North Carolina Division of Health Benefits **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).

•The MAX Daily Junts for radiopharmaceuticals represents one therapeutic dose or diagnostic dose.

•The HCPCS Code effective date represents the date the HCPCS code was established

| Procedure cod | les for cove | red devices and vaccines a | re not required to be fron | | beler/manufacture | er as they are not classified as o | overed outpatient drugs. | | | | | | | | | |
|-----------------------------------|---------------|--|----------------------------|----------------------------|-----------------------------|---|--|-----------------|----------------------|-------------|-------------|------------------------|-----------------|------------------------------|----------|-----------------------|
| Category | HCPCS Code | HCPCS Description | HCPCS Code Billing Unit | HCPCS Effective Date | Brand Name | Generic Name | FDA Approved Indications (See Package Insert for full FDA approved indication descriptions) | Max Daily Units | Max Monthly Units | Minimum Age | Maximum Age | Gender Restrictions | NDC Required | Rebating Labeler Required | Comments | Last Modified Date |
| Biologicals | J0584 | Injection, burosumab- twza 1 mg | 1 mg | 1/1/2019 | Crysvita® | burosumab-twza injection, for subcutaneous use | Indicated for the treatment of X-linked hypophosphatemia (XLH) in adult and pediatric patients 6 months of age and older. | 90 | 270 | 6 months | N/A | N/A | Y | Y | | 10/28/2019 |
| Immune Globulins | 90291 | Cytomegalovirus immune globulin (CMV-1gVV), human, for intravenous use | 50 mL | 1/1/2000 | Cytogam® | cytomegalovirus immune globulin intravenous, human | Indicated for the prophylaxis of cytomegalovirus disease associated with transplantation of kidney, lung, liver, pancreas, and heart. In transplants of these organs other than kidney from CMV seropositive donors into seronegative recipients, prophylactic CMV-IGIV should be considered in combination with ganciclovir. | 8.4 | 25.2 | N/A | N/A | N/A | γ | N | | 9/12/2018 |
| Immune Globulins | 90371 | Hepatitis B Immune Globulin (HBIg), human, for intramuscular use | 1 mL | 1/1/2000 | HyperHEP B* S/D, Nabi-HB* | hepatitis b immune globulin, (human) | Indicated for treatment of acute exposure to blood containing HBSAg, perinatal exposure of infants born to HBSAg-positive mothers, sexual exposure to HBSAg-positive persons and household exposure to persons with acute HBV infection in the following settings: - Acute Exposure to Blood Containing HBSAg: Following either parenteral exposure (needlestick, bite, sharps), direct mucous membrane contact (accidental splash), or oral ingestion (pipetting accident), involving HBSAg-positive materials such as blood, plasma, or serum. - Perinatal Exposure of Infants Born to HBSAg-positive Mothers: Infants born to mothers positive for HBSAg with or without HBeAg. - Sexual Exposure to HBSAg-positive Persons: Sexual partners of HBSAg-positive persons. - Household Exposure to Persons with Acute HBV Infection: Infants less than 12 months old whose mother or primary caregiver is positive for HBSAg. Other household contacts with an identifiable blood exposure to the index patient. | 9 | 18 | N/A | N/A | N/A | Y | N | | 9/21/2018 |
| Immune Globulins | 90375 | Rabies Immune Globulin (Rlg), human, for intramuscular and/or subcutaneous use | 150 IU | 1/1/2000 | HyperRAB® S/D, HyperRAB® | rables immune globulin, (human) treated with solvent/detergent, for infiltration and intramuscular administration rabies immune globulin, (human) solution for infiltration and intramuscular injection | HyperRAB S/D: Rabies vaccine and HyperRAB S/D should be given to all persons suspected of exposure to rabies with one exception: persons who have been previously immunized with rabies vaccine and have a confirmed adequate rabies antibody titer should receive only vaccine. HyperRAB S/D should be administered as promptly as possible after exposure, but can be administered up to the eighth day after the first dose of vaccine is given. HyperRAB: indicated for post exposure prophylaxis, along with rabies vaccine, for all persons suspected of exposure to rabies. Limitations of use: Limitations of use: | 20 | 20 | 18 years | N/A | N/A | Y | Y | | 7/3/2018 |
| Immune Globulins | 90376 | Rabies Immune Globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use | | 1/1/2000 | Imogam® Rabies – HT | rabies immune globulin (human) USP, heat treated | indicated for individuals suspected of exposure to rabies, particularly severe exposure, with one exception: persons who have been previously immunized with rabies vaccine prepared from human diploid cells (HDCV) in a pre-exposure oposit exposure treatment series should receive only vaccine. Persons who have been previously immunized with rabies vaccines other than HDCV, RVA (Rabies Vaccine Adsorbed), or PCEC (Purified Chick Embryo Cell Vaccine) vaccines should have confirmed adequate rabies antibody titers if they are to receive only vaccine. | 20 | 20 | N/A | N/A | N/A | Y | Y | | 9/21/2018 |
| Immune Globulins | 90389 | Tetanus Immune Globulin (Tig), human, for intramuscular use | 250 U (1 mL) | 1/1/2000 | HyperTET® S/D | tetanus immune globulin (human) | Indicated for prophylaxis against tetanus following injury in patients whose immunization is incomplete or uncertain. It is also indicated, although evidence of effectiveness is limited, in the regimen of treatment of active cases of tetanus. | 1 | 2 | N/A | N/A | N/A | Y | Y | | 6/4/2019 |
| Immune Globulins | 90396 | Varicella-zoster Immune Globulin (VZIG), human, for intramuscular use (Code Price is per 1 vial = 125 units) | 125 units (1 vial) | 1/1/2000 | Varizig* | varicella zoster immune globulin (human) for intramuscular administration only | Indicated for post exposure prophylaxis in high risk individuals. High risk groups include: *immunocompromised children and adults, *newborns of mothers with varicella shortly before or after delivery, *premature infants, *infants less than one year of age, *adults without evidence of immunity, *pregnant women. Administration is intended to reduce the severity of varicella. | 5 | 10 | N/A | N/A | N/A | Y | Y | | 7/3/2018 |
| Immune Globulins | 90399 | Unlisted immune globulin | 150 IU | 1/1/2000 | Kedrab™ | rabies immune globulin (human) solution for intramuscular injection | Indicated for passive, transient post-exposure prophylaxis (PEP) of rables infection, when given immediately after contact with a rabid or possibly rabid animal. Kedrab should be administered concurrently with a full course of rabies vaccine. • Do not administer additional (repeat) doses of Kedrab once vaccine treatment has been initiated, since this may interfere with the immune response to the rabies vaccine. • Do not administer Kedrab to persons with a history of a complete pre-exposure or post-exposure rabies vaccination and confirmed adequate rabies antibody titer. | 20 | 20 | 18 years | N/A | N/A | Y | Y | | 7/26/2018 |

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|----------|-------|---|--------|----------|---|--|--|---|-----|-----------|-----------|-----|---|---|-----------|
| Vaccines | 90585 | Bacillus Calmette-Guerin Vaccine (BCG) for tuberculosis, live, for percutaneous use. | 50 mg | 1/1/2000 | BCG Vaccine | bacillus Calmette-Guérin vaccine (BCG) for tuberculosis, live, for percutaneous use. | For the prevention of tuberculosis (TB) in people not previously infected with Mycobacterium tuberculosis, who are at high risk for exposure. | 1 | 1 | N/A | N/A | N/A | Y | N | 7/2/2018 |
| Vaccines | 90620 | Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use | 0.5 mL | 7/1/2017 | Bexsero® | meningococcal group b vaccine suspension for intramuscular injection | Indicated for active immunization to prevent invasive disease caused by Neisseria meningitidis serogroup B. Bexsero is approved for use in individuals 10 through 25 years of age. | 1 | 2 | 10 years | 25 years | N/A | Y | N | 9/12/2018 |
| Vaccines | 90621 | Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use | 0.5 mL | 7/1/2017 | Trumenba® | meningococcal group b vaccine suspension for intramuscular injection | Indicated for active immunization to prevent invasive disease caused by Neisseria meningitidis serogroup B. Trumenba is approved for use in individuals 10 through 25 years of age. | 1 | 2 | 10 years | 23 years | N/A | Y | N | 9/12/2018 |
| Vaccines | 90630 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use | 0.1 mL | 1/1/2015 | Fluzone® Intradermal Quadrivalent | influenza vaccine suspension for intradermal injection | Indicated for active immunization for the prevention of influenza disease caused by influenza A subtype viruses and type B viruses contained in the vaccine. Formulation specific information (2017-18): Fluxone Intradermal Quadrivalent: Approved for use in persons 18 through 64 years of age | 1 | 1 | 18 years | 64 years | N/A | Y | N | 7/3/2018 |
| Vaccines | 90632 | Hepatitis A vaccine (Hep A), adult dosage, for intramuscular use | 1 mL | 1/1/2000 | Havrix®, Vaqta® | hepatitis a vaccine, adult dosage, suspension for intramuscular injection | Indicated for active immunization against disease caused by hepatitis A virus (HAV). Approved for use in persons 12 months of age and older. Primary immunization should be administered at least 2 weeks prior to expected exposure to HAV. | 1 | 1 | 19 years | N/A | N/A | Υ | N | 7/3/2018 |
| Vaccines | 90633 | Hepatitis A vaccine (Hep A), pediatric/adolescent dosage - 2-dose schedule, for intramuscular use | 0.5 mL | 1/1/2000 | Havrix®, Vaqta® | hepatitis a vaccine, pediatric/adolescent dosage- 2 dose schedule, for intramuscular injection | Indicated for active immunization against disease caused by hepatitis A virus (HAV). Approved for use in persons 12 months of age and older. Primary immunization should be administered at least 2 weeks prior to expected exposure to HAV. | 1 | 1 | 12 months | 18 years | N/A | Y | N | 7/3/2018 |
| Vaccines | 90636 | Hepatitis A and Hepatitis B Vaccine (HepA-HepB), | 1 mL | 1/1/2000 | Twinrix* | hepatitis a & hepatitis b (recombinant) vaccine | Indicated for active immunization against disease caused by hepatitis A virus and infection by all known subtypes of hepatitis B virus. Twinrix is approved for use in persons 18 years of age or older. | 1 | 3 | 18 years | N/A | N/A | Y | Υ | 9/12/2018 |
| Vaccines | 90647 | Haemophilus influenzae type b vaccine (Hib), PRP- OMP conjugate, 3-dose schedule, for intramuscular use | 0.5 mL | 1/1/2000 | PedvaxHib® | haemophilus b conjugate vaccine (meningococcal protein conjugate) | For routine vaccination against invasive disease caused by haemophilus influenzae type 8 in infants and children 2 -71 months of age. | 1 | 1 | 2 months | 71 months | N/A | Y | N | 7/2/2018 |
| Vaccines | 90648 | Haemophilus influenzae b vaccine (Hib), PRP-T conjugate, 4-dose schedule, for intramuscular use | 0.5 mL | 1/1/2000 | ActHIB® | haemophilus b conjugate vaccine (tetanus toxoid conjugate) solution for intramuscular injection | Indicated for the prevention of invasive disease caused by Haemophilus influenzae type b. ActHIB vaccine is approved for use as a four dose series in infants and children 2 months through 5 years of age. | 1 | 1 | 2 months | 5 years | N/A | Y | N | 7/3/2018 |
| Vaccines | 90649 | Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use 0.5 mL | 0.5 mL | 1/1/2006 | Gardasil [®] | human papillomavirus quadrivalent (types 6, 11, 16 and 18) vaccine, recombinant suspension for intramuscular injection | Gardasi is indicated in girts and women 9 – 25 years of age for the prevention of the following diseases caused by human papillomavirus (HPV) types included in the vaccine: • Cervical, vulvar, vaginal, and anal cancer caused by HPV types 16 and 18 • Genital warts (condy/oma acuminata) caused by HPV types 6 and 11 And the following preancerous or dysplastic lesions caused by HPV types 6, 11, 16, and 18: • Cervical intraepithelial neoplasia (CIN) grade 2/3 and Cervical adenocarcinoma in situ (AIS) • Cervical intraepithelial neoplasia (CIN) grade 1 • Vulvar intraepithelial neoplasia (VIN) grade 2 and grade 3 • Vaginal intraepithelial neoplasia (VIN) grade 2 and grade 3 • Vaginal intraepithelial neoplasia (VIN) grade 2 and grade 3 • Anal intraepithelial neoplasia (VIN) grade 2 and grade 3 | 1 | 1 | 9 years | 26 years | N/A | Y | N | 7/3/2018 |
| Vaccines | 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use | 0.5 mL | 7/1/2017 | Gardasil* 9 | human papillomavirus 9- valent vaccine, recombinant suspension for intramuscular injection | Indicated in girls and women 9 through 45 years of age for the prevention of the following diseases: • Cervical, vulvar, vaginal, and anal cancer caused by HPV types 16, 18, 31, 33, 45, 52, and 58 • Genital warts (condyloma acuminata) caused by HPV types 6 and 11. The following precancerous or shpasita (Eslors caused by HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58: • Cervical intraepithelial neopisas (CIN) grade 1. • Cervical intraepithelial neopisas (LIN) grade 1. • Valvar intraepithelial neopisas (LIN) grade 2 and grade 3. • Vaginal intraepithelial neopisas (LIN) grade 2 and grade 3. • Vaginal intraepithelial neopisas (LIN) grade 2 and grade 3. • Indicated in boys and men 9 through 45 years of age for the prevention of the following diseases: • Anal cancer caused by HPV types 16, 18, 31, 33, 45, 52, and 58. • Cervical warts (condyloma acuminate) caused by HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58. • Anal intraepithelial neopiasia (AIN) grades 1, 2, and 3. | 1 | 1 | 9 years | 45 years | N/A | Y | N | 7/3/2018 |
| Vaccines | 90670 | Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use | 0.5 mL | 7/1/2009 | Prevnar 13* | pneumococcal 13-valent conjugate vaccine (diphtheria CRM197 protein) suspension for intramuscular injection | In children 6 weeks through 5 years of age (prior to the 6th birthday), Prevnar 13 is indicated for: * Active immunization for the prevention of invasive disease caused by Streptococcus pneumoniae serotypes 1, 3, 4, 5, 6, 6, 17, 97, 4, 18, 12, 19, 19 and 23F. **scrive immunization for the prevention of of ultis media caused by 5, pneumoniae serotypes 4, 68, 9V, 14, 18C, 19F, and 23F. No cittis media efficacy data are available for serotypes 1, 3, 5, 6A, 7F, and 19A. In children 6 years through 17 years of age (prior to the 18th birthday), Prevnar 13 is indicated for: **Active immunization for the prevention of invasive disease caused by 5, pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F. In adults 18 years of age and older, Prevnar 13 is indicated for: **Active immunization for the prevention of pneumonia and invasive disease caused by 5. pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F. | 1 | 1 | 6 weeks | N/A | N/A | Y | N | 7/3/2018 |

| Vaccines | 90672 | Influenza virus vaccine, quadrivalent live (LAIV4), for intranasal use | 0.2 mL | 1/1/2013 | FluMist* Quadrivalent | influenza virus vaccine, quadrivalent live, intranasal | Indicated for the active immunization of persons 2 – 49 years of age for the prevention of influenza disease caused by influenza A subtype viruses and type B viruses contained in the vaccine. | 1 | 2 | 2 years | 49 years | N/A | Y | N | 9/21/2018 |
|----------|-------|--|-----------------|----------|---|---|--|---|---|----------|----------|-----|---|---|-----------|
| Vaccines | 90674 | Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5mL dosage, for intramuscular use | 0.5 mL | 7/1/2016 | Flucelvax® Quadrivalent | influenza virus vaccine, suspension for intramuscular injection, preservative-free | Indicated for active immunization for the prevention of influenza disease caused by influenza virus subtypes A and type B contained in the vaccine. Formulation specific information: Flucelvax Quadrivalent: Approved for use in persons 4 years of age and older | 1 | 2 | 4 years | N/A | N/A | Y | N | 8/6/2018 |
| Vaccines | 90675 | Rabies vaccine, for intramuscular use | 1 mL | 1/1/2000 | Imovax® Rabies (Human Diploid- Cell Vaccine) and RabAvert® (Purified Chick Embryo Cell Culture) | rabies vaccine, for intramuscular use | Indicated for pre-exposure and post-exposure prophylaxis against rabies in all age groups. | 1 | 5 | N/A | N/A | N/A | Y | N | 7/3/2018 |
| Vaccines | 90680 | Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use | 2 mL | 7/1/2005 | RotaTeq* | rotavirus vaccine, live, oral, pentavalent | Indicated for the prevention of rotavirus gastroenteritis in infants and children caused by types G1, G2, G3, G4, and G9 when administered as a 3-dose series to infants between the ages of 6 to 32 weeks. | 1 | 2 | 6 weeks | 32 weeks | N/A | Υ | N | 7/3/2018 |
| Vaccines | 90681 | Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use | 1 mL | 1/1/2008 | Rotarix | rotavirus vaccine, live, oral | Indicated for the prevention of rotavirus gastroenteritis caused by G1 and non-G1 types (G3, G4, and G9). Rotarix is approved for use in infants 6 weeks to 24 weeks of age. | 1 | 2 | 6 weeks | 24 weeks | N/A | Y | N | 7/3/2018 |
| Vaccines | 90682 | Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutini (NA) protein only, preservative and antibiotic free, for intramuscular use | 1 dose (0.5 mL) | 1/1/2017 | Flublok® Quadrivalent | influenza virus vaccine, quadrivalent (RIVA), derived from recombinant DNA, hemagglutinin (IHA) protein only, preservative and antibiotic free, for intramuscular use | Indicated for active immunization against disease caused by influenza A subtype viruses and type B viruses contained in the vaccine. Formulation specific information: - Flublok Quadrivalent: Approved for use in persons 18 years of age and older | 1 | 1 | 18 years | N/A | N/A | Y | N | 5/30/2019 |
| Vaccines | 90686 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 ml dosage, for intramuscular use | 0.5 mL | 1/1/2013 | Afluria® Quadrivalent, Fluarix® Quadrivalent, FluLaval® Quadrivalent, Fluzone® Quadrivalent | influenza vaccine suspension for intramuscular injection, preservative-free, 0.5 mL | Indicated for active immunization against influenza disease caused by influenza A subtype viruses and type B viruses contained in the vaccine. | 1 | 2 | 6 months | N/A | N/A | Y | N | 7/3/2018 |
| Vaccines | 90688 | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use | 0.5 mL | 1/1/2013 | Afluria® Quadrivalent, FluLaval® Quadrivalent, Fluzone® Quadrivalent | influenza vaccine suspension for intramuscular injection, 0.5 mL | Indicated for active immunization for the prevention of influenza disease caused by influenza A subtype viruses and type B viruses contained in the vaccine. | 1 | 2 | 6 months | N/A | N/A | Y | N | 7/3/2018 |
| Vaccines | 90696 | Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated pollovirus vaccine, (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use | 0.5 mL | 1/1/2008 | Kinrix®, Quadracel™ | diphtheria and tetanus toxoids, acellular pertussis adsorbed and inactivated poliovinium succine, suspension for intramuscular injection | Kinrix: A single dose of Kinrix is indicated for active immunization against diphtheria, tetanus, pertussis, and poliomyelitis as the fifth dose in the diphtheria, tetanus, and acellular pertussis (DTaP) vaccine series and the fourth dose in the inactivated polioriurs vaccine (IPV) series in childred at through 6 years of age whose previous DTaP vaccine doses have been with INFANRIX and/or PEDIARIX for the first three doses and INFANRIX for the fourth dose. *Quadracel: Indicated for active immunization against diphtheria, tetanus, pertussis and poliomyelitis. A single dose of Quadracel is approved for use in children four through six years of age as a fifth dose in the diphtheria, tetanus, pertussis vaccination (DTaP) series, and as a fourth or fifth dose in the inactivated poliovirus vaccination (IPV) series, in children who have received four doses of Pentacel and/or Daptacel vaccine. | 1 | 1 | 4 years | 6 years | N/A | Υ | N | 7/2/2018 |
| Vaccines | 90698 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP- IPV / Hib), for intramuscular use | 0.5 mL | 1/1/2004 | Pentacel® | diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus and haemophilus b conjugate (tetanus toxoid conjugate) vaccine, suspension for intramuscular injection | Indicated for active immunization against diphtheria, tetanus, pertussis, poliomyelitis, and invasive disease due to Haemophilus influenzae type b. Pentacel vaccine is approved for use as a four dose series in children 6 weeks through 4 years of age (prior to fifth birthday). | 1 | 1 | 6 weeks | 4 years | N/A | Y | N | 7/2/2018 |

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| Vaccines | 90700 | Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use | 0.5 mL | 1/1/2004 | Daptacel®, Infanrix® | diphtheria, tetanus toxoids, and acellular pertussis vaccine adsorbed suspension for intramuscular injection | indicated for active immunization against diphtheria, tetanus and pertussis as a five dose series in infants and children 6 weeks through 6 years of age (prior to 7th birthday). | 1 | 1 | 6 weeks | 6 years | N/A | Y | N | | 7/2/2018 |
| Vaccines | 90702 | Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use. | 0.5 mL | 1/1/2000 | Diphtheria and Tetanus Toxoids, Adsorbed | diphtheria and tetanus toxoids (DT), adsorbed, for use in individuals younger than seven years, for intramuscular use. | Indicated for active immunization against diphtheria and tetanus. Diphtheria and Tetanus Toxolds Adsorbed is approved for use in children from 6 weeks through 6 years of age (prior to 7th birthday). | 1 | 1 | 6 weeks | 6 years | N/A | Y | N | | 7/2/2018 |
| Vaccines | 90707 | Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use | 0.5 mL | 1/1/2004 | M-M-R® II | measles, mumps, and rubella virus vaccine, live | Indicated for simultaneous vaccination against measles, mumps, and rubella in individuals 12 months of age or older. | 1 | 1 | 12 months | N/A | N/A | Y | N | | 7/3/2018 |
| Vaccines | 90710 | Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use | 0.5 mL | 1/1/2000 | ProQuad® | measles, mumps, rubella and varicella virus vaccine live suspension for subcutaneous injection | Indicated for active immunization for the prevention of measles, mumps, rubella, and varicella in children 12 months through 12 years of age. | 1 | 1 | 12 months | 12 years | N/A | Y | N | | 7/3/2018 |
| Vaccines | 90713 | Poliovirus vaccine, Inactivated (IPV), for subcutaneous or intramuscular use | 0.5 mL | 7/1/2005 | IPOL* | poliovirus vaccine, inactivated | Indicated for active immunization of infants (as young as 6 weeks of age), children and adults for the prevention of poliomyelitis caused by poliovirus types 1, 2, and 3. | 1 | 2 | 6 weeks | N/A | N/A | Y | N | | 9/21/2018 |
| Vaccines | 90714 | Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use | 0.5 mL | 7/1/2005 | Tenivac® | tetanus and diphtheria toxoids, adsorbed, suspension for intramuscular injection | Indicated for active immunization for the prevention of tetanus and diphtheria in persons 7 years of age and older. | 1 | 2 | 7 years | N/A | N/A | Y | N | | 7/3/2018 |
| Vaccines | 90715 | Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use | 0.5 mL | 7/1/2005 | Adacel®, Boostrix® | tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine adsorbed, suspension for intramuscular injection | Indicated for active booster immunization against tetanus, diphtheria, and pertussis as a single dose in people 10 years of age and older. (Adacel brand is only indicated for patients 11-64 years of age.) | 1 | 1 | Product Specific (see comments) | 64 years | N/A | Y | N | Product specific age restrictions: Boostrix is indicated in individuals 10 years of age and older. Adacel is indicated in persons 10 through 64 years of age. | 7/3/2018 |
| Vaccines | 90716 | Varicella virus vaccine (VAR), Live, for subcutaneous use | 0.5 mL | 1/1/2000 | Varivax® | varicella virus vaccine live suspension for subcutaneous injection | Indicated for active immunization for the prevention of varicella in individuals 12 months of age and older. | 1 | 2 | 12 months | N/A | N/A | Y | N | | 9/12/2018 |
| Vaccines | 90723 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated pollovirus vaccine,- (DTaP-HepB- IPV) for intramuscular use | 0.5 mL | 1/1/2001 | Pediarix® | diphtheria and tetanus toxoids and acellular pertussis adsorbed, hepatitis b (recombinant) and inactivated poliovirus vaccine, suspension for intramuscular injection | Indicated for active immunization against diphtheria, tetanus, pertussis, infection caused by all known subtypes of hepatitis 8 virus, and poliomyelitis. Pediarix is approved for use as a three-dose series in infants born of hepatitis 8 surface antigen (H8As)e-negative mothers. Pediarix may be given as early as 6 weeks of age through 6 years of age (prior to the 7th birthday). | 1 | 1 | 6 weeks | 6 years | N/A | Y | N | | 7/2/2018 |
| Vaccines | 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 | 0.5 mL | 1/1/2002 | Pneumovax® 23 | pneumococcal vaccine polyvalent sterile, liquid vaccine for intramuscular or subcutaneous injection | Indicated for active immunization for the prevention of pneumococcal disease caused by the 23 serotypes contained in the vaccine (1, 2, 3, 4, 5, 68, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19F, 19A, 20, 22F, 23F, and 33F). Pheumovax 23 is approved for use in persons 50 years of age or older and persons aged greater than or equal to 2 years who are at increased risk for pneumococcal disease. | 1 | 1 | 2 years | N/A | N/A | Y | N | | 7/3/2018 |

