2720	07/01/2019	99/99/9999						
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						
57896-0001-01		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE WATER	100	ML		IR	ML	500	ML	0.002	01/02/2018	99/99/9999						
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						
59746-0003-14		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						
59746-0008-10		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						
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						
59746-0115-06		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
59746-0115-06		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						
55390-0244-01		J9268		08/08/2007	09/05/2014	INJECTION, PENTOSTATIN, 10 MG	PENTOSTATIN (SDV) 10 MG	1	EA	VL	IV	EA	10	MG	1	08/08/2007	09/05/2014						
55390-0265-01		J0895		06/18/2007	09/05/2014	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	06/18/2007	09/05/2014						
55390-0291-01		J9181		01/01/2002	09/05/2014	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	5	ML	VL	IV	ML	10	MG	2	01/01/2002	09/05/2014						
55390-0292-01		J9181		01/01/2002	09/05/2014	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	25	ML	VL	IV	ML	10	MG	2	01/01/2002	09/05/2014						
55390-0293-01		J9181		01/01/2002	09/05/2014	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	50	ML	VL	IV	ML	10	MG	2	01/01/2002	09/05/2014						
55390-0308-03		J0207		04/08/2008	12/31/2016	INJECTION, AMIFOSTINE, 500 MG	AMIFOSTINE (3X10ML,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	500	MG	1	04/08/2008	12/31/2016						
55390-0560-90		J1250		01/01/2002	09/05/2014	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (S.D.V.,PF) 12.5 MG/ML	20	ML	VL	IV	ML	250	MG	0.05	01/01/2002	09/05/2014						
55513-0002-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.025 MG/ML	1	ML	VL	IJ	ML	1	MCG	25	09/11/2006	99/99/9999						
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		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE,1MG	TESTOSTERONE CYPIONATE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
62991-1707-03		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		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
62991-2002-01		J0278		10/31/2011	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	5	GM	BO	NA	GM	100	MG	10	10/31/2011	99/99/9999						
62991-2002-02		J0278		10/31/2011	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	25	GM	BO	NA	GM	100	MG	10	10/31/2011	99/99/9999						
62991-2003-02		J0280		01/01/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	01/01/2002	99/99/9999						
62991-2003-03		J0280		01/01/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	01/01/2002	99/99/9999						
57896-0001-10		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE WATER	1000	ML		IR	ML	500	ML	0.002	01/02/2018	99/99/9999						
57896-0002-01		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE SALINE 0.9%	100	ML		IR	ML	500	ML	0.002	01/02/2018	99/99/9999						
57896-0002-10		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE SALINE 0.9%	1000	ML		IR	ML	500	ML	0.002	01/02/2018	99/99/9999						
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						
58016-0084-10		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						
58016-0086-90		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						
59746-0173-09		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	500	EA	BO	PO	EA	5	MG	2	08/03/2007	12/31/2015						
59746-0173-09		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	500	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999						
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						
59762-2198-07		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						
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						
55513-0003-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.04 MG/ML	1	ML	VL	IJ	ML	1	MCG	40	09/11/2006	99/99/9999						
55513-0004-04		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1MLX4,PF) 0.06 MG/ML	1	ML	VL	IJ	ML	1	MCG	60	09/11/2006	99/99/9999						
55513-0006-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.2 MG/ML	1	ML	VL	IJ	ML	1	MCG	200	09/11/2006	99/99/9999						
55513-0023-04		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.06 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	200	08/14/2006	99/99/9999						
55513-0053-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.15 MG/0.75 ML	1	ML	VL	IJ	ML	1	MCG	200	09/11/2006	99/99/9999						
55513-0075-30		J0604		04/05/2004	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	SENSIPAR (FILM COATED) 90 MG	30	EA	BO	PO	EA	1	MG	90	04/05/2004	99/99/9999						
55513-0078-01		J9999		10/28/2015	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IMLYGIC (PF) 1000000 PFU/1 ML	1	ML	VL	IJ	ML	1	U	1	10/28/2015	99/99/9999						
62991-2068-04		J3411		10/01/2007	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X1000GM,USP)	1	EA	NA	NA	GM	100	MG	10	10/01/2007	99/99/9999						
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	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
62991-2501-01		J3490		09/15/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P., 24)	1	EA	BO	NA	GM	1	EA	1	09/15/2003	99/99/9999						
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						
62991-2516-03		J7640		01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999						
62991-2516-03	KO	J7640	KO	01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999						
62991-2562-01		J1835		11/01/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	NA	NA	GM	50	MG	20	11/01/2005	99/99/9999						
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						
58016-0111-30		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						
58016-0112-20		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						
58016-0216-14		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						
58016-0216-24		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						
58016-0217-15		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0217-18		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						
55513-0110-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,STERILE) 0.3 MG/ML	1	ML	VL	IJ	ML	1	MCG	300	08/14/2006	99/99/9999						
55513-0144-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S10,PF) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2006	99/99/9999						
55513-0144-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S10,PF) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2006	99/99/9999						
55513-0192-01		J2505		02/02/2015	99/99/9999	INJECTION, PEGFILGRASTIM, 6 MG	NEULASTA (DELIVERY KIT,PF) 6 MG/0.6 ML	0.6	ML	SR	SC	ML	6	MG	1.66667	02/02/2015	99/99/9999						
55513-0478-01		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	IJ	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	IJ	ML	1000	U	20	01/01/2006	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	IJ	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	IJ	ML	1	MCG	600	08/08/2000	99/99/9999						
62991-2577-01		J0456		10/31/2011	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (U.S.P.,MICRONIZED)	1000	GM	NA	NA	GM	500	MG	2	10/31/2011	99/99/9999						
62991-2577-02		J0456		10/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X100GM,USP)	1	EA	NA	NA	GM	500	MG	2	10/01/2007	99/99/9999						
62991-2577-03		J0456		10/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X500GM,USP)	1	EA	NA	NA	GM	500	MG	2	10/01/2007	99/99/9999						
62991-2599-01		J2405		01/01/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HYDROCHLORIDE (1X100GM)	1	EA	BO	NA	GM	1	MG	1000	01/01/2006	99/99/9999						
62991-2599-02		J2405		01/01/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HYDROCHLORIDE (1X1000GM)	1	EA	BO	NA	GM	1	MG	1000	01/01/2006	99/99/9999						
62991-2707-02		J1956		01/01/2008	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN	1	EA	BO	NA	GM	250	MG	4	01/01/2008	99/99/9999						
62991-2707-03		J1956		01/01/2008	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN	1	EA	BO	NA	GM	250	MG	4	01/01/2008	99/99/9999						
63020-0049-01		J9041		01/01/2005	99/99/9999	INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	VELCADE (10ML SDV,LYOPHILIZED) 3.5 MG	1	EA	VL	IV	EA	0.1	MG	35	01/01/2005	99/99/9999						
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						
59923-0706-14		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	01/25/2019	99/99/9999						
59923-0711-05		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	01/25/2019	99/99/9999						
59923-0712-14		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	01/25/2019	99/99/9999						
59923-0716-15		J9206		03/01/2020	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	15	ML	VL	IV	ML	20	MG	1	03/01/2020	99/99/9999						
59923-0717-05		J3490		08/01/2019	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE FISIOPHARMA 0.25%	5	ML	AM	IJ	ML	1	EA	1	08/01/2019	99/99/9999						
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						
58016-0218-20		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						
58016-0218-30		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						
58016-0218-40		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						
58016-0218-55		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						
58016-0259-90		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						
58016-0290-02		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						
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	IJ	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	IJ	ML	1	MCG	600	08/08/2000	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						
55553-0092-05		J1094		01/01/2003	02/03/2016	INJECTION, DEXAMETHASONE ACETATE, 1 MG	CORTASTAT LA (VIAL) 8 MG/ML	5	ML	VL	IJ	ML	1	MG	8	01/01/2003	02/03/2016						
55553-0171-10		J3410		01/01/2002	02/03/2016	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	RESTALL (VIAL) 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 (VIAL) 10 MG/ML	10	ML	VL	IJ	ML	1	MG	10	01/01/2002	02/03/2016						
55553-0827-10		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BANARIL (VIAL) 50 MG/ML	10	ML	VL	IJ	ML	50	MG	1	01/01/2002	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						
63275-6200-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
63275-6200-06		J3490		12/03/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	12/03/2002	99/99/9999						
63275-8100-05		J0745		12/03/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	12/03/2002	99/99/9999						
63275-9100-04		J1230		12/03/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	12/03/2002	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						
63275-9958-07		J7507		09/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS	0.5	GM	BO	NA	GM	1	MG	1000	09/01/2004	99/99/9999						
59923-0719-10		J3490		08/01/2019	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE FISIOPHARMA 0.25%	10	ML	AM	IJ	ML	1	EA	1	08/01/2019	99/99/9999						
59923-0724-30		J8999		05/01/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BO	PO	EA	1	EA	1	05/01/2020	99/99/9999						
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						
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						
60505-0681-01		J0692		11/02/2015	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME 2 GM	1	EA	VL	IJ	EA	500	MG	4	11/02/2015	03/18/2019						
60505-0686-01		J2543		10/06/2015	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV) 2 GM-0.25 GM	1	EA	VL	IV	EA	1.125	GM	2	10/06/2015	99/99/9999						
60505-0706-01		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						
60505-0727-03		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						
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						
58016-0290-20		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						
58016-0291-60		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						
58016-0293-12		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						
58016-0391-00		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
57237-0077-30		Q0162		02/19/2016	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,STRAWBERRY GUARANA) 4 MG	30	EA	BO	PO	EA	1	MG	4	02/19/2016	99/99/9999						
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						
57665-0001-01		J2504		01/01/2006	99/99/9999	INJECTION, PEGADEMASE BOVINE, 25 IU	ADAGEN (VIAL) 250 U/ML	1.5	ML	VL	IM	ML	25	IU	10	01/01/2006	99/99/9999						
57896-0001-25		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE WATER	250	ML		IR	ML	500	ML	0.002	01/02/2018	99/99/9999						
57896-0001-50		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE WATER	500	ML		IR	ML	500	ML	0.002	01/02/2018	99/99/9999						
57896-0002-50		A4217		01/02/2018	99/99/9999	STERILE WATER/SALINE, 500 ML	AQUA CARE STERILE SALINE 0.9%	500	ML		IR	ML	500	ML	0.002	01/02/2018	99/99/9999						
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						
58016-0086-30		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						
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						
63275-9963-04		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						
63275-9974-01		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						
63275-9979-05		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						
60505-0748-04		J0690		09/19/2005	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 500 MG	1	EA	VL	IJ	EA	500	MG	1	09/19/2005	99/99/9999						
60505-0749-05		J0690		09/16/2005	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 1 GM	1	EA	VL	IJ	EA	500	MG	2	09/16/2005	99/99/9999						
60505-0750-04		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X10ML) 250 MG	1	EA	VL	IJ	EA	250	MG	1	08/02/2005	99/99/9999						
60505-0761-01		J0694		10/06/2015	07/10/2019	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	1	GM	10	10/06/2015	07/10/2019						
60505-0806-01		J7644		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						
60505-0806-01	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						
60505-5307-05		J8499		05/21/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500	EA	BO	PO	EA	1	EA	1	05/21/2007	99/99/9999						
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						
58016-0408-00		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						
58016-0408-12		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						
58016-0408-21		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						
58016-0408-60		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						
58016-0409-10		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						
58016-0111-60		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						
58016-0112-60		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						
58016-0126-12		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						
58016-0170-60		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						
58016-0216-00		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						
58016-0216-12		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						
58016-0216-21		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						
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						
63275-9983-04		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						
63275-9986-04		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63275-9988-09		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						
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 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						
58016-0409-30		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 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 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						
58016-0424-00		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						
58016-0424-12		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						
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						
58016-0216-32		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						
58016-0216-42		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						
58016-0216-60		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						
58016-0217-10		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						
58016-0217-20		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						
58016-0217-30		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						
63275-9989-01		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						
63275-9990-02		J2440		12/04/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	12/04/2002	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						
63304-0505-01		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						
63304-0652-05		J8499		01/01/2002	09/19/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500	EA	BO	PO	EA	1	EA	1	01/01/2002	09/19/2019						
63323-0024-25		J2150		01/01/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (FLIPOFF 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						
63323-0106-26		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						
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						
58016-0424-60		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						
58016-0464-10		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						
58016-0218-50		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0218-90		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 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	01/31/2014						
58016-0259-60		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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	60	EA	BO	PO	EA	25	MG	1	01/01/2002	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						
58016-0326-00		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						
63323-0118-05		J1644		07/09/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	SIMPLIST HEPARIN SODIUM (SD, USP,PF,LATEX-FREE) 5000 U/0.5 ML	0.5	ML	VL	IJ	ML	1000	U	10	07/09/2019	99/99/9999						
63323-0148-05		J9390		06/22/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (USP,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	06/22/2005	99/99/9999						
63323-0151-00		J9178		12/07/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN 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, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (1X25ML,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	12/07/2007	99/99/9999						
63323-0164-75		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						
63323-0172-60		J9045		04/07/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (600MG/60ML,LATEX-FREE) 10 MG/ML	60	ML	VL	IV	ML	50	MG	0.2	04/07/2006	99/99/9999						
63323-0185-50		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,P.C.,PF)	50	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
60505-6025-05		J0694		02/27/2008	02/22/2018	INJECTION, CEFOXITIN SODIUM, 1 GM	NOVAPLUS CEFOXITIN (USP) 1 GM	1	EA	VL	IV	EA	1	GM	1	02/27/2008	02/22/2018						
60505-6113-06		J9201		02/23/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 38 MG/1 ML	5.26	ML	VL	IV	ML	200	MG	0.19	02/23/2018	99/99/9999						
60505-6132-06		J9263		01/05/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (1X10ML,SINGLE USE,PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	01/05/2017	99/99/9999						
60505-6144-04		J0692		03/15/2018	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME NOVAPLUS 1 GM	10	EA	VL	IJ	EA	500	MG	2	03/15/2018	99/99/9999						
60505-6147-00		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,SDV) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/03/2017	99/99/9999						
60505-6149-04		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X20ML,CRYSTALLINE) 2 GM	10	EA	VL	IJ	EA	250	MG	8	06/23/2017	99/99/9999						
60505-6150-05		J0696		02/28/2019	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (BULK PKG) 10 GM	1	EA	VL	IV	EA	250	MG	40	02/28/2019	99/99/9999						
60505-6151-04		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV,CRYSTALLINE) 250 MG	1	EA	VL	IJ	EA	250	MG	1	06/23/2017	99/99/9999						
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						
58016-0706-90		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						
58016-0326-12		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						
58016-0326-60		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0408-14		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						
58016-0408-24		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						
58016-0409-15		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						
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 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						
63323-0186-00		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (S.D.V.,TEAR TOP) 0.9%	100	ML	VL	IV	ML	250	ML	0.004	01/01/2002	99/99/9999						
63323-0203-26		J3370		05/02/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	PREMIERPRO RX VANCOMYCIN HCL 750 MG	10	EA	VL	IV	EA	500	MG	1.5	05/02/2018	99/99/9999						
63323-0229-15		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						
63323-0229-35		J2720		01/07/2008	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	NOVAPLUS PROTAMINE SULFATE (1X25ML,SDV,FLIPTOP,USP) 10 MG/ML	25	ML	VL	IV	ML	10	MG	1	01/07/2008	99/99/9999						
63323-0236-10		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL,PF) 500 MG	1	EA	VL	IJ	EA	500	MG	1	01/01/2002	99/99/9999						
63323-0259-30		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						
63323-0262-26		J1644		04/24/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM NOVAPLUS (MD GLASS VIAL) 5000 U/1 ML	1	ML	VL	IJ	ML	1000	U	5	04/24/2020	99/99/9999						
63323-0262-36		J1644		04/03/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MD GLASS VIAL) 5000 U/1 ML	1	ML	VL	IJ	ML	1000	U	5	04/03/2020	99/99/9999						
60505-6152-04		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (CRYSTALLINE) 500 MG	1	EA	VL	IJ	EA	250	MG	2	06/23/2017	99/99/9999						
60505-6156-04		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	02/15/2019	99/99/9999						
60505-6161-00		J1267		12/12/2016	09/01/2019	INJECTION, DORIPENEM, 10 MG	DORIPENEM 500 MG	1	EA	VL	IV	EA	10	MG	50	12/12/2016	09/01/2019						
60505-6166-00		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						
60505-6181-00		J7643		05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	99/99/9999						
60505-6181-00	KO	J7643	KO	05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	99/99/9999						
60505-6182-00		J7643		05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	99/99/9999						
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						
58016-0781-15		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						
58016-0781-50		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						
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						
58016-0951-60		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						
58016-0424-89		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0464-15		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						
58016-0603-01		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						
58016-0627-20		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						
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						
63323-0280-02		J1940		01/01/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	2	ML	VL	IJ	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	IJ	ML	20	MG	0.5	01/01/2002	99/99/9999						
63323-0282-60		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						
63323-0311-61		J0610		01/01/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (MAXIVIAL,BULK PACK,PF) 100 MG/ML	100	ML	VL	IV	ML	10	ML	0.1	01/01/2002	99/99/9999						
63323-0311-66		J0610		03/26/2015	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (PHARMACY BULK, 2X20,PF) 100 MG/ML	100	ML	VL	IV	ML	10	ML	0.1	03/26/2015	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						
60505-6182-00	KO	J7643	KO	05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	99/99/9999						
60505-6196-04		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						
60687-0395-83		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						
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
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						
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						
58016-0973-08		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						
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						
58016-2001-01		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						
58016-4770-01		J2300		02/01/2006	01/31/2014	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (10X1ML AMPS) 10 MG/ML	1	ML	AM	IJ	ML	10	MG	1	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	IJ	EA	250	MG	4	02/01/2006	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						
58016-0706-02		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0706-30		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						
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						
63323-0346-10		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 1 GM	1	EA	VL	IJ	EA	250	MG	4	02/16/2006	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						
63323-0370-62		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						
63323-0377-01		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						
63323-0379-05		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						
63323-0387-10		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						
63323-0398-12		J0456		02/27/2006	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	NOVAPLUS AZITHROMYCIN (10X10ML) 500 MG	1	EA	VL	IV	EA	500	MG	1	02/27/2006	99/99/9999						
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						
60977-0114-74		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						
60977-0141-27		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						
60977-0155-54		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	IJ	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	IJ	ML	1	MG	0.2	05/05/2007	02/03/2016						
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						
58016-4832-01		J7506		02/01/2006	01/31/2014	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21	EA	DP	PO	EA	5	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						
58016-4995-01		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	IJ	ML	10	ML	0.1	01/01/2007	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	IJ	ML	1	EA	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						
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						
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						
58016-0781-10		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						
58016-0781-20		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						
58016-0781-30		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						
58016-0826-00		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						
58016-0826-60		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						
63323-0400-05		J1953		11/13/2015	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (SINGLE USE,LATEX-FREE) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	11/13/2015	99/99/9999						
63323-0407-03		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						
63323-0454-01		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	IJ	ML	10	MG	0.4	05/23/2018	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						
63323-0513-02		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	IJ	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	IJ	ML	1	MG	10	08/23/2005	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						
61553-0113-02		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						
61553-0165-41		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61553-0172-48		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 (IPUMP BAG) 1 GM/100 ML-0.9%	100	ML	BG	IV	ML	100	MG	0.1	02/02/2004	06/30/2017						
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 (IPUMP 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						
58281-0561-02		J0475		01/01/2002	01/24/2018	INJECTION, BACLOFEN, 10 MG	LIORESAL INTRATHECAL REFILL KIT (2X5 ML AMP) 2 MG/ML	5	ML	BX	IN	EA	10	MG	2	01/01/2002	01/24/2018						
58281-0562-01		J0476		01/01/2002	07/10/2017	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	LIORESAL INTRATHECAL SCREENING KIT (1X1 ML AMP) 0.05 MG/ML	1	ML	AM	IN	EA	50	MCG	1	01/01/2002	07/10/2017						
58281-0563-01		J0475		10/21/2003	07/23/2017	INJECTION, BACLOFEN, 10 MG	LIORESAL 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	LIORESAL INTRATHECAL REFILL KIT (2X20ML AMP) 2 MG/ML	20	ML	BX	MR	EA	10	MG	8	04/02/2004	07/23/2017						
58406-0010-04		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (25MG/0.5ML X 4 PREFILL) 50 MG/1 ML	0.5	ML	CT	SC	ML	25	MG	2	08/05/2019	99/99/9999						
58406-0021-01		J1438		08/05/2019	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (50MG/1ML PREFILL SYR,PF) 50 MG/1 ML	1	ML	SR	SC	ML	25	MG	2	08/05/2019	99/99/9999						
58406-0055-04		J1438		08/03/2020	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (4X0.5ML,PF) 25 MG/0.5 ML	0.5	ML	BO	SC	ML	25	MG	2	08/03/2020	99/99/9999						
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						
58016-0973-02		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						
58016-0973-10		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						
58016-0973-20		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						
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						
61553-0436-48		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						
61553-0651-76		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	IJ	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	IJ	ML	100	MG	0.5	03/03/2005	12/31/2014						
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						
61553-0730-68		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						
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						
58406-0445-01		J1438		07/17/2006	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (SURECLICK AUTOINJECTOR) 50 MG/ML	0.98	ML	SR	SC	ML	25	MG	2	07/17/2006	99/99/9999						
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						
58463-0010-08		J8540		04/18/2018	09/27/2019	DEXAMETHASONE, ORAL, 0.25 MG	DECADRON (RASPBERRY) 0.5 MG/5 ML	237	ML	BO	PO	ML	0.25	MG	0.4	04/18/2018	09/27/2019						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58463-0014-01		J8540		04/18/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DECADRON 0.5 MG	100	EA		PO	EA	0.25	MG	2	04/18/2018	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						
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						
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						
58016-0973-60		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						
58016-2004-01		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						
58016-3067-01		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						
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						
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	IJ	ML	1	MG	2	12/26/2006	10/17/2016						
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						
61703-0326-18		J2430		09/15/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 9 MG/ML	10	ML	VL	IV	ML	30	MG	0.3	09/15/2005	99/99/9999						
61703-0332-18		J9040		01/01/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE 15 U	1	EA	VL	IJ	EA	15	U	1	01/01/2002	99/99/9999						
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						
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						
58864-0424-30		J7506		03/02/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	03/02/2004	12/31/2015						
58864-0424-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
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						
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						
58016-4814-01		Q0144		12/20/2005	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	DP	PO	EA	1	GM	0.25	12/20/2005	01/31/2014						
58016-4834-01		J0696		02/01/2006	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1	EA	VL	IJ	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						
58016-4897-01		J2920		07/01/2006	01/31/2014	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	SOLU-MEDROL (SDV) 40 MG	1	EA	VL	IJ	EA	40	MG	1	07/01/2006	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						
63323-0531-98		J1650		03/06/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (BROWN LABEL,PF) 80 MG/0.8 ML	0.8	ML	SY	IJ	ML	10	MG	10	03/06/2020	99/99/9999						
63323-0533-83		J1650		01/27/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (MED BLUE LABEL,PF) 30 MG/0.3 ML	0.3	ML	SR	IJ	ML	10	MG	10	01/27/2020	99/99/9999						
63323-0540-11		J1644		01/01/2002	01/13/2020	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	10	ML	VL	IJ	ML	1000	U	1	01/01/2002	01/13/2020						
63323-0540-31		J1644		01/01/2002	01/13/2020	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	30	ML	VL	IJ	ML	1000	U	1	01/01/2002	01/13/2020						
63323-0540-36		J1644		01/14/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV;G.C.,LATEX-FREE) 1000 U/1 ML	30	ML	VL	IJ	ML	1000	U	1	01/14/2020	99/99/9999						
63323-0540-67		J1644		04/23/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM NOVAPLUS (25X10ML;MDV,LATEX-FREE) 1000 U/1 ML	10	ML	VL	IJ	ML	1000	U	1	04/23/2020	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	IJ	ML	1000	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						
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						
61703-0359-93		J9178		08/08/2007	06/05/2017	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN 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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61703-0360-50		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						
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						
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						
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	IJ	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	IJ	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	IJ	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	IJ	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	IJ	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	IJ	ML	1000	U	3	01/01/2019	99/99/9999						
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	IJ	ML	3	MG	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	IJ	ML	10	MG	1	01/01/2002	01/31/2014						
58016-9438-01		J0696		02/22/2002	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN 1 GM	1	EA	VL	IJ	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	IJ	EA	125	MG	1	01/01/2002	01/31/2014						
58016-9453-01		J0696		01/01/2002	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN 250 MG	1	EA	VL	IJ	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	IV	ML	10	ML	0.1	01/01/2004	01/31/2014						
58016-9551-01		J0696		01/01/2002	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN 500 MG	1	EA	VL	IJ	EA	250	MG	2	01/01/2002	01/31/2014						
63323-0564-97		J1650		10/15/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (YELLOW LABEL,PF) 40 MG/0.4 ML	0.4	ML	SR	IJ	ML	10	MG	10	10/15/2019	99/99/9999						
63323-0566-98		J1650		10/15/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (ORANGE LABEL,PF) 60 MG/0.6 ML	0.6	ML	SR	IJ	ML	10	MG	10	10/15/2019	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						
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	IJ	ML	0.01	MG	40	05/22/2018	99/99/9999						
63323-0585-15		J0878		08/14/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 350 MG	1	EA	VL	IV	EA	1	MG	350	08/14/2019	99/99/9999						
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						
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						
62064-0122-02		J1746		01/01/2019	99/99/9999	INJECTION, IBALIZUMAB-UIYK, 10 MG	TROGARZO (PF) 150 MG/1 ML	1.33	ML	VL	IV	ML	10	MG	15	01/01/2019	99/99/9999						
62064-0122-02		J3490		03/06/2018	12/31/2018	UNCLASSIFIED DRUGS	TROGARZO (PF) 150 MG/1 ML	1.33	ML	VL	IV	ML	1	MG	1	03/06/2018	12/31/2018						
62332-0252-30		Q0144		04/21/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	04/21/2020	99/99/9999						
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						
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	IJ	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	IJ	ML	1000	U	3	01/01/2019	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						
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						
