

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	Cytogam®	cytomegalovirus immune globulin intravenous, human
90371	Hepatitis B Immune Globulin (HbIg), human, for intramuscular use	HyperHep, Nabi-HB	hepatitis b immune globulin (human)
90375	Rabies Immune Globulin (Rlg), human, for intramuscular and/or subcutaneous use	HyperRAB® S/D, HyperRAB®	rabies immune globulin, (human) treated with solvent/detergent, for infiltration and intramuscular administration rabies immune globulin, (human) solution for infiltration and intramuscular injection
90376	Rabies Immune Globulin, heat-treated (Rlg-HT), human, for intramuscular and/or subcutaneous use	Imogam® Rabies-HT	rabies immune globulin (human), heat treated
90389	Tetanus Immune Globulin (Tlg), human, for intramuscular use	HyperTET® S/D	tetanus immune globulin (human)
90396	Varicella-zoster Immune Globulin (VZIG), human, for intramuscular use	Varizig®	varicella zoster immune globulin (human) for intramuscular administration only
90399	Unlisted immune globulin	Kedrab™	rabies immune globulin (human) solution for intramuscular injection
90585	Bacillus Calmette-Guerin Vaccine (BCG) for tuberculosis, live, for percutaneous use	BCG Vaccine	bacillus calmette-guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	Bexsero®	meningococcal group b vaccine suspension for intramuscular injection
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	Trumenba®	meningococcal group b vaccine suspension for intramuscular injection
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	Fluzone® Intradermal Quadrivalent	influenza vaccine suspension for intradermal injection
90632	Hepatitis A vaccine (Hep A), adult dosage, for intramuscular use	Havrix®, Vaqta®	hepatitis a vaccine, adult dosage, suspension for intramuscular injection
90633	Hepatitis A vaccine (Hep A), pediatric/adolescent dosage - 2-dose schedule, for intramuscular use	Havrix®, Vaqta®	hepatitis a vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular injection
90636	Hepatitis A and Hepatitis B Vaccine (HepA-HepB), adult dosage, for intramuscular use	Twinrix®	hepatitis a & hepatitis b (recombinant) vaccine suspension for intramuscular injection
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3-dose schedule, for intramuscular use	PedvaxHib®	haemophilus b conjugate vaccine (meningococcal protein conjugate)
90648	Haemophilus influenzae b vaccine (Hib), PRP-T conjugate, 4-dose schedule, for intramuscular use	ActHIB®	haemophilus b conjugate vaccine (tetanus toxoid conjugate) solution for intramuscular injection
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use 0.5 mL	Gardasil®	Human papillomavirus quadrivalent (types 6, 11, 16 and 18) vaccine, recombinant suspension for intramuscular injection
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	Gardasil® 9	human papillomavirus 9-valent vaccine, recombinant suspension for intramuscular injection
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Afluria®, Fluvirin®	influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	Afluria®, Fluvirin®	influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Prevnar 13®	pneumococcal 13-valent conjugate vaccine (diphtheria CRM197 protein) suspension for intramuscular injection
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5mL dosage, for intramuscular use	Flucelvax® Quadrivalent	influenza virus vaccine, suspension for intramuscular injection
90675	Rabies vaccine, for intramuscular use	Imovax® Rabies (Human Diploid-Cell Vaccine) and RabAvert® (Purified Chick Embryo Cell Culture)	rabies vaccine, for intramuscular use
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	RotaTeq®	rotavirus vaccine, live, oral, pentavalent
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix	rotavirus vaccine, live, oral

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Afluria® Quadrivalent, Fluarix® Quadrivalent, FluLaval® Quadrivalent, Fluzone® Quadrivalent	influenza vaccine suspension for intramuscular injection
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL, for intramuscular use	Fluzone® Quadrivalent	influenza vaccine suspension for intramuscular injection
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Afluria® Quadrivalent, FluLaval® Quadrivalent, Fluzone® Quadrivalent	influenza vaccine suspension for intramuscular injection
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine, (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	Kinrix®, Quadracel™	diphtheria and tetanus toxoids, acellular pertussis adsorbed and inactivated poliovirus vaccine, suspension for intramuscular injection
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV / Hib), for intramuscular use	Pentacel®	diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus and haemophilus b conjugate (tetanus toxoid conjugate) vaccine, suspension for intramuscular injection
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use	Daptacel®, Infanrix®	diphtheria, tetanus toxoids, and acellular pertussis vaccine adsorbed suspension for intramuscular injection
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	Diphtheria and Tetanus Toxoids, Adsorbed	diphtheria and tetanus toxoids (DT), adsorbed, for use in individuals younger than seven years, for intramuscular use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	M-M-R® II	measles, mumps, and rubella virus vaccine, live
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	ProQuad®	measles, mumps, rubella and varicella virus vaccine live suspension for subcutaneous injection
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	IPOL®	poliovirus vaccine, inactivated
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	Tenivac®	tetanus and diphtheria toxoids, adsorbed, suspension for intramuscular injection
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Adacel®, Boostrix®	tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine adsorbed, suspension for intramuscular injection
90716	Varicella virus vaccine, Live, for subcutaneous use	Varivax®	varicella virus vaccine live suspension for subcutaneous injection
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine, - (DTaP-HepB-IPV) for intramuscular use	Pediarix®	diphtheria and tetanus toxoids and acellular pertussis adsorbed, hepatitis b (recombinant) and inactivated poliovirus vaccine, suspension for intramuscular injection
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use	Pneumovax® 23	pneumococcal vaccine polyvalent sterile, liquid vaccine for intramuscular or subcutaneous injection
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use	Menactra®	meningococcal (groups a, c, y, and w-135) polysaccharide diphtheria toxoid conjugate vaccine solution for intramuscular injection
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	Zostavax®	zoster vaccine live suspension for subcutaneous injection
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	Heplisav-B®	hepatitis b vaccine, adult dosage (2 dose schedule), for intramuscular use
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3-dose schedule, for intramuscular use	Recombivax HB® Dialysis Formulation	hepatitis b vaccine, dialysis patient dosage (3 dose schedule), for intramuscular use
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3-dose schedule, for intramuscular use	Engerix B® Pediatric, Recombivax HB® Pediatric	hepatitis b vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	Recombivax HB®, Energix B®	hepatitis b vaccine (recombinant) suspension for intramuscular injection suspension for adult use, 3 dose schedule
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4-dose schedule, for intramuscular use	Engerix B®	hepatitis b vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
90750	Zoster (shingles) vaccine, (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection	Shingrix	zoster vaccine recombinant, adjuvanted, suspension for intramuscular injection
J0129	Injection, abatacept, 10 mg	Orencia®	abatacept injection, for intravenous use
J0130	Injection, abciximab, 10mg	ReoPro®	abciximab for intravenous administration
J0133	Injection, acyclovir, 5 mg	Zovirax®	acyclovir sodium injection, solution, for intravenous infusion only
J0153	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	Adenoscan®, Adenocard®	adenosine injection for intravenous use
J0171	Injection, adrenalin, epinephrine, 0.1 mg	Adrenalin	epinephrine injection for intramuscular or subcutaneous use
J0178	Injection, aflibercept, 1 mg	Eylea®	aflibercept injection for intravitreal injection
J0180	Injection, agalsidase beta, 1 mg	Fabrazyme®	agalsidase beta injection, powder, lyophilized for solution for intravenous use
J0202	Injection, alemtuzumab, 1 mg	Lemtrada®	alemtuzumab injection, for intravenous use
J0207	Injection, amifostine, 500 mg	EthyoI®	amifostine for injection
J0210	Injection, methyl dopate HCl, up to 250 mg	N/A	methyl dopate hcl injection
J0221	Injection, alglucosidase alfa, (Lumizyme) 10 mg	Lumizyme®	alglucosidase alfa for injection, for intravenous use
J0256	Injection, alpha-1 proteinase inhibitor, human, 10 mg, not otherwise specified	Prolastin®-C, Aralast®, Zemaira®	alpha1-proteinase inhibitor human for intravenous use
J0257	Injection, alpha-1 proteinase inhibitor (human), (Glassia), 10 mg	Glassia™	alpha1-proteinase inhibitor human injection solution for intravenous use only
J0278	Injection, amikacin sulfate, 100 mg	Amikin®	amikacin sulfate injection
J0280	Injection, aminophyllin, up to 250 mg	N/A	aminophylline injection, solution
J0285	Injection, amphotericin B, 50 mg	Amphocin®, Fungizone®	amphotericin b injection, powder, for solution, for intramuscular and intravenous use
J0287	Injection, amphotericin B lipid complex, 10 mg	Abelcet®	amphotericin b lipid complex injection
J0289	Injection, amphotericin B liposome, 10 mg	AmBisome®	amphotericin b liposome for injection
J0290	Injection, ampicillin sodium, 500 mg	N/A	ampicillin sodium injection for intramuscular or intravenous injection
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g	Unasyn®	ampicillin sodium and sulbactam sodium injection, powder, for solution
J0300	Injection, amobarbital, up to 125 mg	Amytal®	anobarbital sodium injection, powder, lyophilized, for solution
J0330	Injection, succinylcholine chloride, up to 20 mg	Quelicin™, Anectine®	succinylcholine chloride injection
J0360	Injection, hydralazine HCl, up to 20 mg	Apresoline®	hydralazine hydrochloride injection
J0401	Injection, aripiprazole, extended release, 1 mg	Abilify Maintena®	aripiprazole extended-release suspension, for intramuscular use
J0456	Injection, azithromycin, 500 mg	Zithromax®	azithromycin dihydrate injection, powder, lyophilized, for solution for IV infusion only
J0461	Injection, atropine sulfate, 0.01 mg	N/A	atropine sulfate injection
J0470	Injection, dimercaprol, per 100 mg	BAL in oil™	dimercaprol injection
J0475	Injection, baclofen, 10 mg	Lioresal® Intrathecal, Gaboflen®	baclofen injection
J0476	Injection, baclofen, 50 mcg, for intrathecal trial	Lioresal® Intrathecal, Gaboflen®	baclofen injection, for intrathecal trial
J0485	Injection, belatacept, 1 mg	Nulojix®	belatacept for injection, for intravenous use
J0490	Injection, belimumab, 10 mg	Benlysta®	belimumab injection, for intravenous use
J0500	Injection, dicyclomine HCl, up to 20 mg	Bentyl®	dicyclomine hydrochloride injection, for intramuscular use
J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	Bicillin® C-R	penicillin G benzathine and penicillin G procaine injectable suspension, 100,000 units
J0561	Injection, penicillin G benzathine, 100,000 units	Bicillin® L-A	penicillin G benzathine injectable suspension
J0565	Injection, bezlotoxumab, 10 mg	Zinplava™	bezlotoxumab injection, for intravenous use
J0570	Buprenorphine implant, 74.2 mg	Probuphine	buprenorphine implant for subdermal administration (CIII)
J0585	Injection, onabotulinumtoxinA, 1 unit	Botox®	onabotulinumtoxinA for injection, for intramuscular, intradetrusor, or intradermal use
J0586	Injection, abobotulinumtoxinA, 5 units	Dysport®	abobotulinumtoxinA for injection, for intramuscular use
J0587	Injection, rimabotulinumtoxinB, 100 units	Myobloc®	rimabotulinumtoxin B injection
J0588	Injection, incobotulinumtoxinA, 1 unit	Xeomin®	incobotulinumtoxinA for injection, for intramuscular use