| Vaccines | 90734 | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diptheria toxold carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use | 0.5 mL | 1/1/2017 | Menactra* | meningococcal (groups a, c, y, and w-135) polysaccharide diphtheria toxoid conjugate vaccine solution for intramuscular injection | Indicated for active immunization to prevent invasive meningococcal disease caused by Neisseria meningitidis serogroups A, C, Y and W-13S. Menactra is approved for use in individuals 9 months through 55 years of age. Menactra does not prevent N meningitidis serogroup B disease. | 1 | 1 | 9 months | 18 years | N/A | ٧ | Y | | 7/18/2019 |
|-------------|-------|---|---------|----------|---|---|---|-----|-----|---------------------------------------|----------|-----|---|------------|--|------------|
| Vaccines | 90736 | Zoster (shingles) vaccine (HZV), live, for subcutaneous injection | 0.65 mL | 1/1/2006 | Zostavax® | zoster vaccine live suspension for subcutaneous injection | Indicated for prevention of herpes zoster (shingles) in individuals 50 years of age and older. Limitations of Use: - Zostavax is not indicated for the treatment of zoster or postherpetic neuralgia (PHN) Zostavax is not indicated for prevention of primary varicella infection (Chickenpox). | 1 | 1 | 50 years | N/A | N/A | Υ | N | | 7/3/2018 |
| Vaccines | 90739 | Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use | 0.5 mL | 1/1/2013 | Heplisav-B* | hepatitis b vaccine (recombinant), adjuvanted solution for intramuscular injection | Indicated for prevention of infection caused by all known subtypes of hepatitis B virus in adults 18 years of age and older. | 1 | 2 | 18 years | N/A | N/A | Υ | N | | 7/3/2018 |
| Vaccines | 90740 | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3-dose schedule, for intramuscular use | 40 mcg | 1/1/2001 | Recombivax HB® Dialysis Formulation | hepatitis b vaccine, dialysis patient dosage (3 dose schedule), for intramuscular use | Recombivax HB Dialysis Formulation is approved for use in adult predialysis and dialysis patients 18 years of age and older for prevention of infection caused by all known subtypes of hepatitis B virus. | 1 | 2 | 18 years | N/A | N/A | Y | N | | 10/31/2018 |
| Vaccines | 90744 | Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3-dose schedule, for intramuscular use | 0.5 mL | 1/1/2000 | Engerix B® Pediatric, Recombivax HB® Pediatric | hepatitis b vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use | Hepatitis B vaccination is appropriate for people expected to receive human alpha-1 proteinase inhibitor that is produced from heat-treated, pooled human plasma that may contain the causative agents of hepatitis and other viral diseases. | 1 | 2 | N/A | 19 years | N/A | Υ | N | | 10/31/2018 |
| Vaccines | 90746 | Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use | 1 mL | 1/1/2000 | Recombivax HB®, Energix B® | hepatitis b vaccine (recombinant) suspension for intramuscular injection for adult use, 3 dose schedule | Indicated for immunization against infection caused by all known subtypes of hepatitis B virus. | 1 | 1 | 20 years | N/A | N/A | Υ | N | | 9/21/2018 |
| Vaccines | 90747 | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4-dose schedule, for intramuscular use | 40 mcg | 1/1/2000 | Engerix B® | hepatitis b vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use | This schedule is designed for certain populations (e.g., dialysis patients, neonates born of hepatitis B-infected mothers, others who have or might have been recently exposed to the virus, certain travelers to high-risk areas) for immunization against infection caused by all known subtypes of hepatitis B virus. | 1 | 2 | N/A | N/A | N/A | Υ | N | | 10/31/2018 |
| Vaccines | 90750 | Zoster (shingles) vaccine, (HZV), recombinant, sub- unit, adjuvanted, for intramuscular injection | 0.5 mL | 1/1/2017 | Shingrix | zoster vaccine recombinant, adjuvanted, suspension for intramuscular injection | Indicated for prevention of herpes zoster (shingles) in adults aged 50 years and older. Limitations of Use: - Shingrix is not indicated for prevention of primary varicella infection (chickenpox). | 1 | 1 | 50 years | N/A | N/A | Υ | N | | 7/3/2018 |
| Vaccines | 90756 | Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use | 0.5 mL | 7/1/2017 | Flucelvax® Quadrivalent | influenza virus vaccine, suspension for intramuscular injection | Indicated for active immunization for the prevention of influenza disease caused by influenza virus subtypes A and type B contained in the vaccine. Formulation specific information: - Flucelvax Quadrivalent: Approved for use in persons 4 years of age and older | 1 | 2 | 4 years | N/A | N/A | Y | N | | 8/6/2018 |
| Biologicals | J0129 | Injection, abatacept, 10 mg | 10 mg | 1/1/2007 | Orencia® | abatacept injection, for intravenous use | Treatment of: * Adult Rheumatoid Arthritis (RA): moderately to severely active RA in adults. Orencia may be used as monotherapy or concomitantly with DMARDs other than TNF antagonists. * Juvenile Idiopathic Arthritis: moderately to severely active polyarticular juvenile idiopathic arthritis in patients 2 years of age and older. Orencia may be used as monotherapy or concomitantly with methotrexate. * Active Psoriatic Arthritis (PsA) in adults. Important Limitations of Use: * Should not be given concomitantly with TNF antagonists. | 100 | 300 | Indication Specific (see comments) | N/A | N/A | Υ | Y 4 1 - Ju | Indication specific age restrictions: dult Rheumatoid Arthritis: 8 years of age and older wenile diopathic Arthritis: 2 years of age and older ctive Psoriatic Arthritis: 18 years of age and older | 7/2/2018 |

| | | | | 1 | | | Indicated as an adjuses to persulance as sevenes, interpreting for the presention of cordina is beauti | | | | | | | 1 | | |
|-------------|-------|---|--------|----------|---|---|---|-------|-------|---------------------------------------|-----|-----|---|---|--|------------|
| Biologicals | J0130 | Injection, abciximab, 10mg | 10 mg | 1/1/2000 | ReoPro® | abciximab, for intravenous use | Indicated as an adjunct to percutaneous coronary intervention for the prevention of cardiac ischemic complications: in patients undergoing percutaneous coronary intervention in patients with unstable angina not responding to conventional medical therapy when percutaneous coronary intervention janned within 24 hours | 5 | 5 | 18 years | N/A | N/A | Υ | Υ | | 6/6/2019 |
| Drugs | J0133 | Injection, acyclovir, 5 mg | 5 mg | 1/1/2006 | N/A | acyclovir sodium, for injection, for intravenous infusion | Indicated for: * Herpes simplex infections in immunocompromised patients * Initial episodes of herpes genitalis * Herpes simplex encephalitis * Neonatal herpes simplex virus infection * Varicella-zoster infections in immunocompromised patients | 840 | 8,400 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age restrictions: Herpes Simplex Infections: Mucosal and Cutaneous Herpes Simplex (HsV-1 and HsV-2) Infections in Immunocompromised Patients: None Sewere Initial Episodes of Herpes Genifals: 12 years of age and older Herpes Simplex Encephalitis: 3 months of age and older Neonatal Herpes Simplex Virus Infections: None Varicella Zoster Infections in Immunocompromised Patients: None | 5/14/2019 |
| Drugs | J0153 | Injection, adenosine, 1 mg, (not to be used to report any adenosine phosphate compounds) | 1 mg | 1/1/2015 | Adenoscan®, Adenocard® | adenosine injection, for intravenous use | Adenoscan: Adjunct to thallium-201 myocardial perfusion scintigraphy in patients unable to exercise adequately. Adenocard: Conversion to sinus rhythm of paroxysmal supraventricular tachyarrhythmias (PSVT) including that associated with accessory bypass tracts (Wolff-Parkinson-White syndrome). When clinically advisable, appropriate vagal maneuvers (e.g., Valsalva maneuver) should be attempted prior to administration. | 118 | 118 | Indication Specific (see comments) | N/A | N/A | Y | Y | Product specific age restrictions: Adenoscan: 18 years of age and older Adenocard: None | 5/6/2019 |
| Drugs | J0171 | Injection, adrenalin, epinephrine, 0.1 mg | 0.1 mg | 1/1/2011 | Adrenalin® | epinephrine injection, for intramuscular or subcutaneous use | Indicated for emergency treatment of allergic reactions (Type 1), including anaphylaxis | N/A | N/A | N/A | N/A | N/A | Y | Y | | 10/26/2018 |
| Biologicals | J0178 | Injection, aflibercept, 1 mg | 1 mg | 1/1/2013 | Eylea® | aflibercept injection for intravitreal injection | Indicated Tor: Neovascular (Wet) Age-Related Macular Degeneration (AMD) *Macular Edema Following Retinal Vein Occlusion (RVO) *Dishetic Macular Edema (DME) *Dishetic Macular Edema (DME) | 4 | 8 | 18 years | N/A | N/A | Y | Y | | 7/2/2018 |
| Drugs | J0180 | Injection, agalsidase beta, 1 mg | 1 mg | 1/1/2005 | Fabrazyme® | agalsidase beta injection, powder, lyophilized for solution for intravenous use | Indicated for use in patients with Fabry disease. | 140 | 420 | 8 years | N/A | N/A | Y | Y | | 6/4/2019 |
| Drugs | J0185 | Injection, aprepitant, 1 mg | 1 mg | 1/1/2019 | Cinvanti™ | aprepitant injectable emulsion, for intravenous use | Indicated in adults, in combination with other antiemetic agents, for the prevention of: * acute and delayed nauses and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (IEC) including high done cisplatin. * nauses and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC). * delayed nauses and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC) as a single-dose regimen. Limitations of Use: Cinvanti has not been studied for treatment of established nausea and vomiting. | 130 | 390 | 18 years | N/A | N/A | Y | Y | | 12/3/2019 |
| Biologicals | J0202 | Injection, alemtuzumab, | 1 mg | 1/1/2016 | Lemtrada® | alemtuzumab injection, for intravenous use | Indicated for the treatment of patients with relapsing forms of multiple sclerosis (MS). | 12 | 60 | 17 years | N/A | N/A | γ | Y | | 7/2/2018 |
| Drugs | J0207 | Injection, amifostine, 500 mg | 500 mg | 1/1/2000 | Ethyol® | amifostine for injection | Indicated to: *Reduce the incidence of moderate to severe xerostomia in patients undergoing postoperative radiation treatment of head and neck cancer. *Reduce the cumulative renal toxicity associated with repeated administration of cisplatin in patients with advanced ovariant cancer, where the radiation port includes a substantial portion of the parotic glands. | 5 | 155 | 18 years | N/A | N/A | Y | Υ | | 9/25/2018 |
| Drugs | J0210 | Injection, methyldopate HCI, up to 250mg | 250 mg | 1/1/2000 | N/A | methyldopate hydrochloride injection | Indicated for hypertension, when parenteral medication is indicated. The treatment of hypertensive crises may be initiated with methyldopate HCI injection. | 16 | 496 | N/A | N/A | N/A | Υ | Υ | | 10/26/2018 |
| Biologicals | J0221 | Injection, alglucosidase alfa, (Lumizyme), 10 mg | 10 mg | 1/1/2012 | Lumizyme® | alglucosidase alfa for injection, for intravenous use | A hydrolytic lysosomal glycogen-specific enzyme indicated for patients with Pompe disease (GAA deficiency). | 300 | 900 | N/A | N/A | N/A | Y | Y | | 6/4/2019 |
| Biologicals | J0256 | Injection, alpha 1- proteinase inhibitor, human, 10 mg, not otherwise specified | 10 mg | 1/1/2000 | Prolastin-C*, Aralast NP*, Zemaira* | alpha 1-proteinase inhibitor (human) for intravenous use | Indicated for chronic augmentation therapy in adults with clinically evident emphysema due to severe congenital deficiency of Alpha-IP (alpha-II) antitrypsin deficiency). | 1,000 | 5,000 | 18 years | N/A | N/A | Υ | Y | | 6/6/2019 |

| Biologicals | J0257 | Injection, alpha-1 proteinase inhibitor (human), (Glassia), 10 mg | 10 mg | 1/1/2012 | Glassia™ | alpha 1-proteinase inhibitor (human) injection solution, for intravenous use | Indicated for chronic augmentation and maintenance therapy in adults with clinically evident emphysema due to severe hereditary deficiency of Alpha1-Pi (alpha1-antitrypsin deficiency). Glassia increases antigenic and functional (anti-neutrophil elastase capacity, ANEC) serum levels and antigenic lung epithelial lining fluid levels of alpha1-Pi. Limitations of Use: *The effect of augmentation therapy with any Alpha1-Pi, including Glassia, on pulmonary exacerbations and on the progression of emphysema in alpha1-antitrypsin deficiency has not been conclusively demonstrated in randomized, controlled clinical trials. *Clinical data demonstrating the long-term effects of chronic augmentation and maintenance therapy of individuals with Glassia are not available. *Glassia is not indicated as therapy for lung disease in patients in whom severe Alpha1-Pi deficiency has not been established. | 840 | 4,200 | 18 years | N/A | N/A | Y | Y | 9/25/2018 |
|-------------|-------|--|--------------|----------|-----------|--|--|-----|-------|---------------------------------------|-----|-----|---|---|--|
| Drugs | J0278 | Injection, amikacin sulfate, 100 mg | 100 mg | 1/1/2006 | N/A | amikacin sulfate injection, solution | indicated in the short-term treatment of serious infections due to susceptible strains of Gram-negative bacteria, including Pseudomonas species, Escherichia coli, species of indole-positive and indole-negative Proteus, Providencia species, (Rebsiella-Enterobacter-Serratia species, and Acinetobacter (Mima-Herrellea) species. Clinical studies have shown amikacin sulfate injection to be effective in bacterial septicemia (including neonatal sepsis); in serious infections of the respiratory tract, bones and joints, central nervous system (including meningits) and skin and soft tissue; intra-abdominal infections (including peritonits); and in burns and postoperative infections (including post-vascular surgery). Clinical studies have shown amikacin also to be effective in serious complicated and recurrent urinary tract infections due to those organisms. | 15 | 150 | N/A | N/A | N/A | Y | Y | 4/10/2019 |
| Drugs | J0280 | Injection, aminophylline, up to 250mg | up to 250 mg | 1/1/2000 | N/A | aminophylline injection | Indicated as an adjunct to inhaled beta-2 selective agonists and systemically administered corticosteroids for the treatment of acute exacerbations of the symptoms and reversible airflow obstruction associated with asthma and other chronic lung diseases, e.g., emphysema and chronic bronchitis. | 7 | 217 | N/A | N/A | N/A | Y | Υ | 9/25/2018 |
| Drugs | J0285 | Injection, amphotericin B, 50 mg | 50 mg | 1/1/2000 | N/A | amphotericin B for injection | Amphotericin B for injection is specifically intended to treat potentially life-threatening fungal infections: aspergllosis, cryptococcosis (torulosis), North American blastomycosis, systemic candidiasis, coccidiolidomycosis, histoplasmosis, zygomycosis including mucormycosis due to susceptible species of the genera absidia, mucor and ritizopus, and infections due to related susceptible species of conidiobolus and basidiobolus, and sporotrichosis. May be useful to treat American mucocutaneous leishmaniasis, but it is not the drug of choice as primary therapy. | 4 | 93 | N/A | N/A | N/A | Y | Y | 9/25/2018 |
| Drugs | J0287 | Injection, amphotericin B lipid complex, 10 mg | 10 mg | 1/1/2003 | Abelcet® | amphotericin B lipid complex injection | Indicated for the treatment of invasive fungal infections in patients who are refractory to or intolerant of conventional amphotericin B therapy. | 70 | 2,170 | N/A | N/A | N/A | Y | Υ | 5/6/2019 |
| Drugs | J0289 | Injection, amphotericin B liposome, 10 mg | 10 mg | 1/1/2003 | AmBisome® | amphotericin B liposome for injection | Indicated for: - Empirical therapy for presumed fungal infection in febrile, neutropenic patients - Treatment of patients with Aspergillus species, Candida species, and/or Cryptococcus species infections refractory to amphotericin B desoxycholate, or in patients where renal impairment or unacceptable toxicity precludes the use of amphotericin B desoxycholate - Treatment of Cryptococcal Meningitis in HIV-infected patients - Treatment of visceral leishmaniasis. In immunocompromised patients with visceral leishmaniasis treated with AmBisome, relapse rates were high following initial clearance of parasites. | 84 | 2,604 | 1 month | N/A | N/A | Y | Y | 4/10/2019 |
| Drugs | J0290 | Injection, ampicillin sodium, 500 mg | 500 mg | 1/1/2000 | N/A | ampicillin sodium for injection, for intravenous or intramuscular use | mucateur in the treatment or miditures cassiss by susceptions when so the designated origination is the removing conditions: - Respiratory Tract Infections caused by Steptococcus pneumoniae, Staphylococcus aureus (penicillinase and nonpenicillinase). Influentae, and Group A beta-hemolytic streptococci. - Bacterial Meningitis caused by E. coli, Group B streptococci, and other Gram-negative bacteria (Listeria | 56 | 1,736 | N/A | N/A | N/A | Y | Y | 4/10/2019 |
| Drugs | J0295 | Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm | per 1.5 gm | 1/1/2000 | Unasyn* | ampicillin sodium and sulbactam sodium injection, powder, for solution | Indicated for the treatment of infection due to susceptible strains of the designated microorganisms in the conditions listed below: *Skin and skin structure infections caused by beta-lactamase producing strains of Staphylococcus aureus, Escherichia coli, Mebsiella spp. (Including K. pneumoniae), Proteus mirabilis, Bacteroldes fragilis, Enterobacter spp., and Acinetobacter calcoaceticus. *Intra-abdominal infections: caused by beta-lactamase producing strains of Escherichia coli, Rebsiella spp. (Including B. fragilis), and Enterobacter spp. *Cynecological Infections caused by beta-lactamase producing strains of Escherichia coli, and Bacteroides spp. (Including B. fragilis), *While Unasyn is indicated only for the conditions listed above, infections caused by ampicillin-susceptible organisms are also amenable to treatment with Unasyn due to its ampicillin content. Therefore, mixed infections caused by ampicillin-susceptible organisms and beta-lactamase producing organisms susceptible to Unasyn should not require the addition of another antibacterial. *Appropriate culture and susceptibility tests should be performed before treatment in order to isolate and identify the organisms causing infection and to determine their susceptibility to Unasyn. | 12 | 168 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific: • Skin and skin structure infections: 1 year of age and older • intra-abdominal infections: 18 years of age and older |
| Drugs | J0300 | Injection, amobarbital, up to 125mg | up to 125 mg | 1/1/2000 | Amytal® | amobarbital sodium for injection | Indicated for use as a: - Sedative - Hyporotic, for the short-term treatment of insomnia, since it appears to lose its effectiveness for sleep induction and sleep maintenance after 2 weeks - Freamesthetic | 8 | 112 | 6 years | N/A | N/A | Υ | Y | 4/10/2019 |

| Drugs | J0330 | Injection, succinylcholine chloride, up to 20mg | up to 20 mg | 1/1/2000 | Quelicin**, Anectine* | succinylcholine chloride injection | indicated as an adjunct to general anesthesia, to facilitate tracheal intubation, and to provide skeletal muscle relaxation during surgery or mechanical ventilation. | 8 | 8 | N/A | N/A | N/A | Y | Y | 9/21/2018 |
|-------|-------|--|-------------|----------|--------------------------|---|---|-----|--------|----------|-----|-----|---|---|-----------|
| Drugs | J0360 | Injection, hydralazine HCl, up to 20mg | up to 20 mg | 1/1/2000 | N/A | | indicated for severe essential hypertension when the drug cannot be given orally or when there is an urgent need to lower blood pressure. | 15 | 75 | N/A | N/A | N/A | Y | Y | 6/4/2019 |
| Drugs | J0401 | Injection, aripiprazole, extended release, 1 mg | 1 mg | 1/1/2014 | Abilify Maintena® | aripiprazole extended-release injectable suspension, for intramuscular use | Indicated for the treatment of schizophrenia in adults. Indicated for maintenance monotherapy treatment of bipolar I disorder in adults. | 400 | 800 | 18 years | N/A | N/A | Y | Y | 5/20/2019 |
| Drugs | J0456 | Injection, azithromycin, 500 mg | 500 mg | 1/1/2000 | Zithromax® | azithromycin for intravenous infusion | Indicated for mild to moderate infections caused by designated, susceptible bacteria in community-acquired pneumonia in adults and pelvic inflammatory disease. | 1 | 10 | 16 years | N/A | N/A | Y | Υ | 9/25/2018 |
| Drugs | J0461 | Injection, atropine sulfate, 0.01 mg | 0.01 mg | 1/1/2010 | N/A | atropine sulfate injection for intravenous, intramuscular, subcutaneous, intraosseous, or endotracheal use | Indicated for temporary blockade of severe or life threatening muscarinic effects. | 900 | 27,900 | N/A | N/A | N/A | Y | Y | 10/4/2018 |

| Drugs | J0470 | Injection, dimercaprol, per 100mg | per 100 mg | 1/1/2000 | BAL in oil™ | dimercaprol injection | Indicated in the treatment of: * Arsenic, gold and mercury poisoning. * Acute lead poisoning when used concomitantly with Edetate Calcium Disodium Injection. Dimercaprol is effective for use in acute poisoning by mercury salts if therapy is begun within one or two hours following ingestion. It is not very effective for chronic mercury poisoning. Dimercaprol is of questionable value in poisoning by other heavy metals such as antimony and bismuth. It should not be used in inc, admium, or selenium poisoning because the resulting dimercaprol-metal complexes are more toxic than the metal alone, especially to the kidneys. | 36 | 252 | N/A | N/A | N/A | ¥ | Y | 6/7/2019 |
|-------------|-------|---|---------------|----------|--|---|--|-------|-------|----------|-----|-----|---|---|-----------|
| Drugs | J0475 | Injection, baclofen, 10 mg | 10 mg | 1/1/2000 | Lioresal® Intrathecal, Gablofen® | baclofen injection | indicated for use in the management of severe spasticity of cerebral or spinal origin in adult and pediatric patients age 4 years and above. 8 adofein interfacel should be reserved for patients unresponsive to oral baclofen therapy, or those who experience intolerable central nervous system side effects at effective doses. 9 ratients should first respond to a screening dose of intrathecal baclofen prior to consideration for long term infusion via an implantable pump. 5 pasticity due to traumatic brain injury: wait at least one year after injury before considering baclofen intrathecal therapy. | 1 | 3 | 4 years | N/A | N/A | Υ | Υ | 9/21/2018 |
| Drugs | J0476 | Injection, baclofen, 50 mcg, for intrathecal trial | 50 mcg | 1/1/2000 | Lioresal® Intrathecal, Gablofen® | baclofen injection, for intrathecal trial | Management of sewere spasticity caused by spinal cord lesions or multiple sclerosis. Baclofen also is used intrathecally in patients with spasticity of cerebral origin, including those with cerebral palsy and acquired brain injury. Baclofen injection is designated an orphan drug by the FDA for the management of spasticity in patients with cerebral palsy. | 2 | 5 | N/A | N/A | N/A | Y | Y | 5/21/2019 |
| Biologicals | J0485 | Injection, belatacept, 1 mg | 1 mg | 1/1/2013 | Nulojix® | belatacept for injection, for intravenous use | Prophylaxis of organ rejection in adult patients receiving a kidney transplant. Use in combination with basiliximab induction, mycophenolate morfetil, and corticosteroids. Limitations of Use: - Use only in patients who are EBV seropositive. - Use has not been established for the prophylaxis of organ rejection in transplanted organs other than the kidney. | 1,500 | 6,000 | 18 years | N/A | N/A | Υ | Υ | 6/6/2019 |
| Biologicals | J0490 | Injection, belimumab, 10 mg | 10 mg | 1/1/2012 | Benlysta® | belimumab injection, for intravenous use | Indicated for the treatment of patients aged 5 years and older with active, autoantibody-positive, systemic lupus erythematosus who are receiving standard therapy. Limitations of Use: The efficacy of Benlysta has not been evaluated in patients with severe active lupus nephrits or severe active central nervous system lupus. Benlysta has not been studied in combination with other biologics or intravenous cyclophosphamide. Use of Benlysta is not recommended in these situations. | 140 | 420 | 5 years | N/A | N/A | Y | Y | 6/3/2019 |
| Drugs | J0500 | Injection, dicyclomine HCl, up to 20mg | up to 20 mg | 1/1/2000 | Bentyl® | dicyclomine hydrochloride injection for intramuscular use | Indicated for the treatment of functional bowel/irritable bowel syndrome. | 4 | 8 | 18 years | N/A | N/A | Υ | Y | 4/10/2019 |
| Drugs | J0558 | Injection, penicillin G benzathine and penicillin G procaine, 100,000 units | 100,000 units | 1/1/2011 | Bicillin® C-R | penicillin G benzathine and penicillin G procaine injectable suspension | Indicated for the treatment of moderately severe infections due to penicillin G-susceptible microorganisms that are susceptible to serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including susceptibility testing) and by clinical response. Bicillin C-R is indicated in the treatment of the following in adults an pediatric patients: * Moderately severe to severe infections of the upper-respiratory tract, scarlet fever, erysipelas, and skin and soft tissue infections to susceptible streptococci. In Groups A, C, G, H, L, and M are very sensitive to penicillin G. Other groups, including Group D (enterococci), are resistant. Penicillin G sodium or potassium is recommended for streptococcal infections with bacteremia. * Moderately severe pneumonia and otitis media due to susceptible Streptococcus pneumoniae. NOTE: Severe pneumonia, rempvema, bacteremia, pericarditis, meningitis, peritonitis, and arthrist of pneumococcal etiology are better treatment with penicillin G. sodium or potassium during the act stage. * When high, sustained serum levels are required, penicillin G sodium or potassium, either IM or IV, should be used. This drug should not be used in the treatment of venereal diseases, including syphilis, gonorrhea, yaws, bejel, and pinta. | 24 | 96 | N/A | N/A | N/A | Y | Υ | 8/24/2018 |
| Drugs | J0561 | Injection, penicillin G benzathine, 100,000 units | 100,000 units | 1/1/2011 | Bicillin® L-A | penicillin G benzathine injectable suspension | indicated for the treatment of infections due to penicillin G-sensitive microorganisms that are susceptible to the low and very prolonged serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including sensitivity tests) and by clinical response. The following infections will usually respond to adequate dosage of intramuscular penicillin G benzathine: mild to moderate upper respiratory infections due to susceptible streptococci, venereal infections (syphilis, yaws, bejel, and pinta) and prophylaxis of rheumatic fever and chorea. | 24 | 96 | N/A | N/A | N/A | Υ | Υ | 8/24/2018 |
| Biologicals | J0565 | Injection, bezlotoxumab, 10 mg | 10 mg | 1/1/2018 | Zinplava™ | bezlotoxumab injection, for intravenous use | Indicated to reduce recurrence of Clostridium difficile infection (CDI) in patients 18 years of age or older who are receiving antibacterial drug treatment of CDI and are high risk for CDI recurrence. Limitation of use: Zinplava is not indicated for the treatment of CDI. Zinplava is not an antibacterial drug. Zinplava should only be used in conjunction with antibacterial drug treatment of CDI. | 140 | 140 | 18 years | N/A | N/A | Υ | Υ | 7/2/2018 |
| Biologicals | J0567 | Injection, cerliponase alfa, 1 mg | 1 mg | 1/1/2019 | Brineura® | cerliponase alfa injection, for intraventricular use | Indicated to slow the loss of ambulation in symptomatic pediatric patients 3 years of age and older with late infantile neuronal ceroid lipofuscinosis type 2 (CLN2), also known as tripeptidyl peptidase 1 (TPP1) deficiency. | 300 | 900 | 3 years | N/A | N/A | Υ | Υ | 7/2/2018 |