59676-0312-04		J0885		01/18/2008	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (4X2ML,MDV) 10000 U/ML	2	ML	VL	IJ	ML	1000	U	10	01/18/2008	99/99/9999						
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						
59746-0007-06		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						
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						
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						
58406-0445-04		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						
58463-0016-01		J8540		04/18/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DECADRON 4 MG	100	EA		PO	EA	0.25	MG	16	04/18/2018	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						
63323-0605-84		J1650		10/18/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (BLACK LABEL,PF) 100 MG/1 ML	1	ML	SR	IJ	ML	10	MG	10	10/18/2019	99/99/9999						
63323-0616-03		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						
63323-0624-50		J7060		11/19/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (FREEFLEX BAG,LATEX-FREE) 5%	50	ML	FC	IV	ML	500	ML	0.002	11/19/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0626-10		J7799		10/02/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 0.45%	1000	ML	FC	IV	ML	1	EA	1	10/02/2019	99/99/9999						
63323-0626-55		J7799		10/02/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 0.45%	500	ML	FC	IV	ML	1	EA	1	10/02/2019	99/99/9999						
63323-0642-20		J3475		05/18/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/1 ML	20	ML	VL	IJ	ML	500	MG	1	05/18/2016	99/99/9999						
63323-0651-04		J0150		06/27/2005	12/31/2014	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 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						
62756-0073-60		J9199		01/01/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1200 MG/120 ML	120	ML	FC	IV	ML	200	MG	0.05	01/01/2020	99/99/9999						
62756-0090-45		J1050		11/20/2019	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE (SDV) 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	11/20/2019	99/99/9999						
62756-0102-60		J9199		01/01/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1400 MG/140 ML	140	ML	FC	IV	ML	200	MG	0.05	01/01/2020	99/99/9999						
62756-0129-44		J3490		10/08/2019	99/99/9999	UNCLASSIFIED DRUGS	PANTOPRAZOLE SODIUM (LYOPHILIZED) 40 MG	10	EA	VL	IV	EA	1	EA	1	10/08/2019	99/99/9999						
62756-0131-01		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999						
62756-0581-40		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						
62756-0746-60		J9199		01/01/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 2000 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.05	01/01/2020	99/99/9999						
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						
59746-0015-04		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						
59746-0171-10		J7506		10/21/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG	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						
59746-0172-10		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	5	MG	1	08/03/2007	12/31/2015						
59746-0172-10		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						
59746-0173-10		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	1000	EA	BO	PO	EA	5	MG	2	08/03/2007	12/31/2015						
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	ML	1	MG	1	01/01/2006	12/14/2014						
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	IJ	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						
58864-0191-25		J8499		03/01/2004	09/06/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (REDI-SCRIPT) 800 MG	25	EA	BO	PO	EA	1	EA	1	03/01/2004	09/06/2019						
58864-0191-35		J8499		03/01/2004	09/06/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (REDI-SCRIPT) 800 MG	35	EA	BO	PO	EA	1	EA	1	03/01/2004	09/06/2019						
58864-0423-40		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						
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						
63323-0651-90		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						
63323-0690-44		J7608		10/02/2019	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	PREMIERPRO RX ACETYLCYSTEINE (PF) 20%	30	ML	VL	IH	ML	1	GM	0.2	10/02/2019	99/99/9999						
63323-0690-44	KO	J7608	KO	10/02/2019	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	PREMIERPRO RX ACETYLCYSTEINE (PF) 20%	30	ML	VL	IH	ML	1	GM	0.2	10/02/2019	99/99/9999						
63323-0704-08		J0290		06/23/2017	12/11/2019	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 1 GM	10	EA	VL	IJ	EA	500	MG	2	06/23/2017	12/11/2019						
63323-0707-20		J0290		01/05/2017	08/04/2019	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	01/05/2017	08/04/2019						
63323-0721-10		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						
62847-0001-01		J3095		10/01/2016	99/99/9999	INJECTION, TELEVANCIN, 10 MG	VIBATIV (SDV,PF,LYOPHILIZED) 750 MG	10	EA	VL	IV	EA	10	MG	75	10/01/2016	99/99/9999						
62856-0180-10		J1645		08/25/2007	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (SINGLE DOSE,PF) 18000 IU/0.72 ML	0.72	ML	SR	SC	ML	2500	IU	10	08/25/2007	03/31/2015						
62856-0500-10		J1645		10/10/2006	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (27GX1/2",10X0.2ML,PF) 5000 IU/0.2 ML	0.2	ML	SR	SC	ML	2500	IU	10	10/10/2006	03/31/2015						
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						
62991-1003-04		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						
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						
59746-0175-09		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	500	EA	BO	PO	EA	5	MG	4	08/03/2007	12/31/2015						
59746-0175-09		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	500	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999						
59762-1205-06		J7520		07/22/2019	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS 1 MG/1 ML	60	ML	BO	PO	ML	1	MG	1	07/22/2019	99/99/9999						
59762-3051-01		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 1 GM/Packet	10	EA	BX	PO	EA	1	GM	1	07/07/2006	99/99/9999						
59762-3051-02		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 1 GM/Packet	3	EA	BX	PO	EA	1	GM	1	07/07/2006	99/99/9999						
59762-4537-01		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
59762-5420-01		Q0177		07/15/2020	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	25	MG	2	07/15/2020	99/99/9999						
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						
58864-0602-01		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						
58864-0702-01		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						
58864-0761-42		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						
58864-0876-35		J8499		01/01/2005	09/11/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2005	09/11/2019						
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	1	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						
63323-0734-35		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						
63323-0760-20		J9245		02/21/2018	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	MELPHALAN HYDROCHLORIDE (W/10ML DILUENT) 50 MG	1	EA	VL	IV	EA	50	MG	1	02/21/2018	99/99/9999						
63323-0823-20		J1335		11/22/2019	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (SDV,LYOPHILIZED) 1 GM	10	EA	VL	IJ	EA	500	MG	2	11/22/2019	99/99/9999						
63323-0824-74		J7799		10/11/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (FREEFLEX,LATEX-FREE) 10%	250	ML	FC	IV	ML	1	EA	1	10/11/2019	99/99/9999						
63323-0842-02		J0500		10/03/2019	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HCL 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	10/03/2019	99/99/9999						
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						
62991-1125-01		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						
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						
59923-0705-05		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	01/25/2019	99/99/9999						
59923-0708-14		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						
59923-0721-60		None		05/01/2020	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	05/01/2020	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						
60505-0133-00		J7515		05/17/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE 25 MG	30	EA	BO	PO	EA	25	MG	1	05/17/2002	99/99/9999						
60505-0368-01		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						
59148-0016-65		J0400		01/01/2008	06/15/2015	INJECTION, ARIPIPRAZOLE, 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						
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	IJ	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	IJ	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	IJ	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	IJ	ML	1000	U	4	01/01/2019	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						
59651-0008-30		Q0144		12/19/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	12/19/2018	99/99/9999						
59651-0204-60		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						
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	IJ	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	IJ	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	IJ	ML	4	MG	1	06/19/2018	99/99/9999						
63323-0866-00		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0967-30		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (M.D.V.,P.C.) 2 MEQ/ML	30	ML	VL	IV	ML	2	MEQ	1	01/01/2002	99/99/9999						
63323-0981-21		J2543		09/10/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE USE,PF) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	09/10/2019	99/99/9999						
63323-0983-21		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						
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						
62991-1128-02		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						
62991-1128-07		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						
62991-1173-04		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						
62991-1257-01		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						
62991-1568-01		J2150		09/15/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 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			
60505-0381-05		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						
60505-0687-04		J2543		09/21/2009	11/01/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	09/21/2009	11/01/2019						
60505-0688-01		J2543		10/06/2015	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV) 4 GM-0.5 GM	1	EA	VL	IV	EA	1.125	GM	4	10/06/2015	99/99/9999						
60505-0702-01		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						
60505-0703-01		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						
60505-0715-00		J1245		08/01/2004	01/31/2014	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE 5 MG/ML	2	ML	VL	IV	ML	10	MG	0.5	08/01/2004	01/31/2014						
60505-0722-00		J0282		06/01/2003	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						
60505-0734-02		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						
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	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	08/28/2017	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						
59746-0008-06		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						
59746-0175-06		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	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						
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						
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						
63629-1533-01		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	HYDROXYYZINE PAMOATE 25 MG	20	EA	NA	PO	EA	25	MG	1	11/01/2004	99/99/9999						
63629-1533-02		Q0177		11/01/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYYZINE PAMOATE 25 MG	30	EA	NA	PO	EA	25	MG	1	11/01/2004	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						
62991-2004-02		J1320		01/01/2002	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	01/01/2002	99/99/9999						
62991-2004-03		J1320		01/01/2002	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	01/01/2002	99/99/9999						
60505-0744-01		J2405		12/26/2006	01/31/2014	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (5X2ML,SDV,USP) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	12/26/2006	01/31/2014						
60505-0744-06		J2405		12/26/2006	01/31/2014	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	12/26/2006	01/31/2014						
60505-0750-00		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X10ML) 250 MG	1	EA	VL	IJ	EA	250	MG	1	08/02/2005	99/99/9999						
60505-0751-01		J0696		11/02/2015	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV, USP,CRYSTALLINE) 500 MG	1	EA	VL	IJ	EA	250	MG	2	11/02/2015	99/99/9999						
60505-0752-03		J0696		11/02/2015	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV, USP,CRYSTALLINE) 1 GM	1	EA	VL	IJ	EA	250	MG	4	11/02/2015	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
60505-0753-03		J0696		11/02/2015	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV, USP,CRYSTALLINE) 2 GM	1	EA	VL	IJ	EA	250	MG	8	11/02/2015	99/99/9999						
60505-0769-00		J0690		06/13/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN 10 GM	1	EA	VL	IV	EA	500	MG	20	06/13/2006	99/99/9999						
59746-0175-10		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG	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						
59762-2198-03		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						
59762-2576-01		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						
59762-3060-01		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						
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	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	NA	PO	EA	1	MG	5	01/01/2016	99/99/9999						
63629-1676-01		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999						
63629-1676-02		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999						
63629-1676-03		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999						
63629-1742-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 25 MG	15	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999						
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						
62991-2068-02		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X100GM, USP)	1	EA	BO	NA	GM	100	MG	10	10/01/2007	99/99/9999	01/01/2004	09/01/2004	10			
62991-2068-03		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X500GM, USP)	1	EA	BO	NA	GM	100	MG	10	10/01/2007	99/99/9999	01/01/2004	09/01/2004	10			
62991-2150-01		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	GM	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	GM	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	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999						
60505-0794-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 80 MG/0.8 ML	0.8	ML	SY	IJ	ML	10	MG	10	01/16/2019	99/99/9999						
60505-0798-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 150 MG/1 ML	1	ML	SY	IJ	ML	10	MG	15	01/16/2019	99/99/9999						
60505-0802-01		J7631		05/31/2002	01/31/2014	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (AMP) 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	05/31/2002	01/31/2014						
60505-0802-01	KO	J7631	KO	05/31/2002	01/31/2014	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (AMP) 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	05/31/2002	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						
60505-0834-01		J0692		11/02/2015	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME 1 GM	1	EA	VL	IJ	EA	500	MG	2	11/02/2015	03/18/2019						
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						
59762-4538-01		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						
59762-4538-02		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	150	09/17/2012	99/99/9999						
59762-5091-01		J9178		08/08/2007	09/17/2019	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE USE,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	08/08/2007	09/17/2019						
59762-5093-01		J9178		08/08/2007	09/17/2019	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE USE,PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	08/08/2007	09/17/2019						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63629-1742-03		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						
63629-1841-01		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						
63629-1862-01		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						
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	NA	GM	2	MG	500	12/03/2002	99/99/9999						
63275-2001-01		J1170		12/03/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	JR	NA	GM	4	MG	250	12/03/2002	99/99/9999						
63275-2005-02		J1170		12/03/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	12/03/2002	99/99/9999						
63275-2100-09		J1170		09/01/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	09/01/2003	99/99/9999						
63275-6200-09		J3490		12/03/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	12/03/2002	99/99/9999						
63275-7100-05		J2175		12/03/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	12/03/2002	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						
60505-4630-03		J7515		12/06/2019	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (3X10,USP,MODIFIED,PF,SF) 25 MG	30	EA	BX	PO	EA	25	MG	1	12/06/2019	99/99/9999						
60505-5307-01		J8499		03/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 800 MG	100	EA	BO	PO	EA	1	EA	1	03/01/2006	99/99/9999						
60505-6021-02		J1631		12/14/2007	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	NOVAPLUS HALOPERIDOL DECANOATE (1X5ML,MDV) 100 MG/ML	5	ML	VL	IM	ML	50	MG	2	12/14/2007	99/99/9999						
60505-6026-05		J0694		02/27/2008	04/24/2018	INJECTION, CEFOXITIN SODIUM, 1 GM	NOVAPLUS CEFOXITIN (USP) 2 GM	1	EA	VL	IV	EA	1	GM	2	02/27/2008	04/24/2018						
60505-6030-04		J0692		04/11/2008	07/19/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	04/11/2008	07/19/2019						
60505-6076-04		J0456		09/02/2010	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (MONOHYDRATE;SINGLE-DOSE) 500 MG	10	EA	VL	IV	EA	500	MG	1	09/02/2010	99/99/9999						
60505-6101-04		J0583		07/17/2017	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (SDV,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	07/17/2017	99/99/9999						
60505-6102-04		J0696		11/22/2013	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (CRYSTALLINE) 2 GM	10	EA	VL	IJ	EA	250	MG	8	11/22/2013	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						
59923-0707-05		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						
59923-0710-14		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	01/25/2019	99/99/9999						
59923-0713-05		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	01/25/2019	99/99/9999						
59923-0714-02		J9206		03/01/2019	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						
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						
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						
60432-0212-08		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						
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						
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	IJ	ML	1000	U	5	06/13/2014	99/99/9999						
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	IJ	ML	10	ML	0.1	01/01/2007	02/03/2016						
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						
63874-0005-09		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	9	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63275-9958-01		J7507		09/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS	1	EA	BO	NA	GM	1	MG	1000	09/01/2004	99/99/9999						
63275-9958-02		J7507		09/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS	5	EA	BO	NA	GM	1	MG	1000	09/01/2004	99/99/9999						
63275-9963-02		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						
63275-9965-05		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						
63275-9983-08		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						
63275-9986-01		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						
60505-6110-00		J3489		10/04/2013	06/21/2019	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	10/04/2013	06/21/2019						
60505-6114-00		J9201		02/23/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 38 MG/1 ML	26.3	ML	VL	IV	ML	200	MG	0.19	02/23/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60505-6115-02		J9201		02/23/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 38 MG/1 ML	52.6	ML	VL	IV	ML	200	MG	0.19	02/23/2018	99/99/9999						
60505-6128-01		J9206		01/10/2018	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV;USP,PF) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	01/10/2018	99/99/9999						
60505-6130-00		J2405		04/28/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	04/28/2016	99/99/9999						
60505-6142-05		J0690		08/07/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (USP,PF,LATEX-FREE) 1 GM	25	EA	VL	IJ	EA	500	MG	2	08/07/2017	99/99/9999						
60505-6144-00		J0692		03/15/2018	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME NOVAPLUS 1 GM	1	EA		IJ	EA	500	MG	2	03/15/2018	99/99/9999						
60505-6147-04		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,SDV) 2 GM	10	EA	VL	IJ	EA	500	MG	4	04/03/2017	99/99/9999						
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						
60505-0042-06		J8499		03/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 200 MG	100	EA	BO	PO	EA	1	EA	1	03/01/2006	99/99/9999						
60505-0134-00		J7502		05/17/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE 100 MG	30	EA	BO	PO	EA	100	MG	1	05/17/2002	99/99/9999						
60505-0354-01		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						
60505-0679-05		J0696		09/01/2005	07/10/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X100ML,BULK PKG) 10 GM	1	EA	VL	IV	EA	250	MG	40	09/01/2005	07/10/2019						
60505-0681-00		J0692		06/19/2007	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	06/19/2007	03/18/2019						
63874-0005-15		Q0163		01/01/2002	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15	EA	NA	PO	EA	50	MG	0.5	01/01/2002	04/01/2020						
63874-0005-25		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	25	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-28		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	28	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-45		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	45	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-90		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	90	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63275-9989-07		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						
63275-9990-04		J2440		12/04/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	12/04/2002	99/99/9999						
63275-9991-05		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999						
63275-9991-08		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999						
63275-9992-05		J0475		12/04/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	12/04/2002	99/99/9999						
63275-9998-01		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						
63275-9998-01	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						
60505-6149-00		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (CRYSTALLINE) 2 GM	1	EA	VL	IJ	EA	250	MG	8	06/23/2017	99/99/9999						
60505-6156-00		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 2 GM-0.25 GM	1	EA	VL	IV	EA	1.125	GM	2	02/15/2019	99/99/9999						
60505-6161-04		J1267		12/12/2016	09/01/2019	INJECTION, DORIPENEM, 10 MG	DORIPENEM 500 MG	10	EA	VL	IV	EA	10	MG	50	12/12/2016	09/01/2019						
60505-6180-05		J7643		05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	99/99/9999						
60505-6180-05	KO	J7643	KO	05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	99/99/9999						
60505-6182-04		J7643		05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	99/99/9999						
60505-6182-04	KO	J7643	KO	05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	99/99/9999						
60505-0687-01		J2543		10/06/2015	11/01/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV) 3 GM-0.375 GM	1	EA	VL	IV	EA	1.125	GM	3	10/06/2015	11/01/2019						
60505-0688-04		J2543		09/21/2009	05/31/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	09/21/2009	05/31/2019						
60505-0706-00		J1885		02/28/2005	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	02/28/2005	01/31/2014						
60505-0722-01		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						
60505-0726-01		J1885		11/01/2004	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	1	ML	SR	IJ	ML	15	MG	2	11/01/2004	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
60505-0726-02		J1885		11/01/2004	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	2	ML	SR	IJ	ML	15	MG	2	11/01/2004	01/31/2014						
60505-0748-05		J0690		09/19/2005	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 500 MG	1	EA	VL	IJ	EA	500	MG	1	09/19/2005	99/99/9999						
60505-0749-04		J0690		09/19/2005	05/26/2016	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 1 GM	1	EA	VL	IJ	EA	500	MG	2	09/19/2005	05/26/2016						
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						
63874-0006-12		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						
63874-0006-60		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						
63874-0246-10		Q0144		03/15/2006	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10	EA	BO	PO	EA	1	GM	0.25	03/15/2006	04/01/2020						
63874-0327-12		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						
63874-0327-21		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						
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						
63323-0010-02		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (M.D.V.) 40 MG/ML	2	ML	VL	IJ	ML	80	MG	0.5	01/01/2002	99/99/9999						
63323-0010-20		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (M.D.V.) 40 MG/ML	20	ML	VL	IJ	ML	80	MG	0.5	01/01/2002	99/99/9999						
63323-0012-07		J2590		01/14/2020	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN NOVAPLUS (25X1ML,USP) 10 U/1 ML	1	ML	VL	IJ	ML	10	U	1	01/14/2020	99/99/9999						
60505-0751-04		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X10ML) 500 MG	1	EA	VL	IJ	EA	250	MG	2	08/02/2005	99/99/9999						
60505-0752-04		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X20ML) 1 GM	1	EA	VL	IJ	EA	250	MG	4	08/02/2005	99/99/9999						
60505-0753-04		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X20ML) 2 GM	1	EA	VL	IJ	EA	250	MG	8	08/02/2005	99/99/9999						
60505-0759-01		J0694		10/06/2015	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM 1 GM	1	EA	VL	IV	EA	1	GM	1	10/06/2015	99/99/9999						
60505-0760-01		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						
60505-0773-00		J2543		09/21/2009	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PHARMACY BULK PACKAGE) 36 GM-4.5 GM	1	EA	BO	IV	EA	1.125	GM	36	09/21/2009	99/99/9999						
60505-0791-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 30 MG/0.3 ML	0.3	ML	SY	IJ	ML	10	MG	10	01/16/2019	99/99/9999						
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						
63874-0327-40		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						
63874-0370-01		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						
63874-0370-10		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						
63323-0012-11		J2590		12/16/2019	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (GLASS VIAL, USP) 10 U/1 ML	1	ML	VL	IJ	ML	10	U	1	12/16/2019	99/99/9999						
63323-0012-12		J2590		01/28/2008	01/13/2020	INJECTION, OXYTOCIN, UP TO 10 UNITS	NOVAPLUS OXYTOCIN (25X1ML,USP) 10 U/ML	1	ML	VL	IJ	ML	10	U	1	01/28/2008	01/13/2020						
63323-0017-10		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						
63323-0064-11		J3475		01/30/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (25X10ML,PF) 500 MG/1 ML	10	ML	VL	IJ	ML	500	MG	1	01/30/2018	99/99/9999						
63323-0064-23		J3475		11/02/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE NOVAPLUS (S.D.V.,PF) 500 MG/1 ML	2	ML	VL	IJ	ML	500	MG	1	11/02/2018	99/99/9999						
63323-0064-43		J3475		06/08/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	PREMIERPRO RX MAGNESIUM SULFATE (S.D.V. GLASS,PF) 500 MG/1 ML	2	ML	VL	IJ	ML	500	MG	1	06/08/2018	99/99/9999						
63323-0088-61		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (MAXIVIAL,BULK PACK,PF) 23.4%	100	ML	VL	IV	ML	1	EA	1	01/01/2002	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 (MAXIVIAL,BULK PACK,PF) 23.4%	200	ML	VL	IV	ML	1	EA	1	01/01/2002	99/99/9999						
60505-6197-02		J7520		04/17/2020	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (1X60ML,PF,SF,DYE-FREE) 1 MG/1 ML	60	ML	BO	PO	ML	1	MG	1	04/17/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
60687-0252-86		Q0162		01/28/2019	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 4 MG/5 ML	5	ML	CP	PO	ML	1	MG	0.8	01/28/2019	99/99/9999						
60687-0405-83		J7620		12/26/2018	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.333333	12/26/2018	99/99/9999						
60977-0002-44		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						
61269-0410-20		J9181		02/01/2020	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOPHOS (PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	10	MG	10	02/01/2020	99/99/9999						
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						
60505-0792-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 40 MG/0.4 ML	0.4	ML	SY	IJ	ML	10	MG	10	01/16/2019	99/99/9999						
60505-0793-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 60 MG/0.6 ML	0.6	ML	SY	IJ	ML	10	MG	10	01/16/2019	99/99/9999						
60505-0796-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 120 MG/0.8 ML	0.8	ML	SY	IJ	ML	10	MG	15	01/16/2019	99/99/9999						
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						
60505-0834-04		J0692		06/19/2007	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	10	EA	VL	IJ	EA	500	MG	2	06/19/2007	03/18/2019						
60505-2966-07		J7518		08/20/2014	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (ENTERIC COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	08/20/2014	99/99/9999						
60505-5306-08		J8499		05/21/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	1000	EA	BO	PO	EA	1	EA	1	05/21/2007	99/99/9999						
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						
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						
63874-0370-30		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						
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						
63323-0104-50		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	50	ML	VL	IV	ML	10	MG	2	01/01/2002	99/99/9999						
63323-0106-01		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	100	ML	FC	IV	ML	500	MG	0.08	06/03/2016	99/99/9999						
63323-0106-05		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.08	06/03/2016	99/99/9999						
63323-0106-10		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	1000	ML	FC	IV	ML	500	MG	0.08	06/03/2016	99/99/9999						
63323-0117-10		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						
63323-0117-51		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						
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						
61553-0179-48		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						
61553-0189-48		J3490		02/02/2004	03/31/2017	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.0625%-0.9%	100	ML	BG	IV	ML	1	EA	1	02/02/2004	03/31/2017						
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						
61553-0243-72		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61553-0423-02		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						
61553-0649-75		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (5X50ML,LATEX-FREE) 50 MG/ML	50	ML	EA	IJ	ML	10	MG	5	01/01/2015	99/99/9999						
60505-6093-05		J0690		09/10/2012	05/31/2018	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN NOVAPLUS (USP) 1 GM	25	EA	VL	IJ	EA	500	MG	2	09/10/2012	05/31/2018						
60505-6098-01		J3243		04/02/2019	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (PF,LYOPHILIZED) 50 MG	10	EA	VL	IV	EA	1	MG	50	04/02/2019	99/99/9999						
60505-6132-07		J9263		01/05/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (1X20ML,SINGLE USE,PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	01/05/2017	99/99/9999						
60505-6142-00		J0690		08/07/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (INNER PACK,PF) 1 GM	1	EA	VL	IJ	EA	500	MG	2	08/07/2017	99/99/9999						
60505-6143-00		J0690		04/11/2019	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (PF,LATEX-FREE) 10 GM	1	EA	VL	IV	EA	500	MG	20	04/11/2019	99/99/9999						
60505-6145-04		J0692		03/15/2018	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME NOVAPLUS (USP) 2 GM	10	EA	VL	IJ	EA	500	MG	4	03/15/2018	99/99/9999						
60505-6146-00		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,SDV) 1 GM	1	EA	VL	IJ	EA	500	MG	2	04/03/2017	99/99/9999						
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	04/01/2020	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	04/01/2020						
63874-0370-60		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						
63874-0373-30		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015						
63874-0373-30		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016						
63874-0373-40		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015						
63874-0373-40		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	40	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016						
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	IJ	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 SYRINGES) 0.2 MG/ML-0.9%	60	ML	SR	IV	ML	4	MG	0.05	11/21/2007	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						
61553-0732-03		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						
61553-0791-68		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						
63874-0392-14		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	14	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015						
63874-0392-14		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	14	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016						
63874-0392-24		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	24	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015						
63874-0392-24		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	24	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016						
63874-0404-14		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	14	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016						
63874-0404-24		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	24	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016						
63874-0404-35		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016						
60505-6148-04		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X20ML,CRYSTALLINE) 1 GM	10	EA	VL	IJ	EA	250	MG	4	06/23/2017	99/99/9999						
60505-6157-04		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	02/15/2019	99/99/9999						
60505-6159-00		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 4 GM-0.5 GM	1	EA	VL	IV	EA	1.125	GM	4	02/15/2019	99/99/9999						
60505-6160-00		J1267		12/12/2016	08/01/2019	INJECTION, DORIPENEM, 10 MG	DORIPENEM 250 MG	1	EA	VL	IV	EA	10	MG	25	12/12/2016	08/01/2019						
60505-6177-00		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						
60505-6179-05		J7643		05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	99/99/9999						
60505-6179-05	KO	J7643	KO	05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	99/99/9999						
60505-6180-00		J7643		05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	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	IJ	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	IJ	EA	15	U	2	01/01/2002	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						
61703-0339-56		J9045		02/09/2005	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	60	ML	VL	IV	ML	50	MG	0.2	02/09/2005	99/99/9999						
61703-0342-22		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						
61703-0350-38		J9250		06/27/2005	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (MDV,5X2ML) 25 MG/ML	2	ML	VL	IJ	ML	5	MG	5	06/27/2005	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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	04/01/2020	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	1000	EA	NA	PO	EA	25	MG	1	05/11/2004	04/01/2020						
63874-0442-03		Q0177		05/11/2004	04/01/2020	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	500	EA	NA	PO	EA	25	MG	1	05/11/2004	04/01/2020						