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
J0594	Injection, busulfan, 1 mg	Busulfex®	busulfan for injection, for intravenous use
J0595	Injection, butorphanol tartrate, 1 mg	Stadol®	butorphanol tartrate injection, solution
J0596	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units	Ruconest®	c1 esterase inhibitor (recombinant) for intravenous use, lyophilized powder for reconstitution
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units	Berinert®	c1 esterase inhibitor (human) for intravenous use
J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	Cinryze®	c1 esterase inhibitor (human) for intravenous use
J0600	Injection, edetate calcium disodium, up to 1000 mg	Calcium Disodium Versanate	edetate calcium disodium injection for intravenous or intramuscular use
J0606	Injection, etelcalcetide, 0.1 mg	Parsabiv™	etelcalcetide injection, for intravenous use
J0610	Injection, calcium gluconate, per 10 ml	N/A	calcium gluconate injection, solution
J0636	Injection, calcitriol, 0.1 mcg	Calcijex®	calcitriol injection
J0638	Injection, canakinumab, 1 mg	Ilaris®	canakinumab for injection, for subcutaneous use
J0640	Injection, leucovorin calcium, per 50 mg	N/A	leucovorin calcium injection, for intravenous or intramuscular use
J0641	Injection, levoleucovorin calcium, 0.5 mg	Fusilev®	levoleucovorin injection, solution for intravenous use
J0670	Injection, mepivacaine hydrochloride, per 10 mL	Carbocaine®, Polocaine®, Polocaine® MPF	mepivacaine hydrochloride injection
J0690	Injection, cefazolin sodium, 500 mg	Ancef®, Kefzol®	cefazolin sodium injection, powder, for solution
J0692	Injection, cefepime HCl, 500 mg	Maxipime™	cefepime hydrochloride injection for intravenous or intramuscular use
J0694	Injection, ceftioxin sodium, 1 g	Mefoxin®	ceftioxin sodium powder, for solution, for injection
J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg	Zerbaxa®	ceftolozane and tazobactam for injection, for intravenous use
J0696	Injection, ceftriaxone sodium, per 250 mg	Rocephin®	ceftriaxone sodium injection, powder, for solution
J0697	Injection, sterile cefuroxime sodium, per 750 mg	Zinacef®	cefuroxime injection, powder for solution
J0698	Cefotaxime Sodium, per gram	Claforan®	cefotaxime for injection
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	Celestone® Soluspan®	betamethasone sodium phosphate and betamethasone acetate injectable suspension
J0712	Injection, ceftaroline fosamil, 10 mg	Teflaro®	ceftaroline fosamil for injection, for intravenous use
J0713	Injection, ceftazidime, per 500 mg	Tazicef®	ceftazidime for injection, for intravenous or intramuscular use
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	Avycaz®	ceftazidime and avibactam for injection, for intravenous use
J0716	Injection, centruroides immune f(ab) ² , up to 120 mg	Anascorp®	centruroides (scorpion) immune F(ab) ² (equine) injection lyophilized for solution, for intravenous use only
J0717	Injection, certolizumab pegol, 1 mg	Cimzia®	certolizumab pegol for injection, for subcutaneous use
J0720	Injection, chloramphenicol sodium succinate, up to 1 g	Chloromycetin®	chloramphenicol sodium succinate for injection, powder, lyophilized, for solution
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	Novarel™, Pregnyl®	chorionic gonadotropin for injection, for intramuscular use only
J0735	Injection, clonidine hydrochloride, 1 mg	Duraclon®	clonidine hydrochloride injection, solution
J0740	Injection, cidofovir, 375 mg	Vistide®	cidofovir injection for intravenous infusion only
J0743	Injection, cilastatin sodium, imipenem, per 250 mg	Primaxin®	imipenem and cilastatin for injection, for intravenous use
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	Cipro IV®	ciprofloxacin injection, for intravenous use
J0770	Injection, colistimethate sodium, up to 150 mg	Coly-Mycin® M	colistimethate sodium injection, for intramuscular and intravenous use
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Xiaflex®	collagenase clostridium histolyticum for injection, for intrasional use
J0780	Injection, prochlorperazine, up to 10 mg	N/A	prochlorperazine edisylate injection
J0800	Injection, corticotropin, up to 40 units	H.P. Acthar Gel®	repository corticotropin injection, gel for intramuscular and subcutaneous use
J0834	Injection, cosyntropin, 0.25 mg	Cortrosyn	cosyntropin injection, powder, lyophilized, for solution, for diagnostic use only
J0875	Injection, dalbavancin, 5 mg	Dalvance™	dalbavancin for injection, for intravenous use
J0878	Injection, daptomycin, 1 mg	Cubicin®	daptomycin for injection, for intravenous use
J0881	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Aranesp®	darbepoetin alfa injection, for intravenous or subcutaneous use (non-ESRD use)