| Drugs | J0570 | Buprenorphine implant, 74.2 mg | 74.2 mg = 1 implant | 1/1/2017 | Probuphine® | buprenorphine implant for subdermal administration (CIII) | Indicated for the maintenance treatment of opioid dependence in patients who have achieved and sustained prolonged clinical stability on low-to-moderate doses of a transmucosal buprenorphine-containing product (i.e., doses of no more than 8 mg per day of Subutes* or Subuosone* sublingual tablet or generic equivalent). Probuphine should be used as part of a complete treatment program to include counseling and psychosocial support. Probuphine is not appropriate for new entrants to treatment and patients who have not achieved and sustained prolonged clinical stability, while being maintained on buprenorphine 8 mg per day or less of a Subutex or Subosone sublingual tablet or generic equivalent. | 4 | 4 | 16 years | N/A | N/A | Υ | Y | | 9/27/2018 |
|-------------|----------|---|---------------------|-----------|------------------|---|--|-----|------------------------------|---------------------------------------|-----|-----|---|---|--|------------|
| Biologicals | J0586 | Injection, abobotulinumtoxinA, 5 units | 5 units | 1/1/2010 | Dysport® | abobotulinumtoxinA for injection, for intramuscular use | Treatment of adults with cervical dystonia. The temporary improvement in the appearance of moderate to severe glabellar lines associated with procerus and corrugator muscle activity in adult patients <65 years of age. The treatment of upper and lower limb spasticity in adults. The treatment of lower limb spasticity in pediatric patients 2 years of age and older. Treatment of upper limb spasticity in pediatric patients 2 years of age and older, excluding spasticity caused by cerebral palsy. | 300 | 300 | Indication Specific (see comments) | N/A | N/A | Y | Υ | recommendations. • Cervical Dystonia: 18 years of age and older • Glabellar Lines: 18 years of age and older • Upper Limb Spasticity: 2 years of age and older • Lower Limb Spasticity: 2 years of age and older | 10/28/2019 |
| Biologicals | J0585 | injection, onabotulinumtoxinA, 1 unit | 1 unit | 1/1/2000 | Botox** | onabotulinumtoxinA for injection, for intramuscular, intradetrusor, or intradermal use | Indicated for: *Treatment of overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication *Treatment of urinary incontinence due to detrusor overactivity associated with a neurologic condition [e.g., spinal cord injury (SC), multiple sciencis (MS)] in adults who have an inadequate response to or are intolerant of an anticholinergic medication *Prophylaxis of headaches in adult patients with chronic migraine (≥15 days per month with headache lasting 4 hours a day or longer) *Treatment of peer and lower limb spasticity in adult patients *Treatment of cervical dystonia in adult patients, to reduce the sewerity of abnormal head position and neck pain *Treatment of severe axillary hyperhidrosis that is inadequately managed by topical agents in adult patients *Treatment of blepharcopsarm associated with dystonia in patients 12 years of age and older *Treatment of blepharcopsarm associated with dystonia in patients 12 years of age and older *Treatment of puer and limbs passiticity in pediatric patients 2 to 17 years of age *Treatment of lower limb spasticity in pediatric patients 2 to 17 years of age, excluding spasticity caused by cerebral palsy limportant Limitations: Safety and effectiveness of Botox have not been established for: **Prophylaxis of episodic migraine (14 headache days or fewer per month) *Treatment of hyperhidrosis in body areas other than axillary | 400 | 400 in a 3 month interval | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific: • Bladder dysfunction, prophylaxis of headaches in chronic migralne, lower limb spasticity and axillary hyperhidrosis: 18 years and older • Cervical dystonia - 16 years and older • Blepharospasm and strabismus - 12 years and strabismus - 12 years and the specific older older • Upper limb spasticity - 2 years and older | 12/3/2019 |
| Drugs | J0712 | Injection, ceftaroline fosamil, 10 mg | 10 mg | 1/1/2012 | Teflaro® | ceftaroline fosamil for injection, for intravenous use | Indicated for the treatment of the following infection caused by designated susceptible bacteria: • Community-acquired bacterial pneumonia (CABP) in adult and pediatric patients 2 months of age and older • Acute bacterial skin and skin structure infections (ABSSSS) in adult and pediatric patients (at least 34 weeks gestational age and 12 days postnatal age) | 120 | 1,680 | Indication Specific (see comments) | N/A | N/A | Y | Υ | Indication specific: CABP: 2 months of age and older ABSSSI: 34 weeks gestational age and 12 days postnatal age and older | 10/28/2019 |
| Drugs | J1943 | Injection, aripiprazole lauroxil, (aristada initio), 1 mg | 1 mg | 10/1/2019 | Aristada Initio™ | aripiprazole lauroxil extended- release injectable suspension, for intramuscular use | Indicated for the initiation of Aristada when used for the treatment of schizophrenia in adults in combination with oral aripiprazole. | 675 | 675 | 18 years | N/A | N/A | Y | Y | Cervical Dystonia: Safety and effectiveness in pediatric patients have not been established. | 9/27/2019 |
| Biologicals | J0588 | Injection, incobotulinumtoxinA, 1 unit | 1 unit | 1/1/2012 | Xeomin® | incobotulinumtoxinA for injection, for intramuscular or intraglandular use | Indicated for the treatment or improvement of adult patients with: - Upper limb spasticity - Cervical dystonia - Temporary improvement in the appearance of moderate to severe glabellar lines with corrugator and/or process | 400 | 400 in a 3 month interval | 18 years | N/A | N/A | Y | Y | Glabellar Lines: Dysport is not recommended for use in pediatric patients less than 18 years of age. | 6/5/2019 |
| Drugs | J0594 | Injection, busulfan, 1 mg | 1 mg | 1/1/2007 | Busulfex® | busulfan injection for intravenous use | Indicated for use in combination with cyclophosphamide as a conditioning regimen prior to allogeneic hematopoietic progenitor cell transplantation for chronic myelogenous leukemia (CML). | 328 | 1,312 | N/A | N/A | N/A | Y | Υ | Upper Limb Spasticity: Safety and effectiveness in pediatric patients below the age of 2 years have not been established. | 9/27/2018 |
| Drugs | J0595 | Injection, butorphanol tartrate, 1mg | 1 mg | 1/1/2004 | N/A | butorphanol tartrate injection | Indicated: * As a preparative or pre-anesthetic medication * As a supplement to balanced anesthesia * For the relief of pain during labor, and * For the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate Limitations of Use: * Because of the risks of addiction, abuse, and misuse, with opioids, even at recommended doses, reserve butorphanol tartrate for us in patients for whom alternative treatment option (e.g., non-opioid analgesics): - Hawe not been tolerated, or at not expected to be tolerate - Hawe not been tolerated, or at not expected to be tolerate | 32 | 992 | 18 years | N/A | N/A | Y | Υ | Lower Limb Spasticity: Safety and effectiveness in pediatric patients below the age of 2 years have not been established. | 9/27/2018 |
| Biologicals | J0596 | Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units | 10 units | 1/1/2016 | Ruconest® | c1 esterase inhibitor (recombinant) for intravenous use, lyophilized powder for reconstitution | Indicated for treatment of acute attacks in adult and adolescent patients with hereditary angioedema (HAE). | 840 | 3,360 | N/A | N/A | N/A | Υ | Y | | 4/10/2019 |
| Biologicals | J0597 | Injection, C-1 esterase inhibitor (human), Berinert. 10 units | 10 units | 1/1/2011 | Berinert* | c1 esterase inhibitor (human) for intravenous use | Treatment of acute abdominal, facial, or laryngeal hereditary angioedema (HAE) attacks in adult and pediatric patients. | 280 | 1,120 | N/A | N/A | N/A | Υ | Υ | | 4/10/2019 |
| Biologicals | J0598 | Injection, C1 esterase inhibitor (human), Cinryze, 10 units | 10 units | 1/1/2010 | Cinryze* | c1 esterase inhibitor (human) for intravenous use | Indicated for routine prophylaxis against angioedema attacks in adults, adolescents and pediatric patients (6 years of age and older) with hereditary angioedema (HAE). | 250 | 2,750 | 6 years | N/A | N/A | Υ | Υ | | 7/26/2018 |
| I | <u> </u> | Cinryze, 10 units | | | | TOT INCLUSE HOUS USE | , see | | L | | | | | | | |

| Drugs | J0600 | Injection, edetate calcium disodium, up to 1000 mg | up to 1000 mg | 1/1/2000 | Calcium Disodium Versanate | edetate calcium disodium injection for intravenous or intramuscular use | Indicated for the reduction of blood levels and depot stores of lead in lead poisoning (acute and chronic) and lead encephalopathy in both pediatric populations and adults. | 3 | 15 | N/A | N/A | N/A | Υ | Υ | 10/10/2018 |
|-------------|-------|--|---------------|-----------|---|---|--|-----|-------|---------------------------------------|-----|-----|---|---|---|
| Drugs | J0604 | Cinacalcet, oral, 1 mg, (for ESRD on dialysis) | 1 mg | 1/1/2018 | Sensipar® | cinacalcet tablets, for oral use (for ESRD on dialysis) | Indicated for: - Secondary Hyperparathyroidism (HPT) in adult patients with chronic kidney disease (CKD) on dialysis. Limitation of Use: Sensipar is not indicated for use in patients with CKD who are not on dialysis. The following indications are FDA approved but should not be associated with this HCPCS code: - Hypercalcemia in adult patients with Parathyroid Carcinoma (PC) - Hypercalcemia in adult patients with Parathyroid Carcinoma (PC) - Serum calcium levels, but who are unable to undergo parathyroidectomy. | 180 | 5,580 | 18 years | N/A | N/A | Y | Y | 5/30/2019 |
| Drugs | J0606 | Injection, etelcalcetide, 0.1 mg | 0.1 mg | 1/1/2018 | Parsabiv™ | etelcalcetide injection, for intravenous use | Indicated for secondary hyperparathyroidism (HPT) in adult patients with chronic kidney disease (CKD) on hemodialysis. Limitations of Use: Parasibi has not been studied in adult patients with parathyroid carcinoma, primary hyperparathyroidism or with CKD who are not on hemodialysis and is not recommended for use in these populations. | 150 | 2,250 | 18 years | N/A | N/A | Y | Y | 6/4/2019 |
| Drugs | J0610 | Injection, calcium gluconate, per 10 mL | 10 mL | 1/1/2000 | N/A | calcium gluconate injection, for intravenous use | Indicated for pediatric and adult patients for the treatment of acute symptomatic hypocalcemia. Limitations of Use: The safety of calcium gluconate injection for long term use has not been established. | 10 | 310 | N/A | N/A | N/A | Y | Υ | 10/4/2018 |
| Drugs | J0636 | Injection, calcitriol, 0.1 mcg | 0.1 mcg | 1/1/2003 | N/A | calcitriol injection | Indicated in the management of hypocalcemia in patients undergoing chronic renal dialysis. It has been shown to significantly reduce elevated parathyroid hormone levels. Reduction of PTH has been shown to result in an improvement in renal osteodystrophy. | 40 | 560 | 13 years | N/A | N/A | Υ | Υ | 9/27/2018 |
| Biologicals | J0638 | Injection, canakinumab, 1 mg | 1 mg | 1/1/2011 | llaris* | canakinumab for injection, for subcutaneous use | Periodic Fever Syndromes: • Cryopyrin-Associated Periodic Syndromes (CAPS), in adults and children 4 years of age and older including: Familial Cold Autoinflammatory Syndrome (FCAS) and Muxcle-Wells Syndrome (MWS). • Tumor Necrosis Factor Receptor Associated Periodic Syndrome (RAPS) in adult and pediatric patients. • Hyperimmunoglobulin D Syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD) in adult and pediatric patients. • Familial Mediterranean Fever (FMF) in adult and pediatric patients. Active Systemic Juvenile Idiopathic Arthritis (SIIA) in patients aged 2 years and older. | 300 | 600 | Indication Specific (see comments) | N/A | N/A | Y | Υ | Indication specific age restrictions: Periodic Fever Syndromes: • Cryopyrin-Associated Periodic Syndromes (CAPS): 4 years of age and older • Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS) in adult and pediatric patients. • Hyperimmunoglobulin D Syndrome (HIDS)Mevalonate Kinase Deficiency (MKD) in adult and pediatric patients. • Familial Mediterranean Fever (FMF) in adult and pediatric patients. Active Systemic Juvenile Idiopatile Arthitis (SIAI): 2 years and older |
| Drugs | J0640 | Injection, leucovorin calcium, per 50 mg | 50 mg | 1/1/2000 | N/A | leucovorin calcium for injection for intravenous or intramuscular use | Indicated: * After high dose methotrexate therapy in osteosarcoma. * To diminish the toxicity and counteract the effects of impaired methotrexate elimination and of inadvertent overdosages of folic acid antagonists. * In the treatment of megalobatist anemias due to folic acid deficiency when oral therapy is not feasible. * For use in combination with 5-fluorouracil to prolong survival in the palliative treatment of patients with advanced colorectal cancer. Leucovorin should not be mixed in the same infusion as 5-fluorouracil because a precipitate may form. | 40 | 80 | N/A | N/A | N/A | Y | Y | |
| Biologicals | J9269 | Injection, tagraxofusp- erzs, 10 micrograms | 10 mcg | 10/1/2019 | Elzonris™ | tagraxofusp-erzs injection, for intravenous use | Indicated for the treatment of blastic plasmacytoid dendritic cell neoplasm (BPDCN) in adults and in pediatric patients 2 years and older. | 200 | 2,000 | 2 years | N/A | N/A | Y | Υ | 10/3/2019 |
| Drugs | J0670 | Injection, mepivacaine hydrochloride, per 10 mL | 10 mL | 1/1/2000 | Carbocaine™, Polocaine®, Polocaine® MPF | mepivacaine hydrochloride injection | Carbocaine, Polocaine and Polocaine MPF: Indicated for production of local or regional analgesia and anesthesia by local infiltration, peripheral nerve block techniques, and central neural techniques including epidural and caudal blocks. | 10 | 50 | N/A | N/A | N/A | Υ | Υ | 4/10/2019 |

| Drugs | J0690 Injection, cefazolin sodium, 500 mg | 500 mg 1/1/2000 | N/A | cefazolin sodium for injectio | Indicated for the treatment of the following serious infections when due to susceptible organisms: * Respiratory Tract Infections: Due to S. pneumoniae, Klebsiella species, H. influenzae, S. aureus (penicillin- sensitive and penicillin-resistant), and group A beta-femolytic streptococci. Injectable benzathine penicillin is considered the drug of choice in treatment and prevention of streptococci infections, including the prophylaxia considered the drug of choice in treatment and prevention of streptococci from the nasopharmy, however, data establishing the efficacy of cefazolin in the subsequent prevention of rheumatic fever are not available at present. *Urinary Tract infections: Due to E. coil, P. mirablils, Klebsiella species, and some strains of enterobacter and enterococci. * Skin and Skin Structure Infections: Due to S. aureus (penicillin-sensitive and penicillin-resistant), group A beta- hemohylic streptococci, and other strains of streptococci. * Billiary Tract Infections: Due to E. coil, various strains of streptococci, P. mirablilis, Klebsiella species, and S. * Bone and Joint Infections: Due to S. aureus. * Bone and Joint Infections: Due to S. aureus * Genital Infections: Due to S. aureus * Fentical infections: Due to S. pneumoniae, S. aureus (penicillin-sensitive and penicillin-resistant), P. mirablis, E. coli, and Klebsiella species. * Endocarditis: Due to S. pneumoniae, S. aureus (penicillin-sensitive and penicillin-resistant), P. mirablis, E. coli, and Klebsiella species. * Perioperative Prophylaxis: The prophylactic administration of cefazolin preoperatively, intraoperatively, and postoperatively may reduce the incidence of certain postoperative infections in patients undergoing surgical procedures which are classified as contaminated or potentially contaminated (e.g., vaginal hysterectorum, and cholecystectomy in high-risk patients such as those older than 70 years, with acute cholecystectomy in high-risk patients such as those older than 70 years, with acute cholecystectomy in high-r | 24 | 744 | 1 month | N/A | N/A | Y | Y | 5/20/2019 |
|-------|--|-------------------|-----------|---|--|----|-----|----------|-----|-----|---|---|-----------|
| Drugs | J0692 Injection, cefepime HC 500 mg | ' 500 mg 1/1/2002 | Maxipime™ | cefepime hydrochloride injection for intravenous or intramuscular use | Indicated for the treatment of the following infections caused by susceptible strains of the designated mirroorganisms: • Moderate to severe pneumonia • Empiric therapy for febrile neutropenic patients • Uncomplicated and complicated urinary tract infections (including pyelonephritis) • Uncomplicated shan and shis Tucture infections • Complicated intra-abdominal infections (used in combination with metronidazole) in adults | 12 | 120 | 2 months | N/A | N/A | Υ | Y | 5/21/2019 |
| Drugs | J0694 Injection, cefoxitin sodium, 1 gram | 1 g 1/1/2000 | N/A | cefoxitin for injection | Indicated for the treatment of serious infections caused by susceptible strains of the designated microorganisms in the diseases listed below. Lower respiratory tract infections: including pneumonia and lung abscess, caused by Streptococcus pneumonia, other streptococcio (excluding enterrococci, e.g., Enterococcus faecalis)). Staphylococcus aureus (including pencilinase-producing strains), Escherichia coli, Klebsiella species, Haemophilus influenzae, and Bacteroides species. Urinary tract infections caused by Escherichia coli, Klebsiella species, Proteus migrahilis, Morganella morganii, Proteus wilgras and Providencia species (including P. rettgeri). Intra-abdominal infections, including pertionitis and intra-abdominal abscess, caused by Escherichia coli, Klebsiella species, Potreus wilgras and Providencia species including Bacteroides fragilis, and Clostridium species. Squecological infections: including endometritis, pelvic cellulitis, and pelvic inflammatory disease caused by Escherichia coli, Neisseria gnometrose (including pendicilinase-producing strains), Bacteroides species including Escherichia coli, Robessieria spornizose (including pendicilinase-producing strains), Bacteroides species including Escherichia coli, Neisseria gnometrose (including pendicilinase-producing strains), Bacteroides species including Escherichia coli, Robessieria spornizose including Escherichia coli, Robessieria spornizose including Escherichia coli, Robessieria species, and Bacteroides species including Bericilinase producing strains), Escherichia coli, Rebsiella species, and Bacteroides species including pencillinase producing strains), Escherichia coli, Rebsiella species, and Bacteroides species including pencillinase producing strains). Skin and skin structure infections: caused by Staphylococcus aureus (including pencillinase producing strains), Escherichia coli, infectioni caused by Staphylococcus aureus (including pencillinase producing strains), Escherichia coli, infectioni caused by Staphylococcus aureus (includin | 12 | 372 | 3 months | N/A | N/A | ¥ | Y | 9/27/2018 |

| Drugs | J0695 | Injection, ceftolozane 50 mg and tazobactam 25 mg | 75 mg | 1/1/2016 | Zerbaxa® | ceftolozane and tazobactam for injection, for intravenous use | Indicated for the treatment of the following infections caused by designated susceptible microorganisms: • Complicated intra-abdominal infections, used in combination with metronidazole. • Complicated urinary tract infections, including pyelonephritis. • Hospital-acquired Bacterial Pneumonia and Ventilator-associated Bacterial Pneumonia (HABP/VABP) To reduce the development of drug-resistant bacteria and maintain the effectiveness of Zerbaxa and other antibacterial drugs, Zerbaxa should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria. | 120 | 1,680 | 18 years | N/A | N/A | Y | Y | | 7/26/2019 |
|-------|-------|---|--------|----------|-----------|---|--|-----|-------|---------------------------------------|-----|-----|---|---|--|-----------|
| Drugs | 10696 | Injection, ceftriaxone sodium, per 250 mg | 250 mg | 1/1/2000 | Rocephin* | ceftriaxone sodium injection | Indicates for the freatment of the rollowing infections when caused by susceptible organisms: Lower Respiratory Tract Infections: Caused by Streptococcus pneumoniae, Staphylococcus aureus, Haemophilus influenzae, Haemophilus influenzae, Haemophilus influenzae, Haemophilus influenzae, Haemophilus influenzae, Idebsiella pneumoniae, Escherichia coli, Enterobacter aerogenes, Proteus mirabilis or Serratia marcescens. Acute Bacterial Otitis Media: Caused by Streptococcus pneumoniae, Haemophilus influenzae (including betalactamase producing strains) or Moraxella catarrhais (including betalactamase producing strains). Sikin and Skin Structure infections: Caused by Staphylococcus aureus, Staphylococcus epidermidis, Streptococcus yopenes, Viridang Broup streptococci, Escherichia coli, Enterobacter cloacae, Idebsiella oxytoca, Klebsiella pneumoniae, Proteus mirabilis, Morganella morganii pseudomonas aeruginosa, Serratia marcescens, Acinetobacter caloaceticus, Bacteriodes fragilis or Peptostreptococcus species. Ulriany Tract Infections: Caused by Escherichia coli, Proteus mirabilis, Proteus vulgaris, Morganella morganii or Klebsiella pneumoniae. L'Uncomplicated Gonorrhea (cervical/urethral and rectal): Caused by Neisseria gonorrhoeae, including both penicillinase- and nonpenicillinase- producing strains of Neisseria gonorrhoeae. Pelvic Inflammatory Disease: Caused by Neisseria gonorrhoeae. Ceftriaxone sodium, like other cephalosporins, has no activity against Chlamydia trachomatis. Therefore, when cephalosporins are used in the treatment of patients with pelvic inflammatory disease and Chlamydia trachomatis one of the suspected pathogens, appropriate antichiamydial coverage should be added. Bacterial Septicumia: Caused by Staphylococcus aureus, Streptococcus pneumoniae, Escherichia coli, Proteus mirabilis, Klebsiella pneumoniae et reterobacter species. Sone and doin Infections: Caused by Staphylococcus aureus, Streptococcus pneumoniae, Escherichia coli, Intra-abdominal infections Caused by Staphylococcus aureus, St | 16 | 496 | Indication Specific (see comments) | N/A | N/A | Y | Y | See package insert for specific neonate contraindication. | 10/4/2018 |
| Drugs | J0697 | injection, sterile cefuroxime sodium, per 750 mg | 750 mg | 1/1/2000 | Zinacef* | cefuroxime for injection | Indicated for the treatment of patients with infections caused by susceptible strains of the designated organisms in the following diseases: Lower Respiratory Tract Infections: including pneumonia, caused by Streptococcus pneumoniae, Haemophilus influenzae (including amplicillin-resistant strains), Mebisella spp., Staphylococcus aureus (penicillinase- and non-penicillinase- producing strains), Streptococcus by Staphylococcus aureus (penicillinase- and non-penicillinase- producing strains), Streptococcus by Staphylococcus aureus (penicillinase- and non-penicillinase-producing strains), Streptococcus pyogenes, Escherichia coll, Mebisella spp., and Enterbacker spp. Septicemia: caused by Staphylococcus aureus (penicillinase- and non-penicillinase-producing strains), Streptococcus preumoniae, Escherichia coll, Haemophilus influenzae (including amplicillin-resistant strains), Mestinglitis: caused by Staphylococcus pneumoniae, Haemophilus influenzae (including amplicillin-resistant strains), Mestinglitis: caused by Staphylococcus pneumoniae, Haemophilus influenzae (including amplicillin-resistant strains), Mestinglitis: and Staphylococcus aureus (penicillinase- and non-penicillinase- producing strains). **Conorrhoeae:**Uncomplicated and disseminated gonococcal infections due to Neisseria gonorrhoeae (penicillinase- and non-penicillinase- producing strains). **Bone and Joint Infections: caused by Staphylococcus aureus (penicillinase- and non-penicillinase- producing strains). | 12 | 372 | 3 months | N/A | N/A | Y | Y | | 10/4/2018 |
| Drugs | 10698 | Cefotaxime sodium, per gram | 1g | 1/1/2000 | Claforan* | cefotaxime for injection | Indicates for the freatment or patients with serious infections caused by susceptible strains of the designated microorganisms in the diseases listed below. *Lower respiratory tract infections: including pneumonia, caused by Streptococcus pneumoniae (formerly Diplococcus pneumoniae), Streptococcis progenes* (Group A streptococci) and other streptococci (excluding enterococci, e.g., Enterococcus Foxealis), Staphylococcus aureus (pencilianse and non-pencililinisse producing), Escherichia coli, Nelsbiella species, Naemphilus influenzae (including ampicilin resistant strains), Haemophilus paraindiureane, Proteus mirabilis, Serratia marcescens*, Enterobacter species, Indole positive Proteus and Pseudomonas species (including P, aeruginosa). *Sentitoriumary infections: Urinary tract infections caused by Enterococcus species, Staphylococcus epidermidis, Staphylococcus aureus*, (pencililinase and non-pencililinase producing), Citrobacter species, Enterobacter species, Exteribacter (pencililinase and non-pencililinase) and non-pencililinase producing), Citrobacter species, Enterobacter species, Exteribacter (pencililinase) and non-pencililinase producing), Citrobacter species, Exteribacter (pencililinase) and non-pencililinase producing). Providencia rettgeri*, Serratia marcescens and Pseudomonas species (including P, aeruginosa). Also, uncomplicated genorrhea (cervacidyruterhar) and rectal) caused by Neisseria genorrhoeae, including pencililinase producing strains. *Symecologic infections: including pelvic inflammatory disease, endometritis and pelvic cellulitis caused by Staphylococcus epidermidis, Streptococcus species, Enterococcus species and Peptococcus species, Stebsiella species, and anaerobic cocci (including Peptostreptococcus species and Peptococcus species) and fisusbacterium species, and anaerobic cocci (including Peptostreptococcus species and Peptococcus species) and insubacterium species, and anaerobic cocci (including Peptostreptococcus species and Peptococcus species) and insubacterium species, and | 12 | 372 | N/A | N/A | N/A | Y | Y | | 5/20/2019 |