63874-0442-10		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	10	EA	BO	PO	EA	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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	20	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						
63874-0442-30		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						
63874-0442-40		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	40	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						
60505-6180-00	KO	J7643	KO	05/19/2020	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	05/19/2020	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						
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						
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						
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						
60977-0002-43		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						
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						
61990-0110-01		J2543		08/01/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 2 GM-0.25 GM	1	EA		IV	EA	1.125	GM	2	08/01/2019	99/99/9999						
61990-0110-02		J2543		08/01/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 2 GM-0.25 GM	10	EA		IV	EA	1.125	GM	2	08/01/2019	99/99/9999						
61990-0120-01		J2543		08/01/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 3 GM-0.375 GM	1	EA		IV	EA	1.125	GM	3	08/01/2019	99/99/9999						
61990-0120-02		J2543		08/01/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 3 GM-0.375 GM	10	EA		IV	EA	1.125	GM	3	08/01/2019	99/99/9999						
61990-0130-01		J2543		08/01/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 4 GM-0.5 GM	1	EA		IV	EA	1.125	GM	4	08/01/2019	99/99/9999						
61990-0130-02		J2543		08/01/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 4 GM-0.5 GM	10	EA		IV	EA	1.125	GM	4	08/01/2019	99/99/9999						
63874-0442-60		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	60	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						
63874-0490-15		Q0164		01/01/2014	02/03/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016						
63874-0490-15		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 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	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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	28	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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						
63874-0500-01		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						
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						
60977-0115-74		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						
60977-0155-17		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	IJ	ML	1	MG	0.2	05/05/2007	02/03/2016						
61990-0140-01		J2543		08/01/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 12 GM-1.5 GM	1	EA		IV	EA	1.125	GM	12	08/01/2019	99/99/9999						
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						
62332-0251-30		Q0144		04/21/2020	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	04/21/2020	99/99/9999						
62559-0670-30		J8999		06/26/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ARIMIDEX (FILM-COATED) 1 MG	30	EA		PO	EA	1	EA	1	06/26/2018	99/99/9999						
62559-0931-01		None		07/01/2020	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	100	EA	BO	PO	EA	50	MG	1	07/01/2020	99/99/9999						
62756-0008-60		J9199		01/01/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1300 MG/130 ML	130	ML	FC	IV	ML	200	MG	0.05	01/01/2020	99/99/9999						
62756-0090-40		J1050		11/20/2019	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	11/20/2019	99/99/9999						
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	IJ	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	IJ	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	IJ	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	IJ	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	IJ	ML	1	MG	0.2	05/05/2007	02/03/2016						
61269-0450-20		J1570		10/01/2019	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	CYTOVENE IV (LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	500	MG	1	10/01/2019	99/99/9999						
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	IJ	ML	1	MCG	600	05/04/2018	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						
62756-0356-66		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						
62756-0438-60		J9199		01/01/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1700 MG/170 ML	170	ML	FC	IV	ML	200	MG	0.05	01/01/2020	99/99/9999						
62756-0614-60		J9199		01/01/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1900 MG/190 ML	190	ML	FC	IV	ML	200	MG	0.05	01/01/2020	99/99/9999						
62756-0970-64		J0574		01/22/2018	99/99/9999	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE	BUPRENORPHINE-NALOXONE (LEMON LIME,UNCOATED) 8 MG-2 MG	30	EA		SL	EA	8	MG	1	01/22/2018	99/99/9999						
62756-0974-60		J9199		01/01/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 2200 MG/220 ML	220	ML	FC	IV	ML	200	MG	0.05	01/01/2020	99/99/9999						
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						
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	IJ	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	IJ	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	IJ	ML	1	MCG	600	07/20/2018	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						
61553-0114-02		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						
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						
63874-0500-30		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0757-04		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						
63874-0757-15		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						
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						
62856-0250-10		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						
62856-0750-10		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						
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						
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						
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						
61553-0167-75		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						
61553-0183-48		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						
61553-0187-75		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						
61553-0192-02		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						
61553-0421-04		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						
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						
63874-0757-90		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						
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 CHEMOTHERAPY 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						
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						
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						
62991-1021-02		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P./N.F.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
62991-1023-02		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1023-02	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1023-03		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1023-03	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1024-04		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
64208-8235-02		J1557		04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX 10% (INNER PACK NDC,PF) 100 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.2	04/01/2017	99/99/9999						
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						
64208-8235-07		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						
64253-0111-30		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						
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						
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						
64679-0661-02		J1626		07/01/2008	04/30/2014	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML) 1 MG/ML MG/ML	4	MG	VL	IV	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						
64679-0698-01		J2700		03/12/2018	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 1 GM	10	EA	VL	IJ	EA	250	MG	4	03/12/2018	99/99/9999						
64679-0700-03		J2700		04/20/2018	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 10 GM	1	EA	VL	IV	EA	250	MG	40	04/20/2018	99/99/9999						
64679-0961-01		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			
64679-0962-01		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	09/11/2015	99/99/9999	02/11/2008	05/31/2014	0.6			
64679-0983-02		J0696		05/26/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1	EA	VL	IJ	EA	250	MG	4	05/26/2006	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						
62991-1041-01		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						
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						
61553-0710-68		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						
61553-0780-68		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						
61553-0794-68		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						
61570-0260-10		J2770		06/27/2003	99/99/9999	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	SYNERCID (PF) 350 MG-150 MG	1	EA	VL	IV	EA	500	MG	1	06/27/2003	99/99/9999						
64679-0986-01		J0698		09/20/2006	05/31/2014	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	1	EA	VL	IJ	EA	1	GM	1	09/20/2006	05/31/2014						
64679-0986-02		J0698		09/20/2006	05/31/2014	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	1	EA	VL	IJ	EA	1	GM	1	09/20/2006	05/31/2014						
64679-0986-03		J0698		09/20/2006	05/31/2014	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	1	EA	VL	IJ	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 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	12/29/2007	08/20/2014						
64980-0334-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	05/25/2017	99/99/9999						
64980-0334-14		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	05/25/2017	99/99/9999						
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						
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						
62991-1051-04		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						
62991-1095-02		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						
62991-1095-03		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999						
62991-1095-06		J2001		04/01/2008	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (USP)	1	EA	BO	NA	GM	10	MG	100	04/01/2008	99/99/9999						
62991-1108-04		J2760		09/15/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/15/2003	99/99/9999						
62991-1122-02		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	100	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999						
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						
61703-0317-45		J0595		06/25/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1	ML	VL	IJ	ML	1	MG	1	06/25/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61703-0339-22		J9045		04/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	15	ML	VL	IV	ML	50	MG	0.2	04/14/2004	99/99/9999						
61703-0343-65		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						
61703-0347-35		J9178		11/06/2006	08/31/2014	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (S.D.V.) 50 MG	1	EA	VL	IV	EA	2	MG	25	11/06/2006	08/31/2014						
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						
61703-0408-41		J9250		04/09/2004	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (SDV,PF) 25 MG/ML	40	ML	VL	IJ	ML	5	MG	5	06/27/2005	99/99/9999	04/09/2004	01/17/2005	5			
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						
65162-0843-06		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						
65219-0020-23		J0290		10/03/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	10/03/2019	99/99/9999						
65219-0160-10		J0594		11/27/2019	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SDV) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	11/27/2019	99/99/9999						
65293-0001-01		J0583		01/01/2004	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	ANGIOMAX (VIAL,GLASS) 250 MG	1	EA	VL	IV	EA	1	MG	250	01/01/2004	99/99/9999						
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						
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						
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 IV 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						
62991-1132-01		J2780		09/15/2003	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/15/2003	04/01/2020						
62991-1132-02		J2780		09/15/2003	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/15/2003	04/01/2020						
62991-1132-03		J2780		09/15/2003	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/15/2003	04/01/2020						
62991-1133-01		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						
62991-1352-04		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						
62991-1422-01		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						
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						
63323-0139-40		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						
63323-0142-12		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	IJ	EA	500	MG	1	01/01/2002	99/99/9999						
63323-0161-01		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	01/01/2002	99/99/9999						
63323-0162-01		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	01/01/2002	99/99/9999						
61990-0150-01		J2543		08/01/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 36 GM-4.5 GM	1	EA		IV	EA	1.125	GM	36	08/01/2019	99/99/9999						
62756-0130-01		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999						
62756-0181-01		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						
62756-0321-60		J9199		01/01/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1600 MG/160 ML	160	ML	FC	IV	ML	200	MG	0.05	01/01/2020	99/99/9999						
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						
62756-0533-60		J9199		01/01/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	INFUGEM (LATEX-FREE) 1800 MG/180 ML-0.9%	180	ML	FC	IV	ML	200	MG	0.05	01/01/2020	99/99/9999						
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						
65862-0641-63		Q0144		08/09/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6, USP,FILM-COATED) 250 MG	18	EA		PO	EA	1	GM	0.25	08/09/2018	99/99/9999						
65862-0833-30		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						
65862-0942-03		J7612		12/07/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	LEVALBUTEROL (CONCENTRATE,PF) 1.25 MG/0.5 ML	30	EA	VL	IH	EA	0.5	MG	2.5	12/07/2017	99/99/9999						
65862-0945-24		J7614		12/07/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12 POUCHES,PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	12/07/2017	99/99/9999						
65862-0945-24	KO	J7614	KO	12/07/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12 POUCHES,PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	12/07/2017	99/99/9999						
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						
66105-0653-19		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1513-01		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						
62991-1533-01		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						
63323-0165-01		J1100		01/01/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (VIAL) 4 MG/ML	1	ML	VL	IJ	ML	1	MG	4	01/01/2002	99/99/9999						
63323-0165-30		J1100		01/01/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	30	ML	VL	IJ	ML	1	MG	4	01/01/2002	99/99/9999						
63323-0185-10		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,P.C.)	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
63323-0185-20		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,P.C.)	20	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
63323-0193-02		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						
63323-0196-06		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						
62756-0970-83		J0574		01/22/2018	99/99/9999	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE	BUPRENORPHINE-NALOXONE (LEMON LIME,UNCOATED) 8 MG-2 MG	30	EA		SL	EA	8	MG	1	01/22/2018	99/99/9999						
62856-0101-10		J1645		11/20/2006	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (27GX1/2"W/NDLGUARD) 10000 IU/ML	1	ML	SR	SC	ML	2500	IU	4	11/20/2006	03/31/2015						
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						
62935-0302-30		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						
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						
62991-1021-04		J3490		09/15/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/15/2003	99/99/9999						
62991-1024-01		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						
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						
66267-0080-20		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						
66267-0081-60		Q0163		09/04/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	60	EA	BO	PO	EA	50	MG	1	09/04/2002	99/99/9999						
66267-0171-21		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						
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						
62991-1583-01		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						
62991-1635-04		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						
62991-1707-01		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		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE,1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
62991-2022-02		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
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	IJ	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						
63323-0221-38		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						
63323-0221-48		J3370		01/08/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	PREMIERPRO RX VANCOMYCIN HCL (SDV,PF,LATEX-FREE) 500 MG	25	EA		IV	EA	500	MG	1	01/08/2018	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						
63323-0237-65		J0690		01/01/2002	10/17/2016	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (P.B.,PF) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2002	10/17/2016						
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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1024-02	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						
62991-1039-02		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						
62991-1041-04		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						
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						
66302-0105-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 5 MG/ML	20	ML	VL	IJ	ML	1	MG	5	01/01/2006	99/99/9999						
66302-0206-03		J7686		01/01/2011	99/99/9999	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG	TYVASO (4X2.9ML) 0.6 MG/1 ML	2.9	ML	PC	IH	ML	1.74	MG	0.34482	01/01/2011	99/99/9999						
66302-0206-03	KO	J7686	KO	01/01/2011	99/99/9999	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG	TYVASO (4X2.9ML) 0.6 MG/1 ML	2.9	ML	PC	IH	ML	1.74	MG	0.34482	01/01/2011	99/99/9999						
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						
66336-0058-21		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						
62991-2022-02	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-2026-02		J3520		01/01/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P./N.F.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	99/99/9999						
62991-2026-03		J3520		01/01/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P./N.F.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	99/99/9999						
62991-2031-02		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
62991-2031-03		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
62991-2042-02		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						
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						
63323-0265-30		J2930		10/27/2004	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (PF) 1 GM	1	EA	VL	IJ	EA	125	MG	8	10/27/2004	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	IJ	ML	25	MG	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						
63323-0280-04		J1940		01/01/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	4	ML	VL	IJ	ML	20	MG	0.5	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, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (IN FREEFLEX BAG,PF) 2 MG/ML	100	ML	BG	IJ	ML	1	MG	2	11/03/2014	99/99/9999						
63323-0285-63		J2795		11/03/2014	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (IN FREEFLEX BAG,PF) 2 MG/ML	200	ML	BG	IJ	ML	1	MG	2	11/03/2014	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						
62991-1095-04		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999						
62991-1108-01		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						
62991-1124-02		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						
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						
66336-0094-10		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						
66336-0094-20		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						
66336-0479-15		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						
66336-0589-15		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						
66336-0642-30		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						
62991-2516-01		J7640		01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999						
62991-2516-01	KO	J7640	KO	01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999						
62991-2562-02		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						
62991-2664-04		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						
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						
63323-0303-51		J3260		01/01/2007	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (BULK VIAL,PF,LATEX-FREE) 1.2 GM	6	EA	VL	IV	EA	80	MG	15	01/01/2007	99/99/9999						
63323-0314-61		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						
63323-0329-30		J3490		04/23/2004	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (LATEX-FREE) 50000 U	1	EA	VL	IM	EA	1	EA	1	04/23/2004	99/99/9999						
63323-0344-10		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 250 MG	1	EA	VL	IJ	EA	250	MG	1	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0365-01		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						
63323-0368-20		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						
63323-0371-19		J0878		04/11/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN NOVAPLUS (PF,LYOPHILIZED) 500 MG	1	EA		IV	EA	1	MG	500	04/11/2018	99/99/9999						
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						
62991-1132-04		J2780		09/15/2003	04/01/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/15/2003	04/01/2020						
62991-1133-04		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						
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						
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						
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						
66733-0773-01		J1817		03/04/2019	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN LISPRO 100 U/1 ML	10	ML	VL	IJ	ML	50	U	2	03/04/2019	99/99/9999						
66733-0958-23		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						
66758-0016-04		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						
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						
63275-1200-07		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						
63275-2010-03		J1170		12/03/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	12/03/2002	99/99/9999						
63275-5100-04		J3010		06/01/2015	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (USP)	25	GM	BO	NA	GM	0.1	MG	10000	06/01/2015	99/99/9999						
63275-6200-07		J3490		12/03/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	12/03/2002	99/99/9999						
63275-8100-04		J0745		12/03/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	12/03/2002	99/99/9999						
63275-9100-05		J1230		12/03/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	12/03/2002	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						
63275-9958-06		J7507		09/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS	0.1	GM	BO	NA	GM	1	MG	1000	09/01/2004	99/99/9999						
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						
63323-0388-10		J0290		01/01/2002	11/30/2017	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 500 MG	1	EA	VL	IJ	EA	500	MG	1	01/01/2002	11/30/2017						
63323-0393-06		J0770		03/10/2008	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (USP,LYOPHILIZED CAKE) 150 MG	1	EA	VL	IJ	EA	150	MG	1	03/10/2008	99/99/9999						
63323-0411-12		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	01/01/2002	99/99/9999						
63323-0411-25		J2250		12/08/2003	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	5	ML	VL	IJ	ML	1	MG	1	12/08/2003	99/99/9999						
63323-0412-25		J2250		01/07/2004	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	1	ML	VL	IJ	ML	1	MG	5	01/07/2004	99/99/9999						
63323-0451-01		J2270		05/23/2018	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IJ	ML	10	MG	1	05/23/2018	99/99/9999						
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						
62991-1179-03		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						
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						
66794-0204-42		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	IJ	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	IJ	ML	1	MG	0.2	04/15/2019	99/99/9999						
66794-0209-41		J0692		04/15/2019	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (SDV,PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	04/15/2019	99/99/9999						
66794-0218-41		J2543		04/08/2020	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV;USP,PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	04/08/2020	99/99/9999						
66795-0225-41		J2700		02/01/2020	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (BUFFERED) 1 GM	10	EA	VL	IJ	EA	250	MG	4	02/01/2020	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						
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						
63275-9960-09		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1	EA	BO	NA	GM	200	MG	5	05/01/2004	99/99/9999						
63275-9963-05		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63275-9965-02		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						
63275-9979-04		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						
63275-9981-05		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						
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	IJ	ML	10	MG	0.2	05/23/2018	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						
63323-0523-74		J1644		06/15/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM-DEXTROSE (FREEFLEX BAG,LATEX-FREE) 5%-25000 U/250 ML	250	ML	BG	IV	ML	1000	U	0.1	06/15/2018	99/99/9999						
63323-0530-75		J7131		01/10/2020	99/99/9999	HYPERTONIC SALINE SOLUTION, 1 ML	SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 3%	500	ML	FC	IV	ML	1	ML	1	01/10/2020	99/99/9999						
63323-0531-90		J1650		10/01/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (BROWN LABEL,PF) 80 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	10	10/01/2019	99/99/9999						
63323-0535-98		J1650		10/01/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (PF) 40 MG/0.4 ML	0.4	ML	SR	IJ	ML	10	MG	10	10/01/2019	99/99/9999						
63323-0537-84		J1650		11/19/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (NAVY BLUE LABEL,PF) 150 MG/1 ML	1	ML	SR	IJ	ML	10	MG	15	11/19/2019	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						
62991-1257-02		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						
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						
67253-0580-45		None		07/01/2003	09/23/2016	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X5) 2.5 MG	20	EA	DP	PO	EA	2.5	MG	1	07/01/2003	09/23/2016						
67457-0177-50		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						
67457-0316-25		J0894		10/10/2018	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	10/10/2018	99/99/9999						
67457-0323-25		J2280		10/03/2017	99/99/9999	INJECTION, MOXIFLOXACIN, 100 MG	MOXIFLOXACIN HCL (FLEXIBAG,LATEX-FREE) 400 MG/250 ML	250	ML	BG	IV	ML	100	MG	0.016	10/03/2017	99/99/9999						
67457-0349-03		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	IJ	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	IJ	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	IJ	EA	500	MG	1	09/12/2016	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						
63275-9983-05		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						
63275-9992-02		J0475		12/04/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	12/04/2002	99/99/9999						
63275-9998-02		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						
63275-9998-02	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						
63323-0539-03		J1650		03/09/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (MDV;RED LABEL) 100 MG/1 ML	3	ML	VL	IJ	ML	10	MG	10	03/09/2020	99/99/9999						
63323-0540-01		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.,P.C.) 1000 U/ML	1	ML	VL	IJ	ML	1000	U	1	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						
63323-0559-93		J1650		10/15/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (MED BLUE LABEL,PF) 30 MG/0.3 ML	0.3	ML	SR	IJ	ML	10	MG	10	10/15/2019	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						
63323-0578-01		J7643		06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML		IJ	ML	1	MG	0.2	06/15/2018	99/99/9999						
63323-0578-01	KO	J7643	KO	06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML		IJ	ML	1	MG	0.2	06/15/2018	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						
62991-1533-05		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						
62991-1635-02		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						
62991-1635-06		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						
62991-1707-05		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		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1000	GM	VL	NA	GM	1	MG	1000	01/01/2015	99/99/9999						
67457-0359-59		J2680		09/28/2018	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE 25 MG/1 ML	5	ML	VL	IJ	ML	25	MG	1	09/28/2018	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
67457-0380-25		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						
67457-0396-10		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						
67457-0399-25		J3420		07/06/2017	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	10	ML	VL	IJ	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	IJ	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						
67457-0419-01		J1100		04/15/2020	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE NOVAPLUS (25X1ML;USP;SDV) 4 MG/1 ML	1	ML	VL	IJ	ML	1	MG	4	04/15/2020	99/99/9999						
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						
63323-0011-15		J0720		01/01/2002	99/99/9999	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	CHLORAMPHENICOL SODIUM SUCCINATE (VIAL,PF) 1 GM	1	EA	VL	IV	GM	1	GM	1	01/01/2002	99/99/9999						
63323-0044-01		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	IJ	ML	1000	U	5	01/01/2002	99/99/9999						
63323-0064-50		J3475		01/01/2002	05/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.) 500 MG/ML	50	ML	VL	IJ	ML	500	MG	1	01/01/2002	05/17/2016						
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						
63323-0105-10		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (VIAL,PF) 500 MG	1	EA	VL	IV	EA	5	MG	100	01/01/2006	99/99/9999						
63323-0578-02		J7643		06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		IJ	ML	1	MG	0.2	06/15/2018	99/99/9999						
63323-0578-02	KO	J7643	KO	06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		IJ	ML	1	MG	0.2	06/15/2018	99/99/9999						
63323-0578-20		J7643		06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	20	ML		IJ	ML	1	MG	0.2	06/15/2018	99/99/9999						
63323-0578-20	KO	J7643	KO	06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	20	ML		IJ	ML	1	MG	0.2	06/15/2018	99/99/9999						
63323-0607-88		J1650		11/20/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (ORANGE LABEL,PF) 60 MG/0.6 ML	0.6	ML	SR	IJ	ML	10	MG	10	11/20/2019	99/99/9999						
63323-0614-01		J0360		01/01/2002	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (S.D.V.) 20 MG/ML	1	ML	VL	IJ	ML	20	MG	1	01/01/2002	99/99/9999						
63323-0614-55		J0360		03/26/2007	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	NOVAPLUS HYDRALAZINE HYDROCHLORIDE (USP,SDV,LATEX-FREE) 20 MG/ML	1	ML	VL	IJ	ML	20	MG	1	03/26/2007	99/99/9999						
62991-2022-04		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-2022-04	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-2026-04		J3520		09/15/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (DIHYDRATE)	1	EA	BO	NA	GM	150	MG	6.66666	09/15/2003	99/99/9999						
62991-2031-04		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						
62991-2664-01		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						
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						
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						
67457-0449-17		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						
67457-0455-52		J9100		07/22/2016	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (SDV,PF,LATEX-FREE) 20 MG/1 ML	5	ML	VL	IJ	ML	100	MG	0.2	07/22/2016	99/99/9999						
67457-0471-52		J9265		08/07/2014	12/31/2014	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (MDV) 6 MG/ML	5	ML	VL	IV	ML	30	MG	0.2	08/07/2014	12/31/2014						
67457-0471-52		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV) 6 MG/ML	5	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999						
67457-0513-05		J9120		01/01/2018	99/99/9999	INJECTION, DACTINOMYCIN, 0.5 MG	DACTINOMYCIN (PF,LYOPHILIZED) 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	01/01/2018	99/99/9999						
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						
63323-0117-20		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						
63323-0117-61		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						
63323-0121-04		J9250		01/01/2002	02/03/2016	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	4	ML	VL	IJ	ML	5	MG	5	01/01/2002	02/03/2016						
63323-0122-50		J9260		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 50 MG	METHOTREXATE SODIUM (S.D.V.,PF) 1 GM	1	EA	VL	IJ	EA	50	MG	20	01/01/2002	99/99/9999						
63323-0127-10		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						
63323-0162-02		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						
63323-0164-74		J7120		07/23/2019	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (FREEFLEX BAG)	250	ML	BG	IV	ML	1000	ML	0.001	07/23/2019	99/99/9999						
63323-0616-09		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						
63323-0626-25		J7799		10/02/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 0.45%	250	ML	FC	IV	ML	1	EA	1	10/02/2019	99/99/9999						
63323-0626-50		J7799		10/02/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 0.45%	50	ML	FC	IV	ML	1	EA	1	10/02/2019	99/99/9999						
63323-0642-50		J3475		05/18/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/1 ML	50	ML	VL	IJ	ML	500	MG	1	05/18/2016	99/99/9999						
63323-0651-02		J0150		06/27/2005	12/31/2014	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 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						
63323-0651-20		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63275-1100-05		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						
63275-1200-01		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						
63275-2100-05		J1170		12/03/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	12/03/2002	99/99/9999						
63275-5100-01		J3010		12/03/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	12/03/2002	99/99/9999						
63275-5100-02		J3010		09/01/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	09/01/2002	99/99/9999						
63275-5100-06		J3010		12/03/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	12/03/2002	99/99/9999						
63275-7100-04		J2175		12/03/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	12/03/2002	99/99/9999						
63275-8100-03		J0745		12/03/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	12/03/2002	99/99/9999						
63323-0165-05		J1100		01/01/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	5	ML	VL	IJ	ML	1	MG	4	01/01/2002	99/99/9999						
63323-0167-21		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						
63323-0173-02		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE PEDIATRIC (PEDIATRIC S.D.V.,PF) 10 MG/ML	2	ML	VL	IJ	ML	80	MG	0.125	01/01/2002	99/99/9999						