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
J0882	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Aranesp®	darbepoetin alfa injection, for intravenous or subcutaneous use (for ESRD on dialysis)
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Epogen®, Procrit®	epoetin alfa injection, for intravenous or subcutaneous use (for non-ESRD use)
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	Mircera®	methoxy polyethylene glycol-epoetin beta injection, for intravenous or subcutaneous use (for ESRD on dialysis)
J0888	Injection, epoetin beta, 1 microgram, (for non-ESRD use)	Mircera®	methoxy polyethylene glycol-epoetin beta injection, for intravenous or subcutaneous use (for non-ESRD use)
J0894	Injection, decitabine, 1 mg	Dacogen®	decitabine injection, powder, lyophilized, for solution
J0895	Injection, deferoxamine mesylate, 500 mg	Desferal®	deferoxamine mesylate for injection
J0897	Injection, denosumab, 1 mg	Prolia®, Xgeva®	denosumab injection, for subcutaneous use
J1000	Injection, depo-estradiol cypionate, up to 5 mg	Depo®-Estradiol	estradiol cypionate injection
J1020	Injection, methylprednisolone acetate, 20 mg	Depo-Medrol®	methylprednisolone acetate injection, suspension
J1030	Injection, methylprednisolone acetate, 40 mg	Depo-Medrol®	methylprednisolone acetate injection, suspension
J1040	Injection, methylprednisolone acetate, 80 mg	Depo-Medrol®	methylprednisolone acetate injection, suspension
J1050	Injection, medroxyprogesterone acetate, 1 mg	Depo-Provera®	medroxyprogesterone acetate injectable suspension
J1071	Injection, testosterone cypionate, 1 mg	Depo®-Testosterone	testosterone cypionate injection, solution
J1100	Injection, dexamethasone sodium phosphate, 1 mg	Various generic products	dexamethasone sodium phosphate injection, solution
J1110	Injection, dihydroergotamine mesylate, per 1 mg	DHE 45®	dihydroergotamine mesylate injection
J1120	Injection, acetazolamide sodium, up to 500 mg	Diamox®	acetazolamide sodium injection, powder, lyophilized, for solution, for intravenous use only
J1160	Injection, digoxin, up to 0.5 mg	Lanoxin®	digoxin injection, for intravenous or intramuscular use
J1165	Injection, phenytoin sodium, per 50 mg	N/A	phenytoin sodium injection, for intravenous or intramuscular use
J1170	Injection, hydromorphone, up to 4 mg	Dilaudid®	hydromorphone hydrochloride for intravenous, intramuscular, and subcutaneous use
J1190	Injection, dexrazoxane hydrochloride, per 250 mg	Zinocard®, Totect®	dexrazoxane for injection
J1200	Injection, diphenhydramine HCl, up to 50 mg	Benadryl®	diphenhydramine hydrochloride injection, solution
J1205	Injection, chlorothiazide sodium, per 500 mg	Diuril®	chlorothiazide sodium for injection, for intravenous use
J1212	Injection, DMSO, dimethyl sulfoxide, 50%, 50 mL	RIMSO-50®	dimethyl sulfoxide irrigation
J1230	Injection, methadone HCl, up to 10 mg	Dolophine®	methadone hydrochloride injection, solution
J1240	Injection, dimenhydrinate, up to 50 mg	Dramamine	dimenhydrinate injection, solution
J1245	Injection, dipyridamole, per 10 mg	Persantine®	dipyridamole injection
J1250	Injection, dobutamine hydrochloride, per 250 mg	Dobutrex®	dobutamine injection, solution
J1265	Injection, dopamine HCl, 40 mg	N/A	dopamine hydrochloride injection, solution, concentrate
J1267	Injection, doripenem, 10 mg	Doribax®	doripenem for injection, for intravenous use
J1270	Injection, doxercalciferol, 1 mcg	Hectoral®	doxercalciferol injection
J1290	Injection, ecallantide, 1 mg	Kalbitor®	ecallantide injection, for subcutaneous use
J1300	Injection, eculizumab, 10 mg	Soliris®	eculizumab injection, for intravenous use
J1322	Injection, elosulfase alfa, 1 mg	Vimizim®	elosulfase alfa injection, for intravenous use
J1325	Injection, epoprostenol, 0.5 mg	Flolan®, Veletri®	epoprostenol sodium for injection, for intravenous use
J1335	Injection, ertapenem sodium, 500 mg	Invanz®	ertapenem for injection, for intravenous or intramuscular use
J1364	Injection, erythromycin lactobionate, per 500 mg	Erythrocin®	erythromycin lactobionate for injection, for intravenous use only
J1380	Injection, estradiol valerate, up to 10 mg	Delestrogen®	estradiol valerate injection
J1410	Injection, estrogens, conjugated, per 25 mg	Premarin IV	conjugated estrogens for injection, for intravenous and intramuscular use
J1439	Injection, ferric carboxymaltose, 1 mg	Injectafer®	ferric carboxymaltose injection for intravenous use
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram	Neupogen®	filgrastim injection, for subcutaneous or intravenous use
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Triferic®	ferric pyrophosphate citrate solution, for hemodialysis use, and powder for solution, for hemodialysis use
J1447	Injection, tbo-filgrastim, 1 microgram	Granix™	tbo-filgrastim injection, for subcutaneous use
J1453	Injection, fosaprepitant, 1 mg	Emend®	fosaprepitant for injection, for intravenous use

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
J1455	Injection, foscarnet sodium, per 1,000 mg	Foscavir®	foscarnet sodium injection
J1458	Injection, galsulfase, 1 mg	Naglazyme®	galsulfase injection for intravenous use
J1459	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Privigen®	immune globulin intravenous (human), 10% liquid
J1460	Injection, gamma globulin, intramuscular, 1 cc	GamaSTAN®, GamaSTAN® S/D	immune globulin (human), solution for intramuscular injection (less than 10 cc)
J1555	Injection, immune globulin (Cuvitru), 100 mg	Cuvitru	immune globulin subcutaneous (human), 20% solution
J1556	Injection, immune globulin (Bivigam), 500 mg	Bivigam®	immune globulin intravenous (human), 10% liquid
J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized, (e.g. liquid), 500 mg	Gammaplex®	immune globulin intravenous (human), 5% and 10% liquid, for intravenous use
J1559	Injection, immune globulin (Hizentra), 100 mg	Hizentra®	immune globulin subcutaneous (human), 20% liquid
J1560	Injection, gamma globulin, intramuscular, over 10 cc (always use for any amount injected over 10cc and place number of units) (1cc = 1 unit)	GamaSTAN®, GamaSTAN® S/D	immune globulin (human), solution for intramuscular injection greater than 10 cc
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg	Gamunex®-C, Gammaked™	immune globulin injection (human), 10% caprylate/chromatography purified
J1566	Injection, immune globulin, intravenous, lyophilized (e.g powder), not otherwise specified, 500mg	Carimune NF®, Gammagard S/D	immune globulin intravenous (human), lyophilized, nanofiltered - Carimune NF immune globulin intravenous (human), solvent detergent treated - Gammagard S/D
J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	Octagam®	immune globulin intravenous (human) 5% liquid preparation for intravenous administration
J1569	Injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg	Gammagard Liquid	immune globulin infusion (human), 10% solution, for intravenous and subcutaneous administration
J1570	Injection, ganciclovir sodium, 500 mg	Cytovene®-IV	ganciclovir sodium for injection, for intravenous use
J1571	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 mL	Hepagam B®	hepatitis b immune globulin intramuscular (human)
J1572	Injection, immune globulin, (Flebogamma/Flebogamma DiF), intravenous, non-lyophilized (e.g. liquid), 500 mg	Flebogamma®	immune globulin intravenous (human) for intravenous administration, 10% liquid preparation
J1573	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 mL	HepaGam B®	hepatitis b immune globulin intravenous (human)
J1575	Injection, immune globulin/hyaluronidase, (Hyqvia), 100 mg immune globulin	HyQvia	immune globulin infusion 10% (human) with recombinant human hyaluronidase solution for subcutaneous administration
J1580	Injection, garamycin, gentamicin, up to 80 mg	N/A	gentamicin sulfate injection, solution
J1602	Injection, golimumab, 1 mg, for intravenous use	Simponi Aria®	golimumab injection, for intravenous use
J1610	Injection, glucagon hydrochloride, per 1 mg	GlucaGen®	glucagon hydrochloride injection for subcutaneous, intramuscular, or intravenous use
J1626	Injection, granisetron hydrochloride, 100 mcg	Kytril®	granisetron hydrochloride injection, solution, for intravenous use
J1627	Injection, granisetron, extended-release, 0.1 mg	Sustol®	granisetron extended-release injection, for subcutaneous use
J1630	Injection, haloperidol, up to 5 mg	Haldol®	haloperidol lactate injection for immediate release
J1631	Injection, haloperidol decanoate, per 50 mg	Haldol® Decanoate	haloperidol decanoate injection for intramuscular injection only
J1640	Injection, hemin, 1 mg	Panhematin®	hemin injection, powder, lyophilized, for solution, for intravenous infusion
J1642	Injection, heparin sodium (heparin lock flush), per 10 units	Hep-Lock®, Hep-Flush®	heparin sodium injection, solution (heparin lock flush)
J1644	Injection, heparin sodium, per 1,000 units	Various generic products	heparin sodium injection, solution
J1645	Injection, dalteparin sodium, per 2,500 IU	Fragmin®	dalteparin sodium injection, for subcutaneous use
J1650	Injection, enoxaparin sodium, 10 mg	Lovenox®	enoxaparin sodium injection, for subcutaneous and intravenous use
J1652	Injection, fondaparinux sodium, 0.5 mg	Arixtra®	fondaparinux sodium solution for subcutaneous injection
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	Solu-Cortef®	hydrocortisone sodium succinate for injection for intravenous or intramuscular administration
J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg	Makena®	hydroxyprogesterone caproate injection for intramuscular or subcutaneous use
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Delalutin®	hydroxyprogesterone caproate injection
J1740	Injection, ibandronate sodium, 1 mg	Boniva®	ibandronate injection, for intravenous use