| Drugs | J0702 | Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg | 1 mL | 1/1/2000 | Celestone® Soluspan® | betamethasone sodium phosphate and betamethasone acetate injectable suspension | When oral therapy is not feasible, the intransucular use of Celestone Soluspan is indicated as follows: * Allergic States: Control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in astima, action depositions, contact dermatitis, drug hypersensitivity reactions, perennial or seasonal allergic rhinitis, serum sickness, transfusion reactions. * Dermatologic Diseases: Bullous demattis herpetidimis, exfoliative expertyhorderma, mycosis fungoides, pemphigus, severe erythema multiforme (Stevens-Johnson syndrome). * Endocrine Diseases: Sullous darenal hyperpisals, hypercalcenian associated with cancer, nonsuppurative thyroiditis. Hydrocortisone or cortisone is the drug of choice in primary or secondary adrenocortical insufficiency. Synthetic analogs may be used in conjunction with mineralocorticoids where applicable; in infancy mineralocorticoids supplementation is of particular importance. * Gastrointestinal Diseases: To tide the patient over a critical period of the disease in regional enteritis and ulcerative colitis. * Hematologic Disorders: Acquired (autoimmune) hemolytic anemia, Diamond-Blackfan anemia, pure red cell applasia, selected cases of secondary thrombocytoponia. * Miscellaneous: Trichinosis with neurologic or myocardial involvement, tuberculous meningitis with subarachnoid block or impending block when used with appropriate antituberculous chemotherapy. * Neoplastic Diseases: For pallatives management of leukemias and hymphomas. * Nervous System: Acute exacerbations of multiple sclerosis; cerebral edema associated with primary or metastatic brain tumor or craniotorium. | 5 | 155 | N/A | N/A | N/A | Y | Υ | | 9/25/2018 |
|-------------|-------|--|-----------------------|----------|-------------------------|--|---|-----|-------|---------------------------------------|-----|-----|---|---|--|------------|
| Drugs | J3490 | Unclassified drugs | 1 mg | 1/1/2000 | Xenleta™ | lefamulin injection, for intravenous use | Indicated for the treatment of adults with community-acquired bacterial pneumonia (CABP) caused by the following susceptible microorganisms: Streptococcus pneumoniae, Staphylococcus aureus (methicilin-susceptible isolates), Haemophilus influenzae, Legionella pneumophila, Mycoplasma pneumoniae, and Chlamydophila pneumoniae. To reduce the development of drug resistant bacteria and maintain the effectiveness of Xenleta and other antibacterial drugs, Xenleta should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria. | 300 | 2,100 | 18 years | N/A | N/A | Y | Υ | | 10/28/2019 |
| Drugs | J0713 | Injection, ceftazidime, per 500 mg | per 500 mg | 1/1/2000 | Tazicef* | ceftazidime for injection, for intravenous or intramuscular use | Indicated for the treatment of patients with infections caused by susceptible strains of the designated organisms in the following diseases: **Lower Respiratory Tract Infections: including pneumonia, caused by Pseudomonas aeruginosa and other Pseudomonas pop. Haemophilus influenzae, including ampicillin-resistant strains; Klebsiella spp.; Enterobacter spp.; Porteus mirabilis; Escherichia coli; Serratia spp.; Citrobacter spp.; Streptococcus pneumoniae; and Staphylococcus aureus (methicillin-susceptible strains). **Skin and Skin-Structure Infections: caused by Pseudomonas aeruginosa; Klebsiella spp.; Escherichia coli; Proteus spp., including Proteus mirabilis and indole positive Proteus; Enterobacter spp.; Staphylococcus aureus (methicilin-susceptible strains), and Streptococcus progenes (group A beta-hemofylic streptococci). **Urinary Tract Infections: both complicated and uncomplicated, caused by Pseudomonas aeruginosa; Enterobacter spp.; Proteus spp., including Proteus mirabilis and indole-positive Proteus; Klebsiella spp. and Escherichia coli. **Sacterial Septicemia: caused by Pseudomonas aeruginosa, Klebsiella spp., Haemophilus influenzae, Escherichia coli, Serratia spp., Streptococcus pneumoniae, and Staphylococcus aureus (methicillin-susceptible strains). **Some and Joint Infections: including endometritis, pelvic cellulitis, and other infections of the female genital tract caused by Escherichia coli. **Intra-abdominal Infections: including peritonitis caused by Escherichia coli, Klebsiella spp., and Staphylococcus aureus (methicillin-susceptible strains) and polymicrobial infections caused by aerobic and anaerobic organisms and Bacteroides spp. (many strains of Bacteroides fragilis are resistant). **Central Nervous System Infections: including meningitis, caused by Haemophilus influenzae and Neisseria meningitids. Certazidime has also been used successfully in a limited number of cases of meningitis due to Pseudomonas aeruginosa and Streptococcus pneumoniae. | 12 | 372 | N/A | N/A | N/A | ٧ | γ | | 5/21/2019 |
| Drugs | J0714 | Injection, ceftazidime and avibactam, 0.5 g/0.125 g | 0.625 g | 1/1/2016 | Avycaz* | ceftazidime and avibactam for injection, for intravenous use | - complicated armary trace infections (corr), including pyclonephinas, caused by the rollowing susceptible drain | 12 | 168 | Indication Specific (see comments) | N/A | N/A | Y | Υ | micration specific age restrictions: Complicated intra-abdominal infection (cIAI): 3 months and older Complicated urinary tract infections (cLUT): 3 months infections (cLUT): 3 months and older Hospital-acquired bacterial pneumonia and ventilator-associated bacterial pneumonia (HABP/NABP): 18 | 5/1/2019 |
| Biologicals | J0716 | Injection, centruroides immune f(ab)2, up to 120 milligrams | Up to 120 mg (1 vial) | 1/1/2013 | Anascorp® | centruroides (scorpion) immune F(ab') ² (equine) injection lyophilized for solution, for intravenous use only | Antivenom indicated for treatment of clinical signs of scorpion envenomation. | N/A | N/A | N/A | N/A | N/A | Y | Y | | 4/10/2019 |
| Biologicals | J0717 | Injection, certolizumab pegol, 1 mg | 1 mg | 1/1/2014 | Cimzia® | certolizumab pegol for injection, for subcutaneous use | Indicated for: Reducing signs and symptoms of Crohn's disease and maintaining clinical response in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. Treatment of adults with moderately to severely active rheumatoid arthritis. Treatment of adult patients with active poratiat arthritis. Treatment of adults adult active strong spondylitis. Treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy. Treatment of adults with native ann-radiographic axial spondyloarthritis who have objective signs of inflammation. | 400 | 1,200 | 18 years | N/A | N/A | Y | Υ | | 5/1/2019 |

| Drugs | J0720 | Injection, chloramphenicol sodium succinate, up to 1 g | up to 1 g | 1/1/2000 | N/A | chloramphenicol sodium succinate for injection, for intravenous administration | **Chloramphenicol must be used only in those serious infections for which less potentially dangerous drugs are ineffective or contraindicated. (See package insert for recommendations and warnings associated with chloramphenicol). Indicated for: * Acute infections caused by Salmonella typhi. In treatment of typhoid fever some authorities recommend that chloramphenicol be administered at therapeutic levels for 8 to 10 days after the patient has become afebrile to lessen the possibility of relapse. It is not recommended for the routine treatment of the typhoid carrier state. * Serious infections caused by susceptible strains in accordance with the concepts expressed in the package insert: - Salmonella species - H. Influenzae, specifically meningeal infections - Rickettsia - Lymphogranuloma-psittacosis group - Various gram-negative bacteria causing bacteremia, meningitis or other serious gram-negative infections. - Other susceptible organisms which have been demonstrated to be resistant to all other appropriate animomic programs. * Cystic Brooss regimens | 7 | 217 | N/A | N/A | N/A | Y | Y | 10/4/20 | 2018 |
|-------------|-------|---|-----------------|----------|-----------------------|--|--|--------------|--------------|----------|-----|-----|---|---|--|------|
| Drugs | J0725 | Injection, chorionic gonadotropin, per 1,000 USP units | 1,000 USP units | 1/1/2000 | Novarel®, Pregnyl® | chorionic gonadotropin for injection | Indicated for: * Prepubertal cryptorchidism not due to anatomic obstruction. In general, HCG is thought to induce testicular descent in situations when descent would have occurred at puberty. HCG thus may help to predict whether or not orchiopeay will be needed in the future. Although, in some cases, descent following HCG administration is permanent, in most cases the response is temporary. Therapy is usually instituted between the ages of 4 and 9. * selected cases of hypogonadotropic hypogonadism (hypogonadism secondary to a pituitary deficiency) in males. * Induction of ovulation and pregnancy in the anovulatory, infertile woman in whom the cause of anovulation is secondary and not due to primary ovarian failure, and who has been appropriately pretreated with human menotropins. | 5 | 60 | 4 years | N/A | N/A | Y | Y | 9/27/21 | 2018 |
| Drugs | J0735 | Injection, clonidine hydrochloride, 1 mg | 1 mg | 1/1/2000 | Duracion® | clonidine hydrochloride injection solution | Indicated in combination with opiates for the treatment of severe pain in cancer patients that is not adequately relieved by opioid analgesics alone. Epidural clonidine is more likely to be effective in patients with neuropathic pain than somatic or visceral pain. | See Comments | See Comments | N/A | N/A | N/A | Y | Υ | Maximum daily and monthly doses are individualized and patient specific. | 2018 |
| Drugs | J0740 | Injection, cidofovir, 375 mg | 375 mg | 1/1/2000 | Vistide® | cidofovir injection for intravenous infusion | Indicated for the treatment of cytomegalovirus (CMV) retinitis in patients with acquired immunodeficiency syndrome (AIDS). | 2 | 6 | 18 years | N/A | N/A | Υ | Y | 9/27/20 | 2018 |
| Drugs | J0743 | Injection, cilastatin sodium; imipenem, per 250 mg | 250 mg | 1/1/2000 | Primaxin® | imipenem and cilastatin for injection, for intravenous use | Indicated for the treatment of the following serious infections caused by designated susceptible bacteria: • Lower respiratory tract infections • Urinary tract infections • Intra-abdominal infections • Soynecologic infections • Bacterial septicemia • Bone and joint infections • Sika and skin structure infections • Endocarditis Limitations of Use: • Not indicated in patients with meningitis because safety and efficacy have not been established. • Not recommended in pediatric patients with CNS infections because of the risk of seizures. • Not recommended in pediatric patients weighing less than 30 kg with impaired renal function. | 16 | 496 | N/A | N/A | N/A | Y | Υ | 9/27/20 | 2018 |
| Drugs | J0744 | Injection, ciprofloxacin for intravenous infusion, 200 mg | 200 mg | 1/1/2002 | Cipro IV® | ciprofloxacin injection for intravenous use | indicated in adults (2 18 years of age) with the following infections caused by designated, susceptible bacteria and in pediatric patients where indicated: 5kin and skin retucture infections 5kin and skin return abdominal infections 5kin and position in the skin skin skin skin skin skin skin skin | 6 | 186 | N/A | N/A | N/A | Y | Ÿ | 4/9/20 | :019 |
| Drugs | J0770 | Injection, colistimethate sodium, up to 150 mg | up to 150 mg | 1/1/2000 | Coly-Mycin® M | colistimethate for injection | Indicated for the treatment of acute or chronic infections due to sensitive strains of certain gram-negative bacilli. Particularly indicated when the infection is caused by sensitive strains of P. aeruginosa. Clinically effective in treatment of infections due to the following gram-negative organisms: Enterobacter aerogenes, Escherichia coli, Klebsiella pneumoniae and Pseudomonas aeruginosa. | 4 | 124 | N/A | N/A | N/A | γ | Υ | 6/4/20 | 1019 |
| Biologicals | J0775 | Injection, collagenase, clostridium histolyticum, 0.01 mg | 0.01 mg | 1/1/2011 | Xiaflex® | collagenase clostridium histolyticum | Treatment of adult patients with Duppytren's contracture with a palpable cord. Treatment of adult men with Peyronie's disease with a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy. | 180 | 360 | 18 years | N/A | N/A | Υ | Υ | 6/6/20 | 2019 |
| Drugs | J0780 | Injection, prochlorperazine, up to 10 mg | up to 10 mg | 1/1/2000 | N/A | prochlorperazine edisylate injection | Indicated to control severe nausea and vomiting and for the treatment of schizophrenia. Prochlorperazine has not been shown effective in the management of behavioral complications in patients with mental retardation. | 4 | 124 | 2 years | N/A | N/A | Y | Y | 8/24/2 | 2018 |
| Drugs | J0800 | Injection, corticotropin, up to 40 units | up to 40 units | 1/1/2000 | H.P. Acthar® Gel | repository corticotropin injection, gel for intramuscular or subcutaneous use | Indicated as monotherapy for the treatment of infantile spasms in infants and children under 2 years of age. Indicated for the treatment of exacerbations of multiple sclerosis in adults. Away be used for the following disorders and diseases: rheumatic, collagen, dermatologic, allergic states, ophthalmic, respiratory, and edematous state. | 3 | 63 | N/A | N/A | N/A | Y | Υ | 10/4/20 | 2018 |
| Drugs | J0834 | Injection, cosyntropin, 0.25 mg | 0.25 mg | 1/1/2010 | Cortrosyn™ | cosyntropin injection for diagnostic use | Intended for use as a diagnostic agent in the screening of patients presumed to have adrenocortical insufficiency. | 3 | 3 | N/A | N/A | N/A | Y | Y | 2/4/20 | :019 |

| Biologicals | J0840 | injection, crotalidae polyvalent immune fab (Ovine), up to 1 gram | up to 1 g (1 vial) | 1/1/2012 | CroFab® | crotalidae polyvalent immune fab (ovine) lyophilized powder for solution for intravenous injection | indicated for the management of adult and pediatric patients with North American crotalid envenomation. The term crotalid is used to describe the Crotalinae subfamily (formerly known as Crotalidae) of venomous snakes which includes rattlesnakes, copperheads and cottonmouths/water moccasins. | N/A | N/A | N/A | N/a | N/A | Y | N | 1/4/2019 |
|-------------|-------|---|--------------------|----------|-----------|--|--|-----|--------|---------------------------------------|-----|-----|---|---|---|
| Biologicals | J0841 | Injection, crotalidae immune f(ab')2 (equine), 120 mg | 120 mg | 1/1/2019 | Anavip® | crotalidae immune f(ab')2 (equine), lyophilized powder for solution for injection for intravenous use | Indicated for the management of adult and pediatric patients with North American rattlesnake envenomation. | N/A | N/A | N/A | N/A | N/A | Y | Υ | 12/28/2018 |
| Drugs | J0875 | Injection, dalbavancin, 5 mg | 5 mg | 1/1/2016 | Dalvance* | | Indicated for acute bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible strains of Gram-positive microorganisms. | 300 | 300 | 18 years | N/A | N/A | Υ | Υ | 10/4/2018 |
| Drugs | J0878 | Injection, daptomycin, 1 | 1 mg | 1/1/2005 | Cubicin® | daptomycin injection, for intravenous use | Indicated for the treatment of: - Complicated skin and skin structure infections (cSSSI) in adult and pediatric patients (1 to 17 years of age). - Staphylococcus aureus bloodstream infections (bacteremia), in adult patients including those with right-sided infective endocarditis. ***Approved 9/1/2017*** - Indicated for the treatment of Staphylococcus aureus bloodstream infections (bacteremia) in pediatric patients (1 to 17 years of age). Limitations of Use: - Cubicin is not indicated for the treatment of pneumonia. - Cubicin is not indicated for the treatment of left-sided infective endocarditis due to 5. aureus. - Cubicin is not recommended in pediatric patients younger than one year of age due to the risk of potential effects on muscular, neuromuscular, and/or nervous systems (either peripheral and/or central) observed in neonatal obgs. | 840 | 26,040 | 1 year | N/A | N/A | Y | Υ | 10/4/2018 |
| Biologicals | J0881 | Injection, darbepoetin alfa, 1 microgram (non- ESRD use) | 1 mcg | 1/1/2006 | Aranesp® | darbepoetin alfa injection, for intravenous or subcutaneous use (non-ESRD use) | Indicated for the treatment of anemia due to: • Chronic Kidney Disease (CKD) in patients on dialysis and patient not on dialysis. The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy. Limitations of Use: Aranesp has not been shown to improve quality of life, fatigue, or patient well-being. Aranesp is not indicated for use: In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy. In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure. In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion. As a substitute for RBC transfusions in patients who require immediate correction of anemia. | 500 | 1,575 | Indication Specific (see comments) | N/A | N/A | Y | Υ | Indication specific age restrictions: • CKD: None • Cancer: 18 years of age and older |
| Biologicals | J0882 | Injection, darbepoetin alfa, z microgram (for ESRD on dialysis) | 1 mcg | 1/1/2006 | Aranesp* | | Indicated for the treatment of anemia due to: • Chronic Kidney Disease (CKD) in patients on dialysis and patients not on dialysis. • The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy. Limitations of Use: Aranesp has not been shown to improve quality of life, fatigue, or patient well-being. Aranesp is not indicated for use: • In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy. • In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure. • In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion. • As a substitute for RBC transfusions in patients who require immediate correction of anemia. | 105 | 315 | N/A | N/A | N/A | Y | γ | 4/10/2019 |

| | | 1 | T | | | T | т. | - 1 | | 1 | | | | | |
|-------------|-------|--|-----------------|--------|----------------------|--|---|-----|-----|---------------------------------------|-----|--------------|---|---|--|
| Biologicals | J0885 | Injection, epoetin alfa, (for non-ESRO use), 1000 units | 1,000 units 1/1 | 1/2006 | Epogen®, Procrit® | epoetin alfa for injection, for intravenous or subcutaneous use (for non ESRD use) | Indicated for treatment of anemia due to - Chronic Kidney Disease (CKD) in patients on dialysis and not on dialysis. - Zidovudine in patients with HNI-infection. - The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy. - Reduction of allogenee RBC transitions in patients undergoing elective, noncardiac, nonvascular surgery. - Limitations of Use: Epoetin alfa has not been shown to improve quality of life, fatigue, or patient wellbeing. Not indicated for use: - In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy. - In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure. - In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion. - In patients scheduled for surgery who are willing to donate autologous blood. - In patients undergoing cardiac or vascular surgery. - As a substitute for RBC transfusions in patients who require immediate correction of anemia. | 84 | 630 | N/A | N/A | N/A | Y | ¥ | 6/4/2019 |
| Biologicals | J0887 | Injection, epoetin beta, 1 microgram, (for ESRD on dialysis) | 1 mcg 1/1 | 1/2015 | Mircera® | methoxy polyethylene glycol- epoetin beta injection, for intravenous or subcutaneous use (for ESRD on dialysis) | indicated for the treatment of anemia associated with chronic kidney disease (CKD) in: * adult patients on dialysis and adult patients not on dialysis. * pediatric patients 5 to 17 years of age on hemodialysis who are converting from another ESA after their hemoglobin level was stabilized with an ESA. Limitations of Use: Mincrea is not indicated and is not recommended for use: * In the treatment of anemia due to cancer chemotherapy * As a substitute for RBC transfusions in patients who require immediate correction of anemia. Mincrea has not been shown to improve quality of life, fastigue, or patient well-being. | 360 | 720 | 5 years | N/A | N/A | Υ | Y | 10/10/2018 |
| Biologicals | J0888 | Injection, epoetin beta, 1 microgram, (for non- ESRD use) | 1 mcg 1/1 | 1/2015 | Mircera® | methoxy polyethylene glycol- epoetin beta injection, for intravenous or subcutaneous use (for non-ESRD use) | Indicated for the treatment of anemia associated with chronic kidney disease (CKD) in: - Adult patients on dialysis and adult patients not on dialysis. - Pediatric patients 5 to 17 years of age on hemodialysis who are converting from another ESA after their hemoglobin level was stabilized with an ESA. | 360 | 720 | Indication Specific (see comments) | N/A | N/A | Υ | Υ | Indication specific age restrictions: • Adult patients with KKD - 18 years of age and older • Pediatric patients on hemodialysis who are converting from another ESA - 5 years of age and older |
| Drugs | J0894 | Injection, decitabine, 1 mg | 1 mg 1/3 | 1/2007 | N/A | decitabine for injection, for intravenous infusion | Indicated for treatment of patients with myelodysplastic syndromes (MDS) including previously treated and untreated, de novo and secondary MDS of all French-American-British subtypes (effractory anemia, refractory anemia with inged sideroblasts, refractory anemia with excess blasts, refractory anemia with excess blasts in transformation, and chronic myelomonocytic leukemia) and intermediate-1, intermediate-2, and high-risk international Prognostic Scoring System groups. | 150 | 450 | 18 years | N/A | N/A | Υ | Y | 10/4/2018 |
| Drugs | J0895 | Injection, deferoxamine mesylate, 500 mg | 500 mg 1/1 | 1/2000 | Desferal® | deferoxamine mesylate for injection | Indicated for the treatment of acute iron intoxication and of chronic iron overload due to transfusion-dependent anemias. | 12 | 372 | 3 years | N/A | N/A | Y | Y | 10/4/2018 |
| Biologicals | J0897 | Injection, denosumab, 1 mg (Xgeva, Prolia) | 1 mg 1/: | 1/2012 | Prolia®, Xgeva® | denosumab injection, for subcutaneous use | Prolia Indicated for: - The treatment in postmenopausal women with osteoporosis at high risk for fracture - The treatment to increase bone mass in men at high risk for fracture - The treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer - The treatment to increase bone mass in women at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer - The treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture. Xgeva Indicated for: - The prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors - The treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity - The treatment of hyperaclicenia of malignancy refractory to bisphosphonate therapy | 120 | 360 | Indication Specific (see comments) | N/A | N/A | Υ | Y | Product/indication specific age restrictions: • Prolia: 18 years of age and older • Xgeva: indication specific. o Giant cell tumor of bone: Only use in sketeally mature adolescents. o All other indications: 18 years of age and older |
| Drugs | J1000 | Injection, depo-estradiol cypionate, up to 5 mg | up to 5 mg 1/1 | 1/2000 | Depo®-Estradiol | estradiol cypionate injection | Indicated in the treatment of hypoestrogenism caused by hypogonadism and moderate to severe vasomotor symptoms associated with the menopause. | 1 | 2 | 18 years | N/A | Females Only | Y | Y | 10/4/2018 |

| | | | | | | | Indicated as follows when the oral route is not reasible: Intramuscular Administration * Allergic States: Control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in asthma, atopic dermatitis, contact dermatitis, drug hypersensitivity reactions, seasonal or perennial allergic rhinitis, serum sickness, transfusion reactions. • Dermatologic Disseases: Bullous dermatitis herpetfolmis, serolitative dermatitis, mycosis fungoides, pemphigus, severe erythema multiforme (Stevens-Johnson syndrome). • Endocrine Disorders: Primary or secondary adrenocortical insufficiency (hydrocortisone or cortisone is the drug of choice; synthetic analogs may be used in conjunction with mineralocorticoids where applicable; in infancy, mineralocorticoid supplementation is of particular importance), congenital adrenal hyperplasia, hypercalcemia associated with cancer, nonsupportive thyroiditis. | | | | | | | | |
|-------|-------|--|-------|----------|------------------------|---|--|-------|-------|---------------------------------------|-----|------------|---|---|--|
| Drugs | J1020 | Injection, methylprednisolone acetate, 20 mg | 20 mg | 1/1/2000 | Depo-Medrol® | | Gastrointestinal Diseases: To tide the patient over a critical period of the disease in regional ententis (systemic therapy) and utcentive colitis. Hematologic Disorders: Acquired (autoimmune) hemolytic anemia, congenital (erythroid) hypoplastic anemia (Diamond Blackfan anemia), pure decil alplasia, select cases of secondary thrombocytopenia. Miscellaneous: Trichinosis with neurologic or myocardial involvement, tuberculous meningitis with subarachnoid block or impending block when used concurrently with appropriate antituberculous chemotherapy. Neoplastic Diseases: For pallallative management of I eukemias and hymphomas. Nervous System: Acute exacerbations of multiple sclerosis; cerebral edema associated with primary or metastatic brain tumor or cranicotive management of I eukemias and hymphomas. Nervous System: Acute exacerbations of multiple sclerosis; cerebral edema associated with primary or metastatic brain tumor or cranicotoris. Nervous System: Acute exacerbations of multiple sclerosis; cerebral edema associated with primary or ophthalmic Diseases: Sympathetic ophthalmia, temporal arteritis, uveitis, ocular inflammatory conditions unresponsive to topical corticosteroids. Nervous Diseases: To induce duresis or remission of proteinuria in idiopathic nephrotic syndrome, or that due to lugus erythematosus. Respiratory Diseases: Berylliosis, fulminating or disseminated pulmonary tuberculosis when used concurrently with appropriate antituberculous chemotherapy, idiopathic essinophilic perunonias, symptomatic sarcoidosis. Networks Diseases: As adjunctive therapy for short-term administration (to tide the patient over an acute | 1 | 31 | N/A | N/A | N/A | Y | Y | 10/26/2018 |
| Drugs | J1030 | Injection, methylprednisolone acetate, 40 mg | 40 mg | 1/1/2000 | Depo-Medrol® | methylprednisolone acetate injection, suspension, 40 mg | amicacle of a ronoth's final in an ed a moute is held to adopt the moute of a ronoth's final in a ronoth in the ro | 1 | 31 | N/A | N/A | N/A | Y | Y | 10/26/2018 |
| Drugs | J1040 | Injection, methylprednisolone acetate, 80 mg | 80 mg | 1/1/2000 | Depo-Medrol® | | International Administration Allergic States: Control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in asthma, atopic dematitis, contact dematitis, drug hypersensitivity reactions, seasonal or perennial allergic initinis, serum sichness, transfusion reactions, - Dermatologic Diseases: Bullous dermatitis herpetiformis, exfoliative dermatitis, mycosis fungoides, pemphigus, severe erythema multiforme (Stevens-Johnson syndrome). - Endocrine Disorders: Primary or secondary adrenocortical insufficiency (hydrocortisone or cortisone is the drug of choice; synthetic analogs may be used in conjunction with mineralocorticoids where applicable; in infancy, mineralocorticoid supplementation is of particular importance), congenital adrenal hyperplasia, hypercalcemia associated with cancer, nonsupportive thyroiditis. - Gastrointestinal Diseases: To tide the patient over a critical period of the disease in regional ententis (systemic therapy) and ulcerative colitis. - Hematologic Disorders: Acquired (autoimmune) hemolytic anemia, congenital (erythroid) hypoplastic anemia (Diamond Blackrian anemia), pure red cell aplasia, speciet cases of secondary thrombocytopenia. - Miscellaneous: Trichnosis with neurologic or myocardial involvement, tuberculous meningitis with subarachnoid block or impending block when used concurrently with appropriate antituberculous chemotherapy. - Necoplastic Diseases: For pallative management of leukemias and hymphomas. - Nervous System: Acute vacerbations of multiple sclerosis, cerebral edema associated with primary or metastatic brain tumor or cranicionotico. - Reaplication of the propriative | 2 | 31 | N/A | N/A | N/A | ٧ | v | 10/26/2018 |
| Drugs | J1050 | Injection, medroxyprogesterone acetate, 1 mg | 1 mg | 1/1/2013 | Depo-Provera® | medroxyprogesterone acetate, injectable suspension | Indicated for prevention of pregnancy in females and adjunctive therapy and palliative treatment of inoperable, recurrent, and metastatic endometrial or renal carcinoma. | 1,000 | 5,000 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age restrictions: • Endometrial and renal carcinoma: 18 years and older • Prevention of pregnancy: Use after menarche. |
| Drugs | J1071 | Injection, testosterone cypionate, 1 mg | 1 mg | 1/1/2015 | Depo®- Testosterone | testosterone cypionate injection, USP | Indicated for replacement therapy in the male in conditions associated with symptoms of deficiency or absence of endogenous testosterone. 1. Primary hypogenadism (congenital or acquired)-testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome; or orchidectomy. 2. Hypogenadoriopic hypogenadism (congenital or acquired)- gonadotropin or LHRH deficiency, or pituitary-hypothalamic injury from tumors, trauma, or radiation. Safety and efficacy of Depo-Testosterone (testosterone cypionate) in men with "age-related hypogenadism" (also | 400 | 1,200 | 12 years | N/A | Males Only | Y | Y | 4/10/2019 |
| Drugs | J1095 | Injection, dexamethasone 9 percent, intraocular, 1 microgram | 1 mcg | 1/1/2019 | Dexycu™ | dexamethasone intraocular suspension 9%, for intraocular administration | referred to as "late-onset hypogonadism") have not been established. Indicated for the treatment of postoperative inflammation. | 1,034 | 1,034 | 18 years | N/A | N/A | Y | Y | 3/26/2019 |