63323-0185-05		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						
63323-0186-02		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						
63323-0651-30		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						
63323-0665-01		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						
63323-0691-30		J7608		07/14/2014	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 10%	30	ML	VL	IH	ML	1	GM	0.1	07/14/2014	99/99/9999						
63323-0691-30	KO	J7608	KO	07/14/2014	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 10%	30	ML	VL	IH	ML	1	GM	0.1	07/14/2014	99/99/9999						
63323-0694-04		J7608		12/10/2013	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 20%	4	ML	VL	PO	ML	1	GM	0.2	12/10/2013	99/99/9999						
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						
63275-9955-07		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						
63275-9960-01		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1	EA	NA	NA	GM	200	MG	5	05/01/2004	99/99/9999						
63275-9960-02		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1	EA	BO	NA	GM	200	MG	5	05/01/2004	99/99/9999						
63275-9965-04		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						
63275-9982-09		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						
63275-9983-09		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						
67457-0519-20		J9280		02/28/2018	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (SDV,PF,LYOPHILIZED) 20 MG	1	EA	VL	IV	EA	5	MG	4	02/28/2018	99/99/9999						
67457-0523-45		J2543		06/02/2016	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE USE,PF) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	06/02/2016	99/99/9999						
67457-0529-20		J0640		07/23/2019	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 200 MG	1	EA	VL	IJ	EA	50	MG	4	07/23/2019	99/99/9999						
67457-0592-10		J1652		05/06/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (SRN, PREFL,27GX1/2",PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	05/06/2015	99/99/9999						
67457-0595-08		J1652		11/13/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	11/13/2015	99/99/9999						
67457-0619-10		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						
67457-0629-10		J1327		10/01/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	10/01/2018	99/99/9999						
67457-0649-10		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						
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						
63323-0208-05		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (S.D.V.,PF) 2%	5	ML	VL	IV	ML	10	MG	2	01/01/2004	99/99/9999						
63323-0229-05		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						
63323-0237-10		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2002	99/99/9999						
63323-0255-03		J2920		09/22/2004	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	METHYLPREDNISOLONE SODIUM SUCCINATE 40 MG	1	EA	VL	IJ	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	IJ	EA	125	MG	1	08/23/2004	99/99/9999						
63323-0262-01		J1644		01/01/2002	01/13/2020	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.,P.C.) 5000 U/ML	1	ML	VL	IJ	ML	1000	U	5	01/01/2002	01/13/2020						
63323-0262-06		J1644		01/14/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV;G.C.) 5000 U/1 ML	1	ML	VL	IJ	ML	1000	U	5	01/14/2020	99/99/9999						
63323-0694-04	KO	J7608	KO	12/10/2013	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PF) 20%	4	ML	VL	PO	ML	1	GM	0.2	12/10/2013	99/99/9999						
63323-0694-44		J7608		10/02/2019	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	PREMIERPRO RX ACETYLCYSTEINE (PF) 20%	4	ML	VL	IH	ML	1	GM	0.2	10/02/2019	99/99/9999						
63323-0694-44	KO	J7608	KO	10/02/2019	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	PREMIERPRO RX ACETYLCYSTEINE (PF) 20%	4	ML	VL	IH	ML	1	GM	0.2	10/02/2019	99/99/9999						
63323-0729-10		J2248		04/22/2020	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (LYOPHILIZED) 100 MG	10	EA	VL	IV	EA	1	MG	100	04/22/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0734-10		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						
63323-0751-01		J2370		06/24/2019	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	06/24/2019	99/99/9999						
63323-0751-10		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						
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						
63275-9989-06		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						
63275-9990-05		J2440		12/04/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	12/04/2002	99/99/9999						
63275-9991-04		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999						
63275-9992-04		J0475		12/04/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	12/04/2002	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						
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	ML	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	IJ	ML	400	IU	0.5	09/16/2016	99/99/9999						
67457-0781-08		J9171		06/18/2019	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (MDV,PF,LATEX-FREE) 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	06/18/2019	99/99/9999						
67457-0813-50		J0878		09/04/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	09/04/2018	99/99/9999						
67457-0831-50		J0637		09/29/2017	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						
67457-0847-44		Q5114		11/29/2019	99/99/9999	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	OGIVRI (PF,LYOPHILIZED) 420 MG	1	EA	VL	IV	EA	10	MG	42	11/29/2019	99/99/9999						
67457-0854-04		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						
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						
63323-0269-65		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						
63323-0276-02		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (S.D.V.) 1000 U/ML	2	ML	VL	IJ	ML	1000	U	1	01/01/2002	99/99/9999						
63323-0282-02		J3490		05/11/2007	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (SDV,USP,2MLX25) 150 MG/ML	2	ML	VL	IJ	ML	1	EA	1	05/11/2007	99/99/9999						
63323-0282-06		J3490		05/11/2007	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (SDV,USP,6MLX25) 150 MG/ML	6	ML	VL	IJ	ML	1	EA	1	05/11/2007	99/99/9999						
63323-0284-45		J3370		01/08/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	PREMIERPRO RX VANCOMYCIN HCL (SDV,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	01/08/2018	99/99/9999						
63323-0295-61		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (BULK PACKAGE,PF) 5 GM	1	EA	VL	IV	GM	500	MG	2	01/01/2002	99/99/9999						
63323-0303-55		J3260		01/01/2007	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE NOVAPLUS (BULK PKG,50ML VIAL X 6) 1.2 GM	6	EA	VL	IV	EA	80	MG	15	01/01/2007	99/99/9999						
63323-0778-10		J2800		01/11/2019	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	01/11/2019	99/99/9999						
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						
63323-0883-05		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						
63323-0915-13		J1644		06/26/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V;G.C.,LATEX-FREE) 20000 U/1 ML	1	ML	VL	IJ	ML	1000	U	20	06/26/2020	99/99/9999						
63323-0924-10		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (M.D.V.,P.C.) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
63323-0924-30		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (M.D.V.,P.C.) 0.9%	30	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999						
63323-0963-44		J0132		10/02/2019	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG	PREMIERPRO RX ACETYLCYSTEINE (SDV,PF,LATEX-FREE) 200 MG/1 ML	30	ML	VL	IV	ML	100	MG	2	10/02/2019	99/99/9999						
63323-0965-10		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						
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						
63304-0652-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999						
63323-0012-01		J2590		01/01/2002	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (VIAL,P.C.) 10 U/ML	1	ML	VL	IV	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						
63323-0012-30		J2590		09/24/2007	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (10X30ML,MDV) 10 U/ML	30	ML	VL	IV	ML	10	U	1	09/24/2007	99/99/9999						
63323-0013-02		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (M.D.V.) 100 MG/ML	2	ML	VL	IJ	ML	100	MG	1	01/01/2004	99/99/9999						
63323-0064-02		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,P.C.) 500 MG/ML	2	ML	VL	IJ	ML	500	MG	1	01/01/2002	99/99/9999						
67457-0856-20		J0153		08/31/2017	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (1X20ML,USP,SDV,PF) 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	08/31/2017	99/99/9999						
67457-0860-50		J0456		07/01/2019	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500	MG	1	07/01/2019	99/99/9999						
67457-0886-05		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						
67457-0887-99		J1050		10/12/2018	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML		IM	ML	1	MG	150	10/12/2018	99/99/9999						
67457-0949-01		J1644		02/21/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM 5000 U/1 ML	1	ML	VL	IJ	ML	1000	IU	5	02/21/2019	99/99/9999						
67457-0951-01		J1644		06/05/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (LATEX-FREE) 20000 U/1 ML	1	ML	VL	IJ	ML	1000	U	20	06/05/2019	99/99/9999						
67457-0953-10		J1644		04/30/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (25X10ML) 1000 U/1 ML	10	ML	VL	IJ	ML	1000	UNITS	1	04/30/2019	99/99/9999						
67457-0956-30		J1644		03/20/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (MDV;NOT FOR LOCK FLUSH) 1000 U/1 ML	30	ML	VL	IJ	ML	1000	U	1	03/20/2019	99/99/9999						
63323-0305-02		J3260		04/05/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (PEDIATRIC M.D.V.) 10 MG/ML	2	ML	VL	IJ	ML	80	MG	0.125	04/05/2004	99/99/9999						
63323-0306-02		J3260		04/05/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.,LATEX-FREE) 40 MG/ML	2	ML	VL	IJ	ML	80	MG	0.5	04/05/2004	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
63323-0306-30		J3260		04/05/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.,LATEX-FREE) 40 MG/ML	30	ML	VL	IJ	ML	80	MG	0.5	04/05/2004	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						
63323-0314-68		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						
63323-0965-20		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						
63323-0981-53		J2543		09/23/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PREMIERPRO RX PIPERACILLIN AND TAZOBACTAM (SDV,PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	09/23/2019	99/99/9999						
63323-0982-52		J2543		05/15/2019	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						
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						
63402-0511-24		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						
63323-0064-03		J3475		01/30/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (25X2ML,PF) 500 MG/1 ML	2	ML	VL	IJ	ML	500	MG	1	01/30/2018	99/99/9999						
63323-0064-10		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,P.C.,PF) 500 MG/ML	10	ML	VL	IJ	ML	500	MG	1	01/01/2002	99/99/9999						
63323-0064-20		J3475		01/01/2002	05/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.) 500 MG/ML	20	ML	VL	IJ	ML	500	MG	1	01/01/2002	05/17/2016						
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						
63323-0106-15		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	500	ML	FC	IV	ML	500	MG	0.08	06/03/2016	99/99/9999						
63323-0107-05		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 80 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.16	06/03/2016	99/99/9999						
63323-0108-26		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						
67850-0024-10		J0290		08/28/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IJ	EA	500	MG	1	08/28/2019	99/99/9999						
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						
67877-0459-12		None		05/01/2019	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	05/01/2019	99/99/9999						
67877-0493-05		J7500		05/01/2020	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	500	EA	BO	PO	EA	50	MG	1	05/01/2020	99/99/9999						
67877-0503-30		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						
67877-0539-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	04/26/2017	99/99/9999						
67877-0541-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	04/26/2017	99/99/9999						
67877-0542-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	04/26/2017	99/99/9999						
63323-0347-20		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 2 GM	1	EA	VL	IJ	EA	250	MG	8	02/16/2006	99/99/9999						
63323-0358-10		J0637		07/28/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (PF,LATEX-FREE) 70 MG	10	EA	VL	IV	EA	5	MG	14	07/28/2017	99/99/9999						
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						
63323-0366-01		J1240		07/01/2004	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	07/01/2004	99/99/9999						
63323-0371-10		J0878		04/11/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	04/11/2018	99/99/9999						
63323-0373-02		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						
63323-0376-01		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						
63323-0378-05		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						
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						
63459-0103-10		Q5115		11/09/2019	99/99/9999	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	TRUXIMA (SDV,PF) 10 MG/1 ML	10	ML	VL	IV	ML	10	MG	1	11/09/2019	99/99/9999						
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	IJ	EA	300	MG	1	01/01/2008	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0113-10	KO	J7676	KO	01/01/2008	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAM (S.D.V.,PF) 300 MG	1	EA	VL	IJ	EA	300	MG	1	01/01/2008	99/99/9999						
63323-0121-02		J9250		01/01/2002	09/20/2019	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	2	ML	VL	IJ	ML	5	MG	5	01/01/2002	09/20/2019						
63323-0121-08		J9250		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	8	ML	VL	IJ	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	IJ	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 (VIAL,PF) 25 MG/ML	40	ML	VL	IJ	ML	5	MG	5	03/08/2002	99/99/9999						
63323-0123-02		J9250		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL) 25 MG/ML	2	ML	VL	IJ	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 (VIAL) 25 MG/ML	10	ML	VL	IJ	ML	5	MG	5	01/01/2002	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						
68001-0265-25		J9181		02/05/2015	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (USP, MDV) 20 MG/ML	5	ML	VL	IV	ML	10	MG	2	02/05/2015	99/99/9999						
68001-0282-26		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						
68001-0283-32		J9060		09/12/2016	99/99/9999	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG	CISPLATIN (MDV,LATEX-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.1	09/12/2016	99/99/9999						
68001-0284-34		J9206		06/17/2016	07/01/2020	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (PF,LATEX-FREE) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	06/17/2016	07/01/2020						
68001-0324-57		J2185		07/14/2017	04/24/2020	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 1 GM	10	EA	VL	IV	EA	100	MG	10	07/14/2017	04/24/2020						
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						
63323-0386-20		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						
63323-0398-10		J0456		02/27/2006	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (10X10ML,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	02/27/2006	99/99/9999						
63323-0399-23		J0290		01/01/2002	01/04/2017	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 2 GM	1	EA	VL	IJ	EA	500	MG	4	01/01/2002	01/04/2017						
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						
63323-0455-01		J2270		05/23/2018	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 5 MG/1 ML	1	ML	VL	IJ	ML	10	MG	0.5	05/23/2018	99/99/9999						
63459-0104-50		Q5115		11/09/2019	99/99/9999	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	TRUXIMA (SDV,PF) 10 MG/1 ML	50	ML	VL	IV	ML	10	MG	1	11/09/2019	99/99/9999						
63459-0601-06		J9017		12/05/2017	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	TRISENOX (PF) 2 MG/1 ML	6	ML	VL	IV	ML	1	MG	2	12/05/2017	99/99/9999						
63459-0920-59		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						
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						
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						
63629-1579-01		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						
63323-0130-11		J3490		10/29/2003	99/99/9999	UNCLASSIFIED DRUGS	DOXY 100 (VIAL,PF) 100 MG	10	EA	VL	IV	EA	1	MG	1	10/29/2003	99/99/9999						
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						
63323-0142-10		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						
63323-0148-01		J9390		06/22/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (USP,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	06/22/2005	99/99/9999						
63323-0164-76		J7120		07/23/2019	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (FREEFLEX BAG)	1000	ML	BG	IV	ML	1000	ML	0.001	07/23/2019	99/99/9999						
63323-0172-45		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						
63323-0178-76		A4216		10/23/2018	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER FOR INJECTION (FREEFLEX,LATEX-FREE)	1000	ML		IJ	ML	10	ML	0.1	10/23/2018	99/99/9999						
63323-0180-01		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (M.D.V.,AMBER) 100 MG/ML	1	ML	VL	IJ	ML	100	MG	1	01/01/2004	99/99/9999						
68001-0339-64		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						
68001-0341-37		J9263		02/15/2018	07/01/2020	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	02/15/2018	07/01/2020						
68001-0347-36		J0894		05/01/2018	01/06/2020	INJECTION, DECITABINE, 1 MG	DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	05/01/2018	01/06/2020						
68001-0370-27		J9070		11/05/2018	07/07/2020	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 500 MG	1	EA	VL	IV	EA	100	MG	5	11/05/2018	07/07/2020						
68001-0371-32		J9070		11/05/2018	07/07/2020	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 1 GM	1	EA	VL	IV	EA	100	MG	10	11/05/2018	07/07/2020						
68001-0372-32		J9070		11/05/2018	07/07/2020	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 2 GM	1	EA	VL	IV	EA	100	MG	20	11/05/2018	07/07/2020						
68001-0422-37		J0894		11/11/2019	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	11/11/2019	99/99/9999						
68084-0229-01		J7500		03/14/2008	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100	EA	BX	PO	EA	50	MG	1	08/26/2014	99/99/9999	03/14/2008	05/06/2014	1			
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	IJ	ML	10	MG	0.8	05/23/2018	99/99/9999						
63323-0471-01		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 100 MG/ML	1	ML	VL	IM	ML	50	MG	2	01/01/2002	99/99/9999						
63323-0471-55		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0506-01		J1100		05/30/2003	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (LATEX-FREE) 10 MG/ML	1	ML	VL	IJ	ML	1	MG	10	05/30/2003	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						
63323-0542-07		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 10000 U/ML	5	ML	VL	IJ	ML	1000	U	10	01/01/2002	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						
63323-0568-90		J1650		04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PF) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	04/01/2015	99/99/9999						
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						
63629-1591-01		Q0169		11/01/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	12	EA	NA	PO	EA	12.5	MG	1	11/01/2004	99/99/9999						
63629-1605-01		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						
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						
63323-0221-10		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						
63323-0238-61		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (BULK PACKAGE,PF) 10 GM	1	EA	VL	IJ	EA	500	MG	20	01/01/2002	99/99/9999						
63323-0269-27		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						
63323-0269-67		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						
63323-0282-04		J3490		05/11/2007	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (SDV,USP,4MLX25) 150 MG/ML	4	ML	VL	IJ	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						
63323-0300-30		J2543		09/24/2012	07/10/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE USE,PF) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	09/24/2012	07/10/2019						
63323-0578-05		J7643		06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	5	ML		IJ	ML	1	MG	0.2	06/15/2018	99/99/9999						
63323-0578-05	KO	J7643	KO	06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	5	ML		IJ	ML	1	MG	0.2	06/15/2018	99/99/9999						
63323-0607-98		J1650		05/13/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (10X0.6ML,PF) 60 MG/0.6 ML	0.6	ML	SR	IJ	ML	10	MG	10	05/13/2020	99/99/9999						
63323-0609-90		J1650		03/05/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (0.8MLX10,PF) 120 MG/0.8 ML	0.8	ML	SY	IJ	ML	10	MG	15	03/05/2020	99/99/9999						
63323-0617-10		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						
63323-0626-00		J7799		10/02/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 0.45%	100	ML	PC	IV	ML	1	EA	1	10/02/2019	99/99/9999						
63629-1605-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	78	EA	NA	PO	EA	1	MG	5	01/01/2016	99/99/9999						
63629-1605-03		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	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	36	EA	NA	PO	EA	1	MG	5	01/01/2016	99/99/9999						
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	IJ	ML	10	ML	0.1	01/01/2007	99/99/9999						
63807-0300-35		J1642		04/12/2007	11/25/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (USP,3MLX100,PF) 1 U/ML	3	ML	SR	IV	ML	10	U	0.1	04/12/2007	11/25/2016						
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						
63874-0005-01		Q0163		01/01/2002	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	NA	PO	EA	50	MG	0.5	01/01/2002	04/01/2020						
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						
63323-0311-10		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						
63323-0318-01		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						
63323-0325-10		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						
63323-0345-10		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 500 MG	1	EA	VL	IJ	EA	250	MG	2	02/16/2006	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						
63323-0651-89		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						
63323-0655-99		J1650		10/15/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (PURPLE LABEL,PF) 120 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	15	10/15/2019	99/99/9999						
63323-0705-08		J0290		01/05/2017	10/02/2019	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 2 GM	10	EA	VL	IJ	EA	500	MG	4	01/05/2017	10/02/2019						
63323-0713-13		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						
63323-0733-11		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						
63323-0735-35		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						
63323-0751-05		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0005-02		Q0163		01/01/2002	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	NA	PO	EA	50	MG	0.5	01/01/2002	04/01/2020						
63874-0005-06		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	6	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-10		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-20		Q0163		01/01/2002	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	NA	PO	EA	50	MG	0.5	01/01/2002	04/01/2020						
63874-0005-30		Q0163		01/01/2002	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BX	PO	EA	50	MG	0.5	01/01/2002	04/01/2020						
63874-0005-40		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	40	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
68094-0518-59		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						
68094-0528-59		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						
68115-0770-02		J3030		01/20/2004	02/03/2016	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX (SRN,PREFILLED,UNIT/USE) 6 MG/0.5 ML	0.5	ML	BX	SC	ML	6	MG	2	01/20/2004	02/03/2016						
68152-0112-01		J0642		10/01/2019	99/99/9999	INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	KHAPZORY (PF,LYOPHILIZED) 175 MG	1	EA	VL	IV	EA	0.5	MG	350	10/01/2019	99/99/9999						
68180-0962-56		J7682		06/12/2018	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	AM	IH	ML	300	MG	0.2	06/12/2018	99/99/9999						
68180-0962-56	KO	J7682	KO	06/12/2018	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	AM	IH	ML	300	MG	0.2	06/12/2018	99/99/9999						
63323-0348-61		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (BULK PACKAGE,1X100ML) 10 GM	1	EA	VL	IV	EA	250	MG	40	02/16/2006	99/99/9999						
63323-0360-19		J0610		08/31/2017	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (PF,LATEX-FREE) 100 MG/1 ML	10	ML	VL	IV	ML	10	ML	0.1	08/31/2017	99/99/9999						
63323-0369-20		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						
63323-0374-20		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						
63323-0389-10		J0290		01/01/2002	06/22/2017	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2002	06/22/2017						
63323-0400-44		J1953		03/25/2019	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	PREMIERPRO RX LEVETIRACETAM (LATEX-FREE) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	03/25/2019	99/99/9999						
63323-0411-10		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	10	ML	VL	IJ	ML	1	MG	1	01/01/2002	99/99/9999						
63323-0412-02		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	2	ML	VL	IJ	ML	1	MG	5	01/01/2002	99/99/9999						
63323-0806-01		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						
63323-0806-20		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						
63323-0824-75		J7799		10/11/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (FREEFLEX,LATEX-FREE) 10%	500	ML	FC	IV	ML	1	EA	1	10/11/2019	99/99/9999						
63323-0850-74		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						
63323-0883-10		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0006-28		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						
63874-0327-15		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						
63874-0327-25		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						
68330-0004-01		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1	EA	VL	IJ	EA	250	MG	8	09/15/2007	09/25/2019						
68330-0004-10		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1	EA	VL	IJ	EA	250	MG	8	09/15/2007	09/25/2019						
68382-0755-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 180 MG	5	EA	BO	PO	EA	20	MG	9	06/01/2018	99/99/9999						
68382-0756-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 250 MG	5	EA	BO	PO	EA	250	MG	1	06/01/2018	99/99/9999						
68382-0775-01		None		02/27/2017	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE (USP) 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	02/27/2017	99/99/9999						
68387-0241-15		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						
68387-0468-30		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						
68387-0468-30		Q0178		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						
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	IJ	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	IJ	ML	1	MG	5	01/01/2002	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						
63323-0469-01		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						
63323-0474-01		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						
63323-0965-05		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						
63323-0972-10		J1453		09/10/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/10/2019	99/99/9999						
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						
63459-0177-14		J9262		11/12/2012	99/99/9999	INJECTION, OMACETAXINE MEPESUCCINATE, 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						
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	IJ	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						
63629-1472-01		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						
63874-0327-25		J7512		01/01/2016	10/17/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	25	EA	BO	PO	EA	1	MG	10	01/01/2016	10/17/2016						
63874-0327-28		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						
63874-0327-50		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						
63874-0370-08		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						
68387-0536-90		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						
68387-0536-90		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						
68387-0565-06		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68462-0158-11		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						
68982-0850-05		J1568		02/01/2020	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM 10% (PF,LATEX-FREE) 100 MG/1 ML	300	ML	BO	IV	ML	500	MG	0.2	02/01/2020	99/99/9999						
68992-3010-01		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG	ENVARSUS XR 1 MG	100	EA	BO	PO	EA	0.25	MG	4	01/01/2016	99/99/9999						
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						
63323-0533-93		J1650		11/12/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (MEDIUM BLUE LABEL,PF) 30 MG/0.3 ML	0.3	ML	SR	IJ	ML	10	MG	10	11/12/2019	99/99/9999						
63323-0535-87		J1650		05/07/2020	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (YELLOW LABEL,PF) 40 MG/0.4 ML	0.4	ML	SR	IJ	ML	10	MG	10	05/07/2020	99/99/9999						
63323-0540-15		J1644		01/14/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV;G.C.;LATEX-FREE) 1000 U/1 ML	10	ML	VL	IJ	ML	1000	U	1	01/14/2020	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						
63323-0565-86		J1650		04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (MDV;RED LABEL) 100 MG/ML	3	ML	VL	IJ	ML	10	MG	10	04/01/2015	99/99/9999						
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						
63629-1587-01		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	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	NA	PO	EA	1	MG	20	01/01/2016	99/99/9999						
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	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	NA	PO	EA	1	MG	20	01/01/2016	99/99/9999						
63629-1587-03		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	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	40	EA	NA	PO	EA	1	MG	20	01/01/2016	99/99/9999						
63629-1591-04		Q0169		11/01/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	30	EA	NA	PO	EA	12.5	MG	1	11/01/2004	99/99/9999						
68992-3010-01		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG	ENVARSUS XR 1 MG	0.1	EA	BO	PO	EA	0.1	MG	10	09/01/2015	12/31/2015						
68992-3010-03		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG	ENVARSUS XR 1 MG	30	EA	BO	PO	EA	0.25	MG	4	01/01/2016	99/99/9999						
68992-3010-03		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG	ENVARSUS 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, (ENVARSUS XR), ORAL, 0.25 MG	ENVARSUS XR 4 MG	100	EA	BO	PO	EA	0.25	MG	16	01/01/2016	99/99/9999						
68992-3040-01		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG	ENVARSUS XR 4 MG	100	EA	BO	PO	EA	0.1	MG	40	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 VIALSPOUCH) 3MG/3ML-0.5MG/3ML	3	ML	PC	IH	ML	3	MG	0.33333	07/01/2015	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						
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						
63323-0578-11		J7643		07/31/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PREMIERPRO RX GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML		IJ	ML	1	MG	0.2	07/31/2018	99/99/9999						
63323-0578-11	KO	J7643	KO	07/31/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PREMIERPRO RX GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML		IJ	ML	1	MG	0.2	07/31/2018	99/99/9999						
63323-0578-12		J7643		07/31/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PREMIERPRO RX GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		IJ	ML	1	MG	0.2	07/31/2018	99/99/9999						
63323-0578-12	KO	J7643	KO	07/31/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PREMIERPRO RX GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		IJ	ML	1	MG	0.2	07/31/2018	99/99/9999						
63323-0584-99		J1650		10/15/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (BROWN LABEL,PF) 80 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	10	10/15/2019	99/99/9999						
63323-0586-96		J1650		10/15/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (BLACK LABEL,PF) 100 MG/1 ML	1	ML	SR	IJ	ML	10	MG	10	10/15/2019	99/99/9999						
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	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	15	EA	NA	PO	EA	1	MG	5	01/01/2016	99/99/9999						
63629-1677-01		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999						
63629-1677-02		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	28	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999						
63629-1677-03		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
69097-0318-87		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						
69097-0614-37		J2370		05/01/2018	12/31/2019	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	05/01/2018	12/31/2019						
69097-0805-40		J9025		04/10/2019	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV) 100 MG	1	EA	VL	IJ	EA	1	MG	100	04/10/2019	99/99/9999						
69097-0820-96		J0291		05/01/2020	99/99/9999	INJECTION, PLAZOMICIN, 5 MG	ZEMDRI (SDV,PF) 50 MG/1 ML	10	ML	VL	IV	ML	5	MG	10	05/01/2020	99/99/9999						
69097-0840-53		J7620		05/28/2020	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE-ALBUTEROL SULFATE 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.388889	05/28/2020	99/99/9999						
69097-0949-03		None		08/01/2018	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	08/01/2018	99/99/9999						
69238-1076-01		J7500		01/29/2015	04/28/2017	AZATHIOPRINE, ORAL, 50MG	AZATHIOPRINE (USP)50 MG	1	EA	BO	PO	EA	50	MG	1	01/29/2015	04/28/2017						
63323-0589-94		J1650		10/15/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM (NAVY BLUE LABEL,PF) 150 MG/1 ML	1	ML	SR	IJ	ML	10	MG	15	10/15/2019	99/99/9999						
63323-0604-01		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (S.D.V.) 1 MG/ML	1	ML	VL	IV	ML	1	MG	1	01/01/2002	99/99/9999						
63323-0605-94		J1650		11/20/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	ENOXAPARIN SODIUM NOVAPLUS (BLACK LABEL,PF) 100 MG/1 ML	1	ML	SR	IJ	ML	10	MG	10	11/20/2019	99/99/9999						
63323-0617-50		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						
63323-0664-01		J1200		06/12/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	06/12/2002	99/99/9999						
63323-0690-30		J7608		09/19/2012	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PDF) 20%	3	ML	SOL	IH	ML	1	GM	0.2	09/19/2012	99/99/9999						
63323-0690-30	KO	J7608	KO	09/19/2012	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PDF) 20%	3	ML	SOL	IH	ML	1	GM	0.2	09/19/2012	99/99/9999						
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						
63739-0900-26		J1644		06/13/2014	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X2ML,PF) 1000 U/ML	2	ML	VL	IJ	ML	1000	U	1	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	IJ	ML	1000	U	10	06/13/2014	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	IJ	ML	10	ML	0.1	01/01/2007	99/99/9999						
63807-0400-31		J1642		01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 2 U/ML	5	ML	SR	IV	ML	10	U	0.2	01/01/2007	99/99/9999						
69238-1423-06		None		02/20/2019	08/14/2019	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	02/20/2019	08/14/2019						
69238-1594-03		J7520		10/28/2019	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (PATIENT KIT) 1 MG/1 ML	60	ML	BO	PO	ML	1	MG	1	10/28/2019	99/99/9999						
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						
69374-0968-25		J7050		01/01/2018	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (PF) 0.9%	250	ML		IV	ML	250	ML	0.004	01/01/2018	99/99/9999						
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						
69448-0003-38		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						
69452-0171-04		Q0144		09/17/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X6, USP,FILM-COATED) 250 MG	6	EA	BX	PO	EA	1	GM	0.25	09/17/2019	99/99/9999						