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
J1742	Injection, ibutilide fumarate, 1 mg	Corvert®	ibutilide fumarate injection, solution, for intravenous infusion only
J1743	Injection, idursulfase, 1 mg	Elaprase®	idursulfase injection, for intravenous use
J1744	Injection, icatibant, 1 mg	Firazyr®	icatibant injection, for subcutaneous use
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Remicade®	infliximab lyophilized concentrate for injection, for intravenous use
J1750	Injection, iron dextran, 50 mg	INFeD®	iron dextran injection
J1756	Injection, iron sucrose, 1 mg	Venofer®	iron sucrose injection
J1786	Injection, imiglucerase, 10 units	Cerezyme®	imiglucerase for injection
J1790	Injection, droperidol, up to 5 mg	Inapsine®	droperidol injection, solution, for intravenous or intramuscular use
J1800	Injection, propranolol HCl, up to 1 mg	Inderal®	propranolol hydrochloride injection, solution
J1815	Injection, insulin, per 5 units	Various brand names	insulin
J1826	Injection, interferon beta-1a, 30 mcg	Avonex®	interferon beta-1a injection, for intramuscular injection
J1830	Injection, interferon beta-1b, 0.25 mg	Extavia®, Betaseron®	interferon beta 1-b for injection, for subcutaneous use
J1833	Injection, isavuconazonium, 1 mg	Cresemba®	isavuconazonium sulfate injection for intravenous administration
J1885	Injection, ketorolac tromethamine, per 15 mg	Toradol®	ketorolac tromethamine injection, for intravenous or intramuscular use
J1930	Injection, lanreotide, 1 mg	Somatuline® Depot	lanreotide injection, for subcutaneous use
J1931	Injection, laronidase, 0.1 mg	Aldurazyme®	laronidase solution for intravenous infusion only
J1940	Injection, furosemide, up to 20 mg	Lasix®	furosemide injection
J1942	Injection, aripiprazole lauroxil, 1 mg	Aristada®	aripiprazole lauroxil extended-release injectable suspension, for intramuscular use
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Lupron Depot®	leuprolide acetate for depot suspension
J1953	Injection, levetiracetam, 10 mg	Keppra®	levetiracetam injection, solution, concentrate, for intravenous use
J1955	Injection, levocarnitine, per 1 g	Carnitor®	levocarnitine injection, solution, for intravenous use only
J1956	Injection, levofloxacin, 250 mg	Levaquin®	levofloxacin injection, solution for intravenous use
J1980	Injection, hyoscyamine sulfate, up to 0.25 mg	Levsin®	hyoscyamine sulfate injection, solution
J2001	Injection, lidocaine HCl for intravenous infusion, 10 mg	Xylocaine®	lidocaine hydrochloride injection, solution
J2010	Injection, lincomycin HCl, up to 300 mg	Lincocin®	lincomycin hydrochloride injection, solution
J2020	Injection, linezolid, 200 mg	Zyvox®	linezolid injection, solution
J2060	Injection, lorazepam, 2 mg	Ativan®	lorazepam injection
J2150	Injection, mannitol, 25% in 50 mL	Osmitol®, Resectisol®	mannitol injection, solution
J2175	Injection, meperidine hydrochloride, per 100 mg	Demerol®	meperidine hydrochloride injection, solution, for subcutaneous, intramuscular, or intravenous use
J2210	Injection, methylergonovine maleate, up to 0.2 mg	Methergine®	methylergonovine maleate injection
J2250	Injection, midazolam hydrochloride, per 1 mg	Versed®	midazolam hydrochloride injection for intravenous or intramuscular use
J2260	Injection, milrinone lactate, per 5 mg	Primacor®	milrinone lactate injection
J2270	Injection, morphine sulfate, up to 10 mg	N/A	morphine sulfate injection
J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	Duramorph®, Infumorph®	morphine sulfate injection (preservative free) for intravenous, epidural, or intrathecal use
J2278	Injection, ziconotide, 1 microgram	Prialt®	ziconotide solution, intrathecal infusion
J2300	Injection, nalbuphine hydrochloride, per 10 mg	Nubain®	nalbuphine hydrochloride injection, solution
J2310	Injection, naltrexone hydrochloride, per 1 mg	Narcan®	naloxone hydrochloride injection, solution
J2315	Injection, naltrexone, depot form, 1 mg	Vivitrol®	naltrexone for extended-release injectable suspension intramuscular
J2323	Injection, natalizumab, 1 mg	Tysabri®	natalizumab injection, for intravenous use
J2326	Injection, nusinersen, 0.1 mg	Spinraza®	nusinersen injection, for intrathecal use *only for inpatient or outpatient hospital use*
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Sandostatin® LAR Depot	octreotide acetate for injectable suspension
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Sandostatin®	octreotide acetate, injection
J2358	Injection, olanzapine, long-acting, 1 mg	Zyprexa® Relprevv™	olanzapine pamoate for extended release injectable suspension
J2360	Injection, orphenadrine citrate, up to 60 mg	Norflex®	orphenadrine citrate injection

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
J2370	Injection, phenylephrine HCl, up to 1 mL	Neosynephrine®	phenylephrine hcl injection, solution
J2400	Injection, chloroprocaine hydrochloride, per 30 mL	Nesacaine®, Nesacaine® - MPF	chloroprocaine hcl injection
J2405	Injection, ondansetron hydrochloride, per 1 mg	Zofran®	ondansetron hydrochloride injection, for intravenous or intramuscular use
J2407	Injection, oritavancin, 10 mg	Orbactiv®	oritavancin for injection, for intravenous use
J2425	Injection, palifermin, 50 micrograms	Kepivance®	palifermin for injection, for intravenous use
J2426	Injection, paliperidone palmitate extended release, 1 mg	Invega Sustenna®	paliperidone palmitate extended-release injectable suspension, for intramuscular use
J2430	Injection, pamidronate disodium, per 30 mg	Aredia®	pamidronate disodium for injection for intravenous infusion
J2440	Injection, papaverine HCl, up to 60 mg	N/A – various generics	papaverine hydrochloride injection, solution
J2469	Injection, palonosetron HCl, 25 mcg	Aloxi®	palonosetron HCl injection for intravenous use
J2501	Injection, paricalcitol, 1 mcg	Zemplar®	paricalcitol injection
J2502	Injection, pasireotide long acting, 1 mg	Signifor® LAR	pasireotide for injectable suspension, for intramuscular use
J2503	Injection, pegaptanib sodium, 0.3 mg	Macugen®	pegaptanib sodium injection, intravitreal injection
J2505	Injection, pegfilgrastim, 6 mg	Neulasta®	pegfilgrastim injection, for subcutaneous use
J2507	Injection, pegloticase, 1 mg	Krystexxa®	pegloticase injection, for intravenous infusion
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units	N/A	penicillin G procaine injectable suspension
J2515	Injection, pentobarbital sodium, per 50 mg	Nembutal®	pentobarbital sodium injection for intramuscular or slow intravenous administration
J2540	Injection, penicillin G potassium, up to 600,000 units	Pfizerpen®	penicillin G potassium for injection
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	Zosyn®	piperacillin and tazobactam for injection, for intravenous use
J2545	Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg	NebuPent®	pentamidine isethionate inhalant for oral inhalation only
J2547	Injection, peramivir, 1 mg	Rapivab®	peramivir injection, for intravenous use
J2550	Injection, promethazine HCl, up to 50 mg	Phenergan®	promethazine hydrochloride injection
J2560	Injection, phenobarbital sodium, up to 120 mg	N/A	phenobarbital sodium injection
J2562	Injection, plerixafor, 1 mg	Mozobil®	plerixafor injection, solution for subcutaneous use
J2590	Injection, oxytocin, up to 10 units	Pitocin®	oxytocin injection, USP synthetic
J2597	Injection, desmopressin acetate, per 1 mcg	DDAVP®	desmopressin acetate injection
J2675	Injection, progesterone, per 50 mg	N/A	progesterone injection for intramuscular use
J2680	Injection, fluphenazine decanoate, up to 25 mg	Prolixin® Decanoate	fluphenazine decanoate injection
J2690	Injection, procainamide HCl, up to 1 g	Pronestyl®	procainamide hydrochloride injection
J2700	Injection, oxacillin sodium, up to 250 mg	N/A, various generics	oxacillin sodium injection, powder, for solution for intramuscular or intravenous use
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	Bloxiverz®	neostigmine methylsulfate injection for intravenous use
J2720	Injection, protamine sulfate, per 10 mg	N/A	protamine sulfate injection, solution, for intravenous use
J2724	Injection, protein C concentrate, intravenous, human, 10 IU	Ceprotin®	protein c concentrate (human) lyophilized power for solution for injection
J2730	Injection, pralidoxime chloride, up to 1 g	Protopam®	pralidoxime chloride injection, powder, lyophilized, for solution
J2760	Injection, phentolamine mesylate, up to 5 mg	Regitine®	phentolamine mesylate injection, powder, for solution
J2765	Injection, metoclopramide HCl, up to 10 mg	Reglan®	metoclopramide hydrochloride injection
J2778	Injection, ranibizumab, 0.1 mg	Lucentis®	ranibizumab injection for intravitreal injection
J2780	Injection, ranitidine hydrochloride, 25 mg	Zantac®	ranitidine hydrochloride injection, solution
J2783	Injection, rasburicase, 0.5 mg	Elitek®	rasburicase for injection, for intravenous use
J2786	Injection, reslizumab, 1 mg	Cinqair®	reslizumab injection, for intravenous use
J2788	Injection, Rho d immune globulin, human, minidose, 50 micrograms (250 I.U.)	HyperRHO® S/D Mini Dose, MICRhoGAM®,	rho(D) immune globulin (human), mini dose
J2790	Injection, Rho d immune globulin, human, full dose, 300 micrograms (1500 I.U.)	HyperRho® S/D Full Dose, RhoGAM®	rho(d) immune globulin (human), full dose