| Drugs | J1100 | Injection, dexamethasone sodium phosphate, 1 mg | 1 mg | 1/1/2000 | N/A | dexamethasone sodium phosphate injection | intravenous or intramuscular Administration: When oral therapy is not reasible and the strength, dosage form, and route of administration of the drug reasonably lend the preparation to the treatment of the condition, those products labeled for intravenous or intramuscular use are indicated as follows: **Findocrine Disorders: Primary or secondary adenocortical insufficienty (hydrocortisone or cortisone is the drug of choice, synthetic analogs may be used in conjunction with mineralocorticoids where applicable; in infancy, mineralocorticoid supplementation may be necessary, particularly when synthetic analogs are used), Prependartelya, and in the event of serious trauma or illness, in patients with known adrenal insufficiency or when adrenocortical reserve is doubtful, Shock unresponsive to conventional therapy if adrenocortical insufficiency exists or is suspected. Congenital adrenal hyperplasia, Nonsuppurative thyroidist, hypercalcemia associated with cancer. **Rhemmatic Disorders: As adjunctive therapy for short-term administration (to tide the patient over an acute episode or exacerbation) in: post-traumatic osteoarthritis, synovitis of osteoarthritis, rheumatoid arthritis including Juvenile rheumatoid arthritis (selected cases may require low-dose maintenance therapy), acute and subacute burstis, epicondylitis, acute onospecific tenosynovitis, acute gooputy arthritis, ponitar arthritis, and aslyciosing spondylitis. **Collagen Diseases: During an exacerbation or as maintenance therapy in selected cases of systemic lupus erythematosus and acute rheumatic carditis. **Jematologic Diseases: Pemphigus, severe erythema multiforme (Stevens-Johnson Syndrome), exfoliative dermatitis, bullous dermatitis herpetiformis, severe seborrheic dermatitis, severe poriasis, and mycosis fungoides. **Allergic States: control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in bronchila attama, contact dermatitis, applicamentalis, acute anosiness, seasonal or perennial al | 10 | 310 | N/A | N/A | N/A | ٧ | Y | 10/4/2018 |
|-------|-------|---|--------------|----------|-----------------------|---|--|----|-----|---------------------------------------|-----|--|---|---|--|
| Drugs | J1110 | Injection, dihydroergotamine | 1 mg | 1/1/2000 | DHE 45® | | herpes soster ophthalmicus, iritis, iridocyclitis, chorioretinitis, diffuse posterior uveits and choroiditis, optic avueits: rumanabetic outstandisch a autoriac common inflammation. Alleader conjunctatis alleaner posterior in Indicated for the acute treatment of migraine headaches with or without aura and the acute treatment of cluster. | 3 | 30 | 18 years | N/A | N/A | Y | Y | 10/10/2018 |
| Drugs | J1120 | mesylate, per 1 mg Injection, acetazolamide sodium, up to 500 mg | up to 500 mg | 1/1/2000 | Diamox* | injection acetazolamide sodium injection, powder, lyophilized, for solution | headache episodes. Indicated for the adjunctive treatment of: - Edema due to congestive heart failure - Drug-induced edema - Centrencephalic pelipsises (petit mal, unlocalized seizures) - Chronic simple (open-angle) glaucoma - Secondary glaucoma - Preoperatively in acute angle-closure glaucoma where delay of surgery is desired in order to lower intraocular pressure | 2 | 62 | 18 years | N/A | N/A | Y | Y | 10/31/2018 |
| Drugs | J1160 | Injection, digoxin, up to 0.5 mg | up to 0.5 mg | 1/1/2000 | Lanoxin® | digoxin injection, for intravenous or intramuscular use | Indicated for: - Treatment of mild to moderate heart failure in adults. - Increasing myocardial contractility in pediatric patients with heart failure. (Indication added to the portal 10/4/2018) - Control of resting ventricular rate in adults with chronic atrial fibrillation. | 4 | 35 | Indication Specific (see comments) | N/A | N/A | Y | Y | indication specific age restrictions: • Mild to moderate heart failure and control of restring ventricular rate in chronic atrial fibrillation: 18 years of age and older e increasing myocardial contractility. None |
| Drugs | J1165 | Injection, phenytoin sodium, per 50 mg | per 50 mg | 1/1/2000 | N/A | phenytoin sodium injection, for intravenous or intramuscular use | Indicated for the treatment of generalized tonic clonic status epilepticus and prevention and treatment of seizures occurring during neurosurgery. Intravenous phenytoin can also be substituted, as short-term use, for oral phenytoin. Parenteral phenytoin should be used only when oral phenytoin administration is not possible. | 48 | 288 | N/A | N/A | N/A | Y | Υ | 6/8/2019 |
| Drugs | J1170 | Injection, hydromorphone, up to 4 mg | up to 4 mg | 1/1/2000 | Dilaudid® | hydromorphone hydrochloride for intravenous, intramuscular, and subcutaneous use | Indicated for the management of pain severe enough to require an opioid analgesic and for which alternate treatments are inadequate. Limitations of Use Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve hydromorphone injection for use in patients for whom alternative treatment options [e.g., nonopioid analgesics or opioid combination products]: + Have not been tolerated, or are not expected to be tolerated + Have not provided adequate analgesis, or are not expected to provide adequate analgesis | 6 | 186 | 18 years | N/A | N/A | Y | Υ | 10/26/2018 |
| Drugs | J1190 | Injection, dexrazoxane hydrochloride, per 250 mg | 250 mg | 1/1/2000 | Zinecard®, Totect® | dexrazoxane for injection | Zinecard: Indicated for reducing the incidence and severity of cardiomyopathy associated with doxorubicin administration in women with metastatic breast cancer who have received a cumulative doxorubicin dose of 300 mg/m² and who will continue to receive doxorubicin therapy to maintain tumor control. Do not use with doxorubicin initiation. | 8 | 20 | 18 years | N/A | Zinecard: Females Only Totect: N/A | Y | Y | 10/4/2018 |
| Drugs | J1200 | Injection, diphenhydramine HCl, up to 50 mg | 50 mg | 1/1/2000 | N/A | diphenhydramine hydrochloride injection | Totect: indicated for the treatment of extravasation resulting from IV anthracycline chemotherapy. Diphenhydramine in the injectable form is effective in adults and pediatric patients, other than premature infants and neonates, for the following conditions when diphenhydramine in the oral form is impractical: * Anthistaminic* for amelioration of allegic reactions to blood or plasma, in naphylaxis as an adjunct to epinephrine and other standard measures after the acute symptoms have been controlled, and for other uncomplicated allegic conditions of the immediate type when oral therapy is impossible or contraindicated. * Motion Sickness: For active treatment of motion sickness. * Antiparkinsonism: For use in parkinsonism, when oral therapy is impossible or contraindicated, as follows: parkinsonism in the elderly who are unable to tolerate more potent agents; mild cases of parkinsonism in other age groups, and in other cases of parkinsonism in combination with centrally acting anticholinergic agents. | 8 | 248 | Indication Specific (see comments) | N/A | N/A | Y | Y | Contraindicated in newborns or premature infants. |
| Drugs | J1205 | Injection, chlorothiazide sodium, per 500 mg | 500 mg | 1/1/2000 | N/A | chlorothiazide sodium for injection | Indicated as adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, and corticosteroid and estrogen therapy. | 4 | 100 | 18 years | N/A | N/A | Υ | Υ | 9/27/2018 |
| Drugs | J1212 | Injection, DMSO, dimethyl sulfoxide, 50%, 50 mL | 50 mL | 1/1/2000 | RIMSO-50® | dimethyl sulfoxide (DMSO) irrigation | Indicated for symptomatic relief of patients with interstitial cystitis. | 1 | 3 | N/A | N/A | N/A | Y | Y | 10/4/2018 |

| Drugs | J1230 | Injection, methadone HCI, up to 10 mg | up to 10 mg | 1/1/2000 | N/A | methadone hydrochloride injection | Indicated for: * The management of pain severe enough to require an opioid analgesic and for which alternative treatment options are inadequate. Limitations of Use: Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve methadone injection for use in patients for whom alternative treatment options (e.g. non-opioid analgesics or opioid combination products): O Have not been tolerated, or are not expected to be tolerated. O Have not provided adequate analgesia, or not expected to provide adequate analgesia. Use in temporary treatment of opioid dependence in patients unable to take oral medication. Limitations of Use: Injectable methadone products are not approved for the outpatient treatment of opioid dependence. In this patient population, parenteral methadone is to be used only for patients unable to take oral medication, such as hospitalized patients. | 4 | 93 | 18 years | N/A | N/A | Y | Y | | 10/26/2018 |
|-------------|----------------|---|-------------|----------|-------------------|---|---|-----|-------|---------------------------------------|-----|-----|---|---|--|------------|
| Drugs | J1240 | Injection, dimenhydrinate, up to 50 mg | up to 50 mg | 1/1/2000 | N/A | dimenhydrinate injection | Indicated for prevention and treatment of nausea, vomiting and vertigo of motion sickness. | 12 | 372 | N/A | N/A | N/A | Y | Y | | 6/10/2019 |
| Drugs | J1245 | Injection, dipyridamole, per 10 mg | per 10 mg | 1/1/2000 | N/A | dipyridamole injection | As an alternative to exercise in thallium myocardial perfusion imaging for the evaluation of coronary artery disease in patients who cannot exercise adequately. | 6 | 6 | 18 years | N/A | N/A | Υ | Υ | | 6/10/2019 |
| Drugs | J1250 | Injection, dobutamine hydrochloride, per 250 mg | 250 mg | 1/1/2000 | N/A | dobutamine injection | Indicated: • When parenteral therapy is necessary for inotropic support in the short-term treatment of adults with cardiac decompensation due to depressed contractility resulting either from organic heart disease or from cardiac surgical procedures. • In patients who have atrial fibrillation with rapid ventricular response, a digitalis preparation should be used prior to institution of therapy with dobutamine. | 30 | 930 | 18 years | N/A | N/A | Υ | Y | | 10/4/2018 |
| Drugs | J1265 | Injection, dopamine hydrochloride, 40 mg | 40 mg | 1/1/2006 | N/A | dopamine hydrochloride | Indicated for the correction of hemodynamic imbalances present in the shock syndrome due to myocardial infarction, trauma, endotoxic septicemia, open-heart surgery, renal failure, and chronic cardiac decompensation as in congestive failure. | 205 | 6,355 | 18 years | N/A | N/A | Υ | Υ | | 10/4/2018 |
| Drugs | J1267 | Injection, doripenem, 10 mg | 10 mg | 1/1/2009 | Doribax® | doripenem for injection, for intravenous use | Indicated for the treatment of the following infections caused by susceptible bacteria: - Complicated intra-abdominal infections - Complicated urinary tract infections, including pyelonephritis | 150 | 2,100 | 18 years | N/A | N/A | Y | Υ | | 10/4/2018 |
| Drugs | J1270 | Injection, doxercalciferol, 1 mcg | 1 mcg | 1/1/2002 | Hectorol* | doxercalciferol injection | Indicated for the treatment of secondary hyperparathyroidism in adult patients with chronic kidney disease on dialysis. | 6 | 90 | 18 years | N/A | N/A | Y | Y | | 10/4/2018 |
| Drugs | J1290 | Injection, ecallantide, 1 mg | 1 mg | 1/1/2011 | Kalbitor® | ecallantide injection for subcutaneous use | Indicated for treatment of acute attacks of hereditary angioedema in patients 12 years of age and older. | 60 | 120 | 12 years | N/A | N/A | Υ | Υ | | 10/10/2018 |
| Biologicals | J1300 | Injection, eculizumab, 10 mg | 10 mg | 1/1/2008 | Soliris® | eculizumab injection, for intravenous use | Indicated for: • Treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis. • Treatment of patients with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy. • Treatment of adult patients with generalized Myasthenia Gravis (gMG) who are anti-acetylcholine receptor (AchR) antibody positive. • Treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AcP4) antibody positive. Limitation of Use: Soliris is not indicated for the treatment of patients with Shiga toxin E. coli related hemolytic | 120 | 480 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age restrictions: • PNH: 18 years of age and older • aHUS: None • Myasthenia Gravis: 18 years of age and older | 7/26/2019 |
| Drugs | J1301 | Injection, edaravone, 1 | 1 mg | 1/1/2019 | Radicava® | edaravone injection, for | uremic syndrome (STEC-HUS). Indicated for the treatment of amyotrophic lateral sclerosis (ALS). | 60 | 1,020 | 18 years | N/A | N/A | Y | v | | 10/10/2018 |
| Biologicals | J1301 J1322 | mg Injection, elosulfase alfa, | 1 mg | 1/1/2019 | Vimizim® | intravenous use elosulfase alfa injection, for | | 280 | 1,400 | 5 years | N/A | N/A | Y | γ | | 6/8/2019 |
| Drugs | J1325 | 1 mg Injection, epoprostenol, 0.5 mg | 0.5 mg | 1/1/2000 | Flolan®, Veletri® | intravenous use epoprostenol for injection, for intravenous use | indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group I) to improve exercise capacity. Studies establishing effectiveness included predominantly (97%) patients with NYHA Functional Class III-VI symptoms and etiologies of idiopathic or heritable PAH (49%) or PAH associated with connective tissue diseases (51%). | 8 | 248 | 18 years | N/A | N/A | Y | Y | | 6/4/2019 |
| Drugs | J1335 | Injection, ertapenem sodium, 500 mg | 500 mg | 1/1/2004 | Invanz® | ertapenem injection for intravenous or intramuscular use | Indicated in adult patients and pediatric patients (3 months of age and older) for the treatment of the following moderate to severe infections caused by susceptible bacteria: **Complicated intra-abdominal infections.* **Complicated six and skin structure infections, including diabetic foot infections without osteomyelitis. **Complicated intra-abdominal infections.* **Complicated intra-abdominal infections including pyelonephrits. **Complicated inriany tract infections including pyelonephrits. **Acute pelvic infections including postpartum endomyometritis, septic abortion and post surgical gynecologic infections. Indicated in adults for the prophylaxis of surgical site infection following elective colorectal surgery. | 2 | 28 | 3 months | N/A | N/A | Y | Y | | 10/10/2018 |

| Drugs | J1364 | Injection, erythromycin lactobionate, per 500 mg | g | 1/1/2000 | Erythrocin™ | erythromycin lactobionate for injection | Indicated in the treatment of infections caused by susceptible strains of the designated organisms in the diseases listed below when oral administration is not possible or when the severity of the infection requires immediate high serum levels of erythromycin. Intravenous therapy should be replaced by oral administration at the appropriate time. *Upper respiratory tract infections of mild to moderate degree caused by Streptococcus progenes (Group A beta-hemolytic streptococci); Streptococcus ordinarily achieves. *Lower respiratory tract infections of mild to moderate seventy caused by Streptococcus progenes (Group A beta-hemolytic streptococci); Streptococcus progenes (Group A beta-hemolytic streptococcus progenes) (Group A beta-hemolytic streptococcus) progenes (Group A beta-hemolytic streptococcus) progenes (Group A beta-hemolytic streptococcus) progenes (Group A beta-hemolytic streptococcus progenes) (Group A beta-hemolytic streptococcus) progenes (Group A beta-h | 8 | 248 | N/A | N/A | N/A | ¥ | Y | 10/10/2018 |
|-------------|-------|---|------|-----------|--------------|---|--|-------|--------|----------|-----|--------------|---|---|------------|
| Drugs | J1380 | Injection, estradiol up to 10 valerate, up to 10 mg | mg | 1/1/2000 | Delestrogen® | estradiol valerate injection | Indicated in the treatment of: • Moderate-to-severe vasomotor symptoms associated with the menopause + Hypostrogenism caused by hypogenadism, castration or primary ovarian failure • Advanced androgen-dependent carcinoma of the prostate (for palliation only) • Vulval and valginal atrophy associated with the menopause. When prescribing solely for the treatment of symptoms of vulvar and valginal atrophy, topical valginal products should be considered. | 4 | 20 | 18 years | N/A | N/A | Υ | Υ | 6/10/2019 |
| Drugs | J1410 | Injection, estrogens, conjugated, per 25 mg | 3 | 1/1/2000 | Premarin® IV | conjugated estrogens for injection for intravenous and intramuscular use | Indicated in the treatment of abnormal uterine bleeding caused by hormonal imbalance in the absence of organic pathology. Indicated for short-term use only, to provide a rapid and temporary increase in estrogen levels. | 2 | 62 | N/A | N/A | Females Only | Υ | Y | 10/10/2018 |
| Drugs | J1439 | Injection, ferric carboxymaltose, 1 mg | | 1/1/2015 | Injectafer® | ferric carboxymaltose injection for intravenous use | Indicated for the treatment of iron deficiency anemia in adult patients: - Who have intolerance to oral iron or have had unsatisfactory response to oral iron. - Who have non-dialysis dependent chronic kidney disease. | 750 | 1,500 | 18 years | N/A | N/A | Υ | Y | 10/26/2018 |
| Biologicals | J1442 | injection, filgrastim (G- CSF), excludes 1 mc, biosimilars, 1 microgram | 75 | 1/1/20016 | Neupogen® | filgrastim injection, for subcutaneous or intravenous use | Indicated to: * Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever. * Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with a cute myeloid leukemia (AML). * Reduce the duration of neutropenia and neutropenia-related clinical sequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT). * Mobilize autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis. * Reduce the incidence and duration of sequelae of severe neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia. * Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome). | 1,920 | 59,520 | N/A | N/A | N/A | Y | Y | 6/6/2019 |
| Drugs | J1443 | Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron | iron | 1/1/2016 | Triferic® | ferric pyrophosphate citrate solution, for hemodialysis use, and powder for solution, for hemodialysis use | Indicated for the replacement of iron to maintain hemoglobin in adult patients with hemodialysis-dependent chronic kidney disease (HDD-CKD). Limitations of Use: - Triferic is not intended for use in patients receiving per | 2,720 | 38,080 | 18 years | N/A | N/A | Y | ٧ | 7/26/219 |

| Biologicals | J1447 | Injection, tbo-filgrastim, 1 microgram | 1 mcg | 1/1/2016 | Granix [®] | tbo-filgrastim injection, for subcutaneous use | Indicated in adult and pediatric patients 1 month and older for reduction in the duration of severe neutropenia in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia. | 780 | 10,920 | 1 month | N/A | N/A | ¥ | Y | | 5/20/2019 |
|---------------------|-------|---|--------------------|----------|-----------------------------|--|--|-----|--------|---------------------------------------|-----|-----|---|---|---|------------|
| Drugs | J1453 | Injection, fosaprepitant, 1 mg | 1 mg | 1/1/2009 | Emend® | fosaprepitant for injection, for intravenous use | Indicated in adults and pediatric patients 6 months of age and older, in combination with other antiemetic agents, for the prevention of: - a cure and delayed naises and somiting associated with initial and repeat courses of highly emetogenic cancer. | 150 | 450 | 6 months | N/A | N/A | Y | Y | | 10/10/2018 |
| Drugs | J1454 | Injection, fosnetupitant 235 mg and palonosetron 0.25 mg | 235.25 mg (1 vial) | 1/1/2019 | Akynzeo® | fosnetupitant and palonosetron for intravenous use | acute and delayed nauses and vomitine associated with initial and repeat courses of highly emetogenic cancer Indicated in commission with designed instead in control associated with initial and repeat courses of highly emetogenic cancer chemotherapy. Limitations of Use: Alxynzer for injection has not been studied for the prevention of nausea and vomiting associated with associated with initial and repeat courses of highly emetogenic cancer chemotherapy. Alxynzer for injection has not been studied for the prevention of nausea and vomiting associated with asthrance from this explanhotorability in humanitary. | 1 | 3 | 18 years | N/A | N/A | Υ | Υ | | 10/31/2018 |
| Drugs | 11455 | Injection, foscarnet sodium, per 1,000 mg | 1,000 mg | 1/1/2000 | Foscavir* | foscarnet sodium injection | Indicated for the treatment of: • CMV retinits in patients with acquired immunodeficiency syndrome (AIDS). Combination therapy with Foscavir and ganciclovir is indicated for patients who have relapsed after monotherapy with either drug. Safety and efficacy of foscavir have not been established for treatment of other CMV infections (e.g. penumonitis, gastroenteritis); congenital or neonatal CMV disease, or nonimmunocompromised individuals. • Acyclovir-resistant mucocutaneous HSV infections in immunocompromised patients. Safety and efficacy of Foscavir have not been established for treatment of other HSV infections (e.g. retinitis, encephalitis), congenital or neonatal HSV disease, or HSV in nonimmunocompromised individuals. | 36 | 996 | 18 years | N/A | N/A | γ | Υ | | 6/4/2019 |
| Biologicals | J1458 | Injection, galsulfase, 1 mg | 1 mg | 1/1/2007 | Naglazyme® | galsulfase injection for | Indicated for patients with Mucopolysaccharidosis VI (MPS VI; Maroteaux-Lamy syndrome). Naglazyme has been | 140 | 700 | N/A | N/A | N/A | Υ | Υ | | 7/2/2018 |
| Immune Globulins | J1575 | Injection, immune globulin/hyaluronidase, (Hyqvia), 100 mg immune globulin | 100 mg | 1/1/2016 | HyQvia | intravenous use immune globulin infusion 10% (human) with recombinant human hyaluronidase solution for subcutaneous administration | shown to improve walking and stain-climbing capacity. Indicated for treatment of primary immunodeficiency (PI) in adults. Limitations of Use: Safety and efficacy of chronic use of Recombinant Human Hyaluronidase in HyQvia have not been established in conditions other than PI. | 840 | 840 | 18 years | N/A | N/A | Y | Υ | | 7/3/2018 |
| Immune Globulins | J1460 | Injection, gamma globulin, intramuscular, 1 cc | 1 cc | 1/1/2000 | GamaSTAN® S/D, GamaSTAN® | immune globulin (human), solution for intramuscular injection, less than 10 cc | Indicated: For prophylaxis following exposure to hepatitis A. To prevent or modify measles in a susceptible person exposed fewer than 6 days previously. To modify varicella. | 10 | 10 | 18 years | N/A | N/A | Υ | Υ | | 10/25/2018 |
| Immune Globulins | J1555 | Injection, immune globulin (Cuvitru), 100 mg | 100 mg | 1/1/2018 | Cuvitru | immune globulin subcutaneous (human), 20% solution | Indicated as replacement therapy for primary humoral immunodeficiency (PI) in adult and pediatric patients two years of age and older. | 480 | 14,880 | 2 years | N/A | N/A | Y | Y | | 9/12/2018 |
| Immune Globulins | J1556 | Injection, immune globulin (Bivigam), 500 mg | 500 mg | 1/1/2014 | Bivigam® | immune globulin intravenous (human), 10% liquid | Indicated for the treatment of primary humoral immunodeficiency (PI). | 224 | 224 | 6 years | N/A | N/A | Y | Y | | 9/12/2018 |
| Immune Globulins | J1557 | Injection, immune globulin, (Gammaplex), intravenous, non- lyophilized, (e.g. liquid), 500 mg | 500 mg | 1/1/2012 | Gammaplex® | immune globulin intravenous (human), 5% and 10% liquid, for intravenous use | Gammaplex 5%: Indicated for the treatment of: • Chronic immune thrombocytopenic purpure (ITP). • Primary humoral immunodeficiency (P) in adults and pediatric patients 2 years of age and older. Gammaplex 10%: Indicated for the treatment of: • Primary humoral immunodeficiency (P) in adults. • Chronic immune thrombocytopenic purpura (ITPI) in adults. | 280 | 560 | Indication Specific (see comments) | N/A | N/A | Y | Y | Product specific age restrictions: Gammaplex 5%: 2 years of age and older Gammaplex 10%: 18 years of age and older | 9/21/2018 |
| Immune Globulins | J1559 | Injection, immune globulin (Hizentra), 100 mg | 100 mg | 1/1/2011 | Hizentra® | immune globulin subcutaneous (human), 20% liquid | • Indicated as replacement therapy for primary immunodeficiency (PI) in adults and pediatric patients 2 years of age and older. This includes, but is not limited to, the humoral immune defect in congenital agammaglobulinemia, common variable immunodeficiency. V-linked agammaglobulinemia, Wiskott-Aldirich syndrome and severe combined immunodeficiencies. • Indicated as maintenance therapy for the treatment of adult patients with chronic inflammatory demyelinating polyneuropathy (CIDP) to prevent relapse of neuromuscular disability and impairment. | 560 | 2,800 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age restrictions: • PI - 2 years of age and older • CDIP - 18 years of age and older | 7/16/2018 |