69639-0101-01		J8655		04/01/2017	99/99/9999	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG, ORAL	AKYNZEO (HARD GELATIN) 300 MG-0.5 MG	1	EA	ST	PO	EA	300.5	MG	1	04/01/2017	99/99/9999						
63323-0708-00		J0290		12/01/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 500 MG	10	EA	VL	IJ	EA	500	MG	1	12/01/2017	99/99/9999						
63323-0728-10		J2248		04/22/2020	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MICAFUNGIN SODIUM (LYOPHILIZED) 50 MG	10	EA	VL	IV	EA	1	MG	50	04/22/2020	99/99/9999						
63323-0735-10		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						
63323-0738-20		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	01/01/2002	99/99/9999						
63323-0739-12		J3490		05/14/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V.) 10 MG/ML	2	ML	VL	IV	ML	1	EA	1	05/14/2002	99/99/9999						
63323-0750-10		J9263		07/30/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SINGLE-USE VIAL; USP,PF) 5 MG/ML	10	ML	VL	IV	ML	0.5	MG	10	07/30/2015	99/99/9999						
63323-0750-20		J9263		12/17/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (SINGLE-USE VIAL; USP,PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	12/17/2015	99/99/9999						
63323-0751-13		J2370		07/13/2020	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL NOVAPLUS 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	07/13/2020	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						
63807-0600-31		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						
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 (MINITAB) 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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63868-0823-54		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						
69639-0102-01		J1454		01/01/2019	99/99/9999	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	AKYNZEO (SDV,PF,LYOPHILIZED) 235 MG-0.25 MG	1	EA	VL	IV	EA	235.25	MG	1	01/01/2019	99/99/9999						
69639-0102-01		J3490		05/08/2018	12/31/2018	UNCLASSIFIED DRUGS	AKYNZEO (SDV,PF,LYOPHILIZED) 235 MG-0.25 MG	1	EA	VL	IV	EA	1	MG	1	05/08/2018	12/31/2018						
69639-0103-01		J2469		03/12/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	ALOXI (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/12/2019	99/99/9999						
69680-0112-25		J3420		01/02/2019	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (MDV) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	01/02/2019	99/99/9999						
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						
69794-0304-01		J0584		01/01/2019	99/99/9999	INJECTION, BUROSUMAB-TWZA 1 MG	CRYSVITA (PF) 30 MG/1 ML	1	ML	VL	SC	ML	1	MG	30	01/01/2019	99/99/9999						
63323-0771-39		J9025		04/13/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV) 100 MG	1	EA	VL	IJ	EA	1	MG	100	04/13/2017	99/99/9999						
63323-0806-50		J3010		05/15/2019	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SDV,PF,LATEX-FREE) 50 MCG/1 ML	50	ML	VL	IV	ML	0.1	MG	0.5	05/15/2019	99/99/9999						
63323-0824-76		J7799		10/11/2019	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (FREEFLEX,LATEX-FREE) 10%	1000	ML	FC	IV	ML	1	EA	1	10/11/2019	99/99/9999						
63323-0825-20		J0894		12/20/2019	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	12/20/2019	99/99/9999						
63323-0871-15		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						
63323-0915-01		J1644		01/01/2002	06/25/2020	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.,P.C.) 20000 U/ML	1	ML	VL	IJ	ML	1000	U	20	01/01/2002	06/25/2020						
63874-0005-14		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	14	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-24		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0006-01		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						
63874-0006-10		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						
63874-0006-20		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						
63874-0370-24		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						
63874-0373-15		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						
63874-0373-50		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	50	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015						
63874-0373-50		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	50	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016						
63874-0392-01		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015						
69794-0304-01		J3490		04/17/2018	12/31/2018	UNCLASSIFIED DRUGS	CRYSVITA (PF) 30 MG/1 ML	1	ML	VL	SC	ML	1	MG	1	04/17/2018	12/31/2018						
69800-6502-01		J1556		02/12/2020	99/99/9999	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	BIVIGAM (LATEX-FREE) 100 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.2	02/12/2020	99/99/9999						
70069-0384-05		J1631		03/05/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (5X5ML;MDV) 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	03/05/2020	99/99/9999						
70092-0113-79		J1170		05/20/2020	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL-SODIUM CHLORIDE (PF,SULFITE-FREE) 0.2 MG/1 ML-0.9%	30	ML		IV	ML	4	MG	0.05	05/20/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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	IJ	EA	40	MG	1	02/28/2017	99/99/9999						
70121-1099-01		J0641		02/16/2017	99/99/9999	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5MG	LEVOLEUCOVORIN CALCIUM (SDV,PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	02/16/2017	99/99/9999						
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						
70121-1238-01		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						
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						
63323-0983-53		J2543		09/23/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PREMIERPRO RX PIPERACILLIN AND TAZOBACTAM (SDV,PF) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	09/23/2019	99/99/9999						
63402-0301-01		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						
63402-0911-64	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						
63459-0600-10		J9017		07/15/2006	12/15/2017	INJECTION, ARSENIC TRIOXIDE, 1 MG	TRISENOX (10X10 AMP,PF) 1 MG/ML	10	ML	AM	IV	ML	1	MG	1	07/15/2006	12/15/2017						
63629-1335-01		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						
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						
63874-0246-00		Q0144		03/15/2006	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (Z-PACK) 250 MG	6	EA	NA	PO	EA	1	GM	0.25	03/15/2006	04/01/2020						
63874-0246-06		Q0144		03/15/2006	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6	EA	BO	PO	EA	1	GM	0.25	03/15/2006	04/01/2020						
63874-0327-01		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015						
63874-0327-01		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 5MG	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						
63874-0392-01		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016						
63874-0392-10		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015						
63874-0392-10		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016						
63874-0392-21		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015						
63874-0392-21		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016						
63874-0404-60		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	60	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016						
63874-0405-01		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016						
63874-0405-10		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	10	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016						
70121-1574-05		J1040		07/07/2020	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (SDV;USP) 80 MG/1 ML	1	ML	VL	IJ	ML	80	MG	1	07/07/2020	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						
70121-1654-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	PREMIERPRO RX TRIAMCINOLONE ACETONIDE 40 MG/1 ML	5	ML	VL	IJ	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	IJ	ML	100	IU	11.538462	03/19/2019	99/99/9999						
70436-0009-04		J0604		03/06/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30	EA	BO	PO	EA	1	MG	90	03/06/2019	99/99/9999						
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						
70504-3000-02		J2792		01/01/2017	04/30/2020	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (SDV) 15000 IU	13	ML	VL	IV	ML	100	IU	11.53846	01/01/2017	04/30/2020						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63629-1335-03		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						
63629-1349-01		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						
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						
63874-0327-20		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						
63874-0327-30		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						
63874-0327-42		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						
63874-0405-20		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	20	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016						
63874-0405-30		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016						
63874-0442-04		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	120	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						
63874-0444-01		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						
63874-0444-20		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						
63874-0444-30		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						
63874-0490-06		Q0164		01/01/2014	02/03/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	6	EA	NP	PO	EA	5	MG	2	01/01/2014	02/03/2016						
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	04/30/2020	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (1X2.2ML,SDV) 2500 IU	2.2	ML	VL	IV	ML	100	IU	11.36363	01/01/2017	04/30/2020						
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	IJ	ML	0.5	MG	0.5	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						
70594-0058-02		J3370		09/07/2020	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (FLEXIBLE BAG) 1.75 GM/350 ML	350	ML	FC	IV	ML	500	MG	0.01	09/07/2020	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	IJ	ML	10	ML	0.1	04/01/2017	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						
63629-1587-04		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	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	15	EA	NA	PO	EA	1	MG	20	01/01/2016	99/99/9999						
63629-1591-02		Q0169		11/01/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	4	EA	NA	PO	EA	12.5	MG	1	11/01/2004	99/99/9999						
63629-1591-03		Q0169		11/01/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE 12.5 MG	2	EA	NA	PO	EA	12.5	MG	1	11/01/2004	99/99/9999						
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						
63874-0327-60		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	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						
63874-0373-01		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						
63874-0490-06		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 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	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						
63874-0500-15		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						
63874-0500-25		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						
63874-0757-01		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						
70655-0088-06		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (PF,LATEX-FREE) 400 MG/200 ML	200	ML	BG	IV	ML	200	MG	0.01	08/31/2018	99/99/9999						
70710-1458-02		Q0144		08/28/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	15	ML		PO	ML	1	GM	0.04	08/28/2018	99/99/9999						
70710-1461-06		J1631		01/13/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (S.D.V.,LATEX-FREE) 50 MG/1 ML	1	ML	VL	IM	ML	50	MG	1	01/13/2020	99/99/9999						
70710-1462-01		J1631		01/13/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV,LATEX-FREE) 50 MG/1 ML	5	ML	VL	IM	ML	50	MG	1	01/13/2020	99/99/9999						
70710-1463-01		J1631		01/13/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	01/13/2020	99/99/9999						
70710-1515-09		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG	25	01/13/2020	99/99/9999						
70710-1517-06		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	01/13/2020	99/99/9999						
70710-1525-09		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						
63629-1678-01		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999						
63629-1678-02		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999						
63629-1678-03		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999						
63629-1742-04		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						
63629-1856-01		Q0177		11/01/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYYZINE PAMOATE 25 MG	30	EA	NA	PO	EA	25	MG	1	11/01/2004	99/99/9999						
63629-1856-02		Q0177		11/01/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYYZINE PAMOATE 25 MG	60	EA	NA	PO	EA	25	MG	1	11/01/2004	99/99/9999						
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						
63874-0373-20		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
63874-0373-20		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	20	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016						
63874-0373-21		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015						
63874-0757-01		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						
63874-0757-10		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						
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						
63874-0757-20		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						
63874-0757-30		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						
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						
70720-0722-10		J2278		12/02/2019	99/99/9999	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X5ML,SINGLE-USE VIAL) 100 MCG/1 ML	5	ML	VL	IN	ML	1	MCG	100	12/02/2019	99/99/9999						
70720-0723-10		J2278		10/09/2019	99/99/9999	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X20ML,SINGLE-USE VIAL) 25 MCG/1 ML	20	ML	VL	IN	ML	1	MCG	25	10/09/2019	99/99/9999						
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						
70860-0107-10		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						
70860-0114-15		J0290		08/01/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	08/01/2018	99/99/9999						
70860-0117-26		J3490		07/31/2018	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	1	EA	1	07/31/2018	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						
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						
63739-0269-10		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						
63739-0901-28		J1644		06/13/2014	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X10ML,LATEX-FREE) 5000 U/ML	10	ML	VL	IJ	ML	1000	U	5	06/13/2014	99/99/9999						
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	IJ	ML	1000	U	1	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	IJ	ML	1000	U	20	06/13/2014	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	IJ	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	IJ	ML	10	ML	0.1	01/01/2007	02/03/2016						
63874-0373-21		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016						
63874-0373-33		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	33	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015						
63874-0373-33		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	33	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016						
63874-0373-36		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015						
63874-0373-36		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	36	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016						
63874-0373-60		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015						
63874-0373-60		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	60	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016						
63874-0392-15		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015						
63874-0757-30		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						
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						
64208-8234-05		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						
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						
64253-0111-33		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						
64253-0222-21		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 10 U/ML-0.9%	1	ML	SR	IV	ML	10	U	1	05/01/2019	99/99/9999	01/01/2002	02/03/2016	1			
64253-0222-22		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 10 U/ML-0.9%	2	ML	SR	IV	ML	10	U	1	01/01/2002	02/03/2016						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70860-0123-99		J2543		05/01/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PHARMACY BULK PACKAGE) 36 GM-4.5 GM	1	EA	BO	IV	EA	1.125	GM	36	05/01/2019	99/99/9999						
70860-0200-17		J9267		06/29/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	06/29/2017	99/99/9999						
70860-0205-50		J9201		10/11/2017	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE (SDV, USP,PF,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	200	MG	5	10/11/2017	99/99/9999						
70860-0208-25		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						
70860-0215-68		J9267		12/06/2019	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL NOVAPLUS (PF,LATEX-FREE) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	12/06/2019	99/99/9999						
70860-0216-10		J0594		03/19/2019	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (PF,LATEX-FREE) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	03/19/2019	99/99/9999						
70860-0600-02		J2250		02/01/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (SDV) 1 MG/1 ML	2	ML	VL	IJ	ML	1	MG	1	02/01/2017	99/99/9999						
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						
63807-0600-51		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						
63868-0087-24		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MEDIPHEDRYL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
63868-0789-24		Q0163		11/01/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR 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						
63874-0005-12		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	12	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0005-21		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	21	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						
63874-0392-15		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016						
63874-0392-28		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	28	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015						
63874-0392-28		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	28	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016						
63874-0404-15		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	15	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016						
63874-0404-25		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016						
63874-0404-50		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016						
63874-0405-25		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016						
63874-0405-35		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016						
64253-0222-23		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						
64253-0222-33		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						
64253-0333-21		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						
64253-0333-33		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						
64380-0720-06		J7507		09/10/2014	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	09/10/2014	99/99/9999						
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	IJ	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	IJ	ML	15	MG	1	03/01/2018	99/99/9999						
70860-0780-10		J1453		01/05/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (LYOPHILIZED,PF) 150 MG	1	EA	VL	IV	EA	1	MG	150	01/05/2020	99/99/9999						
70954-0059-10		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	100	EA	BO	PO	EA	1	MG	10	11/18/2019	99/99/9999						
70954-0059-20		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 10 MG	1000	EA	BO	PO	EA	1	MG	10	11/18/2019	99/99/9999						
70954-0059-30		J7512		11/25/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	21	EA	BX	PO	EA	1	MG	10	11/25/2019	99/99/9999						
70954-0059-40		J7512		11/25/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 10 MG	48	EA	BX	PO	EA	1	MG	10	11/25/2019	99/99/9999						
70954-0060-10		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	100	EA	BO	PO	EA	1	MG	20	11/18/2019	99/99/9999						
63874-0005-60		Q0163		05/10/2004	04/01/2020	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50	MG	0.5	05/10/2004	04/01/2020						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0006-15		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						
63874-0006-25		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						
63874-0246-04		Q0144		03/15/2006	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	03/15/2006	04/01/2020						
63874-0246-15		Q0144		03/15/2006	04/01/2020	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	15	EA	BO	PO	EA	1	GM	0.25	03/15/2006	04/01/2020						
63874-0327-14		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						
63874-0413-21		J7509		01/01/2002	09/23/2019	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	09/23/2019						
63874-0444-15		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						
63874-0490-08		Q0164		01/01/2014	02/03/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	8	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016						
63874-0490-08		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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	8	EA	BO	PO	EA	10	MG	1	05/10/2004	12/31/2013						
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						
63874-0500-60		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						
63874-0712-12		Q0169		01/01/2014	04/01/2020	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	NA	PO	ML	12.5	MG	0.1	01/01/2014	04/01/2020						
64380-0885-04		J0604		06/10/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30	EA	BO	PO	EA	1	MG	90	06/10/2020	99/99/9999						
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						
64679-0679-01		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						
64679-0961-04		Q0144		02/14/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6	EA	BX	PO	EA	1	GM	0.25	08/01/2015	99/99/9999	02/14/2008	05/31/2014	0.25			
64679-0964-01		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	08/10/2015	99/99/9999	02/11/2008	05/31/2014	0.5			
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						
64679-0986-04		J0698		09/20/2006	05/31/2014	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	1	EA	VL	IJ	EA	1	GM	1	09/20/2006	05/31/2014						
70954-0060-20		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	500	EA	BO	PO	EA	1	MG	20	11/18/2019	99/99/9999						
70954-0060-30		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 20 MG	1000	EA	BO	PO	EA	1	MG	20	11/18/2019	99/99/9999						
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						
71225-0105-01		J1729		03/25/2019	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (PF) 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	03/25/2019	99/99/9999						
71288-0005-20		J0295		01/07/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN-SULBACTAM (USP,PF,LATEX-FREE) 1 GM-0.5 GM	10	EA	VL	IJ	EA	1.5	GM	1	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						
71288-0015-31		J2185		12/02/2019	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV, USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	100	MG	10	12/02/2019	99/99/9999						
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						
63874-0327-24		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						
63874-0370-15		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						
63874-0392-02		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015						
63874-0712-12		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0757-24		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						
63874-0806-12		J8498		01/15/2006	04/01/2020	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	NA	RC	EA	1	EA	1	01/15/2006	04/01/2020						
64208-8234-01		J1557		01/01/2012	01/31/2015	INJECTION, IMMUNE GLOBULIN (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID) 500 MG	GAMMAPLEX (1X50ML,SINGLE USE) 2.5 GM/50 ML	1	ML	VL	IV	ML	1	EA	0.1	01/01/2012	01/31/2015						
64208-8234-02		J1557		01/01/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID) 500 MG	GAMMAPLEX (1X100ML,SINGLE USE) 5 GM/ 100 ML	1	ML	VL	IV	ML	1	EA	0.1	01/01/2012	99/99/9999						
64980-0290-01		Q0175		01/15/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (FILM COATED) 2 MG	100	EA	BO	PO	EA	4	MG	0.5	01/15/2020	99/99/9999						
64980-0333-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	05/25/2017	99/99/9999						
64980-0333-14		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	05/25/2017	99/99/9999						
64980-0337-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	05/25/2017	99/99/9999						
64980-0337-14		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	05/25/2017	99/99/9999						
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						
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						
71288-0112-90		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						
71288-0200-50		J2260		08/24/2020	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	5	MG	0.2	08/24/2020	99/99/9999						
71288-0407-04		J7643		07/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	99/99/9999						
71288-0407-04	KO	J7643	KO	07/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	99/99/9999						
71288-0421-96		J1644		04/15/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (MDV,25X30ML,LATEX-FREE) 1000 U/1 ML	30	ML	VL	IJ	ML	1000	U	1	04/15/2020	99/99/9999						
63874-0392-02		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016						
63874-0392-06		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	60	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015						
63874-0392-06		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	60	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016						
63874-0392-20		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015						
63874-0392-20		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016						
63874-0392-30		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015						
63874-0392-30		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016						
63874-0392-40		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	40	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015						
64208-8234-03		J1557		01/01/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID) 500 MG	GAMMAPLEX (1X200ML,SINGLE USE) 10 GM/ 200 ML	1	ML	VL	IV	ML	1	EA	0.1	01/01/2012	99/99/9999						
64208-8234-06		J1557		07/26/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAPLEX (1X100ML,SINGLE USE) 5 GM/100ML	100	ML	VL	IV	ML	500	MG	0.1	07/26/2013	99/99/9999						
64208-8234-07		J1557		07/26/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAPLEX (1X200ML,SINGLE USE) 10 GM/200ML	200	ML	VL	IV	ML	500	MG	0.1	07/26/2013	99/99/9999						
64208-8235-06		J1557		04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	GAMMAPLEX 10% (PF,LATEX-FREE) 100 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.2	04/01/2017	99/99/9999						
64253-0111-21		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						
64253-0111-25		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						
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						
65162-0806-51		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						
65162-0914-46		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
65219-0014-10		J0290		08/05/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (LATEX-FREE) 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	08/05/2019	99/99/9999						
71288-0422-96		J1644		04/15/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (SDV;25X1ML,LATEX-FREE) 5000 U/1 ML	1	ML	VL	IJ	ML	1000	U	5	04/15/2020	99/99/9999						
71839-0107-01		J0878		10/01/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	10/01/2019	99/99/9999						
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						
72205-0045-01		J9340		04/01/2020	99/99/9999	INJECTION, THIOTEPA, 15 MG	THIOTEPA (SDV,LYOPHILIZED) 15 MG	15	GM	VL	IJ	EA	15	MG	1	04/01/2020	99/99/9999						
72266-0106-01		J0637		04/02/2019	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	5	MG	10	04/02/2019	99/99/9999						
72266-0118-25		J1885		03/18/2019	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	03/18/2019	99/99/9999						
72266-0161-01		J9263		03/30/2020	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	03/30/2020	99/99/9999						
63874-0392-40		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 20 MG	40	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016						
63874-0404-01		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016						
63874-0404-10		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	10	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016						
63874-0404-20		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	20	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016						
63874-0404-30		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016						
63874-0404-40		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1	EA	1	01/23/2002	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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	5	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						
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						
64253-0222-25		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						
64253-0222-35		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						
64253-0333-25		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						
64253-0333-35		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						
64370-0532-01		J9390		06/23/2008	99/99/9999	INJECTION, VINORELBINE 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, VINORELBINE 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						
65649-0231-41		J7500		10/31/2003	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZASAN 75 MG	100	EA	BO	PO	EA	50	MG	1.5	10/31/2003	99/99/9999						
65649-0241-41		J7500		10/31/2003	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZASAN 100 MG	100	EA	BO	PO	EA	50	MG	2	10/31/2003	99/99/9999						
65757-0500-03		J1942		07/02/2018	09/30/2019	INJECTION, ARIPIPRAZOLE LAUROXIL, 1 MG	ARISTADA INITIO (LATEX-FREE) 675 MG/2.4 ML	2.4	ML	SR	IM	ML	1	MG	281.25	07/02/2018	09/30/2019						
65757-0500-03		J1943		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA INITIO), 1 MG	ARISTADA INITIO (LATEX-FREE) 675 MG/2.4 ML	2.4	ML	SR	IM	ML	1	MG	281.25	10/01/2019	99/99/9999						
65847-0205-25		J2325		01/01/2006	06/05/2019	INJECTION, NESIRITIDE, 0.1 MG	NATRECOR (S.D.V.) 1.5 MG	1	EA	VL	IV	EA	0.1	MG	15	01/01/2006	06/05/2019						
65862-0188-30		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						
72266-0162-01		J9263		03/30/2020	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	03/30/2020	99/99/9999						
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						
72485-0210-08		J0594		07/15/2019	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML,SDV) 6 MG/1 ML	10	ML	CT	IV	ML	1	MG	6	07/15/2019	99/99/9999						
72485-0214-01		J9171		01/29/2020	99/99/9999	DOCETAXEL INJECTION	DOCETAXEL (USP,SDV) 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	01/29/2020	99/99/9999						
72572-0102-01		J0878		09/20/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	09/20/2019	99/99/9999						
72572-0122-25		J1100		10/22/2019	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE 10 MG/1 ML	1	ML	VL	IJ	ML	1	MG	10	10/22/2019	99/99/9999						
72572-0170-25		J3010		11/08/2019	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X2ML,USP,SDV,PF) 0.05 MG/1 ML	2	ML	VL	IJ	ML	0.1	MG	0.5	11/08/2019	99/99/9999						
63874-0442-09		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	9	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						
63874-0442-14		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	14	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0442-15		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						
63874-0442-25		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	25	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						
63874-0442-28		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	28	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						
63874-0442-45		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	45	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016						
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						
64380-0883-04		J0604		06/10/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30	EA	BO	PO	EA	1	MG	30	06/10/2020	99/99/9999						
64679-0699-01		J2700		03/12/2018	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 2 GM	10	EA	VL	IJ	EA	250	MG	8	03/12/2018	99/99/9999						
64679-0701-02		J0696		05/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1	EA	VL	IJ	EA	250	MG	1	05/18/2007	99/99/9999						
64679-0701-03		J0696		05/18/2007	05/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1	EA	VL	IJ	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	IJ	EA	250	MG	2	05/18/2007	99/99/9999						
64679-0703-01		J0696		05/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1	EA	VL	IJ	EA	250	MG	8	05/18/2007	99/99/9999						
64679-0964-05		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3,FILM COATED) 500 MG	9	EA	DP	PO	EA	1	GM	0.5	08/10/2015	99/99/9999	02/11/2008	05/31/2014	0.5			
65862-0641-69		Q0144		08/09/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X6, USP,FILM-COATED) 250 MG	6	EA		PO	EA	1	GM	0.25	08/09/2018	99/99/9999						
65862-0642-64		Q0144		08/10/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3	EA		PO	EA	1	GM	0.5	08/10/2018	99/99/9999						
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						
66105-0670-05		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	50	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999						
66215-0401-01		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						
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						
72572-0370-25		J2001		11/12/2019	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X5ML,PF) 1%	5	ML	VL	IJ	ML	10	MG	1	11/12/2019	99/99/9999						
72572-0461-24		J2710		11/08/2019	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	11/08/2019	99/99/9999						
72572-0580-25		J0780		11/08/2019	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (USP) 5 MG/1 ML	2	ML	BO	IJ	ML	10	MG	0.5	11/08/2019	99/99/9999						
72572-0805-01		J3370		09/20/2019	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	500	MG	20	09/20/2019	99/99/9999						
72606-0555-01		None		11/08/2019	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	11/08/2019	99/99/9999						
72606-0558-01		J9025		02/03/2020	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV,PF,LYOPHILIZED) 100 MG	1	EA	VL	IJ	EA	1	MG	100	02/03/2020	99/99/9999						
72611-0634-25		J3490		10/01/2019	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN 150 MG/1 ML	2	ML	VL	IJ	ML	1	EA	1	10/01/2019	99/99/9999						
72611-0639-25		J3490		10/01/2019	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN 150 MG/1 ML	4	ML	VL	IJ	ML	1	EA	1	10/01/2019	99/99/9999						
63874-0442-90		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	90	EA	BO	PO	EA	25	MG	1	05/11/2004	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						
63874-0444-21		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						
63874-0490-01		Q0164		01/01/2014	02/03/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016						
63874-0490-01		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 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	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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016						
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 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	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
64980-0277-12		None		03/15/2017	99/99/9999	CAPECITABINE, 500 MG, ORAL	CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	03/15/2017	99/99/9999						