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
J2791	Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU	Rhophylac®	rho(d) immune globulin intravenous (human) 1500 IU (300 mcg) solution for intravenous (IV) or Intramuscular (IM) injection
J2792	Injection, rho D immune globulin, intravenous, human, solvent detergent, 100 IU	WinRho SDF®	rho(D) immune globulin intravenous (human) solution for intravenous or intramuscular injection
J2793	Injection, rilonacept, 1 mg	Arcalyst®	rilonacept injection for subcutaneous use
J2794	Injection, risperidone, long acting, 0.5 mg	Risperdal Consta®	risperidone long-acting injection
J2795	Injection, ropivacaine hydrochloride, 1 mg	Naropin®	ropivacaine hcl injection
J2796	Injection, romiplostim, 10 micrograms	Nplate®	romiplostim for injection, for subcutaneous use
J2800	Injection, methocarbamol, up to 10 mL	Robaxin®	methocarbamol injection
J2805	Injection, sivalide, 5 micrograms	Kinevac®	sivalide for injection
J2820	Injection, sargramostim (GM-CSF), 50 mcg	Leukine®	sargramostim injection, for subcutaneous or intravenous use
J2840	Injection, sebelipase alfa, 1 mg	Kanuma®	sebelipase alfa injection, for intravenous use
J2860	Injection, siltuximab, 10 mg	Sylvant®	siltuximab for injection, for intravenous use
J2916	Injection, sodium ferric glyconate complex in sucrose injection, 12.5 mg	Ferrlecit®	sodium ferric gluconate complex in sucrose for injection, for intravenous use
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	Solu-Medrol®	methylprednisolone sodium succinate injection, powder, for solution, for intravenous or intramuscular administration
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	Solu-Medrol®	methylprednisolone sodium succinate injection, powder, for solution, for intravenous or intramuscular administration
J2993	Injection, reteplase, 18.1 mg	Retavase®	reteplase for injection, for intravenous use
J2997	Injection, alteplase recombinant, 1 mg	Activase®	alteplase for injection, for intravenous use
J3000	Injection, streptomycin, up to 1 gram	N/A	streptomycin injection, powder, lyophilized, for solution, for intramuscular use
J3010	Injection, fentanyl citrate, 0.1 mg	Sublimaze®	fentanyl citrate injection, solution, for intravenous or intramuscular use
J3030	Injection, sumatriptan, succinate, 6 mg	Imitrex®, Alsuma™	sumatriptan succinate injection for subcutaneous use
J3060	Injection, taliglucerase alfa, 10 units	Elelyso®	taliglucerase alfa for injection, for intravenous use
J3090	Injection, tedizolid phosphate, 1 mg	Sivextro®	tedizolid phosphate for injection, for intravenous use
J3095	Injection, telavancin, 10 mg	Vibativ®	telavancin for injection, for intravenous use
J3105	Injection, terbutaline sulfate, up to 1 mg	Brethine®, Bricanyl Subcutaneous	terbutaline sulfate injection, solution for subcutaneous injection
J3121	Injection, testosterone enanthate, 1 mg	Delatestryl®	testosterone enanthate injection, solution
J3145	Injection, testosterone undecanoate, 1mg	Aveed®	testosterone undecanoate injection for intramuscular use
J3230	Injection, chlorpromazine HCl, up to 50 mg	Thorazine®	chlorpromazine hydrochloride injection
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	Thyrogen®	thyrotropin alfa for injection, for intramuscular injection
J3243	Injection, tigecycline, 1 mg	Tygacil®	tigecycline injection, powder, lyophilized, for solution, for intravenous use
J3250	Injection, trimethobenzamide HCl, up to 200 mg	Tigan®	trimethobenzamide hydrochloride injectable for intramuscular use only
J3260	Injection, tobramycin sulfate, up to 80 mg	Nebcin®	tobramycin sulfate injection
J3262	Injection, tocilizumab, 1 mg	Actemra®	tocilizumab injection, for intravenous use
J3285	Injection, treprostinil, 1 mg	Remodulin®	treprostinil injection, for subcutaneous or intravenous use
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	Triesence®	triamcinolone acetonide injectable suspension
J3301	Injection, triamcinolone acetonide, Not Otherwise Specified, per 10 mg	Kenalog-10®, Kenalog-40®	triamcinolone acetonide injectable suspension for intra-articular or intralesional use only
J3302	Injection, triamcinolone diacetate, per 5 mg	Aristocort®	triamcinolone diacetate
J3303	Injection, triamcinolone hexacetonide, per 5 mg	Aristospan® Intralesional or Intra-articular	triamcinolone hexacetonide injectable suspension
J3315	Injection, triptorelin pamoate, 3.75 mg	Trelstar Mixject®	triptorelin pamoate for injectable suspension for intramuscular use
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Stelara® for subcutaneous use	ustekinumab injection, for subcutaneous use

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
J3358	Ustekinumab, for intravenous injection, 1 mg	Stelara® for intravenous use	ustekinumab injection, for intravenous use
J3360	Injection, diazepam, up to 5 mg	Valium®	diazepam injection
J3370	Injection, vancomycin HCl, 500 mg	Vancoled®, Vancocin®	vancomycin hcl injection, solution
J3380	Injection, vedolizumab, 1 mg	Entyvio®	vedolizumab for injection, for intravenous use
J3385	Injection, velaglucerase alfa, 100 units	VPRIV®	velaglucerase alfa for injection, for intravenous use
J3396	Injection, verteporfin, 0.1 mg	Visudyne®	verteporfin for injection, powder, lyophilized, for solution
J3410	Injection, hydroxyzine HCl, up to 25 mg	Vistaril®	hydroxyzine hydrochloride injection, solution, for intramuscular use
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	N/A	cyanocobalamin injection
J3430	Injection, phytonadione (vitamin K) per 1 mg	Aquamephyton®	phytonadione injectable emulsion for intravenous, intramuscular and subcutaneous use
J3470	Injection, hyaluronidase, up to 150 units	Amphadase®	hyaluronidase injection
J3473	Injection, hyaluronidase, recombinant, 1 USP unit	Hylenex®	hyaluronidase human injection, for infiltration use, for interstitial use, for intramuscular use, for intraocular use, for perbulbar use, retrobulbar use, for soft tissue use and for subcutaneous use
J3475	Injection, magnesium sulfate, per 500 mg	N/A	magnesium sulfate heptahydrate injection, solution
J3480	Injection, potassium chloride, per 2 mEq	N/A	potassium chloride injection
J3489	Injection, zoledronic acid, 1 mg	Reclast®, Zometa®	zoledronic acid injection
J3490	Unclassified drugs	Aristada Initio™	aripiprazole lauroxil extended-release injectable suspension, for intramuscular use
J3490	Unclassified drugs	Omidria®	phenylephrine and ketorolac intraocular solution, 1% /0.3%, for addition to ocular irrigating solution
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Akynzeo®	fosnetupitant and palonosetron for injection, for intravenous use
J3490	Unclassified drugs	Noxafil®	posaconazole injection, for intravenous use
J3490	Unclassified drugs	Cleviprex®	clevidipine injectable emulsion, for intravenous use
J3490	Unclassified drugs	Defitelio®	defibrotide sodium injection, for intravenous use
J3490	Unclassified drugs	Baxdela™	delafloxacin for injection, for intravenous use
J1301	Injection, edaravone, 1 mg	Radicava®	edaravone injection, for intravenous use
J3490	Unclassified drugs	Vimpat®	lacosamide injection, for intravenous use
J3490	Unclassified drugs	Prevymis™	letermovir injection, for intravenous use
J3490	Unclassified drugs	Lidocaine (various topical formulations)	lidocaine (various topical formulations)
J2186	Injection, meropenem and vaborbactam, 10mg/10mg (20mg)	Vabomere™	meropenem and vaborbactam for injection, for intravenous use
J3490	Unclassified drugs	Provayblue™	methylene blue injection, for intravenous use
J3490	Unclassified drugs	Sinuva™	mometasone furoate sinus implant
J3490	Unclassified drugs	Revatio®	sildenafil injection, for intravenous use
J3490	Unclassified drugs	N/A	sodium bicarbonate 7.5%
J3316	Injection, triptorelin, extended-release, 3.75 mg	Triptodur™	triptorelin extended-release injectable suspension, for intramuscular use
J3490	Unclassified drugs	Invega Trinza®	paliperidone palmitate extended-release injectable suspension, for intramuscular use
J1095	Injection, dexamethasone 9 percent, intraocular, 1 microgram	Dexycu™	dexamethasone intraocular suspension 9%, for intraocular administration
J3490	Unclassified drugs	N/A	17 alpha hydroxyprogesterone caproate (17P) *Compounded*
J0185	Injection, aprepitant, 1 mg	Cinvanti™	aprepitant injectable emulsion, for intravenous use
J2797	Injection, rolapitant, 0.5 mg	Varubi®	rolapitant injectable emulsion, for intravenous use
J3590	Unclassified biologics	Strensiq®	asfotase alfa injection, for subcutaneous use
J3590	Unclassified biologics	Plegridy™	peginterferon beta-1a injection, for subcutaneous injection
J3590	Unclassified biologics	Recothrom®	thrombin topical (recombinant) lyophilized powder for solution - for topical use only
J3590	Unclassified biologics	Evithrom	thrombin, topical (human)
J3590	Unclassified biologics	Luxturna™	voretigene neparvovec-rzyl intraocular suspension for subretinal injection