| | | | | | | | Indicated: | | | | | | | | | 1 |
|---------------------|-------|--|--------|----------|--------------------------------|--|---|--|--|---------------------------------------|-----|-----|---|---|---|-----------|
| Immune Globulins | | Injection, gamma globulin, intramuscular, over 10 cc (always use for any amount injected over 10cc and place number of units) | 10 cc | 1/1/2000 | GamaSTAN® S/D, GamaSTAN® | immune globulin (human), solution for intramuscular injection greater than 10 cc | - For prophylaxis following exposure to hepatitis A To prevent or modify measles in a susceptible person exposed fewer than 6 days previously To modify varicella To modify rubella in exposed women who will not consider a therapeutic abortion Not indicated for routine prophylaxis or treatment of viral hepatitis type B, rubella, poliomyelitis, mumps or varicella. | 17 | 17 | 18 years | N/A | N/A | Y | Υ | | 9/21/2018 |
| Immune Globulins | J1561 | Injection, immune globulin, (Gamunex- C/Gammaked), non- lyophilized (e.g. liquid), 500 mg | 500 mg | 1/1/2013 | Gamunex®-C, Gammaked™ | immune globulin injection (human), 10% caprylate/chromatography purified | Gamunex-C is indicated for: • Primary Humoral Immunodeficiency (PI) in patients 2 years of age and older • Idiopathic Thrombocytopenic Purpura (ITP) in adults and children • Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) in adults Gammaked is indicated for: • Primary Humoral Immunodeficiency (P) in patients 2 years of age and older • Idiopathic Thrombocytopenic Purpura (ITP) • Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) | 280 | 840 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age restrictions: • Primary Humoral Immunodeficiency (PI: 2 years of age and older • Idiopathic Thrombocytopenic Purpura (ITP): None • Chronic Inflammatory Demyelinating Polyneuropathy (CIDP): 18 years of age and older | 9/12/2018 |
| Immune Globulins | J1566 | Injection, immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500mg | 500 mg | 1/1/2006 | Carimune NF®, Gammagard S/D | immune globulin intravenous (human), lyophilized, nanofiltered - Carimune NF immune globulin intravenous (human), solvent detergent treated - Gammagard S/D | Carimune NF: Indicated for the maintenance treatment of patients with primary immunodeficiencies (PID), e.g., common variable immunodeficiency, X-linked agammaglobulinemia, severe combined immunodeficiency. Gammagard S/D: indicated for the treatment of Primary Immunodeficiency (PI) in adults and pediatric patients two years of age or older, prevention of bacterial infections in hypogammaglobulinemia and/or recurrent bacterial infections associated with B-cell Chronic Lymphocytic Leukemia (CLL), prevention and/or control of bleeding in adult Kronic Idiopathic Thrombocytopenic Purpura (ITP) patients and prevention of coronary artery aneurysms associated with Kawasaki syndrome in pediatric patients. | 280 | 952 | Indication Specific (see comments) | N/A | N/A | Υ | Y | Indication specific age restrictions: • Carimune NF. None • Carimune QF. None • Gammagard 5/D: • Primary Immunodeficiency: 16 years of age and older • Chronic Idiopathic Thrombocytopenic Purpura: 18 years of age and older • Kawasaki Disease: None | 9/21/2018 |
| Immune Globulins | J1568 | Injection, immune globulin, (Octagam), intravenous, non- lyophilized (e.g. liquid), 500 mg | 500 mg | 1/1/2008 | Octagam® | immune globulin intravenous (human) liquid solution for intravenous administration | Octagam 5%: Indicated for the treatment of primary humoral immunodeficiency. Octagam 10%: Indicated for the treatment of chronic immune thrombocytopenic purpura (TTP) in adults. | Octagam 5%: 168 units Octagam 10%: 280 units | Octagam 5%: 336 units Octagam 10%: 560 units | Product Specific (see comments) | N/A | N/A | Y | Υ | Product specific age restrictions: Octagam 5%: 6 years of age and older. Octagam 10%: 18 years of age age and older. | 9/21/2018 |
| Immune Globulins | J1459 | Injection, immune globulin (Privigen), intravenous, non- lyophilized (e.g., liquid), 500 mg | 500 mg | 1/1/2009 | Privigen® | immune globulin intravenous (human), 10% liquid | Indicated for the treatment of: *Primary humoral immunodeficiency (Pi) *Chronic immune thrombocytopenic purpura (ITP) in patients age 15 years and older *Chronic immune thrombocytopenic purpura (ITP) in patients age 15 years and older *Chronic inflammatory demyelinating polyneuropathy (CIDP) in adults Limitations of Use: Privigen maintenance therapy in CIDP has not been studied beyond 6 months. | 280 | 840 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age restrictions: Primary Humoral Immunodeficiency: 3 years of age and older Chronic Immune Thrombocytopenic Purpura: 15 years of age and older Chronic Inflammatory Demyelinating Polywer opathy: 18 years of age and older | 7/3/2018 |
| Drugs | J1570 | Injection, ganciclovir sodium, 500 mg | 500 mg | 1/1/2000 | Cytovene®-IV | ganciclovir sodium for injection, for intravenous use | Indicated for: • Treatment of CMV retinits in immunocompromised individuals, including patients with acquired immunodeficiency syndrome (AIDS). • Prevention of CMV disease in adult transplant recipients at risk for CMV disease. | 3 | 77 | 18 years | N/A | N/A | Y | Y | | 6/4/2019 |
| Immune Globulins | J1571 | Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 mL | 0.5 mL | 1/1/2008 | Hepagam B® | hepatitis b immune globulin intramuscular (human) | Indicated for post exposure prophylaxis in the following settings: *Acute Exposure to Blood Containing HBsAg *Perinatal Exposure of Infants Bron to HBsAg-positive Mothers *Sexual Exposure to HBsAg-positive Persons *Household Exposure to Persons with Acute HBV Infection | 17 | 34 | N/A | N/A | N/A | Y | Υ | | 9/12/2018 |
| Immune Globulins | J1569 | Injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg | 500 mg | 1/1/2008 | Gammagard Liquid | immune globulin infusion (human), 10% solution, for intravenous and subcutaneous administration | Indicated as replacement therapy for primary humoral immunodeficiency (PI) in adult and pediatric patients two years of age or older and as a maintenance therapy to improve muscle strength and disability in adult patients with Multifocal Motor Neuropathy (MMN). | 672 | 672 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age restrictions: • Primary humoral immunodeficiency: 2 years and older • Multifocal motor neuropathy : 18 years and older | 9/12/2018 |
| Immune Globulins | J1573 | Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 mL | 0.5 mL | 1/1/2008 | HepaGam B* | hepatitis b immune globulin intravenous (human) | Indicated for the prevention of hepatitis B virus recurrence after liver transplantation in HBsAg-positive transplant patients (HepaGam B) – IV only. | 129 | 1,290 | N/A | N/A | N/A | У | Y | | 7/3/2018 |
| Immune Globulins | J1572 | Injection, immune globulin, (Flebogamma/Flebogam ma DIF), intravenous, non- lyophilized (e.g. liquid), 500 mg | 500 mg | 1/1/2008 | Flebogamma® | immune globulin intravenous (human) for intravenous administration, 10% liquid preparation | Indicated for the treatment of: • Primary (inherited) Immunodeficiency (PI). • Chronic Primary Immune Thrombocytopenia (ITP) in patients 2 years of age and older. | 280 | 560 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age restrictions: • Primary (inherited) Immunodeficiency (PI): None • Chronic Primary Immune Thrombocytopenia (ITP): In patients 2 years of age and older. | 7/3/2018 |

| Drugs | J1580 | Injection, garamycin, gentamicin, up to 80 mg | up to 80 mg | 1/1/2000 | N/A | gentamicin sulfate injection, for intravenous infusion or intramuscular injection | * Indicated in the treatment of serious infections caused by susceptible strains of the following microorganisms: Pseudomonas aeruginosa, Proteus species (indolepositive and indole-negative), Escherichia coli, Klebsiella- Interrobacter-Seriatia species, Citodester species, and Staphylococcus species (caguiases positive and coagulase- negative). **Clinical studies have shown gentamicin to be effective in bacterial neonatal sepsis; bacterial septicemia; and serious bacterial infections of the central nervous system (menigitis), urinary tract, respiratory tract, assistantian studies have shown gentamicin to be effective in bacterial neonatal sepsis; bacterial septicemia; and serious bacterial infections of the central nervous system (menigitis), urinary tract, respiratory tract, and therapy may be considered as initial therapy in suspected or confirmed gram-negative infections, and therapy may be institute de berieve obtaining results of susceptibility testing. The decision to continue therapy with this drug should be based on the results of susceptibility testing. The decision to continue therapy with this drug should be based on the results of susceptibility testing, the decision to continue therapy should be instituted. **In serious infections when the causative organisms are unknown, gentamicin sulfate may be administered as initial therapy in conjunction with a pentamicin sulfate may be administered as initial therapy in conjunction with gentamicin. Following dentification of the susceptibility testing. If anaerobic organisms are suspected as etiologic agents, consideration should be given to using other suitable antimicrobial therapy in conjunction with gentamicin. Following dentification of the Gentamicin sulfate has been used effectively in combination with archenicillin for the treatment of life- threatening infections caused by Pseudomonas aeruginosa. It has also been found effective when used in conjunction with a pencillili-type derig for the treatment of endocarditic caused by group o | 9 | 279 | N/A | N/A | N/A | Y | Y | | 6/4/2019 |
|---------------------|-------|--|-------------|----------|----------------------|---|---|-------|--------|---------------------------------------|-----|-----|---|---|---|------------|
| Immune Globulins | J1599 | Injection, immune globulin, intravenous, non- lyophilized (e.g. liquid), not otherwise specified, 500 mg | 500 mg | 1/1/2011 | Panzyga® | immune globulin intravenous, human - ifas | Indicated for the treatment of: • Primary humoral immunodeficiency (PI) in patients 2 years of age and older. • Chronic immune thrombocytopenia (ITP) in adults. | 280 | 560 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age restrictions: • Primary humoral immunodeficiency (PI) - 2 years of age and older • Chronic immune thrombocytopenia (ITP) - 18 years of age and older | 12/28/2018 |
| Biologicals | J1602 | Injection, golimumab, 1 mg, for intravenous use | 1 mg | 1/1/2014 | Simponi Aria® | golimumab injection, for intravenous use | Indicated for treatment of adult patients with: • Moderately to severely active Rheumatoid Arthritis (RA) in combination with methotrexate. • Active Psoriatic Arthritis (PsA). • Active Ankylosing Spondylitis (AS). | 280 | 560 | 18 years | N/A | N/A | Y | Y | | 7/2/2018 |
| Drugs | J1610 | Injection, glucagon hydrochloride, per 1 mg | 1 mg | 1/1/2000 | GlucaGen® | glucagon for injection, for subcutaneous, intramuscular, or intravenous use | Indicated for: • Treatment of severe hypoglycemia. • Use as a diagnostic aid for use during radiologic examinations to temporarily inhibit movement of the gastrointestinal tract. | 2 | 10 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age estrictions: • Treatment of severe hypoglycemia: None • Diagnostic aid: 18 years of age and old | 10/26/2018 |
| Drugs | J1626 | Injection, granisetron hydrochloride, 100 mcg | 100 mcg | 1/1/2000 | N/A | granisetron hydrochloride injection, for intravenous use | Indicated for: • Prevention of nausea and/or vomiting associated with initial and repeat courses of emetogenic cancer therapy including high-dose cisplatin. • Prevention and treatment of postoperative nausea and vomiting in adults. | 14 | 294 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific: • Chemotherapy Induced Nausea and Vomiting: 2 years of age and older • Postoperative Nausea and Vomiting: 18 years of age and older | 6/4/2019 |
| Drugs | J1627 | Injection, granisetron, extended-release, 0.1 mg | 0.1 mg | 1/1/2018 | Sustol® | granisetron extended-release injection, for subcutaneous use | Indicated in combination with other antiemetics in adults for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic chemotherapy (MEC) or anthracycline and cyclophosphamide (AC) combination chemotherapy regimens | 100 | 500 | 18 years | N/A | N/A | Υ | Υ | | 10/26/2018 |
| Drugs | J1630 | Injection, haloperidol, up to 5 mg | up to 5 mg | 1/1/2000 | Haldol® | haloperidol lactate injection | Indicated for use in the treatment of schizophrenia and for the control of tics and vocal utterances of Tourette's Disorder. | 4 | 124 | 18 years | N/A | N/A | Y | Y | | 10/26/2018 |
| Drugs | J1631 | Injection, haloperidol decanoate, per 50 mg | per 50 mg | 1/1/2000 | Haldol® Decanoate | haloperidol decanoate injection, for intramuscular use | Indicated for the treatment of schizophrenic patients who require prolonged parenteral antipsychotic therapy. | 9 | 18 | 18 years | N/A | N/A | Y | Y | | 6/4/2019 |
| Drugs | J1640 | Injection, hemin, 1 mg | 1 mg | 1/1/2006 | Panhematin® | hemin for injection | Indicated for amelioration of recurrent attacks of acute intermittent porphyria temporally related to the menstrual cycle in susceptible women, after initial carbohydrate therapy is known or suspected to be inadequate. Limitations of Use: - Before administering Panhematin, consider an appropriate period of carbohydrate loading (i.e., 400 g glucces/day for 1 to 2 days). - Panhematin is not effective in repairing neuronal damage due to progression of porphyria attacks. | 1,050 | 14,700 | 16 years | N/A | N/A | Y | Y | | 6/6/2019 |

| Drugs | J1642 | Injection, heparin sodium (heparin lock flush), per 10 units | 10 units | 1/1/2000 | Hep-Lock®, Hep- Flush® | heparin sodium injection (heparin lock flush) | Intended to maintain patency of an indwelling venipuncture device designed for intermittent injection or infusion therapy or blood sampling. Heparin lock flush solution may be used following initial placement of the device in the vein, after each injection of a medication or after withdrawal of blood for laboratory tests. Heparin lock flush solution is not to be used for anticoagulant therapy. | 150 | 4,500 | N/A | N/A | N/A | Υ | Υ | | 10/26/2018 |
|-------|----------|--|-----------------|----------|---------------------------|---|---|-----|------------------------------------|----------|-----|--|---|---|---|------------|
| Drugs | J1644 | Injection, heparin sodium, per 1,000 units | per 1,000 units | 1/1/2000 | N/A | heparin sodium injection, for intravenous or subcutaneous use | | 60 | 465 | N/A | N/A | N/A | Υ | Υ | | 6/4/2019 |
| Drugs | J1645 | Injection, dalteparin sodium, per 2,500 IU | per 2,500 IU | 1/1/2000 | Fragmin® | dalteparin sodium injection, for subcutaneous use | Indicated for: Prophylaxis of ischemic complications of unstable angina and non-Q-wave myocardial infarction. Prophylaxis of deep vein thrombosis (DVT) in abdominal surgery, hip replacement surgery or medical patients with severely restricted mobility during acute illness. Extended treatment of symptomatic venous thromboembolism (VTE) to reduce the recurrence in patients with cancer. In these patients, the Fragmin therapy begins with the initial VTE treatment and continues for six months. Treatment of symptomatic venous thromboembolism (VTE) to reduce the recurrence in pediatric patients 1 month of age and older. | 14 | 372 | 1 month | N/A | N/A | Υ | Y | | 6/4/2019 |
| | | | | | | | Limitations of Use: Fragmin is not indicated for the acute treatment of VTE. | | | | | | | | | |
| Drugs | J1650 | Injection, enoxaparin sodium, 10 mg | 10 mg | 1/1/2000 | Lovenox® | enoxaparin sodium injection for subcutaneous and intravenous use | Indicated for: Prophylaxis of deep vein thrombosis (DVT) in abdominal surgery, hip replacement surgery, knee replacement surgery, or medical patients with severely restricted mobility during acute illness. Inpatient treatment of acute DVT with or without pulmonary embolism. Outpatient treatment of acute DVT without pulmonary embolism. Prophylaxis of ischemic complications of unstable angina and non-Q-wave myocardial infarction (MI). Treatment of acute ST-segment elevation myocardial infarction (STEMI) managed medically or with subsequent percutaneous coronary intervention (PCI). | 30 | 930 | 18 years | N/A | N/A | Υ | Υ | | 6/5/2019 |
| Drugs | J1652 | Injection, fondaparinux sodium, 0.5 mg | 0.5 mg | 1/1/2003 | Arixtra® | fondaparinux sodium injection solution for subcutaneous injection | Indicated for: Prophylaxis of deep vein thrombosis (DVT) in patients undergoing hip fracture surgery (including extended prophylaxis), hip replacement surgery, knee replacement surgery, or abdominal surgery. Treatment of DVT or acute pulmonary embolism (PE) when administered in conjunction with Coumadin. | 20 | 520 | 18 years | N/A | N/A | Υ | Υ | | 10/10/2018 |
| Drugs | J1720 | Injection, hydrocortisone sodium succinate, up to 100 mg | up to 100 mg | 1/1/2000 | Solu-Cortef* | hydrocortisone sodium succinate for injection, for intravenous or intramusculal administration | When or at therapys is not teasure, and the strength, dosage rorm, and route or azministration of the orugi reasonably lend the preparation to the treatment of the condition, the intravenous or intravuscular use of Solu- Cortef is indicated as follows: - Allergis States: Control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in asthma, atopic dermatitis, contact dermatitis, drug hypersensitivity reactions, perennial or seasonal allergic rhinitis, serum sickness, transfusion reactions. - Dermatologic Diseases: Bullous dermatitis herpetformis, ediclative erythroderma, mycosis fungoides, pemphigus, severe erythems multiforme (Stevens-Johnson syndrome). - Endocrine Disorders: Primary or secondary adrenocritical insufficiency (hydrocortisone or cortisone is the drug of choice; synthetic analogs may be used in conjunction with mineralocorticods where applicable; in infancy, mineralocorticods supplementations is of particular importance), congenital adrenal hyperplasia, hypercalcemia associated with cancer, nonsuppurative thyroiditis. - Asstroitesterfaln plicasses: Tolick than asiaten curves a critical negroof of the disease is reagonal enteritic (ostemic- | 60 | 155 | N/A | N/A | N/A | Y | Y | | 10/26/2018 |
| Drugs | J1726 | Injection, hydroxyprogesterone caproate, (Makena), 10 mg | 10 mg | 1/1/2018 | Makena* | hydroxyprogesterone caproate injection for intramuscular or subcutaneous use | Indicated to reduce the risk of preterm birth in women with a singleton pregnancy who have a history of singleton spontaneous preterm birth. Limitations of Use: Makena is not intended for use in women with multiple gestations or other risk factors for preterm birth. | | Product Specific (see comments) | 16 years | N/A | Females Only | Υ | ¥ | Product specific max daily units: • Makena single- and multi-dose vials: • For billing prior to 7/1/17: 250 units; assumption 1 unit = 10 mg • For billing on or after 7/1/17: 25 units; assumption 1 unit = 10 mg • Makena auto-injector: 27.5 units; assumption 1 unit = 10 mg Product Specific Max Monthly Units: • Makena single- and multi-dose vials: • O For billing prior to 7/1/17: 1,250 units; assumption 1 unit = 10 mg o For billing on or after 7/1/17: 125 units; assumption 1 unit = 10 mg o Hakena avid-nijector: 137.5 units; assumption 1 unit = 10 mg o Makena avid-nijector: 137.5 units; assumption 1 unit = 10 mg | 9/21/2018 |
| Drugs | J1729 | Injection, hydroxyprogesterone caproate, Not Otherwise Specified, 10 mg | 10 mg | 1/1/2018 | N/A | hydroxyprogesterone caproate injection | Indicated in non-pregnant women: • For the treatment of advanced adenocarcinoma of the uterine corpus (Stage III or IV) • In the management of amenorrhea (primary and secondary) and abnormal uterine bleeding due to hormonal imbalance in the absence of organic pathology, such as submucous fibroids or uterine cancer • As a test for endogenous estrogen production and for the production of secretory endometrium and desquamation. | 100 | 3,100 | N/A | N/A | Indicated only for non- pregnant women. | Y | Y | | 6/4/2019 |
| Drugs | J1740 | Injection, ibandronate sodium, 1 mg | 1 mg | 1/1/2007 | Boniva® | ibandronate injection, for intravenous use | Indicated for the treatment of osteoporosis in postmenopausal women. Limitations of Use: Optimal duration of use has not been determined. For patients at low-risk form fracture, consider drug discontinuation after 3 to 5 years of use. | 3 | 3 | 40 years | N/A | Females Only | Y | Y | | 10/18/2018 |
| Drugs | J1742 | Injection, ibutilide fumarate, 1 mg | 1 mg | 1/1/2000 | Corvert® | ibutilide fumarate injection, for intravenous infusion | Indicated for the rapid conversion of atrial fibrillation or atrial flutter of recent onset to sinus rhythm. Patients with atrial arrhythmias of longer duration are less likely to respond to ibutilide. The effectiveness of ibutilide has not been determined in patients with arrhythmias of more than 90 days in duration. | 2 | 10 | 18 years | N/A | N/A | Y | Y | | 10/18/2018 |
| | <u> </u> | . | | -1 | | 1 | + | | | | | · | | · | + | |

| Drugs | J1743 | Injection, idursulfase, 1 mg | 1 mg | 1/1/2008 | Elaprase® | idursulfase injection, for intravenous use | Indicated for patients with hunter syndrome (Mucopolysaccharidosis II, MPS II). Elaprase has been shown to improve walking capacity in patients 5 years and older. In patients 16 months to 5 years of age, no data are available to demonstrate improvement in disease-related symptoms or long term clinical outcome; however, treatment with Elaprase has reduced spleen volume similarly to that of adults and children 5 years of age and older. The safety and efficacy of Elaprase have not been established in pediatric patients less than 16 months of age. | 72 | 360 | 16 months | N/A | N/A | Υ | Y | 6/4/2019 |
|-------------|-------|---|-------------|-----------|-------------------------|---|---|-------|--------|-----------|----------|-----|---|---|------------|
| Biologicals | J1744 | Injection, icatibant, 1 mg | 1 mg | 1/1/2013 | Firazyr® | icatibant injection, for | Indicated for the treatment of acute attacks of hereditary angioedema (HAE). | 90 | 2700 | 18 years | N/A | N/A | Υ | Y | 6/4/2019 |
| Biologicals | J1745 | Injection, infliximab, excludes biosimilar, 10 mg | 10 mg | 1/1/2017 | Remicade® | infliximab lyophilized concentrate for injection, fo intravenous use | Indicated for: • Crohn's Disease: reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy and reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease. • Pediatric Crohn's Disease: reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy. • Ulcerative Colitis: reducing signs and symptoms, inducing and maintaining clinical remission and mucosal healing, and eliminating corticosteroid use in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. | 140 | 140 | 6 years | N/A | N/A | Y | Y | 6/6/2019 |
| | | | | | | | progression of structural damage, and improving physical function in patients with moderately to severely active disease. • Ankylosing Spondylitis: reducing signs and symptoms in patients with active disease. • Paoriatic Arthritis: reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function. • Plaque Psoriasis: treatment of adult patients with chronic severe (i.e., extensive and/or disabling) plaque psoriasis who are candidates for systemic therapy and when other systemic therapies are medically less appropriate. | | | | | | | | |
| Biologicals | J1746 | Injection, ibalizumab- uiyk, 10 mg | 10 mg | 1/1/2019 | Trogarzo™ | ibalizumab-uiyk injection, fo intravenous use | type 1 (HIV-1) infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen. | 200 | 360 | 18 years | N/A | N/A | Υ | Y | 7/2/2018 |
| Drugs | J1750 | Injection, iron dextran, 50 mg Injection, iron sucrose, 1 | 50 mg | 1/1/2009 | INFeD® | iron dextran injection iron sucrose injection for | Indicated for treatment of patients with documented iron deficiency in whom oral administration is unsatisfactory or impossible. | 2 | 62 | 4 months | N/A | N/A | Υ | Y | 10/26/2018 |
| Drugs | J1756 | mg | 1 mg | 1/1/2003 | Venofer® | intravenous use | Indicated for the treatment of iron deficiency anemia in patients with chronic kidney disease (CKD). | 500 | 1,000 | 2 years | N/A | N/A | Υ | Y | 10/10/2018 |
| Drugs | J1786 | Injection, imiglucerase, 10 units | 10 units | 1/1/2011 | Cerezyme® | imiglucerase for injection | Indicated for long-term enzyme replacement therapy for pediatric and adult patients with a confirmed diagnosis of Type 1 Gaucher disease that results in one or more of the following conditions: * anemia * thrombocytopenia * bone disease * hepatomegaly or splenomegaly | 840 | 2,520 | 2 years | N/A | N/A | Υ | Y | 10/31/2018 |
| Drugs | J1790 | Injection, droperidol, up to 5 mg | up to 5 mg | 1/1/2000 | N/A | droperidol injection for intravenous or intramuscula use | r Indicated to reduce nausea and vomiting associated with surgical and diagnostic procedures. | 1 | 5 | 2 years | N/A | N/A | Υ | Y | 10/4/2018 |
| Drugs | J1800 | Injection, propranolol HCl, up to 1 mg | up to 1 mg | 1/1/2000 | N/A | propranolol hydrochloride injection, solution | Indicated for supraventricular arrhythmias, ventricular tachycardias, tachyarrhythmias of digitalis intoxication and resistant tachyarrhythmias due to excessive catecholamine action during anesthesia. | N/A | N/A | 18 years | N/A | N/A | Υ | Y | 8/29/2018 |
| Drugs | J1815 | Injection, insulin, per 5 units | 5 units | 1/1/2003 | Various brand names | insulin, injectable suspension | Indicated to improve glycemic control in adults and pediatric patients with diabetes mellitus. | 100 | 3,100 | N/A | N/A | N/A | Υ | Y | 10/4/2018 |
| Biologicals | J1826 | Injection, interferon beta- 1a, 30 mcg | 30 mcg | 1/1/2011 | Avonex® | interferon beta-1a injection, for intramuscular injection, 30 mcg | Indicated for the treatment of patients with relapsing forms of multiple sclerosis (MS) to slow the accumulation of physical disability and decrease the frequency of clinical exacerbations. | 1 | 5 | 18 years | N/A | N/A | Y | Y | |
| Biologicals | J1830 | Injection, interferon beta- 1B, 0.25 mg | 0.25 mg | 1/1/2000 | Extavia®, Betaseron® | interferon beta-1b for injection, for subcutaneous use | Indicated for the treatment of relapsing forms of multiple sclerosis to reduce the frequency of clinical exacerbations. Patients with multiple sclerosis in whom efficacy has been demonstrated include patients who have experienced a first clinical episode and have MRI features consistent with multiple sclerosis. | 1 | 16 | 18 years | N/A | N/A | Υ | Y | 6/4/2019 |
| Drugs | J1833 | Injection, isavuconazonium sulfate, 1 mg | 1 mg | 1/1/2016 | Cresemba® | isavuconazonium sulfate for injection for intravenous administration | Indicated for use in the treatment of: Invasive aspergillosis Invasive mucormycosis | 1,116 | 13,020 | 18 years | N/A | N/A | Υ | Y | 6/4/2019 |
| Drugs | J1885 | Injection, ketorolac tromethamine, per 15 mg | 15 mg | 1/1/2000 | N/A | ketorolac tromethamine injection for intravenous or intramuscular use | Indicated for the short-term management (≤ 5 days) of moderately-severe acute pain requiring analgesia at the opioid level in adults, usually in a postoperative setting. | 8 | 40 | 17 years | N/A | N/A | Υ | Y | 4/9/2019 |
| Drugs | J1930 | Injection, lanreotide, 1 | 1 mg | 1/1/2009 | Somatuline* Depot | lanreotide injection, for subcutaneous use | indicated for the long-term treatment of acromegalic patients who have had an inadequate response to or cannot be treated with surgery and/or radiotherapy. Indicated for the treatment of adult patients with unresectable, well- or moderately-differentiated, locally advanced or metastatic gastoenteropancreatic neuroendocrine tumors (GEP-NETs) to improve progression-free survival. Indicated for the treatment of adults with carcinoid syndrome; when used, it reduces the frequency of short-acting somatostatin analogue rescue therapy. | 120 | 240 | 18 years | N/A | N/A | Υ | ¥ | 10/26/2018 |
| Biologicals | J1931 | Injection, laronidase, 0.1 mg | 0.1 mg | 1/1/2005 | Aldurazyme® | laronidase solution for intravenous infusion only | Indicated for patients with Hurler and Hurler-Schele forms of Mucopolysaccharidosis I (MIPS) I and for patients with the Schele form who have moderate to severe symptoms. The risks and benefits of treating mildly affected patients with the Schele form have not been established. Adurazyme has been shown to improve pulmonary function and walking capacity. Adurazyme has not been evaluated for effects on the central nervous system manifestations of the disorder. | 812 | 4,060 | 6 months | N/A | N/A | Υ | Y | 4/10/2019 |
| Drugs | J1940 | Injection, furosemide, up to 20 mg | up to 20 mg | 1/1/2000 | Lasix® | furosemide injection | Indicated for the treatment of edema associated with congestive heart failure, cirrhosis of the liver, and renal disease, including the nephrotic syndrome. Eurosemide is particularly useful when an agent with greater diuretic potential is desired. As an adjunct in the treatment of pulmonary edema. The intravenous administration of furosemide is indicated when a rapid onset of diuresis is desired. If gastrointestinal absorption is impaired or oral medication is not practical for any reason, furosemide is indicated by the intravenous or intramuscular route. Parenteral use should be replaced with oral furosemide as soon as practical. | 10 | 310 | N/A | N/A | N/A | Y | Y | 10/26/2018 |
| Drugs | J1944 | Injection, aripiprazole lauroxil, (aristada), 1 mg | 1 mg | 10/1/2019 | Aristada® | aripiprazole lauroxil extende release injectable suspensior for intramuscular use | d , Indicated for the treatment of schizophrenia. | 1,064 | 1,064 | 18 years | 65 years | N/A | Υ | Y | 9/27/2019 |