64980-0335-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	05/25/2017	99/99/9999						
64980-0335-14		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	05/25/2017	99/99/9999						
65162-0805-14		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						
65219-0427-10		J2704		06/04/2020	99/99/9999	INJECTION, PROPOFOL, 10 MG	FRESENIUS PROPOVEN (10X100ML;SDV,LATEX-FREE) 20 MG/1 ML	100	ML	VL	IV	ML	10	MG	2	06/04/2020	99/99/9999						
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						
66267-0007-25		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						
66267-0080-15		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						
66267-0208-10		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						
66267-0928-06		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						
66288-1100-01		J0690		10/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 100 GM	1	EA	FC	IJ	GM	500	MG	2	10/01/2002	99/99/9999						
72611-0719-25		J1885		01/17/2020	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	01/17/2020	99/99/9999						
72647-0331-04		J7509		11/12/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	11/12/2019	99/99/9999						
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						
75987-0111-10		J9216		01/15/2018	99/99/9999	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	ACTIMMUNE 2 Million IU/0.5 ML	0.5	ML		SC	ML	3000000	U	1.333333	01/15/2018	99/99/9999						
76045-0001-20		J2250		10/01/2014	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (PREFILLED, USP,PF) 1 MG/ML	2	ML	SR	IJ	ML	1	MG	1	10/01/2014	99/99/9999						
76045-0002-10		J2250		10/01/2014	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (PF) 5 MG/ML	1	ML	SR	IJ	ML	1	MG	5	10/01/2014	99/99/9999						
76045-0003-20		J2250		10/01/2014	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (PF) 5 MG/ML	2	ML	SR	IJ	ML	1	MG	5	10/01/2014	99/99/9999						
76045-0004-11		J2274		04/03/2020	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	SIMPLIST MORPHINE SULFATE MICROVAULT (PF) 2 MG/1 ML	1	ML	SR	IJ	ML	10	MG	0.2	04/03/2020	99/99/9999						
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 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	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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	12	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016						
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 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	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 IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016						
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 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	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						
65757-0404-03		J1942		06/05/2017	09/30/2019	INJECTION, ARIPIPRAZOLE LAUROXIL, 1 MG	ARISTADA 1064 MG/3.9 ML	3.9	ML	SR	IM	ML	1	MG	272.82051	06/05/2017	09/30/2019						
65757-0404-03		J1944		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	ARISTADA 1064 MG/3.9 ML	3.9	ML	SR	IM	ML	1	MG	272.82051	10/01/2019	99/99/9999						
65862-0641-30		Q0144		08/09/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	30	EA		PO	EA	1	GM	0.25	08/09/2018	99/99/9999						
65862-0642-30		Q0144		08/10/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA		PO	EA	1	GM	0.5	08/10/2018	99/99/9999						
65862-0831-30		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
65862-0944-24		J7614		12/07/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12 POUCHES,PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	12/07/2017	99/99/9999						
66288-1300-01		J0690		10/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 300 GM	1	EA	FC	IJ	GM	500	MG	2	10/01/2002	99/99/9999						
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 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						
66336-0085-10		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						
66336-0085-20		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						
76045-0009-11		J1170		07/12/2019	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	SIMPLIST DILAUDID (MICROVAULT,PF) 1 MG/1 ML	1	ML	VL	IJ	ML	4	MG	0.25	07/12/2019	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						
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						
76204-0800-01		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						
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						
63874-0708-20		J7611		04/01/2008	05/01/2020	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20	ML	NA	IH	ML	1	MG	5	04/01/2008	05/01/2020						
63874-0757-21		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						
63874-0757-60		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						
65862-0944-24	KO	J7614	KO	12/07/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12 POUCHES,PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	12/07/2017	99/99/9999						
66105-0507-01		Q0144		08/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10	EA	BO	PO	EA	1	GM	0.25	08/22/2006	99/99/9999						
66105-0507-03		Q0144		01/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	01/01/2006	99/99/9999						
66105-0507-06		Q0144		08/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	60	EA	BO	PO	EA	1	GM	0.25	08/22/2006	99/99/9999						
66105-0507-10		Q0144		08/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	100	EA	BO	PO	EA	1	GM	0.25	08/22/2006	99/99/9999						
66105-0670-01		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66105-0670-06		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						
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						
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						
66336-0208-20		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						
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						
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						
76282-0674-30		J0604		06/12/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30	EA	BO	PO	EA	1	MG	30	06/12/2020	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						
76420-0081-01		J1040		01/01/2020	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	DEPO-MEDROL 80 MG/1 ML	1	ML	VL	IJ	ML	80	MG	1	01/01/2020	99/99/9999						
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						
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	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	MAKENA (PF) 275 MG/1.1 ML	1.1	ML	VL	SC	ML	10	MG	25	02/14/2018	99/99/9999						
64208-8235-05		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						
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						
64253-0333-30		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						
64253-0444-25		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						
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						
66105-0832-10		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						
66215-0403-01		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						
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						
66267-0007-21		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66336-0434-10		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						
66336-0515-21		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						
66336-0550-12		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						
66336-0589-20		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						
76420-0082-10		A4216		01/01/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (PF,LATEX-FREE)	10	ML	VL	IV	ML	10	ML	0.1	01/01/2020	99/99/9999						
76420-0083-10		A4216		01/01/2020	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (PF) 0.9%	10	ML	VL	IJ	ML	10	ML	0.1	01/01/2020	99/99/9999						
79043-0200-25		J8540		08/06/2020	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	ZCORT 7-DAY 1.5 MG	25	EA	BO	PO	EA	0.25	MG	6	08/06/2020	99/99/9999						
64281-0100-06		J7674		01/01/2005	99/99/9999	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG	PROVOCHOLINE 100 MG	1	EA	VL	IH	EA	1	MG	100	01/01/2005	99/99/9999						
64380-0721-06		J7507		09/10/2014	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 1 MG	100	EA	BO	PO	EA	1	MG	1	09/10/2014	99/99/9999						
64380-0722-06		J7507		09/10/2014	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS 5 MG	100	EA	BO	PO	EA	1	MG	5	09/10/2014	99/99/9999						
64380-0726-06		J7517		01/06/2014	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	01/06/2014	99/99/9999						
64380-0884-04		J0604		06/10/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	30	EA	BO	PO	EA	1	MG	60	06/10/2020	99/99/9999						
64679-0056-01		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	IJ	EA	1	MG	100	12/23/2016	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						
66267-0081-20		Q0163		04/05/2002	10/17/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	04/05/2002	10/17/2016						
66267-0081-30		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999						
66267-0171-20		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						
66267-0171-30		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						
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						
66336-0629-10		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						
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						
66336-0862-50		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						
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						
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			
64980-0291-01		Q0175		01/15/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (FILM COATED) 4 MG	100	EA	BO	PO	EA	4	MG	1	01/15/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
64980-0292-01		Q0175		01/15/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (FILM COATED) 8 MG	100	EA	BO	PO	EA	4	MG	2	01/15/2020	99/99/9999						
64980-0293-01		Q0175		01/15/2020	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PERPHENAZINE (FILM COATED) 16 MG	100	EA	BO	PO	EA	4	MG	4	01/15/2020	99/99/9999						
64980-0336-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	05/25/2017	99/99/9999						
64980-0336-14		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	05/25/2017	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						
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						
66267-0172-10		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						
66267-0172-20		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						
66621-0790-02		J0841		01/01/2019	99/99/9999	INJECTION, CROTALIDAE IMMUNE F(AB')2 (EQUINE), 120 MG	ANAVIP (LYOPHILIZED) (10ML VL) 24 MG/1 ML	1	EA	VL	IV	EA	120	MG	2	01/01/2019	99/99/9999						
66621-0790-02		J3490		10/30/2018	12/31/2018	UNCLASSIFIED DRUGS	ANAVIP (LYOPHILIZED) (10ML VL) 24 MG/1 ML	1	EA	VL	IV	EA	1	MG	1	10/30/2018	12/31/2018						
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						
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						
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						
66758-0036-01		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						
65219-0018-10		J0290		12/12/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (VIAL,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	12/12/2019	99/99/9999						
65757-0401-03		J1944		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	ARISTADA 441 MG/1.6 ML	1.6	ML	SR	IM	ML	1	MG	275.625	10/01/2019	99/99/9999						
65757-0402-03		J1944		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	ARISTADA 662 MG/2.4 ML	2.4	ML	SR	IM	ML	1	MG	275.83333	10/01/2019	99/99/9999						
65757-0403-03		J1944		10/01/2019	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	ARISTADA 882 MG/3.2 ML	3.2	ML	SR	IM	ML	1	MG	275.625	10/01/2019	99/99/9999						
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						
65862-0943-24		J7614		12/07/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	12/07/2017	99/99/9999						
65862-0943-24	KO	J7614	KO	12/07/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	12/07/2017	99/99/9999						
66267-0173-20		J7506		04/04/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG	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						
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						
66758-0046-01		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						
66794-0162-02		J2274		07/27/2018	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG	MITIGO (SINGLE USE,PF) 25 MG/1 ML	20	ML	VL	IJ	ML	10	MG	2.5	07/27/2018	99/99/9999						
66794-0206-41		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	IJ	EA	1.5	GM	1	04/15/2019	99/99/9999						
66105-0507-09		Q0144		08/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	90	EA	BO	PO	EA	1	GM	0.25	08/22/2006	99/99/9999						
66105-0549-10		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66105-0653-06		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						
66105-0670-18		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						
66105-0832-09		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						
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						
66267-0173-60		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						
66267-0399-30		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						
66267-0961-21		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						
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 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						
66336-0045-90		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 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						
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						
66794-0211-42		J0696		08/15/2019	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PF,LATEX-FREE) 250 MG	25	EA	VL	IJ	EA	250	MG	1	08/15/2019	99/99/9999						
66794-0212-42		J0696		08/15/2019	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PF,LATEX-FREE) 500 MG	25	EA	VL	IJ	EA	250	MG	2	08/15/2019	99/99/9999						
66794-0217-41		J2543		04/08/2020	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV;USP,PF,LATEX-FREE) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	04/08/2020	99/99/9999						
66794-0221-41		J0290		03/05/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IJ	EA	500	MG	1	03/05/2020	99/99/9999						
66794-0222-41		J0290		03/05/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	03/05/2020	99/99/9999						
66794-0224-15		J0290		03/05/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PHARMACY BULK,PF) 10 GM	1	EA	VL	IV	EA	500	MG	20	03/05/2020	99/99/9999						
66794-0227-41		J2700		04/07/2020	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (USP) 10 GM	10	GM	VL	IV	EA	250	MG	40	04/07/2020	99/99/9999						
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						
66267-0081-15		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						
66267-0171-15		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						
66267-0172-15		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						
66267-0948-21		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						
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						
66336-0058-30		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						
66336-0085-25		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						
66336-0921-60		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						
66479-0521-01		J0735		06/14/2006	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	DURACLON (SDV,PF) 0.5 MG/ML	10	ML	VL	EP	ML	1	MG	0.5	06/14/2006	99/99/9999						
66993-0038-83		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						
67253-0320-10		None		12/30/2005	05/18/2020	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE (USP) 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	10/29/2007	05/18/2020	12/30/2005	01/01/2007	1			
67253-0580-42		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						
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	COSMEGEN 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	01/21/2006	10/31/2013						
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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66267-0977-04		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS 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						
66302-0101-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 1 MG/ML	20	ML	VL	IJ	ML	1	MG	1	01/01/2006	99/99/9999						
66302-0102-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 2.5 MG/ML	20	ML	VL	IJ	ML	1	MG	2.5	01/01/2006	99/99/9999						
66302-0110-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 10 MG/ML	20	ML	VL	IJ	ML	1	MG	10	01/01/2006	99/99/9999						
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 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						
66336-0045-20		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 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						
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						
66733-0822-59		J1817		03/04/2019	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN LISPRO KWIKPEN (5X3ML, PREFILLED) 100 U/1 ML	3	ML	PE	SC	ML	50	U	2	03/04/2019	99/99/9999						
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						
66758-0045-01		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						
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						
66794-0157-01		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						
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						
67457-0263-30		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	IJ	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	IJ	ML	100	MG	1	09/01/2016	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	IJ	ML	1	MG	0.4	09/14/2016	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	IJ	ML	1000	U	1	05/25/2018	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	IJ	ML	1000	U	1	03/16/2018	99/99/9999						
67457-0418-05		J1100		04/15/2020	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE NOVAPLUS (25X5ML;USP;MDV) 4 MG/1 ML	5	ML	VL	IJ	ML	1	MG	4	04/15/2020	99/99/9999						
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 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						
66336-0085-12		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						
66336-0085-60		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						
66336-0094-18		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						
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						
66794-0205-41		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	IJ	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	IJ	ML	1	MG	0.2	04/15/2019	99/99/9999						
66794-0214-42		J0696		08/15/2019	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PF,LATEX-FREE) 2 GM	25	EA	VL	IJ	EA	250	MG	8	08/15/2019	99/99/9999						
66794-0219-43		J2020		01/01/2020	99/99/9999	INJECTION, LINEZOLID, 200MG	LINEZOLID (LATEX-FREE) 600 MG/300 ML	300	ML	FC	IV	ML	200	MG	0.01	01/01/2020	99/99/9999						
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						
67457-0425-51		J9060		05/23/2014	99/99/9999	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG	CISPLATIN 1 MG/ML	50	ML	VL	IV	ML	10	MG	0.1	05/23/2014	99/99/9999						
67457-0431-11		J9390		11/07/2014	08/31/2016	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE (S.D.V., 1X1ML) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	11/07/2014	08/31/2016						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
67457-0479-53		J9390		09/04/2014	08/31/2016	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE (S.D.V.) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	09/04/2014	08/31/2016						
67457-0518-05		J9280		02/28/2018	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (PF,LYOPHILIZED) 5 MG	1	EA	VL	IV	EA	5	MG	1	02/28/2018	99/99/9999						
67457-0520-40		J9280		03/19/2018	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (SDV,PF) 40 MG	1	EA	VL	IV	EA	5	MG	8	03/19/2018	99/99/9999						
67457-0521-22		J2543		06/23/2016	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	06/23/2016	99/99/9999						
67457-0546-20		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						
67457-0593-04		J1652		08/07/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (27GX1/2",PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG	25	08/07/2015	99/99/9999						
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						
66336-0338-30		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						
66336-0515-10		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						
66336-0515-30		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						
66336-0589-60		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						
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						
66993-0083-79		J3030		07/01/2020	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE (2X0.5ML) 4 MG/0.5 ML	0.5	ML		SC	ML	6	MG	1.333333	07/01/2020	99/99/9999						
66993-0084-98		J3030		07/01/2020	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE (W/AUTO-INJ PEN&CASE) 6 MG/0.5 ML	0.5	ML	CR	SC	ML	6	MG	2	07/01/2020	99/99/9999						
67457-0594-06		J1652		02/11/2016	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	02/11/2016	99/99/9999						
67457-0602-99		J1644		05/25/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML) 10000 U/1 ML	1	ML	VL	IJ	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	IJ	ML	1000	U	10	06/14/2018	99/99/9999						
67457-0630-10		J1327		10/01/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	EPTIFIBATIDE (SDV) 2 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.4	10/01/2018	99/99/9999						
67457-0640-02		J0780		04/03/2019	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	04/03/2019	99/99/9999						
67457-0640-99		J0780		04/03/2019	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	04/03/2019	99/99/9999						
67457-0790-05		J1953		07/24/2017	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM (SDV) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	07/24/2017	99/99/9999						
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						
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						
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						
66794-0160-02		J2274		07/23/2018	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG	MITIGO (SINGLE USE,PF) 10 MG/1 ML	20	ML	VL	IJ	ML	10	MG	1	07/23/2018	99/99/9999						
66794-0202-42		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	IJ	ML	1	MG	0.2	04/15/2019	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						
67253-0102-10		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						
67253-0580-44		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						
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						
67457-0124-10		J1200		05/01/2007	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HYDROCHLORIDE (MDV,USP) 50 MG/ML	10	ML	VL	IJ	ML	50	MG	1	05/01/2007	99/99/9999						
67457-0153-03		J0282		07/01/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	3	ML	VL	IV	ML	30	MG	1.66666	07/01/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
67457-0794-10		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						
67457-0833-06		Q5108		07/09/2018	99/99/9999	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	FULPHILA (PF) 6 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	20	07/09/2018	99/99/9999						
67457-0843-30		J2020		07/31/2018	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						
67457-0859-30		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						
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						
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						
67457-0887-01		J1050		10/12/2018	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	MEDROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	10/12/2018	99/99/9999						
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	IJ	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	IJ	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	IJ	ML	1	MG	0.2	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	IJ	EA	1.5	GM	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	IJ	EA	500	MG	4	04/15/2019	99/99/9999						
66794-0213-42		J0696		08/15/2019	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PF,LATEX-FREE) 1 GM	25	EA	VL	IJ	EA	250	MG	4	08/15/2019	99/99/9999						
66794-0215-15		J0696		08/15/2019	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (PF,LATEX-FREE) 10 GM	1	EA	VL	IV	EA	250	MG	40	08/15/2019	99/99/9999						
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						
67457-0291-01		J0360		04/28/2016	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (PF) 20 MG/1 ML	1	ML	VL	IJ	ML	20	MG	1	04/28/2016	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						
67457-0348-10		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	IJ	EA	1.5	GM	1	12/01/2017	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	IJ	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	IJ	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	IJ	EA	500	MG	0.5	10/06/2016	99/99/9999						
67457-0373-99		J1644		06/14/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 20000 U/1 ML	1	ML	VL	IJ	ML	1000	U	20	06/14/2018	99/99/9999						
67457-0954-01		J1644		06/05/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM 5000 U/1 ML	10	ML	VL	IJ	ML	1000	U	5	06/05/2019	99/99/9999						
67457-0967-01		J1729		08/23/2019	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (SDV,PF) 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	08/23/2019	99/99/9999						
67457-0987-10		J2310		11/15/2019	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL NOVAPLUS (MDV) 0.4 MG/1 ML	10	ML	VL	IJ	ML	1	MG	0.4	11/15/2019	99/99/9999						
67457-0991-15		Q5114		11/29/2019	99/99/9999	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	OGIVRI (SDV,PF,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	10	MG	15	11/29/2019	99/99/9999						
67467-0843-05		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (LATEX-FREE) 50 MG/ML	1	ML	VL	IV	ML	500	MG	0.1	11/04/2011	09/14/2015						
67850-0021-10		J0290		08/28/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	08/28/2019	99/99/9999						
67850-0022-10		J0290		08/28/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	08/28/2019	99/99/9999						
66794-0216-41		J2543		04/08/2020	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (SDV;USP,PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	04/08/2020	99/99/9999						
66794-0220-41		J0290		03/05/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (USP,PF,LATEX-FREE) 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	03/05/2020	99/99/9999						
66794-0223-41		J0290		03/05/2020	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	03/05/2020	99/99/9999						
66794-0226-41		J2700		03/26/2020	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (10X2GM;USP) 2 GM	10	EA	VL	IJ	EA	250	MG	8	03/26/2020	99/99/9999						
66993-0039-01		J1729		08/09/2018	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (MDV) 250 MG/1 ML	5	ML	VL	IM	ML	10	MG	25	08/09/2018	99/99/9999						
66993-0083-98		J3030		07/01/2020	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE (W/AUTO-INJ PEN&CASE) 4 MG/0.5 ML	0.5	ML		SC	ML	6	MG	1.333333	07/01/2020	99/99/9999						
66993-0084-79		J3030		07/01/2020	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	SUMATRIPTAN SUCCINATE (2X0.5ML) 6 MG/0.5 ML	0.5	ML		SC	ML	6	MG	2	07/01/2020	99/99/9999						
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	IJ	ML	1000	U	5	06/14/2018	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						
67457-0424-10		J9060		05/23/2014	99/99/9999	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG	CISPLATIN (MDV) 1 MG/ML	100	ML	VL	IV	ML	10	MG	0.1	05/23/2014	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	ML	VL	IJ	ML	100	MG	1	02/26/2014	99/99/9999						
67457-0484-30		J1100		04/15/2020	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE NOVAPLUS (25X30ML;USP;MDV) 4 MG/1 ML	30	ML	VL	IJ	ML	1	MG	4	04/15/2020	99/99/9999						
67457-0524-33		J1740		09/02/2014	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG	IBANDRONATE SODIUM 1 MG/ML	5	ML	SR	IV	ML	1	MG	1	09/02/2014	99/99/9999						
67457-0528-10		J0640		07/23/2019	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	50	MG	2	07/23/2019	99/99/9999						
67457-0530-35		J0640		01/02/2019	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LYOPHILIZED) 350 MG	1	EA	VL	IJ	EA	50	MG	7	01/02/2019	99/99/9999						
67850-0031-10		J3490		08/28/2019	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN 1 GM	10	EA	VL	IJ	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	IJ	EA	1	EA	1	08/28/2019	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
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						
67877-0504-30		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						
67877-0539-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	04/26/2017	99/99/9999						
67877-0541-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	04/26/2017	99/99/9999						
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						
67979-0001-01		J9357		10/31/2007	99/99/9999	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	VALSTAR (4X5ML,PF) 40 MG/ML	5	ML	VL	IL	ML	200	MG	0.2	06/03/2009	99/99/9999	10/31/2007	03/03/2009	0.2			
67253-0320-36		None		06/25/2009	05/18/2020	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/25/2009	05/18/2020						
67253-0580-46		None		07/01/2003	09/23/2016	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X6) 2.5 MG	24	EA	DP	PO	EA	2.5	MG	1	07/01/2003	09/23/2016						
67457-0211-02		J1451		09/30/2009	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	FOMEPIZOLE (1X1.5ML,PF) 1 GM/ML	1.5	ML	VL	IV	ML	15	MG	66.66666	09/30/2009	99/99/9999						
67457-0212-02		J0883		11/14/2017	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	ARGATROBAN (SDV,PF) 100 MG/1 ML	2.5	ML	VL	IV	ML	1	MG	100	11/14/2017	99/99/9999						
67457-0348-15		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	IJ	EA	1.5	GM	1	09/04/2015	11/30/2017						
67457-0374-99		J1644		03/16/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X1ML) 5000 U/1 ML	1	ML	VL	IJ	ML	1000	U	5	03/16/2018	99/99/9999						
67457-0379-25		J2501		12/21/2018	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	PARICALCITOL 0.002 MG/1 ML	1	ML	VL	IV	ML	1	MCG	2	12/21/2018	99/99/9999						
67457-0532-08		J9171		09/28/2018	99/99/9999	DOCETAXEL INJECTION	DOCETAXEL (USP;MULTI-USE VIAL) 10 MG/1 ML	8	ML		IV	ML	1	MG	10	09/28/2018	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						
67457-0583-04		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						
67457-0618-10		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						
67457-0645-02		J2310		01/20/2020	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL NOVAPLUS (10X1ML,SDV) 0.4 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.4	01/20/2020	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						
67979-0002-01		J9226		01/01/2008	99/99/9999	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	SUPPRELIN LA 50 MG	1	EA	BX	SC	EA	50	MG	1	01/01/2008	99/99/9999						
67979-0500-01		J9226		01/01/2008	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						
68001-0265-27		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						
68001-0285-37		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						
68001-0285-40		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						
68001-0323-31		J2185		07/14/2017	11/05/2019	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV,USP) 500 MG	10	EA	VL	IV	EA	100	MG	5	07/14/2017	11/05/2019						
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	IJ	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						
67457-0397-99		J2780		08/17/2018	04/20/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (10X2ML,SDV,USP) 25 MG/1 ML	2	ML	VL	IJ	ML	25	MG	1	08/17/2018	04/20/2020						
67457-0398-62		J2780		08/17/2018	04/20/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (SDV,USP) 25 MG/1 ML	6	ML	VL	IJ	ML	25	MG	1	08/17/2018	04/20/2020						
67457-0434-51		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	IJ	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	IJ	ML	1	MG	2	12/22/2014	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						
67457-0889-10		J1453		09/05/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (PF,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/05/2019	99/99/9999						
67457-0928-02		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						
67457-0948-01		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	IJ	ML	1000	IU	1	02/21/2019	99/99/9999						
67457-0950-01		J1644		04/17/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (SDV) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	UNITS	10	04/17/2019	99/99/9999						
67467-0843-01		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (1GM/VIAL,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/VIAL,S/D TREATED) 50 MG/ML	1	ML	VL	IV	ML	500	MG	0.1	11/04/2011	09/14/2015						
68001-0345-26		Q2050		04/02/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	04/02/2018	99/99/9999						
68001-0345-36		Q2050		04/02/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	04/02/2018	99/99/9999						
68001-0348-36		J9201		05/01/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	05/01/2018	99/99/9999						
68001-0352-71		J7643		06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		IJ	ML	1	MG	0.2	06/15/2018	99/99/9999						
68001-0352-71	KO	J7643	KO	06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML		IJ	ML	1	MG	0.2	06/15/2018	99/99/9999						
68001-0353-72		J7643		06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	5	ML		IJ	ML	1	MG	0.2	06/15/2018	99/99/9999						
68001-0353-72	KO	J7643	KO	06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	5	ML		IJ	ML	1	MG	0.2	06/15/2018	99/99/9999						
68001-0390-77		J9280		05/01/2019	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (USP) 20 MG	1	EA	VL	IV	EA	5	MG	4	05/01/2019	99/99/9999						
67457-0443-60		J9208		10/07/2014	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (1X60ML) 3 GM/60 ML	60	ML	VL	IV	ML	1	GM	0.05	10/07/2014	99/99/9999						
67457-0474-04		J9351		09/04/2014	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG	TOPOTECAN HYDROCHLORIDE (SINGLE-DOSE,LYOPHILIZED) 4 MG	1	EA	VL	IV	EA	0.1	MG	40	09/04/2014	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
67457-0476-10		J9263		09/04/2014	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	0.5	MG	200	09/04/2014	99/99/9999						
67457-0483-10		J1100		04/15/2020	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE NOVAPLUS (10X10ML;USP) 10 MG/1 ML	10	ML	VL	IJ	ML	1	MG	10	04/15/2020	99/99/9999						
67457-0513-99		J9120		01/01/2018	02/27/2018	INJECTION, DACTINOMYCIN, 0.5 MG	DACTINOMYCIN (PF,LYOPHILIZED) 0.5 MG	12	EA	VL	IV	EA	0.5	MG	1	01/01/2018	02/27/2018						
67457-0531-02		J9171		09/28/2018	99/99/9999	DOCETAXEL INJECTION	DOCETAXEL (USP;SINGLE-USE VIAL) 10 MG/1 ML	2	ML		IV	ML	1	MG	10	09/28/2018	99/99/9999						
67457-0533-16		J9171		09/05/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG	DOCETAXEL (USP;MULTI-USE VIAL) 10 MG/1 ML	16	ML	VL	IV	ML	1	MG	10	09/05/2018	99/99/9999						
67457-0562-20		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						
67467-0843-03		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (5GM/VIAL,S/D TREATED) 50 MG/ML	1	ML	VL	IV	ML	500	MG	0.1	11/04/2011	09/14/2015						
67857-0809-38		J3030		03/17/2016	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ZEMBRACE SYMTOUCH (AUTOINJECTOR) 3 MG/0.5 ML	0.5	ML	SR	SC	ML	6	MG	1	03/17/2016	99/99/9999						
67871-4790-06		J1430		01/01/2006	99/99/9999	INJECTION, ETHANOLAMINE OLEATE, 100 MG	ETHAMOLIN (10X2ML AMP) 50 MG/ML	2	ML	AM	IV	ML	100	MG	0.5	01/01/2006	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						
67877-0458-60		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						
67877-0537-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	04/26/2017	99/99/9999						
67877-0538-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	04/26/2017	99/99/9999						
68001-0421-22		J1453		12/31/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	12/31/2019	99/99/9999						
68094-0101-10		J2760		12/19/2017	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	10	EA	VL	IJ	EA	5	MG	1	12/19/2017	99/99/9999						
68094-0101-20		J2760		12/19/2017	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	1	EA	VL	IJ	EA	5	MG	1	12/19/2017	99/99/9999						