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
J0584	Injection, burosumab-twza 1 mg	Crysvita®	burosumab-twza injection, for subcutaneous use
J0567	Injection, cerliponase alfa, 1 mg	Brineura®	cerliponase alfa injection, for intraventricular use
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	Fibryga®	fibrinogen concentrate (human) lyophilized powder for reconstitution
J1746	Injection, ibalizumab-uiyk, 10 mg	Trogarzo™	ibalizumab-uiyk injection, for intravenous use
J3590	Unclassified biologics	Kcentra®	prothrombin complex concentrate (human) for intravenous use, lyophilized powder for reconstitution
J3590	Unclassified biologics	Praxbind®	idarucizumab injection, for intravenous use
J3397	Injection, vestronidase alfa-vjbk, 1 mg	Mepsevii™	vestronidase alfa-vjbk injection, for intravenous use
J9173	Injection, durvalumab, 10 mg	Imfinzi®	durvalumab injection, for intravenous use
J3590	Unclassified biologics	Sylatron™	peginterferon alfa-2b for injection, for subcutaneous use
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila), 0.5 mg	Fulphila™	pegfilgrastim-jmdb injection, for subcutaneous use
J3590	Unclassified biologics	Cosentyx®	secukinumab injection, for subcutaneous use
J7030	Infusion, normal saline solution, 1,000 cc	N/A	normal saline solution 1,000 cc
J7040	Infusion, normal saline solution, sterile (500 mL = 1 unit)	N/A	normal saline solution 500 cc
J7042	5% Dextrose/normal saline (500 mL = 1 unit)	N/A	dextrose 5% / normal saline
J7050	Infusion, normal saline solution, 250 cc	N/A	normal saline solution 250 cc
J7060	5% Dextrose/water (500 mL = 1 unit)	N/A	dextrose 5% /water
J7070	Infusion, D5W, 1,000 cc	N/A	D5W
J7120	Ringer's lactate infusion, up to 1,000 cc	N/A	ringer's lactate infusion
J7121	5% dextrose in lactated ringers infusion, up to 1000 cc	N/A	D5LR
J7175	Injection, factor X, (human), 1 IU	Coagadex®	coagulation factor X (human) lyophilized powder for solution for intravenous injection
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	RiaSTAP®	fibrinogen concentrate (human), lyophilized powder for solution for intravenous injection
J7179	Injection, Von Willebrand factor (recombinant), (Vonvendi), 1IU VWF:Rco	Vonvendi®	von Willebrand factor (recombinant) lyophilized powder for solution, for intravenous injection
J7180	Injection, factor XIII (antihemophilic factor, human), 1 I.U.	Corifact®	factor XIII concentrate (human) lyophilized powder for solution for injection
J7181	Injection, factor XIII A-subunit (recombinant), per IU	Tretten®	coagulation factor XIII a-subunit (recombinant) for intravenous use lyophilized powder for solution
J7182	Injection, factor VIII, (antihemophilic factor, recombinant), (Novoeight) per IU	Novoeight®	antihemophilic factor (recombinant) for intravenous injection lyophilized powder for solution
J7183	Injection, Von Willebrand factor complex (human), Wilate, per 1 IU VWF:RCO	Wilate®	von Willebrand factor/coagulation factor VIII complex (human) lyophilized powder for solution for intravenous injection
J7185	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	Xyntha®	factor VIII (antihemophilic factor recombinant) lyophilized powder for solution, for intravenous injection
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII I.U.	Alphanate®	antihemophilic factor/von Willebrand factor complex (human) lyophilized powder for solution for intravenous injection
J7187	Injection, Von Willebrand factor complex (Humate-P), per IU, VWF:RCO	Humate-P®	antihemophilic factor/von Willebrand factor complex (human) lyophilized powder for reconstitution for intravenous use only
J7188	Injection, factor VIII (antihemophilic factor, recombinant), (Obizur), per IU	Obizur®	antihemophilic factor (recombinant), porcine sequence lyophilized powder for solution for intravenous injection
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 microgram	NovoSeven®, NovoSeven® RT	coagulation factor VIIa (recombinant) lyophilized powder for injection, for intravenous use only
J7190	Factor VIII (antihemophilic factor [human]) per IU	Hemofil® M, Koate®-DVI, Monoclote-P®	factor VIII (antihemophilic factor, human)
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	Advate, Helixate® FS, Kogenate® FS, Recombinate™	factor VIII (antihemophilic factor, recombinant)

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	Mononine®, AlphaNine® SD	coagulation factor IX (human)
J7194	Factor IX, complex, per IU	Bebulin® VH, Profilnin® SD	factor IX complex
J7195	Injection factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	Ixinity®, Benefix®	coagulation factor ix (recombinant) lyophilized powder for reconstitution for intravenous use
J7196	Injection, antithrombin recombinant, 50 I.U.	ATryn®	antithrombin (recombinant) lyophilized powder for reconstitution
J7197	Antithrombin III (human), per IU	Throbate III®	antithrombin III (human), lyophilized powder for solution for intravenous injection
J7198	Anti-inhibitor, per IU	Feiba	anti-inhibitor coagulant complex for intravenous use, lyophilized powder for solution
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Rebinyn®	coagulation factor IX (recombinant), glycoPEGylated, lyophilized powder for solution for intravenous injection
J7200	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	Rixubis	coagulation factor IX (recombinant) for intravenous injection, lyophilized powder for solution
J7201	Injection, factor IX, Fc fusion protein (recombinant), Alprolix, 1 IU	Alprolix®	coagulation factor IX (recombinant), Fc fusion protein, lyophilized powder for solution for intravenous injection
J7202	Injection, factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	Idelvion®	coagulation factor IX (recombinant), albumin fusion protein lyophilized powder for solution for intravenous use
J7205	Injection, factor VIII, Fc fusion protein (recombinant), per IU	Eloctate®	antihemophilic factor (recombinant) Fc fusion protein lyophilized powder for solution for intravenous injection
J7207	Injection, factor VIII (antihemophilic factor, recombinant), pegylated, 1 IU	Adynovate®	antihemophilic factor (recombinant), PEGylated lyophilized powder for solution for intravenous injection
J7209	Injection, factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	Nuwiq®	antihemophilic factor (recombinant), lyophilized powder for solution for intravenous injection
J7210	Injection, factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU	Afstyla®	antihemophilic factor (recombinant), single chain lyophilized powder for solution for intravenous injection
J7211	Injection, factor VIII (antihemophilic factor, recombinant), (Kovaltry), 1 IU	Kovaltry®	antihemophilic factor (recombinant) lyophilized powder for solution for intravenous injection
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	Kyleena™	levonorgestrel-releasing intrauterine system
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52mg	Liletta®	levonorgestrel-releasing intrauterine system
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	Mirena®	levonorgestrel-releasing intrauterine system
J7300	Intrauterine copper contraceptive	Paragard®	intrauterine copper contraceptive
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	Skyla®	levonorgestrel-releasing intrauterine system
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	Nexplanon®	etonogestrel implant
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	Levulan® Kerastick®	aminolevulinic acid hcl for topical solution, 20%
J7311	Fluocinolone acetonide, intravitreal implant	Retisert®	fluocinolone acetonide intravitreal implant
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	Ozurdex™	dexamethasone intravitreal implant, for intravitreal injection
J7313	Injection, fluocinolone acetonide intravitreal implant, 0.01 mg	Iluvien®, Yutiq™	fluocinolone acetonide intravitreal implant
J7316	Injection, ocriplasmin, 0.125 mg	Jetrea®	ocriplasmin injection, for intravitreal injection
J7336	Capsaicin 8% patch, per square centimeters	Qutenza®	capsaicin 8% patch
J7342	Installation, ciprofloxacin otic suspension, 6 mg	Otiprio®	ciprofloxacin otic suspension, for intratympanic or otic use
J7504	Lymphocyte immune globulin, anti-thymocyte globulin, equine, parenteral, 250 mg	Atgam®	lymphocyte immune globulin, anti-thymocyte globulin (equine), sterile solution for intravenous use only
J9000	Injection, doxorubicin hydrochloride, 10 mg	Adriamycin®	doxorubicin hydrochloride injection, for intravenous use
J9015	Injection, aldesleukin, per single-use vial	Proleukin®	aldesleukin for injection, for intravenous infusion
J9017	Injection, arsenic trioxide, 1 mg	Trisenox®	arsenic trioxide injection, for intravenous use
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	Erwinaze®	asparaginase Erwinia chrysanthemi for injection, intramuscular (IM) or intravenous (IV) use
J9022	Injection, atezolizumab, 10 mg	Tecentriq®	atezolizumab injection, for intravenous use
J9023	Injection, avelumab, 10 mg	Bavencio®	avelumab injection, for intravenous use