| Drugs | J1950 | Injection, leuprolide acetate (for depot suspension), per 3.75 mg | per 3.75 mg | 1/1/2000 | Lupron Depot® 3.75 mg | leuprolide acetate for depot suspension, for intramuscular use, 3.75 mg | Lupron is indicated for: • Management of endometriosis, including pain relief and reduction of endometriotic lesions. • Preoperative hematologic improvement of patients with anemia caused by uterine leiomyomata when used concomitantly with iron therapy. | 1 | 2 | 18 years | N/A | Females Only | Υ | Υ | | 6/4/2019 |
|-------|-------|---|---------------|----------|--------------------------|---|--|-----|-------|---------------------------------------|-----|--------------|---|---|---|------------|
| Drugs | J1953 | Injection, levetiracetam, | 10 mg | 1/1/2009 | Keppra® | levetiracetam injection, for intravenous use | Indicated as an adjunctive therapy, as an alternative when oral administration is temporarily not feasible, for the treatment of: *Partial onset seizures in patients 1 month of age and older with epilepsy *Myocionic seizures in patients 12 years of age and older with juvenile myocionic epilepsy *Primary generalized tonic-clonic seizures in patients 6 years of age and older with idiopathic generalized epilepsy | 300 | 9,300 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age restrictions: Partial Onset Seizures: 1 month of age and older • Myoclonic Seizures in Patients with Juvenile Myoclonic Epilepsy: 12 years of age and older • Primary Generalized Tonic-Clonic Seizures: 6 years of age and older | 10/10/2018 |
| Drugs | J1955 | Injection, levocarnitine, per 1 g | 1 g | 1/1/2000 | Carnitor® | levocarnitine injection for intravenous use | Indicated for: - the acute and chronic treatment of patients with an inborn error of metabolism which results in secondary carnitine deficiency; - the prevention and treatment of carnitine deficiency in patients with end stage renal disease who are undergoing dialysis. | 42 | 1,302 | N/A | N/A | N/A | Υ | Y | | 4/10/2019 |
| Drugs | J1956 | Injection, levofloxacin, 250 mg | 250 mg | 1/1/2000 | Levaquin® | levofloxacin injection for intravenous use | Indicated in adults (>=18 years of age) with infections caused by designated, susceptible bacteria: P Pneumonia: Nosocomial and Community Acquired \$\times\$ Nin and \$\times\$ Sin Structure infections: Complicated and Uncomplicated \$\times\$ Chronic bacterial prostatitis \$\times\$ Inhalational Anthrax, Post-Exposure \$\times\$ Plague \$\times\$ Urinary Tract Infections: Complicated and Uncomplicated \$\times\$ Acquire active to the previous properties of the pro | 3 | 62 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific: Inhalation Anthrax (Post- Exposure): 6 months and older. Plague: 6 months and older. All other indications: 18 years of age and older. | 6/5/2019 |
| Drugs | 11980 | Injection, hyoscyamine sulfate, up to 0.25 mg | up to 0.25 mg | 1/1/2000 | Levsin* | hyoscyamine sulfate injection | It is effective as adjunctive therapy in the treatment of peptic ulcer. In acute episodes, Levsin injection can be used to control gastric secretion, visceral spasm and hypermotility in spastic collits, spastic bladder, cystits, pylorospasm, and associated abdominal cramps. For use as adjunctive therapy in the treatment of inertitable bowel syndrome (irritable colon, spastic colon, mucous colitis) and functional gastrointestinal disorders. Also as adjunctive therapy in the treatment of neurogenic bladder and neurogenic bowel disturbances (including the splenic flexure syndrome and neurogenic colon). Parenteralla entinisterated levois is also effective in returning exactorintsstinal mobility to facilitate disaposts: | 8 | 248 | N/A | N/A | N/A | Y | Y | | |
| Drugs | J2001 | Injection, lidocaine HCL for intravenous infusion, 10 mg | 10 mg | 1/1/2004 | N/A | lidocaine hydrochloride injection, solution | • Administered intravenously or intramuscularly, is specifically indicated in the acute management of ventricular arrhythmias such as those occurring in relation to acute myocardial infarction, or during cardiac manipulation, such as cardiac surgery. • Indicated for production of local or regional anesthesia by infiltration techniques such as percutaneous injection and intravenous regional anesthesia by peripheral nerve block techniques such as brachial plexus and intercostal and by central neural techniques such as launbar and caudal epidural blocks, when the accepted procedures for these techniques as described in standard textbooks are observed. | 35 | 35 | N/A | N/A | N/A | Y | Υ | | 10/31/2018 |
| Drugs | J2010 | Injection, lincomycin HCl, up to 300 mg | 300 mg | 1/1/2000 | Lincocin® | lincomycin hydrochloride injection, solution | Indicated for the treatment of serious infections due to susceptible strains of streptococci, pneumococci, and staphylococci. Its use should be reserved for penicillin-allergic patients or other patients for whom, in the judgment of the physician, a penicillin is inappropriate. | 27 | 837 | 1 month | N/A | N/A | Y | Y | | 10/26/2018 |
| Drugs | 12020 | Injection, linezolid, 200 mg | 200 mg | 1/1/2002 | Zyvox® | linezolid injection, solution | Indicated in adults and children for the treatment of the following infections caused by susceptible Gram-positive bacteria: nosocomial pneumonia; community-acquired pneumonia, complicated skin and skin structure infections, inclining diabetic foot infections, without concomiant osteromyellis, uncomplicated skin and skin structure infections, vancomycin-resistant Enterococcus faecium infections. To reduce the development of drug-resistant bacteria and maintain the effectiveness of Zyvox formulations and other antibacterial drugs, Zyvox should be used only to treat infections that are proven or strongly suspected to be caused by bacteria. | 6 | 168 | N/A | N/A | N/A | Y | Y | | 10/26/2018 |
| Drugs | J2060 | Injection, lorazepam, 2 mg | 2 mg | 1/1/2000 | Ativan® | lorazepam injection for intravenous or intramuscular use | Indicated: • In adult patients for preanesthetic medication, producing sedation (sleepiness or drowsiness), relief of anxiety and a decreased ability to recall events related to the day of surgery. • For treatment of status epilepticus. | 4 | 124 | 18 years | N/A | N/A | Y | Y | | 4/10/2019 |
| Drugs | J2150 | Injection, mannitol, 25% in 50 mL | 50 mL | 1/1/2000 | N/A | mannitol injection | Indicated for the: Promotion of diverses, in the prevention or treatment of the oliguric phase of acute renal failure before irreversible renal failure becomes established. Reduction of intracranial pressure and treatment of cerebral edema by reducing brain mass. Reduction of elevated intraocular pressure when the pressure cannot be lowered by other means. Promotion of urinary excretion of toxic substances. | 23 | 713 | 12 years | N/A | N/A | Y | Υ | | 6/10/2019 |

| Drugs | J2175 | Injection, meperidine hydrochloride, per 100 mg | 100 mg | 1/1/2000 | Demeroi™ | meperidine hydrochloride injection, for subcutaneous, intramuscular, and intravenous use | Indicated for preoperative medication, support of anesthesia, obstetrical analgesia, and for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. Limitations of Use: Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve for use in patients for whom alternative treatment options [e.g., non-opioid analgesics or opioid combination products] have not been tolerated, or are not expected to be tolerated or have not provided adequate analgesia, or are not expected to provide adequate analgesia. | 12 | 124 | N/A | N/A | N/A | Υ | Y | 10/26/2018 |
|-------|-------|--|--------------|----------|--------------------------------------|---|--|-----|-------|---------------------------|---------------------------|--------------|---|---|------------|
| Drugs | J2186 | Injection, meropenem and vaborbactam, 10mg/10mg (20mg) | 1 vial | 1/1/2019 | Vabomere™ | meropenem and vaborbactam for injection, for intravenous use | Indicated for the treatment of patients 18 years and older with complicated urinary tract infections (cUTI) including pyelonephritis caused by designated susceptible bacteria. To reduce the development of drug-resistant bacteria and maintain the effectiveness of Vabomere and other antibacterial drugs, Vabomere should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. | 600 | 8,400 | 18 years | N/A | N/A | Υ | Υ | 10/26/2018 |
| Drugs | J2210 | Injection, methylergonovine maleate, up to 0.2 mg | up to 0.2 mg | 1/1/2000 | Methergine® | methylergonovine maleate injection | Indicated * Following delivery of the placenta, for routine management of uterine atony, hemorrhage, and subinvolution of the uterus. * For control of uterine hemorrhage in the second stage of labor following delivery of the anterior shoulder. | 5 | 5 | Women of childbearing age | Women of childbearing age | Females Only | Υ | Y | 10/31/2018 |
| Drugs | J2250 | Injection, midazolam hydrochloride, per 1 mg | 1 mg | 1/1/2000 | N/A | midazolam hydrochloride injection for intravenous or intramuscular use | Indicated: Indicated: Intravenously as an agent for sedation/anxiolysis/amnesia prior to or during diagnostic, therapeutic or endoscopic procedures, such as bronchoscopy, gastroscopy, cytoscopy, coronary angiography, cardiac catheterization, oncology procedures, radiologic procedures, suture of learnations and other procedures either alone or in combination with other CNs depressants; Intravenously for induction of general anesthesia, before administration of other anesthetic agents. With the use of narcotic premedication, induction of anesthesia can be attained within a relatively narrow dose range and in a short period of time. Intravenous midazolam can also be used as a component of intravenous supplementation of nitrous oxide and oxygen (balanced anesthesia): **Continuous intravenous infusion for sedation of intubated and mechanically ventilated patients as a component of anesthesia or during treatment in a critical can set titing. | 5 | 25 | N/A | N/A | N/A | Υ | Υ | 10/31/2018 |
| Drugs | J2260 | Injection, milrinone lactate, per 5 mg | per 5 mg | 1/1/2000 | N/A | milrinone lactate injection | Indicated for the short-term intravenous treatment of patients with acute decompensated heart failure. | 32 | 64 | 18 years | N/A | N/A | Υ | Υ | 6/6/2019 |
| Drugs | J2270 | Injection, morphine sulfate, up to 10 mg | up to 10 mg | 1/1/2000 | N/A | morphine sulfate injection, up to 10 mg | Indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. Limitations of Use: Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doxes, reserve Morphine Sulfate Injection, for use in patients for whom alternative treatment options [e.g., non-opioid analgesics or opioid combination products]: - Have not been tolerated, or are not expected to be tolerated, - Have not provided adequate analgesia, or are not expected to provide adequate analgesia Prior: Indicated for: - the relief of severe acute and chronic pain - to relieve preoperative apprehension - to facilitate anesthesia induction - the treatment of dyspnea associated with acute left ventricular failure and pulmonary edema - analgesia during labor - analety - anesthesia - to control postoperative pain. | 17 | 527 | N/A | N/A | N/A | Y | Υ | 6/7/2019 |
| Drugs | J2274 | Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg | 10 mg | 1/1/2015 | Duramorph*, Infumorph*, Mitigo | morphine sulfate injection preservative-free | • Mittigo: for use in continuous microinfusion devices and indicated only for intrathecal or epidural infusion in the management of intractable chronic pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. • Infumorph: for use in continuous microinfusion devices and indicated only for intrathecal or epidural infusion in the management of intractable chronic pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. • Duramorph: indicated for: Othe management of pain severe enough to require use of an opioid analgesic by intravenous administration and for which alternative treatments are not expected to be adequate. Othe epidural or intrathecal management of pain without attendant loss of motor, sensory, or sympathetic function. O. Limitation of Use: Duramorph is not for use in continuous microinfusion devices. Prior to 10/30/2018. Morphine sulfate (presenvative-free sterile solution) is a systemic narcotic analgesic for administration by the intravenous, epidural, or intrathecal routes. It is used for the management of pain not responsive to non-narcotic analgesics. Morphine sulfate (preservative-free sterile solution) administered epidurally or intrathecally, provides pain relief for extended periods without attendant loss of motor, sensory, or sympathetic function. Infumorph* is indicated only for intrathecal or epidural infusion in the treatment of intractable chronic pain. It is not recommended for single-dose intravenous, intramuscular, or subcutaneous administration due to the large amount of morphine in the ampule and the associated risk of overdosage. | 3 | 93 | 18 years | N/A | N/A | ٧ | Y | 6/10/2019 |
| Drugs | J2278 | Injection, ziconotide, 1 microgram | 1 mcg | 1/1/2006 | Prialt® | ziconotide solution, intrathecal infusion | Indicated for the management of severe chronic pain in patients for whom intrathecal therapy is warranted, and who are intolerant of or refractory to other treatment, such as systemic analgesics, adjunctive therapies, or intrathecal morohine. | 20 | 620 | 18 years | N/A | N/A | Υ | Υ | 9/21/2018 |
| Drugs | J2300 | Injection, nalbuphine hydrochloride, per 10 mg | 10 mg | 1/1/2000 | N/A | nalbuphine hydrochloride injection, solution | Indicated for management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. Also can be used as a supplement to balanced anesthesia, for pre/post operative analgesia and obstetrical analgesia during labor and delivery. Limitations of Use: Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve nalbuphine injection for use in patients for whom alternative treatment options (e.g. non-opioid analgesics): - have not been tolerated, or are not expected to be tolerated. - have not been tolerated, or are not expected to be tolerated. | 16 | 248 | 18 years | N/A | N/A | Y | Y | 10/26/2018 |

| Drugs | J2310 | Injection, naloxone hydrochloride, per 1 mg | 1 mg | 1/1/2000 | Narcan® | naloxone hydrochloride injection | Indicated for the complete or partial reversal of opioid depression, including respiratory depression, induced by natural and synthetic opioids including proposyphene, methadone, nalbuphine, butorphanol and pentazocine; It is also indicated for the diagnosis of suspected opioid tolerance or acute opioid overdose. | N/A | N/A | N/A | N/A | N/A | Y | Υ | | 10/26/2018 |
|-------------|-------|--|-------------|----------|--------------------------------|---|--|-----|-------|---------------------------------------|-----|-----|---|---|---|------------|
| Drugs | J2315 | Injection, naltrexone, depot form, 1 mg | 1 mg | 1/1/2007 | Vivitrol® | naltrexone for extended- release injectable suspension | Indicated for the treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment with Vivitrol. Patients should not be actively drinking at the time of initial Vivitrol administration. Indicated for the prevention of relapse to opioid dependence, following opioid detoxification. Vivitrol should be part of a comprehensive management program that includes psychosocial support. | 380 | 760 | 18 years | N/A | N/A | Y | Y | | 10/26/2018 |
| Biologicals | J2323 | Injection, natalizumab, 1 mg | 1 mg | 1/1/2008 | Tysabri® | natalizumab injection, for intravenous use | Indicated for treatment of: Multiple Sclerosis (MS) * Tysabr is indicated as monotherapy for the treatment of patients with relapsing forms of multiple sclerosis. Typabr is increase the risk of PML. When Initiating and continuing treatment with Tysabr, physicians should consider whether the expected benefit of Tysabr is sufficient to offset this risk. See important information regarding the risk of PML with Tysabri. Crofn's Disease (CD) * Tysabr is sufficiated for inducing and maintaining clinical response and remission in adult patients with moderately to severely active Crohn's disease with evidence of inflammation who have had an inadequate response to, or are unable to tolerate, conventional CD therapies and inhibitors of TNF-α. Important Limitations: * In CD, Tysabri should not be used in combination with immunosuppressants or inhibitors of TNF-α. | 300 | 600 | 18 years | N/A | N/A | Y | Y | | 10/26/2018 |
| Drugs | J2326 | Injection, nusinersen, 0.1 | 0.1 mg | 1/1/2018 | Spinraza® | nusinersen injection, for intrathecal use | Indicated for the treatment of spinal muscular atrophy (SMA) in pediatric and adult patients. | 120 | 360 | N/A | N/A | N/A | Υ | Υ | Only for inpatient or outpatient hospital use. | 8/14/2018 |
| Drugs | J2353 | Injection, octreotide, depot form for intramuscular injection, 1 mg | 1 mg | 1/1/2004 | Sandostatin® LAR Depot | octreotide acetate for injectable suspension | Indicated for treatment in patients who have responded to and tolerated sandostatin injection subcutaneous injection for: • Acromegaly • Severe diarrhea/flushing episodes associated with metastatic carcinoid tumors • Profuse watery diarrhea associated with VIP-secreting tumors | 20 | 40 | 18 years | N/A | N/A | Υ | Υ | outpatient nospital use. | 7/16/2018 |
| Drugs | J2354 | Injection, octreotide, non- depot form for subcutaneous or intravenous injection, 25 mcg | 25 mcg | 1/1/2004 | Sandostatin® | octreotide acetate, injection | Indicated: * To reduce blood levels of growth hormone and IGF-1 (somatomedin C) in acromegaly patients who have had inadequate response to or cannot be treated with surgical resection, pituitary irradiation, and bromocriptine menylate at maximally tolerated doses. *For the symptomatic treatment of patients with metastatic carcinoid tumors where it suppresses or inhibits the severe diarrhea and flushing episodes associated with the disease. *For the treatment of the profuse watery diarrhea associated with VP-secreting tumors. Sandostatin studies were not designed to show an effect on the size, rate of growth or development of metastases. | 60 | 1,860 | 18 years | N/A | N/A | Y | Y | | 7/16/2018 |
| Drugs | J2355 | Oprelvekin, 5 mg, injection | 5 mg | 1/1/2000 | Neumega® | oprelvekin | Prevention of severe thrombocytopenia and the reduction of the need for platelet transfusions following myelosuppressive chemotherapy. | 1 | 27 | N/A | N/A | N/A | Y | Y | | 5/30/2019 |
| Drugs | J2358 | Injection, olanzapine, long-acting, 1 mg | 1 mg | 1/1/2011 | Zyprexa® Relprevv™ | olanzapine pamoate for extended release injectable suspension | Indicated for the treatment of schizophrenia. | 405 | 900 | 18 years | N/A | N/A | Υ | Υ | | 9/21/2018 |
| Drugs | J2360 | Injection, orphenadrine citrate, up to 60 mg | up to 60 mg | 1/1/2000 | Norflex® | orphenadrine citrate injection | Indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute painful musculoskeletal conditions. | 2 | 20 | 18 years | N/A | N/A | Y | Υ | | 7/16/2018 |
| Drugs | J2370 | Injection, phenylephrine HCl, up to 1 mL | 1 mL | 1/1/2000 | Vazculep® | phenylephrine hydrochloride injection for intravenous use | Indicated for the treatment of clinically important hypotension resulting primarily from vasodilation in the setting of anesthesia. | 1 | 31 | 18 years | N/A | N/A | Υ | Υ | | 5/21/2019 |
| Drugs | J2400 | Injection, chloroprocaine hydrochloride, per 30 mL | 30 mL | 1/1/2000 | Nesacaine®, Nesacaine® -MPF | chloroprocaine HCl injection | Multidose vial with preservatives: Indicated for the production of local anesthesia by infiltration and peripheral nerve block. Single dose vial without preservatives and without EDTA: Indicated for the production of local anesthesia by infiltration, peripheral, and central nerve block, including lumbar and caudal epidural blocks. | 2 | 2 | N/A | N/A | N/A | Y | Y | | 9/27/2018 |
| Drugs | J2405 | Injection, ondansetron hydrochloride, per 1 mg | 1 mg | 1/1/2000 | Zofran® | ondansetron hydrochloride injection, for intravenous or intramuscular use | Indicated for the prevention of: Nausea and vomitting associated with initial and repeat courses of emetogenic cancer chemotherapy. Postoperative nausea and/or vomitting. | 48 | 720 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age restrictions: • Prevention of nausea and vomiting associated with emetogenic chemotherapy: 6 months of age and older • Prevention of postoperative nausea and vomiting: 1 month of age and older | 9/27/2018 |
| Drugs | J2407 | Injection, oritavancin, 10 mg | 10 mg | 1/1/2016 | Orbactiv® | oritavancin for injection, for intravenous use | Indicated for the treatment of adult patients with acute bacterial skin and skin structure infections caused or suspected to be caused by susceptible isolates of designated Gram-positive microorganisms. | 120 | 120 | 18 years | N/A | N/A | Y | Υ | | 7/16/2018 |
| Drugs | J2425 | Injection, palifermin, 50 micrograms | 50 mcg | 1/1/2006 | Kepivance® | palifermin injection, for intravenous use | Indicated to decrease the incidence and duration of severe oral mucositis in patients with hematologic malignancies receiving myelotoxic therapy in the setting of autologous hematopoietic stem cell support. Kepivance is indicated as supportive care for preparative regimens predicted to result in 2 WHO Grade 3 mucositis in the majority of patients. Limitations of Use: - The safety and effract of Kepivance have not been established in patients with non-hematologic malignancies. - Kepivance was not effective in decreasing the incidence of severe mucositis in patients with hematologic malignancies receiving myelotoxic therapy in the setting of allogeneic hematopoietic stem cell support. - Kepivance is not recommended for use with melphalan 200 mg/m² as a conditioning regimen. | 168 | 1,008 | 18 years | N/A | N/A | Y | Y | | 4/9/2019 |
| Drugs | J2426 | Injection, paliperidone palmitate extended release, 1 mg | 1 mg | 1/1/2011 | Invega Sustenna® | paliperidone palmitate extended-release injectable suspension, for intramuscular use | Indicated for: • Treatment of schizophrenia in adults. • Treatment of schizopaffective disorder in adults as monotherapy and as an adjunct to mood stabilizers or antidepressants. | 234 | 624 | 18 years | N/A | N/A | Y | Y | | 7/16/2018 |
| | | | | 1 | 1 | pamidronate disodium for | Indicated for: | | l . | 1 | | | 1 | l | 1 | |