68135-0020-01		J1458		01/01/2007	99/99/9999	INJECTION, GALSULFASE, 1 MG	NAGLAZYME (PF) 1 MG/ML	5	ML	VL	IV	ML	1	MG	1	01/01/2007	99/99/9999						
68180-0718-52		J1270		11/25/2019	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (MDV) 2 MCG/1 ML	2	ML	VL	IV	ML	1	MCG	2	11/25/2019	99/99/9999						
68209-0843-04		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	ML	500	MG	0.1	03/21/2012	09/14/2015						
68330-0001-01		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1	EA	VL	IJ	EA	250	MG	1	09/15/2007	09/25/2019						
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						
67457-0582-10		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						
67457-0585-08		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						
67457-0616-10		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						
67457-0631-10		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						
67457-0705-75		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						
67457-0822-99		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						
67877-0540-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	04/26/2017	99/99/9999						
67877-0568-60		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						
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 S0LUTION, 10 MG	CISPLATIN (MDV,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	09/12/2016	99/99/9999						
68001-0284-25		J9206		06/17/2016	07/01/2020	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML,SINGLE DOSE,PF) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	06/17/2016	07/01/2020						
68001-0341-36		J9263		02/15/2018	07/01/2020	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	02/15/2018	07/01/2020						
68001-0391-79		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						
68330-0001-10		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1	EA	VL	IJ	EA	250	MG	1	09/15/2007	09/25/2019						
68330-0002-01		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1	EA	VL	IJ	EA	250	MG	2	09/15/2007	09/25/2019						
68330-0002-10		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1	EA	VL	IJ	EA	250	MG	2	09/15/2007	09/25/2019						
68330-0003-01		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1	EA	VL	IJ	EA	250	MG	4	09/15/2007	09/25/2019						
68330-0003-10		J0696		09/15/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1	EA	VL	IJ	EA	250	MG	4	09/15/2007	09/25/2019						
68330-0006-01		J0696		11/05/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,PIGGYBACK) 2 GM	1	EA	GC	IJ	EA	250	MG	8	11/05/2007	09/25/2019						
68382-0003-01		J7500		05/01/2007	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	100	EA	BO	PO	EA	50	MG	1	05/01/2007	99/99/9999						
68382-0040-01		Q0169		12/01/2005	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 12.5 MG	100	EA	BO	PO	EA	12.5	MG	1	12/01/2005	99/99/9999						
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						
67457-0855-02		J0153		05/08/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE (10X2ML,SDV,PF) 3 MG/1 ML	2	ML	VL	IV	ML	1	MG	3	05/08/2018	99/99/9999						
67457-0858-20		J0153		04/15/2020	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	ADENOSINE NOVAPLUS (USP;SDV,PF,LATEX-FREE) 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	04/15/2020	99/99/9999						
67457-0863-01		J1626		03/21/2018	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X1ML,SDV,PF,LATEX-FREE) 1 MG/1 ML	1	ML	VL	IV	ML	100	MCG	10	03/21/2018	99/99/9999						
67457-0864-04		J1626		03/21/2018	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML,MDV,LATEX-FREE) 1 MG/1 ML	4	ML	VL	IV	ML	100	MCG	10	03/21/2018	99/99/9999						
67457-0876-30		J2795		05/23/2019	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						
67457-0893-08		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						
68001-0406-73		J3370		10/07/2019	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PKG,PF) 5 GM	1	EA	BO	IV	EA	500	MG	10	10/07/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68001-0416-36		J0640		11/11/2019	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LYOPHILIZED) 100 MG	1	EA	VL	IJ	EA	50	MG	2	11/11/2019	99/99/9999						
68001-0417-37		J0640		11/11/2019	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LYOPHILIZED) 200 MG	1	EA	VL	IJ	EA	50	MG	4	11/11/2019	99/99/9999						
68001-0418-38		J0640		11/11/2019	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LYOPHILIZED) 350 MG	1	EA	VL	IJ	EA	50	MG	7	11/11/2019	99/99/9999						
68084-0450-01		J7507		07/30/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (10X10,HARD GELATIN) 1 MG	100	EA	BX	PO	EA	1	MG	1	07/30/2010	99/99/9999						
68094-0518-62		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						
68094-0528-61		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						
68094-0528-62		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						
68382-0520-01		J7520		01/09/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG	SIROLIMUS (COATED) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	01/09/2014	99/99/9999						
68382-0755-67		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						
68382-0910-10		J3490		06/01/2018	99/99/9999	UNCLASSIFIED DRUGS	DOXYCYCLINE (PF,LYOPHILIZED) 100 MG	10	EA	VL	IV	EA	1	EA	1	06/01/2018	99/99/9999						
68382-0916-01		J7509		07/16/2018	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BP	PO	EA	4	MG	1	07/16/2018	99/99/9999						
68382-0917-11		J7509		07/19/2018	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 8 MG	25	EA	BP	PO	EA	4	MG	2	07/19/2018	99/99/9999						
68387-0240-10		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						
68387-0536-30		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						
67467-0843-04		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (10GM/VIAL,S/D TREATED) 50 MG/ML	1	ML	VL	IV	ML	500	MG	0.1	11/04/2011	09/14/2015						
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						
67877-0493-01		J7500		05/01/2020	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	100	EA	BO	PO	EA	50	MG	1	05/01/2020	99/99/9999						
67877-0505-30		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						
67877-0537-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	04/26/2017	99/99/9999						
67877-0538-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	04/26/2017	99/99/9999						
67877-0540-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	04/26/2017	99/99/9999						
67877-0634-30		J8999		01/18/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BO	PO	EA	1	EA	1	01/18/2019	99/99/9999						
68152-0114-01		J0642		10/01/2019	99/99/9999	INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	KHAPZORY (PF,LYOPHILIZED) 300 MG	1	EA	VL	IV	EA	0.5	MG	600	10/01/2019	99/99/9999						
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						
68180-0644-01		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						
68180-0644-10		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						
68180-0984-30		J7626		04/25/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	04/25/2019	99/99/9999						
68180-0984-30	KO	J7626	KO	04/25/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	04/25/2019	99/99/9999						
68209-0843-01		J1568		03/21/2012	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGRAM (1GM/1VIAL,SD TREATED) 50MG/ML	20	ML	VL	IV	ML	500	MG	0.1	03/21/2012	09/14/2015						
68387-0536-30		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						
68387-0541-30		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 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						
68462-0105-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999						
68462-0157-13		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 4 MG	30	EA	BX	PO	EA	1	MG	4	01/01/2012	99/99/9999						
68462-0584-58		J8501		10/13/2017	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT (2-DAY PACK,HARD GELATIN) 80 MG	2	EA	ST	PO	EA	5	MG	16	10/13/2017	99/99/9999						
68462-0584-76		J8501		10/13/2017	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT (1X6,HARD GELATIN) 80 MG	6	EA	ST	PO	EA	5	MG	16	10/13/2017	99/99/9999						
67919-0030-01		J0695		12/22/2014	99/99/9999	INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	ZERBAXA (PF) 1 GM-0.5 GM	10	EA	VL	IV	EA	75	MG	20	12/22/2014	99/99/9999						
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						
68001-0265-26		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						
68001-0282-25		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68001-0285-36		J0640		11/23/2016	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	50	MG	2	11/23/2016	99/99/9999						
68001-0286-38		J0640		11/23/2016	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IJ	EA	50	MG	7	11/23/2016	99/99/9999						
68001-0313-56		J9025		08/16/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	1	MG	100	08/16/2017	99/99/9999						
68209-0843-02		J1568		03/21/2012	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGRAM (PF,SUCROSE-FREE) 50MG/ML	50	ML	VL	IV	ML	500	MG	0.1	03/21/2012	09/14/2015						
68209-0843-03		J1568		03/21/2012	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGRAM (PF,SUCROSE-FREE) 50MG/ML	100	ML	VL	IV	ML	500	MG	0.1	03/21/2012	09/14/2015						
68330-0005-01		J0696		11/05/2007	09/25/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,PIGGYBACK) 1 GM	1	EA	GC	IJ	EA	250	MG	4	11/05/2007	09/25/2019						
68382-0003-05		J7500		05/01/2007	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	500	EA	BO	PO	EA	50	MG	1	05/01/2007	99/99/9999						
68382-0751-67		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 5 MG	14	EA	BO	PO	EA	5	MG	1	06/01/2018	99/99/9999						
68382-0752-67		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						
68382-0753-67		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	06/01/2018	99/99/9999						
68382-0754-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL	TEMOZOLOMIDE (HARD GELATIN) 140 MG	5	EA	BO	PO	EA	20	MG	7	06/01/2018	99/99/9999						
68982-0820-05		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						
68982-0840-05		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						
68992-3075-01		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG	ENVARSUS XR 0.75 MG	100	EA	BO	PO	EA	0.25	MG	3	01/01/2016	99/99/9999						
68992-3075-01		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG	ENVARSUS 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, (ENVARSUS XR), ORAL, 0.25 MG	ENVARSUS XR 0.75 MG	30	EA	BO	PO	EA	0.25	MG	3	01/01/2016	99/99/9999						
68992-3075-03		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG	ENVARSUS XR 0.75 MG	30	EA	BO	PO	EA	0.1	MG	7.5	09/01/2015	12/31/2015						
69097-0277-03		J8499		12/12/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	60	EA	BO	PO	EA	1	MG	1	12/12/2018	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						
68001-0338-62		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						
68001-0342-34		J9201		05/01/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMCITABINE 100 MG/1 ML	2	ML	VL	IV	ML	200	MG	0.5	05/01/2018	99/99/9999						
68001-0351-60		J7643		06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML		IJ	ML	1	MG	0.2	06/15/2018	99/99/9999						
68001-0351-60	KO	J7643	KO	06/15/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML		IJ	ML	1	MG	0.2	06/15/2018	99/99/9999						
68001-0355-25		J2469		06/15/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	06/15/2018	99/99/9999						
68001-0366-25		J3489		09/17/2018	03/06/2020	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	09/17/2018	03/06/2020						
68001-0376-68		J0878		05/13/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	05/13/2019	99/99/9999						
68001-0389-36		J9280		05/01/2019	99/99/9999	INJECTION, MITOMYCIN, 5 MG	MITOMYCIN (USP) 5 MG	1	EA	VL	IV	EA	5	MG	1	05/01/2019	99/99/9999						
68382-0826-14		J8999		03/23/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM-COATED) 10 MG	60	EA		PO	EA	1	EA	1	03/23/2018	99/99/9999						
68382-0916-34		J7509		07/16/2018	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	BP	PO	EA	4	MG	1	07/16/2018	99/99/9999						
68382-0919-11		J7509		07/19/2018	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 32 MG	25	EA	BO	PO	EA	4	MG	8	07/19/2018	99/99/9999						
68382-0997-10		J9017		12/11/2018	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	12/11/2018	99/99/9999						
68387-0240-25		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						
68387-0469-30		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 100 MG	30	EA	BO	PO	EA	25	MG	4	01/01/2014	06/01/2014						
68387-0469-30		Q0178		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						
69097-0439-35		J2469		03/25/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG	PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/25/2019	99/99/9999						
69097-0517-07		None		01/28/2019	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE (HARD GELATIN) 50 MG	100	EA	PC	PO	EA	50	MG	1	01/28/2019	99/99/9999						
69097-0534-97		J2370		05/01/2018	12/31/2019	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	05/01/2018	12/31/2019						
69097-0535-96		J2370		05/01/2018	12/31/2019	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	05/01/2018	12/31/2019						
69097-0536-37		J1071		06/19/2018	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						
69097-0802-32		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						
69097-0807-37		J0878		09/24/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	09/24/2019	99/99/9999						
68001-0407-75		J3370		10/07/2019	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PACKAGE) 10 GM	1	EA	BO	IV	EA	500	MG	20	10/07/2019	99/99/9999						
68001-0408-31		J1335		09/09/2019	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	ERTAPENEM (SDV,LYOPHILIZED) 1 GM	10	EA	VL	IJ	EA	500	MG	2	09/09/2019	99/99/9999						
68001-0437-25		J3489		09/01/2020	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (LATEX-FREE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	09/01/2020	99/99/9999						
68180-0611-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/20/2005	99/99/9999						
68180-0611-10		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/20/2005	99/99/9999						
68180-0622-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	NA	IJ	EA	250	MG	2	07/20/2005	99/99/9999						
68180-0622-10		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						
68180-0633-01		J0696		07/20/2005	07/17/2019	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/20/2005	07/17/2019						
68462-0106-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68462-0158-13		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 8 MG	10	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999						
68462-0502-01		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						
68546-0317-30		J1595		04/28/2008	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG	COPAXONE 20 MG/ML	1	ML	DP	MR	EA	20	MG	30	04/28/2008	99/99/9999						
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						
69117-0019-01		J8499		08/02/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA		PO	EA	1	EA	1	08/02/2018	99/99/9999						
69117-0019-02		J8499		08/02/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500	EA		PO	EA	1	EA	1	08/02/2018	99/99/9999						
69374-0965-02		J3360		01/01/2018	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/1 ML	2	ML		IJ	ML	5	MG	1	01/01/2018	99/99/9999						
69374-0967-50		J7040		01/01/2018	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (PF) 0.9%	50	ML		IV	ML	500	ML	0.002	01/01/2018	99/99/9999						
69374-0968-10		J7040		01/01/2018	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (PF) 0.9%	100	ML		IV	ML	500	ML	0.002	01/01/2018	99/99/9999						
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						
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						
68180-0633-10		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						
68382-0041-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	100	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999						
68382-0041-01		Q0170		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						
68382-0041-10		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 25 MG	1000	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999						
68382-0041-10		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 25 MG	1000	EA	BO	PO	EA	25	MG	1	02/27/2007	12/31/2013						
68382-0383-06		J8999		11/08/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	EXEMESTANE (FILM COATED) 25 MG	30	EA	BO	PO	EA	1	MG	1	11/08/2018	99/99/9999						
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						
68982-0820-06		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						
68982-0840-01		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						
68982-0850-04		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						
68992-3040-03		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG	ENVARSUS XR 4 MG	30	EA	BO	PO	EA	0.25	MG	16	01/01/2016	99/99/9999						
69543-0386-25		J1885		11/16/2017	06/26/2019	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	11/16/2017	06/26/2019						
69680-0112-10		J3420		06/13/2019	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	06/13/2019	99/99/9999						
69680-0113-99		J3420		01/02/2019	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (MDV) 1000 MCG/1 ML	10	ML	VL	IJ	ML	1000	MCG	1	01/02/2019	99/99/9999						
69794-0001-01		J3397		01/01/2019	99/99/9999	INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG	MEPSEVII (PF) 2 MG/1 ML	5	ML	VL	IV	ML	1	MG	2	01/01/2019	99/99/9999						
69794-0001-01		J3490		11/15/2017	12/31/2018	UNCLASSIFIED DRUGS	MEPSEVII (PF) 2 MG/1 ML	5	ML	VL	IV	ML	1	MG	1	11/15/2017	12/31/2018						
69794-0102-01		J0584		01/01/2019	99/99/9999	INJECTION, BUROSUMAB-TWZA 1 MG	CRYSVITA (PF) 10 MG/1 ML	1	ML	VL	SC	ML	1	MG	10	01/01/2019	99/99/9999						
69794-0102-01		J3490		04/17/2018	12/31/2018	UNCLASSIFIED DRUGS	CRYSVITA (PF) 10 MG/1 ML	1	ML	VL	SC	ML	1	MG	1	04/17/2018	12/31/2018						
69794-0203-01		J0584		01/01/2019	99/99/9999	INJECTION, BUROSUMAB-TWZA 1 MG	CRYSVITA (PF) 20 MG/1 ML	1	ML	VL	SC	ML	1	MG	20	01/01/2019	99/99/9999						
68992-3040-03		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG	ENVARSUS XR 4 MG	30	EA	BO	PO	EA	0.1	MG	40	09/01/2015	12/31/2015						
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						
69097-0319-87		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
69097-0319-87	KO	J7626	KO	11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.5	11/14/2017	99/99/9999						
69097-0321-53		J7626		07/28/2020	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	07/28/2020	99/99/9999						
69097-0321-53	KO	J7626	KO	07/28/2020	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	07/28/2020	99/99/9999						
68382-0751-96		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						
68382-0752-96		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						
68382-0753-96		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						
68382-0754-67		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						
68382-0827-01		J8999		03/23/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM-COATED) 20 MG	100	EA		PO	EA	1	EA	1	03/23/2018	99/99/9999						
68382-0827-06		J8999		03/23/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM-COATED) 20 MG	30	EA		PO	EA	1	EA	1	03/23/2018	99/99/9999						
68382-0860-02		J0515		06/01/2015	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	05/18/2018	99/99/9999	06/01/2015	03/31/2017	1			
68382-0860-10		J0515		06/01/2015	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	05/18/2018	99/99/9999	06/01/2015	03/31/2017	1			
69794-0203-01		J3490		04/17/2018	12/31/2018	UNCLASSIFIED DRUGS	CRYSVITA (PF) 20 MG/1 ML	1	ML	VL	SC	ML	1	MG	1	04/17/2018	12/31/2018						
69918-0700-10		J0330		08/10/2020	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	08/10/2020	99/99/9999						
69918-0700-26		J0330		10/16/2019	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	PREMIERPRO RX SUCCINYLCHOLINE CHLORIDE (MDV) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	10/16/2019	99/99/9999						
69918-0720-02		J9017		10/17/2019	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (SDV,PF) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	10/17/2019	99/99/9999						
70020-1911-01		J9207		01/01/2016	99/99/9999	INJECTION, IXABEPILONE, 1 MG	IXEMPRA (W/DILUENT) 45 MG	1	EA	VL	IV	EA	1	MG	45	01/01/2016	99/99/9999						
70069-0005-10		J3420		07/28/2016	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.,25X1ML) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	07/28/2016	99/99/9999						
70069-0021-25		J1100		04/30/2018	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (PF,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IJ	ML	1	MG	10	04/30/2018	99/99/9999						
70069-0101-05		J2800		09/12/2017	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	09/12/2017	99/99/9999						
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						
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						
69448-0005-12		J9045		02/11/2020	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (PF) 10 MG/1 ML	60	ML	VL	IV	ML	50	MG	0.2	02/11/2020	99/99/9999						
69448-0005-31		J9045		02/11/2020	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (PF) 10 MG/1 ML	5	ML	VL	IV	ML	50	MG	0.2	02/11/2020	99/99/9999						
69448-0005-33		J9045		02/11/2020	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (PF) 10 MG/1 ML	15	ML	VL	IV	ML	50	MG	0.2	02/11/2020	99/99/9999						
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						
69452-0172-74		Q0144		09/17/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X3, USP,FILM-COATED) 500 MG	3	EA	BX	PO	EA	1	GM	0.5	09/17/2019	99/99/9999						
68382-0918-18		J7509		07/19/2018	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 16 MG	50	EA	BO	PO	EA	4	MG	4	07/19/2018	99/99/9999						
68387-0170-01		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						
68387-0536-12		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						
68387-0536-12		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						
68387-0536-60		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						
68387-0536-60		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						
70069-0301-10		J0330		04/06/2020	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (10X10ML;MDV) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	04/06/2020	99/99/9999						
70069-0383-05		J1631		10/31/2019	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV) 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	10/31/2019	99/99/9999						
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						
70121-1076-05		J1940		04/19/2017	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (SDV) 10 MG/1 ML	10	ML	VL	IJ	ML	20	MG	0.5	04/19/2017	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	IJ	ML	10	MG	4	12/12/2017	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						
69452-0208-20		J8499		06/21/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CALCITRIOL 0.5 MCG	100	EA		PO	EA	1	EA	1	06/21/2018	99/99/9999						
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	ML	25	MCG	2	09/20/2018	99/99/9999						
69680-0121-05		J3420		03/05/2020	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/1 ML	30	ML	VL	IJ	ML	1000	MCG	1	03/05/2020	99/99/9999						
69918-0700-25		J0330		04/10/2019	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	04/10/2019	99/99/9999						
70069-0030-03		J1631		10/04/2018	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (3X1ML) 50 MG/1 ML	1	ML	AM	IM	ML	50	MG	1	10/04/2018	99/99/9999						
70069-0071-10		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	IJ	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	IJ	ML	1	MG	0.4	08/09/2017	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70069-0171-10		J3420		02/15/2019	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (MDV) 1000 MCG/1 ML	30	ML	VL	IJ	ML	1000	MCG	1	02/15/2019	99/99/9999						
68462-0583-85		J8501		10/13/2017	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT (1X5,HARD GELATIN) 40 MG	5	EA	ST	PO	EA	5	MG	8	10/13/2017	99/99/9999						
68462-0585-76		J8501		10/13/2017	99/99/9999	APREPITANT, ORAL, 5 MG	APREPITANT (1X6,HARD GELATIN) 125 MG	6	EA	ST	PO	EA	5	MG	25	10/13/2017	99/99/9999						
68982-0820-04		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						
68982-0820-84		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						
68982-0840-04		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						
68982-0850-01		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						
70121-1479-07		J2710		12/20/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	12/20/2018	99/99/9999						
70121-1572-01		J0641		04/19/2019	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	04/19/2019	99/99/9999						
70121-1573-05		J1030		07/07/2020	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP;SDV) 40 MG/1 ML	1	ML	VL	IJ	ML	40	MG	1	07/07/2020	99/99/9999						
70121-1581-05		J0330		04/02/2019	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	04/02/2019	99/99/9999						
70121-1630-01		J9340		09/11/2017	99/99/9999	INJECTION, THIOTEPA, 15 MG	TEPADINA 15 MG	1	EA	VL	IJ	EA	15	MG	1	09/11/2017	99/99/9999						
70257-0350-51		J2792		05/01/2020	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (1X2.2ML,SDV,PF) 2500 IU/2.2 ML	2.2	ML	VL	IJ	ML	100	IU	11.363636	05/01/2020	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						
70069-0172-10		J3420		07/31/2017	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (MDV,LATEX-FREE) 1000 MCG/1 ML	10	ML	VL	IJ	ML	1000	MCG	1	07/31/2017	99/99/9999						
70069-0361-10		J3490		10/14/2019	99/99/9999	UNCLASSIFIED DRUGS	SULFAMETHOXAZOLE/TRIMETHOPRIM 80 MG/1 ML-16 MG/1 ML	5	ML	VL	IV	ML	1	EA	1	10/14/2019	99/99/9999						
70069-0362-10		J3490		10/14/2019	99/99/9999	UNCLASSIFIED DRUGS	SULFAMETHOXAZOLE/TRIMETHOPRIM 80 MG/1 ML-16 MG/1 ML	10	ML	VL	IV	ML	1	EA	1	10/14/2019	99/99/9999						
70069-0363-01		J3490		10/14/2019	99/99/9999	UNCLASSIFIED DRUGS	SULFAMETHOXAZOLE/TRIMETHOPRIM 80 MG/1 ML-16 MG/1 ML	30	ML	VL	IV	ML	1	EA	1	10/14/2019	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						
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	IJ	EA	125	MG	1	02/28/2017	99/99/9999						
70257-0562-55		J0476		07/10/2017	99/99/9999	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	LIORESAL INTRATHECAL (SCREENING #8563,PF) 0.05 MG/1 ML	1	ML	AM	IN	ML	50	MCG	1	07/10/2017	99/99/9999						
70436-0029-80		J3465		01/10/2019	99/99/9999	INJECTION, VORICONAZOLE, 10 MG	VORICONAZOLE (PF,LATEX-FREE) 200 MG	1	EA	VL	IV	EA	10	MG	20	01/10/2019	99/99/9999						
70515-0261-10		J1160		01/01/2020	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN 0.25 MG/1 ML	2	ML	VL	IJ	ML	0.5	MG	0.5	01/01/2020	99/99/9999						
70515-0262-10		J1160		01/17/2018	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN PEDIATRIC 0.1 MG/1 ML	1	ML	AM	IJ	ML	0.5	MG	0.2	01/17/2018	99/99/9999						
70515-0263-10		J1160		01/01/2020	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN PEDIATRIC 0.1 MG/1 ML	1	ML	VL	IJ	ML	0.5	MG	0.2	01/01/2020	99/99/9999						
70594-0035-02		J3243		08/04/2020	99/99/9999	INJECTION, TIGECYCLINE, 1 MG	TIGECYCLINE (PF,LYOPHILIZED) 50 MG	10	EA	VL	IV	EA	1	MG	50	08/04/2020	99/99/9999						
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						
70594-0057-02		J3370		09/07/2020	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (FLEXIBLE BAG) 1.25 GM/250 ML	250	ML	FC	IV	ML	500	MG	0.01	09/07/2020	99/99/9999						
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	IJ	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	IJ	ML	10	MG	4	12/12/2017	99/99/9999						
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						
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						
70121-1408-05		J1270		07/10/2017	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (MDV) 2 MCG/1 ML	2	ML	VL	IV	ML	1	MCG	2	07/10/2017	99/99/9999						
70121-1454-07		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						
70121-1482-02		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						
70121-1573-01		J1030		07/07/2020	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP;SDV) 40 MG/1 ML	1	ML	VL	IJ	ML	40	MG	1	07/07/2020	99/99/9999						
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						
70655-0099-95		J2700		06/19/2018	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 1 GM	10	EA	VL	IJ	EA	250	MG	4	06/19/2018	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						
70710-1457-01		Q0144		08/28/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 100 MG/5 ML	15	ML		PO	ML	1	GM	0.02	08/28/2018	99/99/9999						
70710-1461-09		J1631		01/13/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (S.D.V.,LATEX-FREE) 50 MG/1 ML	1	ML	VL	IM	ML	50	MG	1	01/13/2020	99/99/9999						
70710-1464-01		J1631		01/13/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV,LATEX-FREE) 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	01/13/2020	99/99/9999						
70710-1515-06		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG	25	01/13/2020	99/99/9999						
70121-1644-01		J0894		01/28/2020	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	01/28/2020	99/99/9999						
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	IJ	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	IJ	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	IJ	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	IJ	ML	10	MG	4	12/28/2018	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
70121-1655-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	PREMIERPRO RX TRIAMCINOLONE ACETONIDE 40 MG/1 ML	10	ML	VL	IJ	ML	10	MG	4	12/28/2018	99/99/9999						
70257-0300-51		J2792		05/01/2020	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (SDV,PF) 15000 IU/13 ML	13	ML	VL	IJ	ML	100	IU	11.538462	05/01/2020	99/99/9999						
70710-1517-09		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	01/13/2020	99/99/9999						
70720-0101-02		J8670		11/01/2019	99/99/9999	ROLAPITANT, ORAL, 1 MG	VARUBI (CONTAINS 2 TABLETS) 90 MG	2	EA	DP	PO	EA	1	MG	90	11/01/2019	99/99/9999						
70720-0720-10		J2278		12/02/2019	99/99/9999	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X1ML,SINGLE-USE VIAL) 100 MCG/1 ML	1	ML	VL	IN	ML	1	MCG	100	12/02/2019	99/99/9999						
70720-0950-36		J9202		04/06/2018	99/99/9999	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	ZOLADEX (SAFESYSTEM SRN) 3.6 MG	1	EA	SR	SC	EA	3.6	MG	1	04/06/2018	99/99/9999						
70720-0951-30		J9202		02/02/2018	99/99/9999	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	ZOLADEX (SAFESYSTEM SRN) 10.8 MG	1	EA	SR	SC	EA	3.6	MG	3	02/02/2018	99/99/9999						
70748-0217-16		J7518		04/01/2020	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 180 MG	120	EA	BO	PO	EA	180	MG	1	04/01/2020	99/99/9999						
70842-0160-10		J2265		08/24/2018	99/99/9999	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	MINOCIN (LYOPHILIZED) 100 MG	10	EA	VL	IV	EA	1	MG	100	08/24/2018	99/99/9999						
70860-0105-20		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						
70436-0008-04		J0604		03/06/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	30	EA	BO	PO	EA	1	MG	60	03/06/2019	99/99/9999						
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						
70594-0023-01		J0770		01/16/2019	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE 150 MG	1	EA	VL	IJ	EA	150	MG	1	01/16/2019	99/99/9999						
70594-0026-02		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						
70594-0046-02		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						
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						
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	IJ	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	IJ	EA	500	MG	1	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	IJ	EA	500	MG	4	07/31/2018	99/99/9999						
70860-0119-99		J3490		10/02/2018	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN (PF,LATEX-FREE) 10 GM	1	EA	VL	IV	EA	1	EA	1	10/02/2018	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						
70860-0122-50		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						
70860-0200-50		J9267		06/29/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	06/29/2017	99/99/9999						
70860-0201-10		J9263		06/29/2017	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						
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						
69097-0316-02		J8999		06/01/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	EXEMESTANE (FILM COATED) 25 MG	30	EA		PO	EA	1	EA	1	06/01/2018	99/99/9999						
69097-0319-53		J7626		03/21/2020	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	03/21/2020	99/99/9999						
69097-0319-53	KO	J7626	KO	03/21/2020	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	03/21/2020	99/99/9999						
69097-0321-87		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						
69097-0411-02		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						
70655-0002-10		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (PF,LATEX-FREE) 200 MG/100 ML	100	ML	BX	IV	ML	200	MG	0.01	08/31/2018	99/99/9999						
70655-0088-10		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						
70655-0109-95		J2700		06/19/2018	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN 2 GM	10	EA	VL	IJ	EA	250	MG	8	06/19/2018	99/99/9999						
70655-0144-06		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE NOVAPLUS (PF,LATEX-FREE) 400 MG/200 ML	200	ML		IV	ML	200	MG	0.01	08/31/2018	99/99/9999						
70710-1377-01		J0330		07/18/2018	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV, INNER PACK,STERILE) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	07/18/2018	99/99/9999						
70710-1377-02		J0330		07/18/2018	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (MDV,STERILE) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	07/18/2018	99/99/9999						
70710-1459-02		Q0144		08/28/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	22.5	ML		PO	ML	1	GM	0.04	08/28/2018	99/99/9999						
70710-1460-02		Q0144		08/28/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	30	ML		PO	ML	1	GM	0.04	08/28/2018	99/99/9999						
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						
70860-0206-51		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						
70860-0210-51		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						
70860-0214-61		J9245		08/08/2019	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 50 MG	MELPHALAN HYDROCHLORIDE (W/10ML DILUENT,PF) 50 MG	1	EA	VL	IV	EA	50	MG	1	08/08/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70860-0601-05		J2250		02/01/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (MDV) 5 MG/1 ML	5	ML	VL	IJ	ML	1	MG	5	02/01/2017	99/99/9999						
70860-0653-10		J2800		01/02/2019	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (PF,LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	01/02/2019	99/99/9999						
70954-0188-10		J8499		07/15/2020	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (1X473ML;USP,BANANA) 200 MG/5 ML	473	ML	BO	PO	ML	1	EA	1	07/15/2020	99/99/9999						
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						
69097-0516-07		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						
69097-0537-37		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						
69097-0802-37		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						
69097-0830-37		J1453		01/06/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LYOPHILIZED) 150 MG	1	EA	BO	IV	EA	1	MG	150	01/06/2020	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						
69117-0018-01		J8499		08/02/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA		PO	EA	1	EA	1	08/02/2018	99/99/9999						
70710-1464-05		J1631		01/13/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (MDV,LATEX-FREE) 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	01/13/2020	99/99/9999						
70710-1514-09		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	01/13/2020	99/99/9999						
70710-1516-06		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	01/13/2020	99/99/9999						
70710-1550-01		J2780		07/10/2019	04/02/2020	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (PHARMACY BULK PACKAGE) 25 MG/1 ML	40	ML	VL	IJ	ML	25	MG	1	07/10/2019	04/02/2020						
70748-0218-16		J7518		04/01/2020	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYCOPHENOLIC ACID (FILM-COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	04/01/2020	99/99/9999						
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						
70860-0116-26		J3490		07/31/2018	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN (PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	1	EA	1	07/31/2018	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						