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
J9025	Injection, azacitidine, 1 mg	Vidaza®	azacitidine for injection, for subcutaneous or intravenous use
J9031	bCG (intravesical), per installation	Tice BCG®	BCG live for intravesical use
J9032	Injection, belinostat, 10 mg	Beleodaq®	belinostat for injection, for intravenous administration
J9033	Injection, bendamustine HCl (Treanda), 1 mg	Treanda®	bendamustine hydrochloride for injection, for intravenous infusion
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	Bendeka®	bendamustine hydrochloride injection, for intravenous use
J9035	Injection, bevacizumab, 10 mg	Avastin®	bevacizumab injection, for intravenous use
J9039	Injection, blinatumomab, 1 microgram	Blinicyto®	blinatumomab for injection, for intravenous use
J9040	Injection, bleomycin sulfate, 15 units	Blenoxane®	bleomycin sulfate for injection, powder, lyophilized, for solution
J9041	Injection, bortezomib (Velcade), 0.1 mg	Velcade®	bortezomib for injection, for subcutaneous or intravenous use
J9042	Injection, brentuximab vedotin, 1 mg	Adcetris®	brentuximab vedotin for injection, for intravenous use
J9043	Injection, cabazitaxel, 1 mg	Jevtana®	cabazitaxel injection, for intravenous use
J9045	Injection, carboplatin, 50 mg	Paraplatin®	carboplatin injection, solution
J9047	Injection, carfilzomib, 1 mg	Kyprolis®	carfilzomib for injection, for intravenous use
J9050	Injection, carmustine, 100 mg	BiCNU®	carmustine for injection
J9055	Injection, cetuximab, 10 mg	Erbitux®	cetuximab solution
J9060	Injection, cisplatin, powder or solution, per 10 mg	N/A	cisplatin injection
J9065	Injection, cladribine, per 1 mg	Leustatin®	cladribine injection for intravenous infusion only
J9070	Cyclophosphamide, 100 mg	Cytoxan®, Neosar®	cyclophosphamide, injection, for intravenous use
J9098	Injection, cytarabine liposome, 10 mg	DepoCyt®	cytarabine for injection
J9100	Injection, cytarabine, 100 mg	Cytosar-U®	cytarabine injection
J9120	Injection, dactinomycin, 0.5 mg	Cosmegen®	dactinomycin for injection
J9130	Dacarbazine, 100 mg	N/A	dacarbazine injection, powder, for solution
J9145	Injection, daratumumab, 10 mg	Darzalex®	daratumumab injection, for intravenous use
J9150	Injection, daunorubicin, 10 mg	Cerubidine®	daunorubicine hydrochloride injection
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	DaunoXome®	daunorubicin citrate liposome injection
J9155	Injection, degarelix, 1 mg	Firmagon®	degarelix for injection for subcutaneous administration
J9171	Injection, docetaxel, 1 mg	Taxotere®, Doxefrez®	docetaxel injection concentrate, intravenous infusion
J9176	Injection, elotuzumab, 1 mg	Empliciti™	elotuzumab for injection, for intravenous use
J9178	Injection, epirubicin HCl, 2 mg	Ellence®	epirubicin hydrochloride injection, solution
J9179	Injection, eribulin mesylate, 0.1 mg	Halaven®	eribulin mesylate injection, for intravenous use
J9181	Injection, etoposide, 10 mg	Etopophos®, Toposar®	etoposide for injection
J9185	Injection, fludarabine phosphate, 50 mg	Fludara®	fludarabine phosphate injection for intravenous use only
J9190	Injection, fluorouracil, 500 mg	Adrucil®	fluorouracil injection, solution for intravenous use
J9200	Injection, floxuridine, 500 mg	FUDR®	floxuridine injection, powder, lyophilized, for solution, for intra-arterial infusion only
J9201	Injection, gemcitabine hydrochloride, 200 mg	Gemzar®	gemcitabine for injection, for intravenous use
J9202	Goserelin acetate implant, per 3.6 mg	Zoladex®	goserelin acetate implant
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Mylotarg™	gemtuzumab ozogamicin injection, for intravenous use
J9205	Injection, irinotecan liposome, 1 mg	Onivyde™	irinotecan liposome injection, for intravenous use
J9206	Injection, irinotecan, 20 mg	Camptosar®	irinotecan hydrochloride injection, solution
J9207	Injection, ixabepilone, 1 mg	Ixempra® Kit	ixabepilone for injection, for intravenous infusion only
J9208	Injection, ifosfamide, 1 gram	Ifex®	ifosfamide injection
J9209	Injection, mesna, 200 mg	Mesnex®	mesna injection, solution
J9211	Injection, idarubicin hydrochloride, 5 mg	Idamycin®	idarubicin hydrochloride for injection for intravenous use only
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Intron® A	interferon alfa-2b, recombinant for injection
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 IU	Alferon® N	interferon alfa-n3 injection
J9216	Injection, interferon, gamma-1b, 3 million units	Actimmune®	interferon gamma-1b injection, for subcutaneous use

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Lupron Depot®, Eligard®	leuprolide acetate, for depot suspension
J9218	Leuprolide acetate, per 1 mg	Lupron®	leuprolide acetate injection
J9225	Histrelin implant (Vantas), 50 mg	Vantas®	histrelin acetate subcutaneous implant
J9226	Histrelin implant (Supprelin LA), 50 mg	Supprelin® LA	histrelin acetate subcutaneous implant
J9228	Injection, ipilimumab, 1 mg	Yervoy®	ipilimumab injection, for intravenous use
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	Mustargen®	mechlorethamine hcl for injection
J9245	Injection, melphalan hydrochloride, 50 mg	Evomela®, Alkeran®	melphalan for injection, for intravenous use
J9250	Methotrexate sodium, 5 mg	N/A	methotrexate injection, solution
J9260	Methotrexate sodium, 50 mg	N/A	methotrexate injection, solution
J9261	Injection, nelarabine, 50 mg	Arranon®	nelarabine injection, for intravenous use
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Synribo®	omacetaxine mepesuccinate for injection, for subcutaneous use
J9263	Injection, oxaliplatin, 0.5 mg	Eloxatin®	oxaliplatin injection, for intravenous use
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Abraxane®	paclitaxel protein-bound particles for injectable suspension (albumin-bound)
J9266	Injection, pegaspargase, per single dose vial	Oncaspar®	pegaspargase injection, for intramuscular or intravenous use
J9267	Injection, paclitaxel, 1 mg	Taxol®	paclitaxel injection for intravenous use only
J9268	Injection, pentostatin, per 10 mg	Nipent®	pentostatin for injection
J9271	Injection, pembrolizumab, 1 mg	Keytruda®	pembrolizumab injection, for intravenous use
J9280	Injection, mitomycin, 5 mg	Mutamycin®	mitomycin injection, powder, lyophilized, for solution
J9285	Injection, olaratumab, 10 mg	Lartruvo™	olaratumab injection, for intravenous use
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	Novantrone®	mitoxantrone injection, solution, concentrate
J9295	Injection, necitumumab, 1 mg	Portrazza™	necitumumab injection, for intravenous use
J9299	Injection, nivolumab, 1 mg	Opdivo®	nivolumab injection, for intravenous use
J9301	Injection, obinutuzumab, 10 mg	Gazyva®	obinutuzumab injection, for intravenous use
J9302	Injection, ofatumumab, 10 mg	Arzerra®	ofatumumab injection, for intravenous use
J9303	Injection, panitumumab, 10 mg	Vectibix®	panitumumab injection, for intravenous use
J9305	Injection, pemetrexed, 10 mg	Alimta®	pemetrexed for injection, for intravenous use
J9306	Injection, pertuzumab, 1 mg	Perjeta®	pertuzumab injection, for intravenous use
J9307	Injection, pralatrexate, 1 mg	Foloty®	pralatrexate injection, for intravenous use
J9308	Injection, ramucirumab, 5 mg	Cyramza®	ramucirumab injection, for intravenous use
J9315	Injection, romidepsin, 1 mg	Istodax®	romidepsin for injection, for intravenous use
J9320	Injection, streptozocin, 1 gram	Zanosar®	streptozocin sterile powder
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Imlygic®	talimogene laherparepvec suspension for intralesional injection
J9328	Injection, temozolomide, 1 mg	Temodar®	temozolomide for injection administered via intravenous infusion
J9330	Injection, temsirolimus, 1 mg	Torisel® Kit	temsirolimus injection, for intravenous use
J9340	Injection, thiotepa, 15 mg	Tepadina®	thiotepa for injection, for intravenous, intracavitary, or intravesical use
J9351	Injection, topotecan, 0.1 mg	Hycamtin®	topotecan for injection
J9352	Injection, trabectedin, 0.1 mg	Yondelis®	trabectedin for injection, for intravenous use
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Kadcyla®	ado-trastuzumab emtansine for injection, for intravenous use
J9355	Injection, trastuzumab, 10 mg	Herceptin®	trastuzumab for injection, for intravenous use
J9357	Injection, valrubicin, intravesical, 200 mg	Valstar®	valrubicin solution, concentrate, for intravesical use
J9360	Injection, vinblastine sulfate, 1 mg	Velban®	vinblastine sulfate injection
J9370	Vincristine Sulfate, 1 mg	Vincasar® PFS	vincristine sulfate injection, solution
J9371	Injection, vincristine sulfate liposome, 1 mg	Marqibo®	vincristine sulfate liposome injection for intravenous infusion
J9390	Injection, vinorelbine tartrate, per 10 mg	Navelbine®	vinorelbine tartrate injection, for intravenous use
J9395	Injection, fulvestrant, 25 mg	Faslodex®	fulvestrant injection, for intramuscular use
J9400	Injection, ziv-aflibercept, 1 mg	Zaltrap®	ziv-aflibercept injection for intravenous infusion

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
J9600	Injection, porfimer sodium, 75 mg	Photofrin®	porfimer sodium injection
J9999	Not otherwise classified, antineoplastic drugs	Unituxin®	dinutuximab injection, for intravenous use
J9057	Injection, copanlisib, 1 mg	Aliqopa™	copanlisib injection, for intravenous use
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Vyxeos™	daunorubicin and cytarabine liposome injection, for intravenous use
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Besponsa™	inotuzumab ozogamicin injection, for intravenous use
J9311	Injection, rituximab 10 mg and hyaluronidase	Rituxan Hycela®	rituximab and hyaluronidase human injection, for subcutaneous use
P9041	Infusion, albumin (human), 5%, 50 mL	Albuminar®, Albutein®, Buminat®, Plasbumin®	albumin (human) injection, 5% solution
P9047	Infusion, albumin (human), 25%, 50 mL	Albuminar®, Albutein®, Buminat®, Plasbumin®	albumin (human) injection, 25% solution
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	Feraheme®	ferumoxytol injection for intravenous use
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)	Feraheme®	ferumoxytol injection for intravenous use
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gm	Zithromax®, Zithromax Z-	azithromycin dihydrate tablets and powder for suspension
Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Provenge®	sipuleucel-T, suspension for intravenous infusion
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	Lipodox®	doxorubicin hydrochloride injectable, liposomal
Q2050	Injection, doxorubicin HCl, liposomal, not otherwise specified, 10 mg	Doxil®	doxorubicin hydrochloride liposome injection for intravenous use
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	Avonex®	interferon beta-1a injection, for intramuscular injection
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Rebif®	interferon beta-1a, for subcutaneous injection
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	Epogen®, Procrit®	epoetin alfa injection, for intravenous or subcutaneous use (for ESRD on dialysis)
Q4101	Apligraf, per square centimeter	Apligraf®	dermal and epidermal tissue of human origin, with or without bioengineered or processed elements, with metabolically active element per sq cm.
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 microgram	Zarxio®	filgrastim-sndz injection, for subcutaneous or intravenous use
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Inflectra®	infliximab-dyyb for injection, for intravenous use
Q5105	Injection, epoetin alfa, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	Retacrit™	epoetin alfa-epbx injection, for intravenous or subcutaneous use (for ESRD on dialysis)
Q5106	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	Retacrit™	epoetin alfa-epbx injection, for intravenous or subcutaneous use (for non-ESRD use)
Q9991	Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	Sublocade™	buprenorphine extended-release injection, for subcutaneous use, less than or equal to 100 mg
Q9992	Injection, buprenorphine extended-release (Sublocade), greater than 100 mg	Sublocade™	buprenorphine extended-release injection, for subcutaneous use, greater than 100 mg
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Zilretta™	triamcinolone acetonide extended-release injectable suspension, for intra-articular use
J7170	Injection, emicizumab-kxwh, 0.5 mg	Hemlibra®	emicizumab-kxwh injection, for subcutaneous use
S0080	Injection, pentamidine isethionate, 300 mg	Pentam® 300	pentamidine isethionate for injection
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per mL	Pegasys®	peginterferon alfa-2a injection, for subcutaneous use
S0148	Injection, pegylated interferon alfa-2b, 10 mcg	PegIntron®	peginterferon alfa-2b injection, for subcutaneous use
S0166	Injection, olanzapine, 2.5 mg	Zyprexa® Intramuscular	olanzapine injection, powder, for solution for intramuscular use
S0189	Testosterone pellet, 75 mg	Testopel®	testosterone pellets
S4993	Contraceptive pills for birth control	N/A	contraceptive pills for birth control
A4641	Radiopharmaceutical, diagnostic, not otherwise classified	N/A	radiopharmaceutical, diagnostic, not otherwise classified
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	Cardiolite Kit®	technetium Tc99m sestamibi for injection
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	Myoview™	technetium Tc99m tetrofosmin for intravenous use
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries	N/A	technetium Tc99m medronate for injection, diagnostic for intravenous use
A9505	Thallium TI-201 thallos chloride, diagnostic, per millicurie	N/A	thallous chloride TI-201 injection

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
A9510	Techneium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries	Hepatology®	technetium Tc99m disofenin for injection for diagnostic use
A9512	Techneium Tc-99m pertechnetate, diagnostic, per millicurie	TechneLite®	technetium Tc99m generator for diagnostic use
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries	N/A	sodium iodide I-123 diagnostic-capsules for oral administration
A9521	Techneium Tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries	Ceretec™	technetium Tc99m exametazime injection diagnostic radiopharmaceutical for intravenous use only
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries	Megatope	iodinated I-131 albumin injection, solution
A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries	N/A	ammonia n 13 injection for intravenous use
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie	N/A	sodium iodide I-131 capsules, diagnostic, for oral use
A9529	Iodine I-131 sodium iodide solution, diagnostic, per millicurie	N/A	sodium iodide I-131 solution, diagnostic
A9530	Iodine I-131 sodium iodide solution, therapeutic, per millicurie	N/A	sodium iodide I-131 solution, therapeutic, for oral use
A9531	Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)	N/A	sodium iodide I-131, diagnostic
A9537	Techneium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries	Choletec®	technetium Tc99m mebrofenin for diagnostic use
A9538	Techneium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries	N/A	technetium Tc99m pyrophosphate injection for diagnostic use
A9540	Techneium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries	Draximage® MAA	technetium Tc99m albumin aggregated injection, diagnostic for intravenous use
A9541	Techneium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries	N/A	technetium Tc99m sulfur colloid injection for subcutaneous, intraperitoneal, intravenous, and oral use
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Zevalin®	ibritumomab tiuxetan injection for intravenous use
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 millicurie	N/A	indium in-111 oxyquinoline solution diagnostic for intravenous use
A9548	Indium In-111 pentetate, diagnostic, per 0.5 millicurie	N/A	indium in-111 pentetate disodium solution
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries	N/A	fludeoxyglucose f18 injection
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries	Glofil-125	sodium iothalamate i-125 injection, solution
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries	Cardiogen-82®	rubidium Rb 82 chloride injection, for intravenous use
A9556	Gallium Ga-67 citrate, diagnostic, per millicurie	N/A	gallium citrate ga-67 injection for diagnostic use
A9557	Techneium Tc-99m bismate, diagnostic, per study dose, up to 25 millicuries	Neurolite	technetium Tc99m bismate injection
A9558	Xenon Xe-133 gas, diagnostic, per 10 millicuries	N/A	xenon xe 133 gas for diagnostic use
A9560	Techneium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries	Ultag™ RBS	technetium Tc99m-labeled red blood cells for intravenous injection
A9561	Techneium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries	Technescan™	technetium Tc99m oxidronate diagnostic for intravenous use
A9562	Techneium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries	N/A	technetium Tc99m mertiatide diagnostic
A9563	Sodium phosphate P-32, therapeutic, per millicurie	N/A	sodium phosphate, p-32 solution
A9564	Chromic phosphate P-32 suspension, therapeutic, per millicurie	Phosphocol® P32	chromic phosphate p 32 suspension
A9567	Techneium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries	Draximage® DTPA	technetium Tc99m pentetate injection, for intravenous and inhalation use
A9569	Techneium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	Ceretec™	technetium Tc99m exametazime injection diagnostic radiopharmaceutical for intravenous use only
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	N/A	indium in-111 oxyquinoline solution diagnostic for intravenous use
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	N/A	indium in-111 oxyquinoline solution diagnostic for intravenous use
A9576	Injection, gadoteridol, (Prohance Multipack), per mL	Prohance® Multipack™	gadoteridol injection
A9577	Injection, gadobenate dimeglumine (Multihance), per mL	Multihance®	gadobenate dimeglumine injection
A9578	Injection, gadobenate dimeglumine (Multihance Multipack), per mL	Multihance® Multipack	gadobenate dimeglumine injection

North Carolina Medicaid Division of Health Benefits
Abbreviated Physician Administered Drug Program Catalog

- Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications.
- 11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacturer as they are not classified as covered outpatient drugs.

HCPCS Code	HCPCS Code Description	Brand Name	Generic Name
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per mL (Only Omniscan, Prohance, Magnevist, OptiMARK should be billed using this code)	Magnevist® Omniscan™ OptiMARK® Prohance®	Magnevist: gadopentetate dimeglumine injection for intravenous use Omniscan: gadodiamide injection for intravenous use OptiMARK: gadoversetamide injection for intravenous use Prohance: gadoteridol injection for intravenous use
A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries	N/A	sodium fluoride f18 injection for intravenous use
A9581	Injection, gadoxetate disodium, 1 mL	Eovist®	gadoxetate disodium injection, for intravenous use
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries	AdreView	iobenguane I-123 injection for intravenous use
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries	DaTscan™	ioflupane I-123 injection for intravenous use
A9585	Injection, gadobutrol, 0.1 mL	Gadavist®	gadobutrol injection, for intravenous use
A9600	Strontium Sr-89 chloride, therapeutic, per millicurie	Metastron®	strontium-89 chloride injection
A9604	Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries	Quadramet®	samarium sm 153 lexidronam injection, solution, therapeutic, for intravenous administration
A9606	Radium Ra-223 dichloride, therapeutic, per microcurie	Xofigo®	radium Ra 223 dichloride injection for intravenous use
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	Lutathera®	Lutathera: lutetium lu 177 dotatate injection, for intravenous use
J2785	Injection, regadenoson, 0.1 mg	Lexiscan®	regadenoson injection for intravenous use
Q9950	Injection, sulfur hexafluoride lipid microspheres, per mL	Lumason®	sulfur hexafluoride lipid-type A microspheres injectable suspension, for intravenous or intravesical use
Q9957	Injection, perflutren lipid microspheres, per mL	Definity®	perflutren lipid microsphere injectable suspension
Q9965	Low osmolar contrast material, 100-199 mg/mL iodine concentration, per mL	Omnipaque™	iohexol injection
Q9966	Low osmolar contrast material, 200-299 mg/mL iodine concentration, per mL	Isovue Omnipaque™ Optiray™ Ultravist Visipaque™	Isovue: iopamidol injection, solution Omnipaque: iohexol injection Optiray: ioversol injection Ultravist: iopromide injection, for intravenous or intra-arterial use Visipaque: iodixanol injection
Q9967	Low osmolar contrast material, 300-399 mg/mL iodine concentration, per mL	Omnipaque™ Optiray™ Ultravist Visipaque™	Omnipaque: iohexol injection Optiray: ioversol injection Ultravist: iopromide injection, for intravenous or intra-arterial use Visipaque: iodixanol injection
Q9968	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., Methylene Blue, Isosulfan Blue), 1 mg	N/A	isosulfan blue injection, solution for subcutaneous use
A9515	Choline C-11, diagnostic, per study dose up to 20 millicuries	N/A	choline c11 injection for intravenous use
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	Provocholine®	methacholine chloride powder for inhalation
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	Amyvid™	florbetapir f 18 injection for intravenous use
A9587	Gallium Ga-68, dotatate, diagnostic, 0.1 millicurie	Netspot Kit	gallium ga 68 dotatate injection for intravenous use
A9588	Fluciclovine F-18, diagnostic, 1 millicurie	Axumin™	fluciclovine f 18 injection for intravenous use