71288-0002-31		J2543		08/31/2020	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	08/31/2020	99/99/9999						
71288-0003-31		J2543		08/31/2020	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	08/31/2020	99/99/9999						
71288-0004-51		J2543		08/31/2020	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	08/31/2020	99/99/9999						
71288-0008-15		J0692		01/07/2019	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (SDV,PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	01/07/2019	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	IJ	EA	15	U	2	10/01/2018	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						
69117-0018-02		J8499		08/02/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	500	EA		PO	EA	1	EA	1	08/02/2018	99/99/9999						
69238-1056-01		Q0161		09/12/2018	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (FILM-COATED) 25 MG	100	EA		PO	EA	5	MG	5	09/12/2018	99/99/9999						
69238-1797-01		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						
69448-0005-34		J9045		02/11/2020	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (PF) 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	02/11/2020	99/99/9999						
69452-0154-20		J7507		06/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	06/10/2016	99/99/9999						
69452-0171-13		Q0144		05/06/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	05/06/2019	99/99/9999						
69452-0171-73		Q0144		09/17/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6, USP,FILM-COATED) 250 MG	18	EA	BX	PO	EA	1	GM	0.25	09/17/2019	99/99/9999						
69452-0172-13		Q0144		05/06/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	05/06/2019	99/99/9999						
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						
70860-0402-10		J0583		01/01/2020	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	BIVALIRUDIN (PF,LATEX-FREE) 250 MG	10	EA	VL	IV	EA	1	MG	250	01/01/2020	99/99/9999						
70860-0601-10		J2250		02/01/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (MDV) 5 MG/1 ML	10	ML	VL	IJ	ML	1	MG	5	02/01/2017	99/99/9999						
70860-0602-82		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (PF,LATEX-FREE) 500 MG/100 ML-0.82%	100	ML	BG	IV	ML	10	MG	0.5	06/13/2018	99/99/9999						
70860-0603-82		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG	LEVETIRACETAM-SODIUM CHLORIDE (PF,LATEX-FREE) 1000 MG/100 ML-0.75%	100	ML	BG	IV	ML	10	MG	1	06/13/2018	99/99/9999						
70860-0701-01		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	IJ	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						
71288-0400-03		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,25X2ML,PF) 1000 U/1 ML	2	ML	VL	IJ	ML	1000	U	1	08/19/2019	99/99/9999						
71288-0402-11		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (LATEX-FREE) 1000 U/1 ML	10	ML	VL	IJ	ML	1000	U	1	08/19/2019	99/99/9999						
71288-0402-31		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 1000 U/1 ML	30	ML	VL	IJ	ML	1000	U	1	08/19/2019	99/99/9999						
71288-0403-11		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 5000 U/1 ML	10	ML	VL	IJ	ML	1000	U	5	08/19/2019	99/99/9999						
71288-0404-05		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 10000 U/1 ML	4	ML	VL	IJ	ML	1000	U	10	08/19/2019	99/99/9999						
71288-0407-03		J7643		07/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV, USP,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	99/99/9999						
71288-0407-03	KO	J7643	KO	07/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (SDV, USP,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	99/99/9999						
71288-0419-96		J1644		06/01/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (SDV;25X1ML,LATEX-FREE) 1000 U/1 ML	1	ML	VL	IJ	ML	1000	U	1	06/01/2020	99/99/9999						
69452-0172-72		Q0144		09/17/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3, USP,FILM-COATED) 500 MG	9	EA	BX	PO	EA	1	GM	0.5	09/17/2019	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
69452-0173-13		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						
69639-0105-01		J1454		06/08/2020	99/99/9999	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	AKYNZEO (SDV) 235MG-0.25MG/20ML	20	ML	VL	IV	ML	235.25	MG	0.05	06/08/2020	99/99/9999						
69656-0101-02		J8670		01/01/2017	10/31/2019	ROLAPITANT, ORAL, 1 MG	VARUBI (FILM COATED) 90 MG	2	EA	DP	PO	EA	1	MG	90	01/01/2017	10/31/2019						
69656-0101-02		Q9981		07/01/2016	12/31/2016	ROLAPITANT, ORAL, 1 MG	VARUBI (FILM COATED) 90 MG	2	EA	DP	PO	EA	1	MG	90	07/01/2016	12/31/2016						
69656-0102-10		J2797		01/01/2019	07/12/2018	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	07/12/2018						
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						
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						
70860-0776-02		J2405		02/01/2017	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HCL (SDV,PF) 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	02/01/2017	99/99/9999						
70860-0777-20		J2405		02/01/2017	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	02/01/2017	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						
70860-0802-82		J3489		01/01/2020	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG	ZOLEDRONIC ACID (PF,LATEX-FREE) 5 MG/100 ML	100	ML	BG	IV	ML	1	MG	0.05	01/01/2020	99/99/9999						
70954-0058-10		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	1	MG	5	11/18/2019	99/99/9999						
70954-0058-20		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	1	MG	5	11/18/2019	99/99/9999						
70954-0058-30		J7512		11/25/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	21	EA	BX	PO	EA	1	MG	5	11/25/2019	99/99/9999						
71288-0424-96		J1644		06/01/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (MDV;25X1ML,LATEX-FREE) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	U	10	06/01/2020	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	IJ	ML	10	ML	0.1	01/21/2019	99/99/9999						
71297-0211-41		J8540		03/17/2017	03/21/2018	DEXAMETHASONE, ORAL, 0.25 MG	LOCORT (11-DAY) 1.5 MG	41	EA	ST	PO	EA	0.25	MG	6	03/17/2017	03/21/2018						
71715-0001-01		J0121		10/01/2019	99/99/9999	INJECTION, OMADACYCLINE, 1 MG	NUZYRA (LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	1	MG	100	10/01/2019	99/99/9999						
71715-0001-02		J0121		10/01/2019	99/99/9999	INJECTION, OMADACYCLINE, 1 MG	NUZYRA (LYOPHILIZED) 100 MG	10	EA	CR	IV	EA	1	MG	100	10/01/2019	99/99/9999						
71839-0105-01		J2710		10/21/2019	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (USP, MDV,LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	10/21/2019	99/99/9999						
71839-0106-24		J2710		10/21/2019	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (USP,SDV,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	10/21/2019	99/99/9999						
69918-0720-10		J9017		11/13/2018	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (10X10 SDV,PF) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	11/13/2018	99/99/9999						
70020-1910-01		J9207		01/01/2016	99/99/9999	INJECTION, IXABEPILONE, 1 MG	IXEMPRA (W/DILUENT) 15 MG	1	EA	VL	IV	EA	1	MG	15	01/01/2016	99/99/9999						
70069-0025-10		J1100		08/19/2019	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (10X10ML,MDV,USP) 10 MG/1 ML	10	ML	VL	IJ	ML	1	MG	10	08/19/2019	99/99/9999						
70069-0031-05		J1631		10/04/2018	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (5X1ML) 100 MG/1 ML	1	ML	AM	IM	ML	50	MG	2	10/04/2018	99/99/9999						
70069-0064-01		J2795		07/02/2018	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	ROPIVACAINE HCL (PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	IJ	ML	1	MG	5	07/02/2018	99/99/9999						
70069-0101-25		J2800		09/12/2017	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	09/12/2017	99/99/9999						
70069-0301-25		J0330		02/10/2020	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	02/10/2020	99/99/9999						
70069-0384-01		J1631		03/05/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (1X5ML;MDV) 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	03/05/2020	99/99/9999						
70954-0058-40		J7512		11/25/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE 5 MG	48	EA	BX	PO	EA	1	MG	5	11/25/2019	99/99/9999						
70954-0061-10		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 50 MG	100	EA	BO	PO	EA	1	MG	50	11/18/2019	99/99/9999						
71225-0104-01		J1729		01/02/2019	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	HYDROXYPROGESTERONE CAPROATE (MULTI-DOSE VIAL) 250 MG/1 ML	5	ML	VL	IM	ML	10	MG	25	01/02/2019	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	IJ	EA	500	MG	4	01/07/2019	99/99/9999						
71288-0014-21		J2185		12/02/2019	99/99/9999	INJECTION, MEROPENEM, 100 MG	MEROPENEM (SDV, USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	100	MG	5	12/02/2019	99/99/9999						
71288-0018-10		J0878		01/27/2020	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	1	MG	500	01/27/2020	99/99/9999						
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						
71930-0017-30		Q0162		07/18/2018	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HCL (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	07/18/2018	99/99/9999						
72171-0501-01		J9210		10/01/2019	99/99/9999	INJECTION, EMAPALUMAB-LZSG, 1 MG	GAMIFANT (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	GAMIFANT (PF) 5 MG/1 ML	10	ML	VL	IV	ML	1	MG	5	10/01/2019	99/99/9999						
72266-0125-10		J9263		02/15/2019	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	02/15/2019	99/99/9999						
72485-0211-02		J9206		05/06/2019	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	05/06/2019	99/99/9999						
72485-0221-02		J9201		02/04/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE 38 MG/1 ML	5.26	ML	VL	IV	ML	200	MG	0.19	02/04/2020	99/99/9999						
72485-0222-10		J9201		02/04/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE 38 MG/1 ML	26.3	ML	VL	IV	ML	200	MG	0.19	02/04/2020	99/99/9999						
70092-0087-46		J0330		03/19/2020	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (5X10ML,SULFITE-FREE) 20 MG/1 ML	10	ML		IV	ML	20	MG	1	03/19/2020	99/99/9999						
70092-0505-79		J3010		05/20/2020	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL (PF,SULFITE-FREE) 50 MCG/1 ML	30	ML		IV	ML	0.1	MG	0.5	05/20/2020	99/99/9999						
70121-1169-01		J3301		12/12/2017	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE 40 MG/1 ML	10	ML	VL	IJ	ML	10	MG	4	12/12/2017	99/99/9999						
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						
70121-1244-07		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						
70121-1453-07		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						
70121-1478-07		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						
70121-1574-01		J1040		07/07/2020	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (SDV;USP) 80 MG/1 ML	1	ML	VL	IJ	ML	80	MG	1	07/07/2020	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						
71288-0104-10		J0641		07/24/2020	99/99/9999	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5 MG	LEVOLEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	07/24/2020	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
71288-0109-20		J9100		11/05/2018	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (SDV,PF,LATEX-FREE) 100 MG/1 ML	20	ML	VL	IJ	ML	100	MG	1	11/05/2018	99/99/9999						
71288-0404-02		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (SDV,LATEX-FREE) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	U	10	08/19/2019	99/99/9999						
71288-0408-06		J7643		07/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV, USP,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	99/99/9999						
71288-0408-06	KO	J7643	KO	07/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV, USP,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	99/99/9999						
71288-0408-21		J7643		07/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV, UPS,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	99/99/9999						
72485-0223-20		J9201		02/04/2020	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	GEMCITABINE 38 MG/1 ML	52.6	ML	VL	IV	ML	200	MG	0.19	02/04/2020	99/99/9999						
72572-0432-10		J2250		11/08/2019	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X5ML) 1 MG/1 ML	5	ML	VL	IJ	ML	1	MG	1	11/08/2019	99/99/9999						
72603-0200-01		Q2050		07/17/2019	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	07/17/2019	99/99/9999						
72606-0557-01		J8999		11/08/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BO	PO	EA	1	EA	1	11/08/2019	99/99/9999						
72606-0569-01		J1453		03/30/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	03/30/2020	99/99/9999						
72611-0642-25		J3490		10/01/2019	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN 150 MG/1 ML	6	ML	VL	IJ	ML	1	EA	1	10/01/2019	99/99/9999						
72611-0722-25		J1885		01/17/2020	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	01/17/2020	99/99/9999						
72611-0749-10		J2250		08/04/2020	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X10 MDV,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IJ	ML	1	MG	5	08/04/2020	99/99/9999						
71288-0408-21	KO	J7643	KO	07/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV, UPS,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	07/15/2019	99/99/9999						
71288-0418-10		J1453		12/16/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (LATEX-FREE,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	12/16/2019	99/99/9999						
71288-0420-96		J1644		04/15/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	PREMIERPRO RX HEPARIN SODIUM (MDV,25X10ML,LATEX-FREE) 1000 U/1 ML	10	ML	VL	IJ	ML	1000	U	1	04/15/2020	99/99/9999						
71839-0105-24		J2710		10/21/2019	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (USP, MDV,LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	10/21/2019	99/99/9999						
71839-0106-01		J2710		10/14/2019	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (USP,SDV,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	10/14/2019	99/99/9999						
71930-0017-52		Q0162		02/12/2020	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HCL (FILM-COATED) 4 MG	500	EA	BO	PO	EA	1	MG	4	02/12/2020	99/99/9999						
72266-0107-01		J0637		04/02/2019	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (SDV,PF,LATEX-FREE) 70 MG	1	EA	VL	IV	EA	5	MG	14	04/02/2019	99/99/9999						
72611-0785-02		J9330		06/04/2020	99/99/9999	INJECTION, TEMSIROLIMUS, 1 MG	TEMSIROLIMUS (WITH DILUENT) 25 MG/1 ML	1	ML	VL	IV	ML	1	MG	25	06/04/2020	99/99/9999						
72647-0331-01		J7509		11/12/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	11/12/2019	99/99/9999						
73070-0203-15		J1815		12/16/2019	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	INSULIN ASPART PROTAMINE-INSULIN ASPART FLEXPEN 70 U/1 ML-30 U/1 ML	3	ML	PN	SC	ML	5	U	20	12/16/2019	99/99/9999						
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	IJ	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	IJ	ML	10	MG	0.2	04/01/2014	12/31/2014						
76204-0003-24		J7614		02/18/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE, 1.25 MG/3ML,(24X3ML, PF)	3	ML	BO	IH	ML	0.5	MG	0.83333	02/01/2013	99/99/9999						
76204-0003-24	KO	J7614	KO	02/18/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE, 1.25 MG/3ML,(24X3ML, PF)	3	ML	BO	IH	ML	0.5	MG	0.83333	02/01/2013	99/99/9999						
72266-0126-10		J9263		02/15/2019	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	02/15/2019	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						
72485-0101-25		J1200		05/28/2019	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (25X1ML,LATEX-FREE) 50 MG/1 ML	1	ML	VL	IJ	ML	50	MG	1	05/28/2019	99/99/9999						
72485-0104-01		J0706		01/14/2020	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (USP,SDV,PF) 20 MG/1 ML	3	ML	VL	IV	ML	5	MG	4	01/14/2020	99/99/9999						
72485-0205-12		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						
72485-0212-05		J9206		05/06/2019	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	05/06/2019	99/99/9999						
72485-0216-08		J9171		01/29/2020	99/99/9999	DOCETAXEL INJECTION	DOCETAXEL (USP,SDV) 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	01/29/2020	99/99/9999						
72572-0025-10		J3490		01/27/2020	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (LATEX-FREE,LYOPHILIZED) 50000 U	10	EA	VL	IM	EA	1	EA	1	01/27/2020	99/99/9999						
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						
70121-1578-07		J2370		01/09/2019	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	01/09/2019	99/99/9999						
70121-1579-01		J2370		01/09/2019	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	01/09/2019	99/99/9999						
70121-1631-01		J9340		09/11/2017	99/99/9999	INJECTION, THIOTEPA, 15 MG	TEPADINA 100 MG	1	EA	VL	IJ	EA	15	MG	6.66666	09/11/2017	99/99/9999						
70121-1657-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	PREMIERPRO RX TRIAMCINOLONE ACETONIDE 40 MG/1 ML	1	ML	VL	IJ	ML	10	MG	4	12/28/2018	99/99/9999						
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						
70257-0563-01		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
76204-0100-60		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						
76204-0200-60		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						
76204-0700-25		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						
72572-0061-25		J0696		03/24/2020	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	25	EA	VL	IJ	EA	250	MG	4	03/24/2020	99/99/9999						
72572-0062-25		J0696		03/24/2020	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	25	EA	VL	IJ	EA	250	MG	8	03/24/2020	99/99/9999						
72572-0100-01		J0878		09/20/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (PF,LYOPHILIZED) 350 MG	1	EA	VL	IV	EA	1	MG	350	09/20/2019	99/99/9999						
72572-0120-25		J1100		10/22/2019	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (USP) 4 MG/1 ML	1	ML	VI	IJ	ML	1	MG	4	10/22/2019	99/99/9999						
72572-0171-25		J3010		11/08/2019	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X5ML,USP,SDV,PF) 0.05 MG/1 ML	5	ML	VL	IJ	ML	0.1	MG	0.5	11/08/2019	99/99/9999						
72572-0255-25		J1644		10/22/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (USP) 5000 U/1 ML	1	ML	VL	IJ	ML	1000	U	5	10/22/2019	99/99/9999						
72572-0372-25		J2001		11/12/2019	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X5ML,PF) 2%	5	ML	VL	IJ	ML	10	MG	2	11/12/2019	99/99/9999						
72572-0430-25		J2250		11/08/2019	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (25X2ML,USP) 1 MG/1 ML	2	ML	VL	IJ	ML	1	MG	1	11/08/2019	99/99/9999						
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 CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	RAPIDPAQ DICOPANOL (1X150ML) 5 MG/1 ML	150	ML	BO	PO	ML	50	MG	0.1	04/01/2016	99/99/9999						
70362-0702-39		J8540		03/15/2019	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	03/15/2019	99/99/9999						
70436-0007-04		J0604		03/06/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30	EA	BO	PO	EA	1	MG	30	03/06/2019	99/99/9999						
70436-0019-82		J0456		12/17/2018	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (LYOPHILIZED) 500 MG	10	EA	VL	IV	EA	500	MG	1	12/17/2018	99/99/9999						
70436-0089-55		J1570		01/10/2019	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	GANCICLOVIR (USP,LYOPHILIZED) 500 MG	25	EA	VL	IV	EA	500	MG	1	01/10/2019	99/99/9999						
70594-0023-04		J0770		01/16/2019	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE 150 MG	12	EA	VL	IJ	EA	150	MG	1	01/16/2019	99/99/9999						
70594-0026-04		J3490		11/15/2019	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN NOVAPLUS 50000 U	10	EA	VL	IM	EA	1	EA	1	11/15/2019	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						
76204-0800-25		J7614		07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	07/17/2017	99/99/9999						
76204-0800-25	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						
76204-0900-25		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						
76282-0676-30		J0604		06/12/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	30	EA	BO	PO	EA	1	MG	60	06/12/2020	99/99/9999						
72572-0440-25		J2274		10/22/2019	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	MORPHINE SULFATE (USP) 4 MG/1 ML	1	ML	VL	IV	ML	10	MG	0.4	10/22/2019	99/99/9999						
72572-0460-24		J2710		11/08/2019	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	11/08/2019	99/99/9999						
72572-0520-25		J2405		10/22/2019	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HCL (SDV,PF,LATEX-FREE) 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	10/22/2019	99/99/9999						
72603-0104-01		J9070		05/07/2020	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 500 MG	1	EA	VL	IV	EA	100	MG	5	05/07/2020	99/99/9999						
72603-0326-01		J9070		05/07/2020	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG	CYCLOPHOSPHAMIDE (SDV,USP,PF) 1 GM	1	EA	VL	IV	EA	100	MG	10	05/07/2020	99/99/9999						
72606-0554-01		None		11/08/2019	99/99/9999	CAPECITABINE, 150 MG, ORAL	CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	11/08/2019	99/99/9999						
72606-0559-02		J0594		02/03/2020	99/99/9999	INJECTION, BUSULFAN, 1 MG	BUSULFAN (8X10ML;SDV) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	02/03/2020	99/99/9999						
70594-0034-01		J0878		01/15/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	01/15/2019	99/99/9999						
70594-0053-01		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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
70594-0056-03		J3370		09/07/2020	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (FLEXIBLE BAG) 750 MG/150 ML	150	ML	FC	IV	ML	500	MG	0.01	09/07/2020	99/99/9999						
70655-0143-06		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE NOVAPLUS (PF,LATEX-FREE) 200 MG/100 ML	100	ML		IV	ML	200	MG	0.01	08/31/2018	99/99/9999						
70710-1130-01		Q0161		02/11/2020	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL (FILM-COATED) 25 MG	100	EA	BO	PO	EA	5	MG	5	02/11/2020	99/99/9999						
70710-1463-05		J1631		01/13/2020	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	01/13/2020	99/99/9999						
70710-1478-01		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						
76297-0001-01		J7040		02/19/2018	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (500ML FREEFLEX BAG) 0.9%	500	ML		IV	ML	500	ML	0.002	02/19/2018	99/99/9999						
76310-0017-50		J0207		01/01/2020	99/99/9999	INJECTION, AMIFOSTINE, 500 MG	ETHYOL 500 MG	3	EA	VL	IV	EA	500	MG	1	01/01/2020	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 (FILM-COATED) 2 MG	50	EA	BO	PO	EA	1	MG	1	06/22/2012	10/31/2017						
76420-0018-10		J3490		01/01/2020	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (PF,LATEX-FREE) 0.25%	10	ML	VL	IJ	ML	1	EA	1	01/01/2020	99/99/9999						
76420-0080-05		J2001		01/01/2020	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (PF,LATEX-FREE) 1%	5	ML	VL	IJ	ML	10	MG	1	01/01/2020	99/99/9999						
76420-0084-02		J2001		01/01/2020	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (PF) 1%	2	ML	AM	IJ	ML	10	MG	1	01/01/2020	99/99/9999						
72611-0725-25		J1885		01/17/2020	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV,25X2ML,PF) 30 MG/1 ML	2	ML	VL	IM	ML	15	MG	2	01/17/2020	99/99/9999						
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						
72694-0515-01		J9118		10/04/2019	99/99/9999	INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS	ASPARLAS (PF) 750 U/1 ML	5	ML	VL	IV	ML	10	U	75	10/04/2019	99/99/9999						
73070-0102-15		J1817		12/16/2019	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN ASPART PENFILL 100 U/1 ML	3	ML	CT	IJ	ML	50	U	2	12/16/2019	99/99/9999						
73070-0103-15		J1817		12/16/2019	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN ASPART FLEXPEN 100 U/1 ML	3	ML	PN	IJ	ML	50	U	2	12/16/2019	99/99/9999						
75987-0080-10		J2507		08/25/2017	99/99/9999	INJECTION, PEGLOTICASE, 1 MG	KRYSTEXXA (LATEX-FREE) 8 MG/1 ML	1	ML	VL	IV	ML	1	MG	8	08/25/2017	99/99/9999						
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						
76045-0005-11		J2274		04/03/2020	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG	SIMPLIST MORPHINE SULFATE MICROVAULT (PF) 4 MG/1 ML	1	ML	SR	IJ	ML	10	MG	0.4	04/03/2020	99/99/9999						
70710-1514-06		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	01/13/2020	99/99/9999						
70710-1516-09		J1652		01/13/2020	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	FONDAPARINUX SODIUM (PREFILLED,PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	01/13/2020	99/99/9999						
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						
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	IJ	EA	1	MG	32	01/01/2019	99/99/9999						
70801-0003-01		Q9993		07/01/2018	12/31/2018	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	ZILRETTA (W/DILUENT) 32 MG	1	EA	VL	IJ	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						
76045-0010-11		J1170		07/12/2019	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	SIMPLIST DILAUDID (MICROVAULT,PF) 2 MG/1 ML	1	ML	VL	IJ	ML	4	MG	0.5	07/12/2019	99/99/9999						
76045-0109-10		J1100		10/28/2019	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	SIMPLIST DEXAMETHASONE SODIUM PHOSPHATE (PF) 10 MG/1 ML	1	ML	SR	IJ	ML	1	MG	10	10/28/2019	99/99/9999						
76204-0002-24		J7614		02/01/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE, 0.63 MG/3ML,(24X3ML, PF)	3	ML	BO	IH	ML	0.5	MG	0.42	02/01/2013	99/99/9999						
76204-0002-24	KO	J7614	KO	02/01/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE, 0.63 MG/3ML,(24X3ML, PF)	3	ML	BO	IH	ML	0.5	MG	0.42	02/01/2013	99/99/9999						
76204-0100-25		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	KO	J7644	KO	02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1	MG	0.2	02/01/2012	99/99/9999						
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						
70860-0118-99		J0290		06/25/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN (PHARMACY BULK,USP,PF) 10 GM	1	EA	VL	IJ	EA	500	MG	20	06/25/2018	99/99/9999						
70860-0125-66		J0456		12/05/2019	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN NOVAPLUS (PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500	MG	1	12/05/2019	99/99/9999						
70860-0200-05		J9267		06/29/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG	PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	06/29/2017	99/99/9999						
70860-0206-50		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						
70860-0209-10		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						
70860-0604-82		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						
70860-0701-04		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
76204-0600-60		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						
76282-0641-38		J7626		04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	0.5	04/16/2019	99/99/9999						
76282-0641-38	KO	J7626	KO	04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	0.5	04/16/2019	99/99/9999						
76282-0642-38		J7626		04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 1 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	1	04/16/2019	99/99/9999						
76282-0642-38	KO	J7626	KO	04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED) 1 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	1	04/16/2019	99/99/9999						
76282-0675-30		J0604		06/12/2020	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	30	EA	BO	PO	EA	1	MG	60	06/12/2020	99/99/9999						
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	IJ	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	IJ	ML	10	MG	0.5	11/01/2018	99/99/9999						
70954-0057-10		J7512		11/18/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	PREDNISONE (USP) 2.5 MG	100	EA	BO	PO	EA	1	MG	2.5	11/18/2019	99/99/9999						
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						
71288-0006-30		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	IJ	EA	1.5	GM	2	01/07/2019	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	IJ	EA	15	U	1	10/01/2018	99/99/9999						
71288-0200-11		J2260		08/24/2020	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.2	08/24/2020	99/99/9999						
71288-0200-21		J2260		08/24/2020	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF,LATEX-FREE) 1 MG/1 ML	20	ML	VL	IV	ML	5	MG	0.2	08/24/2020	99/99/9999						
76388-0713-25		None		06/22/2012	99/99/9999	BUSULFAN; ORAL, 2 MG	MYLERAN, (FILM-COATED), 2 MG	25	EA	BO	PO	EA	2	MG	1	06/22/2012	99/99/9999						
71288-0401-02		J1644		04/27/2020	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (MDV,LATEX-FREE) 20000 U/1 ML	1	ML	VL	IJ	ML	1000	U	20	04/27/2020	99/99/9999						
71288-0402-02		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (SDV,LATEX-FREE) 1000 U/1 ML	1	ML	VL	IJ	ML	1000	U	1	08/19/2019	99/99/9999						
71288-0403-02		J1644		08/19/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (SDV,LATEX-FREE) 5000 U/1 ML	1	ML	VL	IJ	ML	1000	U	5	08/19/2019	99/99/9999						
71288-0802-03		J1270		07/01/2020	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	DOXERCALCIFEROL (50X2ML;MDV,LATEX-FREE) 2 MCG/1 ML	2	ML	VL	IV	ML	1	MCG	2	07/01/2020	99/99/9999						
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						
71336-1000-01		J0222		10/01/2019	99/99/9999	INJECTION, PATISIRAN, 0.1 MG	ONPATTRO (PF,LATEX-FREE) 2 MG/1 ML	5	ML	VL	IV	ML	0.1	MG	20	10/01/2019	99/99/9999						
71773-0050-12		J0122		10/01/2019	99/99/9999	INJECTION, ERAVACYCLINE, 1 MG	XERAVA (PF,LYOPHILIZED) 50 MG	12	EA	CR	IV	EA	1	MG	50	10/01/2019	99/99/9999						
71839-0104-01		J1453		09/30/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LATEX-FREE) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/30/2019	99/99/9999						
71905-0400-11		J8540		04/01/2020	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXABLISS 11-DAY DOSE PACK 1.5 MG	39	EA	DP	PO	EA	0.25	MG	6	04/01/2020	99/99/9999						
71930-0018-52		Q0162		02/12/2020	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (FILM-COATED) 8 MG	500	EA	BO	PO	EA	1	MG	8	02/12/2020	99/99/9999						
72187-0401-01		J9269		10/01/2019	99/99/9999	INJECTION, TAGRAXOFUSP-ERZS, 10 MICROGRAMS	ELZONRIS (PF) 1000 MCG/1 ML	1	ML	VL	IV	ML	10	MCG	100	10/01/2019	99/99/9999						
72205-0007-92		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						
72205-0026-01		J1453		09/05/2019	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	09/05/2019	99/99/9999						
72205-0031-01		J0894		09/25/2019	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE (SDV,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	09/25/2019	99/99/9999						
72205-0036-01		J0894		03/09/2020	99/99/9999	INJECTION, DECITABINE, 1 MG	DECITABINE NOVAPLUS (SDV,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	03/09/2020	99/99/9999						
72205-0046-01		J9340		04/01/2020	99/99/9999	INJECTION, THIOTEPA, 15 MG	THIOTEPA (SDV,LYOPHILIZED) 100 MG	100	GM	VL	IJ	EA	15	MG	6.666667	04/01/2020	99/99/9999						
72205-0054-01		J1453		05/25/2020	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	FOSAPREPITANT DIMEGLUMINE (SDV,LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	05/25/2020	99/99/9999						
72266-0101-01		J1190		03/18/2019	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE (LATEX-FREE,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	250	MG	2	03/18/2019	99/99/9999						
72266-0120-01		J0641		06/25/2019	99/99/9999	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5 MG	LEVOLEUCOVORIN CALCIUM (1X17.5ML;SDV,PF) 10 MG/1 ML	17.5	ML	VL	IV	ML	0.5	MG	20	06/25/2019	99/99/9999						
72266-0123-25		J2405		04/02/2019	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HCL (SDV,PF,LATEX-FREE) 2 MG/1 ML	2	ML		IJ	ML	1	MG	2	04/02/2019	99/99/9999						
72266-0124-01		J2405		04/02/2019	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/1 ML	20	ML		IJ	ML	1	MG	2	04/02/2019	99/99/9999						
72485-0201-01		J9025		10/25/2018	99/99/9999	INJECTION, AZACITIDINE, 1 MG	AZACITIDINE (SDV) 100 MG	1	EA	VL	IJ	EA	1	MG	100	10/25/2018	99/99/9999						
72485-0203-30		J8999		05/06/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BO	PO	EA	1	EA	1	05/06/2019	99/99/9999						
72485-0215-04		J9171		01/29/2020	99/99/9999	DOCETAXEL INJECTION	DOCETAXEL (USP,SDV) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	01/29/2020	99/99/9999						
72572-0140-02		J3360		10/22/2019	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X2ML) 5 MG/1 ML	2	ML	SR	IJ	ML	5	MG	1	10/22/2019	99/99/9999						
72572-0225-25		J7643		11/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	11/08/2019	99/99/9999						
72572-0225-25	KO	J7643	KO	11/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	11/08/2019	99/99/9999						
72572-0250-25		J1644		10/22/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (USP) 1000 U/1 ML	1	ML	VL	IJ	ML	1000	U	1	10/22/2019	99/99/9999						
72572-0450-25		J2310		10/22/2019	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL 0.4 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.4	10/22/2019	99/99/9999						
72572-0462-10		J2710		06/15/2020	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	06/15/2020	99/99/9999						
72572-0801-02		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						
72572-0803-01		J3370		09/20/2019	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (PHARMACY BULK PKG,PF) 5 GM	1	EA	VL	IV	EA	500	MG	10	09/20/2019	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
72603-0103-01		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						
72603-0301-01		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						
72611-0645-55		J3490		10/01/2019	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN 150 MG/1 ML	60	ML	VL	IJ	ML	1	EA	1	10/01/2019	99/99/9999						
72611-0700-01		J0637		07/15/2020	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CASPOFUNGIN ACETATE (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	5	MG	10	07/15/2020	99/99/9999						
72694-0954-01		J9266		04/01/2020	99/99/9999	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	ONCASPAR (S.D.V.,PF) 750 IU/1 ML	5	ML	VL	IJ	ML	1	VL	0.2	04/01/2020	99/99/9999						
73070-0100-11		J1817		12/16/2019	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN ASPART 100 U/1 ML	10	ML	VL	IJ	ML	50	U	2	12/16/2019	99/99/9999						
73070-0200-11		J1815		12/16/2019	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	INSULIN ASPART PROTAMINE-INSULIN ASPART 70 U/1 ML-30 U/1 ML	10	ML	VL	SC	ML	5	U	20	12/16/2019	99/99/9999						
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						
76045-0203-10		J7643		03/04/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	SIMPLIST GLYCOPYRROLATE (PF) 0.2 MG/1 ML	1	ML	SR	IJ	ML	1	MG	0.2	03/04/2019	99/99/9999						
76045-0203-10	KO	J7643	KO	03/04/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	SIMPLIST GLYCOPYRROLATE (PF) 0.2 MG/1 ML	1	ML	SR	IJ	ML	1	MG	0.2	03/04/2019	99/99/9999						
76045-0203-20		J7643		03/04/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	SIMPLIST GLYCOPYRROLATE (PF) 0.2 MG/1 ML	2	ML	SR	IJ	ML	1	MG	0.2	03/04/2019	99/99/9999						
76045-0203-20	KO	J7643	KO	03/04/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	SIMPLIST GLYCOPYRROLATE (PF) 0.2 MG/1 ML	2	ML	SR	IJ	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						
76045-0737-10		J1630		07/14/2020	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	SIMPLIST HALOPERIDOL (24X1ML;USP;SD) 5 MG/1 ML	1	ML		IM	ML	5	MG	1	07/14/2020	99/99/9999						
76125-0900-50		J1561		02/24/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAKED (1X50ML, SINGLE-USE) 10%	1	ML	VL	IJ	ML	500	MG	0.002	02/24/2012	99/99/9999						
76204-0100-30		J7644		02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1	MG	0.2	02/01/2012	99/99/9999						
76204-0100-30	KO	J7644	KO	02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1	MG	0.2	02/01/2012	99/99/9999						
76204-0200-30		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						
76204-0600-05		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						
76204-0700-01		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						
76204-0800-24		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						
76204-0900-24		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						
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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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						
76329-9060-00		J0171		05/01/2020	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	EPINEPHRINE (MDV;USP) 1 MG/1 ML	30	ML	VL	IJ	ML	0.1	MG	10	05/01/2020	99/99/9999						
76420-0085-01		J3301		01/01/2020	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-40 (VIAL) 40 MG/1 ML	1	ML	VL	IJ	ML	10	MG	4	01/01/2020	99/99/9999						