| | | | | , | | | | | | | | | | | |
|-------------|-------|---|---------------------|----------|---------------------------|---|---|-----|-------|----------|-----|-----|---|---|-----------|
| Drugs | J2440 | Injection, papaverine HCI, up to 60 mg | up to 60 mg | 1/1/2000 | N/A – various generics | papaverine hydrochloride injection, solution | Indicated in various conditions accompanied by spasm of smooth muscle, such as vascular spasm associated with acute myocardial infarction (coronary occlusion), angina pectoris, peripheral and pulmonary embolism, peripheral vascular disease in which there is a vascopastic element, or certain cerebral angiospastic states; and visceral spasm, as in ureteral, biliary, or gastrointestinal colic. | 16 | 80 | 18 years | N/A | N/A | Υ | Y | 7/16/2018 |
| Drugs | J2469 | Injection, palonosetron HCI, 25 mcg | 25 mcg | 1/1/2005 | Aloxi® | palonosetron HCl injection for intravenous use | Indicated in adults for: * Moderately emetogenic cancer chemotherapy prevention of acute and delayed nausea and vomiting associated with initial and repeat courses. * Highly emetogenic cancer chemotherapy prevention of acute nausea and vomiting associated with initial and repeat courses. * Prevention of postoperative nausea and vomiting (PONV) for up to 24 hours following surgery. Efficacy beyond 24 hours has not been demonstrated. Indicated in pediatric patients aged 1 month to less than 17 years for: * Prevention of acute nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including highly emetogenic cancer chemotherapy. | 10 | 50 | 1 month | N/A | N/A | Y | Y | 7/16/2018 |
| Drugs | J2501 | Injection, paricalcitol, 1 mcg | 1 mcg | 1/1/2003 | Zemplar* | paricalcitol injection | Indicated for the prevention and treatment of secondary hyperparathyroidism associated with stage 5 chronic kidney disease (CKD). | 30 | 420 | 18 years | N/A | N/A | Y | Y | 7/16/2018 |
| Drugs | J2502 | Injection, pasireotide long acting, 1 mg | 1 mg | 1/1/2016 | Signifor® LAR | pasireotide for injectable suspension, for intramuscula use | Indicated for the treatment of: - Patients with acromegaly who have had an inadequate response to surgery and/or for whom surgery is not an option. - Patients with Cushing's disease for whom pituitary surgery is not an option or has not been curative. | 60 | 120 | 18 years | N/A | N/A | Υ | Y | 7/26/2018 |
| Drugs | J2503 | Injection, pegaptanib sodium, 0.3 mg | 0.3 mg | 1/1/2006 | Macugen® | pegaptanib sodium injection, intravitreal injection | Indicated for the treatment of neovascular (wet) age-related macular degeneration. | 1 | 1 | 18 years | N/A | N/A | Υ | Y | 8/24/2018 |
| Biologicals | J2505 | Injection, pegfilgrastim, 6 mg | 6 mg | 1/1/2004 | Neulasta® | pegfilgrastim injection, for subcutaneous use | Indicated to: - To decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid mailgnancies receiving myelosuppressive anticancer drugs associated with a clinically significant incidence of febrile neutropenia. - Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome). Limitations of Use: - Neulasta is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transpolantation. | 1 | 3 | N/A | N/A | N/A | Y | Y | 1/9/2020 |
| Biologicals | J2507 | Injection, pegloticase, 1 mg | 1 mg | 1/1/2012 | Krystexxa* | pegloticase injection, for intravenous infusion | Indicated for the treatment of chronic gout in adult patients refractory to conventional therapy. | 8 | 24 | 18 years | N/A | N/A | Υ | Y | 6/4/2019 |
| Drugs | J2510 | Injection, penicillin G procaine, aqueous, up to 600,000 units | up to 600,000 units | 1/1/2000 | N/A | penicillin G procaine injectable suspension | Indicated in the treatment of moderately severe infections in both adults and pediatric patients due to penicillin- G-susceptible microorganisms that are susceptible to the low and persistent serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including susceptibility tests) and by clinical response. See package insert for list of infections and microorganisms. | 4 | 52 | N/A | N/A | N/A | Y | Y | 8/24/2018 |
| Drugs | J2515 | Injection, pentobarbital sodium, per 50 mg | 50 mg | 1/1/2000 | Nembutal® | pentobarbital sodium injection, USP | Indicated for use as: - Sedatives - Hypnotics, for the short-term treatment of insomnia, since they appear to lose their effectiveness for sleep induction and sleep maintenance after 2 weeks - Preanesthetics - Anticornulsant, in anesthetic doses, in the emergency control of certain acute convulsive episodes, e.g., those associated with status epilepticus, cholera, eclampsia, meningitis, tetanus, and toxic reactions to strychnine or local anesthetic. | 10 | 150 | N/A | N/A | N/A | Υ | γ | 8/24/2018 |
| Drugs | J2540 | Injection, penicillin G potassium, up to 600,000 units | 600,000 units | 1/1/2000 | Pfizerpen® | penicillin G potassium for injection | Indicated in the therapy of severe infections caused by penicillin G-susceptible microorganisms when rapid and high penicillin levels are required. Therapy should be guided by bacteriological studies (including susceptibility tests) and by clinical response. See package insert for full list of microorganisms. | 40 | 1,240 | N/A | N/A | N/A | Y | Y | 8/24/2018 |
| Drugs | J2543 | Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g) | 1.125 g | 1/1/2000 | Zosyn® | piperacillin and tazobactam for injection, for intravenous use | | 16 | 224 | 2 months | N/A | N/A | Y | Y | 4/10/2019 |
| Drugs | J2545 | Pentamidine isethionate, inhalation solution, FDA- approved final product, non-compounded, administered through DME, unit dose form, per 300 mg | 300 mg | 1/1/2000 | NebuPent® | pentamidine isethionate inhalant (DME) for oral inhalation only | Indicated for the prevention of Pneumocystis jiroveci pneumonia (PJP) in high-risk, HIV-infected patients defined by one or both of the following criteria: - a history of one or more episodes of PIP - a peripheral CD4+ (T4 helper/inducer) lymphocyte count less than or equal to 200/mm3 | 1 | 2 | 16 years | N/A | N/A | Y | Y | 8/24/2018 |
| Drugs | J2547 | Injection, peramivir, 1 mg | 1 mg | 1/1/2016 | Rapivab® | peramivir injection, for intravenous use | Indicated for the treatment of acute uncomplicated influenza in patients 2 years and older who have been symptomatic for no more than two days. Limitations of Use: - Efficacy based on clinical trials in which the predominant influenza virus type was influenza A; a limited number of subjects infected with influenza B virus were enrolled. - Consider available information on influenza drug susceptibility patterns and treatment effects when deciding whether to use. - Efficacy could not be established in patients with serious influenza requiring hospitalization. | 600 | 600 | 2 years | N/A | N/A | Y | ٧ | 8/24/2018 |

| Drugs | J2550 | Injection, promethazine HCI, up to 50 mg | up to 50 mg | 1/1/2000 | Phenergan | promethazine hydrochloride injection | Indicated for the following conditions: Amelioration of allergic reactions to blood or plasma. In anaphylaxis as an adjunct to epinephrine and other standard measures after the acute symptoms have been controlled. For other uncomplicated allergic conditions of the immediate type when oral therapy is impossible or contraindicated. For sedation and relief of apprehension and to produce light sleep from which the patient can be easily aroused. Active treatment of motion sickness. Prevention and control of nausea and vomitting associated with certain types of anesthesia and surgery. As an adjunct to analgesic for the control of postoperative pain. Preoperative, postoperative, and obstetric (during labor) sedation. Intravenously in special surgical situations, such as repeated bronchoscopy, ophthalmic surgery, and poor-risk patients, with reduced amounts of meperidine or other narcotic analgesics as an adjunct to anesthesia and analgesia. | 3 | 93 | 2 years | N/A | N/A | Υ | Y | | 8/24/2018 |
|-------------|-------|---|----------------|----------|-----------------------|--|--|-------|---------|---------------------------------------|-----|--------------|---|---|--|-----------|
| Drugs | J2560 | Injection, phenobarbital sodium, up to 120 mg | up to 120 mg | 1/1/2000 | N/A | phenobarbital sodium injection | Indicated for use as: * Sedative. Sedation is obtainable within an hour, and in adequate dosage, the duration of action is more than six hours. Included in the more common conditions in which the sedative action of this class of drugs is desired are aniety-tension states, hyperthyroidism, essential hypertension, nause and vomiting of functional origin, motion sickness, acute labyrinthitis, pylorospasm in infants, chorea and cardiac failure. Phenobarbital is also a useful adjunct in treatment of hemorrhage from the respiratory or gastrointestian larcts. Phenobarbital controls aniety, decreases muscular activity and lessens nervous excitability in hyperthyroid patients. However, thyrotoxic individuals occasionally react poor for botarbiturates. * Hypnotic, for the short-term treatment of insomnia, since it appears to lose its effectiveness for sleep induction and sleep maintenance after 2 weeks. * Prenaesthetic. * Prenaesthetic. * Poramesthetic. * Long-term anticonvulsant, (phenobarbital, mephobarbital and metharbital) for the treatment of generalized tonic-clonic and ortical focal seizures. And, in the emergency control of certain acute convulsive episodes, e.g., those associated with status epilepticus, cholera, eclampsia, cerebral hemorrhage, meningitis, tetanus, and toxic reactions to strythnine or local anesthetics. Phenobarbital sodium may be administered intravenously, it may require 15 or intravenously as an anticonvulsant for emergency use. When administered intravenously, it may require 15 or intravenously as an anticonvulsant for emergency use. When administered intravenously, it may require 15 or intravenously as the part of the production and lead to severe barbiturate-induced depression. * Phenobarbital is indicated in pediatric patients as an anticonvulsant and as a sedative, including its preoperative and postoperative use. | N/A | N/A | N/A | N/A | N/A | Y | Y | | 8/29/2018 |
| Drugs | J2562 | Injection, plerixafor, 1 mg | 1 mg | 1/1/2010 | Mozobil® | plerixafor injection, solution for subcutaneous use | Indicated in combination with granulocyte-colony stimulating factor (G-CSF) to mobilize hematopoietic stem cells (HSCs) to the peripheral blood for collection and subsequent autologous transplantation in patients with non- | 40 | 160 | 18 years | N/A | N/A | Υ | Υ | | 6/6/2019 |
| Drugs | J2590 | Injection, oxytocin, up to 10 units | up to 10 units | 1/1/2000 | Pitocin® | oxytocin injection, USP synthetic | Hodgin's tymphoma and multiple myeloma. Indicated for: Antepartum The initiation or improvement of uterine contractions, where there is desirable and considered suitable for reasons of fetal or maternal concern, in order to achieve vaginal delivery. Induction of labor in patients with a medical indication for the initiation of labor. Stimulation or eniforcement of labor, as in selected cases of uterine inertia. Adjunctive therapy in the management of incomplete or inevitable abortion. Postpartum Produce uterine contractions during the third stage of labor and to control postpartum bleeding or hemorrhage. Indicated for oatients with hemophilia A with factor VIII coaeulant activity levels greater than 5%, patients with | 6 | 12 | N/A | N/A | Females Only | Υ | Y | Indication specific: | 7/16/2018 |
| Drugs | J2597 | Injection, desmopressin acetate, per 1 mcg | 1 mcg | 1/1/2000 | DDAVP® | desmopressin acetate injection | Indicated for patients with hemophilia A with factor VIII coagulant activity levels greater than 5%, patients with mild to moderate classic von Willebrand's disease (Fupe 1) with factor VIII levels greater than 5%, as an antidiuretic replacement therapy in the management of central (cranial) diabetes insipidus and for the management of the temporary polyuria and polyligisa following head trauma or surgery int he pituitary region. DDAVP is ineffective for the treatment of nephrogenic diabetes insipidus. | 44 | 660 | Indication Specific (see comments) | N/A | N/A | Υ | Y | Hemophilia A and von Willebrand's Disease: 3 months of age and older Diabetes Insipidus: 12 years of age and older | |
| Drugs | J2675 | Injection, progesterone, per 50 mg | per 50 mg | 1/1/2003 | N/A | progesterone injection, in sesame oil for intramuscular use only | Indicated in amenorrhea and abnormal uterine bleeding caused by hormonal imbalance in the absence of organic pathology, such as submucous fibroids or uterine cancer. | 1 | 2 | 18 years | N/A | Females Only | Υ | Υ | | 6/6/2019 |
| Drugs | J2680 | Injection, fluphenazine decanoate, up to 25 mg | up to 25 mg | 1/1/2000 | N/A | fluphenazine decanoate injection | Intended for use in the management of patients requiring prolonged parenteral neuroleptic therapy (e.g. chronic schizophrenics). Fluphenazine decanoate has not been shown effective in the management of behavioral complications in patients with mental retardation. | 4 | 8 | 12 years | N/A | N/A | Y | Y | | 6/4/2019 |
| Drugs | J2690 | Injection, procainamide HCl, up to 1 g | up to 1 g | 1/1/2000 | N/A | procainamide hydrochloride injection, solution | Indicated for the treatment of documented ventricular arrhythmias, such as sustained ventricular tachycardia, that, in the judgement of the physician, are life-threatening. Because of the proarrhythmic effects of procainamide, its use with lesser arrhythmias is generally not recommended. Treatment of patients with asymptomatic ventricular premature contractions should be avoided. | 7 | 7 | 18 years | N/A | N/A | Υ | Υ | | 6/6/2019 |
| Drugs | J2700 | Injection, oxacillin sodium, up to 250 mg | up to 250 mg | 1/1/2000 | N/A, various generics | oxacillin sodium injection, powder, for solution for intramuscular or intravenous use | Indicated for the treatment of infections caused by penicillinase-producing staphylococci which have demonstrated susceptibility to the drug. Cultures and susceptibility tests should be performed initially to determine the causative organism and their susceptibility to the drug. | 24 | 744 | N/A | N/A | N/A | Υ | Υ | | 9/21/2018 |
| Drugs | J2710 | Injection, neostigmine methylsulfate, up to 0.5 mg | up to 0.5 mg | 1/1/2000 | Bloxiverz® | neostigmine methylsulfate injection, for intravenous use | Indicated for the reversal of the effects of nondepolarizing neuromuscular blocking agents (NMBAs) after surgery. | 10 | 50 | N/A | N/A | N/A | Υ | Υ | | 4/10/2019 |
| Drugs | J2720 | Injection, protamine sulfate, per 10 mg | 10 mg | 1/1/2000 | N/A | protamine sulfate injection, solution for intravenous use | Indicated for the treatment of heparin overdosage. | 5 | 5 | 18 years | N/A | N/A | Υ | Υ | | 8/29/2018 |
| Biologicals | J2724 | Injection, protein C concentrate, intravenous, human, 10 IU | 10 IU | 1/1/2008 | Ceprotin | protein c concentrate (human) lyophilized power for solution for injection | Indicated for pediatric and adult patients with severe congenital Protein C deficiency for the prevention and treatment of venous thrombosis and purpura fullminans. | 5,040 | 105,840 | N/A | N/A | N/A | Υ | Υ | | 6/4/2019 |
| Drugs | J2730 | Injection, pralidoxime chloride, up to 1 g | up to 1 g | 1/1/2000 | Protopam® | pralidoxime chloride for injection | Indicated as an antidote: In the treatment of poisoning caused by those pesticides and chemicals of the organophosphate class which have anticholinesterase activity. In the control of overdosage by anticholinesterase drugs used in the treatment of myasthenia gravis. | 4 | 20 | N/A | N/A | N/A | Y | Υ | | 8/24/2018 |

| Drugs | J2760 | Injection, phentolamine mesylate, up to 5 mg | up to 5 mg | 1/1/2000 | Regitine* | phentolamine mesylate injection, powder, lyophilized, for suspension | Indicated for: * The prevention or control of hypertensive episodes that may occur in a patient with pheochromocytoma as a result of stress or manipulation during preoperative preparation and surgical excision. * The prevention or treatment of dermal necrosis and sloughing following intravenous administration or extravasation of norepinephrine. * The diagnosis of pheochromocytoma by the phentolamine mesylate for injection blocking test. | 12 | 372 | N/A | N/A | N/A | Y | Y | | 8/24/2018 |
|---------------------|-------|--|-------------------|-----------|--|--|--|-------|-------|---------------------------------------|-----|---------------------------|---|---|---|------------|
| Drugs | J2765 | Injection, metoclopramide HCI, up to 10 mg | up to 10 mg | 1/1/2000 | N/A | metoclopramide hydrochloride injection | Indicated for: - The relief of symptoms associated with acute and recurrent diabetic gastric stasis - The prophylaxis of vomiting associated with emetogenic cancer chemotherapy - The prophylaxis of postoperative nausea and vomiting in those circumstances where nasogastric suction is undesirable - Facilitating small bowel intubation in adults and pediatric patients in whom the tube does not pass the pylorus with conventions maneuvers - Stimulating gastric emptying and intestinal transit of barium in cases where delayed emptying interferes with radiological examination of the stomach and/or small intestine | 112 | 560 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific: • Facilitating Small Bowel Intubation: 18 years of age and older • All other indications: None | 6/6/2019 |
| Biologicals | J2778 | Injection, ranibizumab, 0.1 mg | 0.1 mg | 1/1/2008 | Lucentis® | ranibizumab injection for intravitreal injection | Indicated for the treatment of patients with: • Neevascular (Wet) Age-Related Macular Degeneration (AMD) • Macular Edema Following Retail Vein Occlusion (RVO) • Diabetic Macular Edema (DME) • Diabetic Retinopathy (DR) • Myopic Choroidal Neovascularization (mCNV) | 10 | 20 | 18 years | N/A | N/A | Y | Y | | 10/31/2018 |
| Drugs | J2780 | Injection, ranitidine hydrochloride, 25 mg | 25 mg | 1/1/2000 | Zantac® | ranitidine hydrochloride injection | Indicated in some hospitalized patients with pathological hypersecretory conditions or intractable duodenal ulcers, or as an alternative to the oral dosage form for short-term use in patients who are unable to take oral medication. | 16 | 496 | 1 month | N/A | N/A | Υ | Y | | 6/7/2019 |
| Biologicals | J2783 | Injection, rasburicase, 0.5 | 0.5 mg | 1/1/2004 | Elitek® | rasburicase for injection, for intravenous use | Indicated for the initial management of plasma uric acid levels in pediatric and adult patients with leukemia, lymphoma, and solid tumor malignancies who are receiving anti-cancer therapy expected to result in tumor lysis and subsequent elevation of plasma uric acid. | 56 | 280 | N/A | N/A | N/A | Υ | Y | | 6/4/2019 |
| Biologicals | J2786 | Injection, reslizumab, 1 | 1 mg | 1/1/2017 | Cinqair® | reslizumab injection, for intravenous use | Limitation of Use: Elitek is indicated for a single course of treatment. Indicated for a ado-on maintenance treatment of patients with severe asthma aged 18 years and older, and with an eosinophilic phenotype. Limitations of Use: Cinqair is not indicated for: * Treatment of other eosinophilic conditions. * Relief of acute bronchospasm or satus asthmaticus. | 420 | 840 | 18 years | N/A | N/A | Y | Y | | 7/2/2018 |
| Immune Globulins | J2788 | Injection, Rho d immune globulin, human, minidose, 50 micrograms (250 IU) | 50 mcg | 1/1/2003 | HyperRHO® S/D Mini Dose, MICRhoGAM®, | rho(D) immune globulin (human), mini dose | HyperRHO S/D Mini Dose: recommended to prevent the isoimmunization of Rho(D) negative women at the time of spontaneous or induced abortion of up to 12 weeks' gestation provided the following criteria are met: 1. The mother must be Rho(D) negative and must not already be sensitized to the Rho(D) antigen. 2. The father is not known to be Rho(D) negative. 3. Gestation is not more than 12 weeks at termination. **See package insert for full usage criteria.** MICRhoGAM: For use in preventing Rh immunization. **Pregrancy and other obstetrical conditions in Rh-negative women unless the father or baby are conclusively Rh-negative, e.g. delivery of an Rh-positive baby irrespective of the ABO groups of the mother and baby, any antepartum fetal-maternal hemorrhange (suspected or proven), actual or threatened pregnancy loss at any stage of gestation and ectopic pregnancy. * Prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. | 1 | 1 | N/A | N/A | HyperRHO: Females Only | Y | Y | | 7/3/2018 |
| Immune Globulins | J2790 | Injection, Rho d immune globulin, human, full dose, 300 micrograms (1500 IU) | 300 mcg (1500 IU) | 1/1/2003 | HyperRho® S/D Full Dose, RhoGAM® | rho(d) immune globulin (human), full dose | Indicated for use in preventing Rh immunization: In pregnancy and other obstetrical conditions (see full prescribing information). In any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. | 1 | 1 | N/A | N/A | N/A | Υ | Υ | | 7/3/2018 |
| Immune Globulins | J2791 | Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU | 100 IU | 1/1/2008 | Rhophylac* | rho(d) immune globulin intravenous (human) 1500 IU (300 mcg) solution for intravenous (IV) or Intramuscular (IM) injection | -Routine antepartum and postpartum and postpartum and polynylans -Rh prophylaxis in obstetric complications or invasive procedures - Incompatible transferies in Physical Company and the property of the Physical Company and the Physical Company an | 350 | 350 | 18 years | N/A | N/A | Υ | Y | | 9/12/2018 |
| Immune Globulins | J2792 | Injection, rho D immune globulin, intravenous, human, solvent detergent, 100 IU | 100 IU | 1/1/2000 | WinRho SDF® | rho(D) immune globulin intravenous (human) solutior for intravenous or intramuscular injection | Indicated for: Immune Thrombocytopenic Purpura (ITP) Raising platelet counts in Rho[D] positive, non-splenectomized: - Children with Chronic or acute ITP, - Adults with Chronic race and ITP, - Adults with Chronic ITP, - Adults with ITP secondary to HIV infection Suppression of Rhesus (Ri) Isoimmunization - Pregnancy and other obstetric conditions in non-sensitized, Rho[D)-negative women with an Rh-incompatible pregnancy including: - O Routine antepartum and postpartum Rh prophylaxis - OR Rhomphylaxis in obstetric complications or invasive procedures - Incompatible transfusions in Rho[D)-negative individuals transfused with blood components containing Rho[D)-positive red blood cells (RBCs.). | 1,500 | 1,500 | N/A | N/A | N/A | Υ | Y | | 9/12/2018 |
| Biologicals | J2793 | Injection, rilonacept, 1 mg | 1 mg | 1/1/2010 | Arcalyst® | rilonacept injection for subcutaneous use | Indicated for the treatment of patients with Cryopyrin-Associated Periodic Syndromes (CAPS), including Familial Cold Autoinflammatory Syndrome (FACS) and Muckle-Wells Syndrome (MWS) in adults and children 12 years of age and older. | 320 | 960 | 12 years | N/A | N/A | Υ | Υ | | 4/10/2019 |
| Biologicals | J3111 | Injection, romosozumab- aqqg, 1 mg | 1 mg | 10/1/2019 | Evenity™ | romosozumab-aqqg injection for subcutaneous use | Indicated for the treatment of osteoporosis in postmenopausal women at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant | 210 | 420 | Not for use in premenopausal women. | N/A | Females Only | Υ | Y | | 10/3/2019 |

| | | | | | | | | | | , | , , | | | | | |
|-------------|-------|---|-------------|----------|------------|--|--|-----|-------|---------------------------------------|--|-----|---|---|--|-----------|
| Drugs | J2795 | Injection, ropivacaine hydrochloride, 1 mg | 1 mg | 1/1/2001 | Naropin® | ropivacaine HCl injection | Indicated for the production of local or regional anesthesia for surgery and for acute pain management. Surgical Anesthesia: epidural block for surgery including cesarean section; major nerve block; local infiltration. Acute pain management: epidural continuous infusion or intermittent bolus, eg. postoperative or labor; local infiltration. | 770 | 2,166 | 18 years | N/A | N/A | Y | Υ | | 8/29/2018 |
| Drugs | J2796 | Injection, romiplostim, 10 micrograms | 10 mcg | 1/1/2010 | Nplate® | romiplostim for injection, for subcutaneous use | Indicated for the treatment of thrombocytopenia (ITP) who have had aninsufficient response to corticosteroids, immunoglobulins, or splenectomy. Pediatric patients 1 year of age and older with ITP for at least 6 months who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. Limitations of Use: Nplate is not indicated for the treatment of thrombocytopenia due to myelodysplastic syndrome (MDS) or any cause of thrombocytopenia other than ITP. Nplate should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increases the risk for bleeding. Nplate should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increases the risk for bleeding. | 140 | 700 | 1 year | N/A | N/A | Y | Y | | 12/3/2019 |
| Drugs | J2797 | Injection, rolapitant, 0.5 mg | 0.5 mg | 1/1/2019 | Varubi® | rolapitant injection, emulsion for intravenous use | Indicated in combination with other antiemetic agents in adults for the prevention of delayed nausea and vomitting associated with initial and repeat courses of emetogenic cancer chemotherapy, including, but not limited to, highly emetogenic chemotherapy. | 333 | 999 | 18 years | N/A | N/A | Y | Y | | 8/29/2018 |
| Drugs | J2800 | Injection, methocarbamol, up to 10 mL | up to 10 mL | 1/1/2000 | Robaxin® | methocarbamol injection for intravenous or intramuscular use | Indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute, painful, musculoskeletal conditions; supportive therapy in tetanus. | 12 | 54 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific. Relief of discomfort associated with acute, painful, musculoskeletal conditions: 18 years of age and older. Tetanus: None | 6/8/2019 |
| Drugs | J2805 | Injection, sincalide, 5 micrograms | 5 mcg | 1/1/2006 | Kinevac* | sincalide for injection | Indicated for gallbladder contraction stimulation, pancreatic secretion stimulation, and barium meal transit time acceleration. | 4 | 4 | 18 years | N/A | N/A | Υ | Υ | | 9/21/2018 |
| Biologicals | J2820 | Injection, sargramostim (GM-CSF), 50 mcg | 50 mcg | 1/1/2000 | Leukine* | sargramostim injection, for subcutaneous or intravenous use | Indicated: • To shorten time to neutrophil recovery and to reduce the incidence of severe and life-threatening infections and infections resulting in death following induction chemotherapy in adult paintens 55 years and older with acute myeloid leukemia (AML). • For the mobilization of hematopoietic progenitor cells into peripheral blood for collection by leukapheresis and autologous transplantation in adults. • For the acceleration of myeloid reconstitution following autologous bone marrow or peripheral blood progenitor. | 20 | 620 | Indication Specific (see comments) | Indication Specific (see comments) | N/A | Y | γ | Indication specific age restrictions: • To shorten time to neutrophil recovery and to reduce the incidence of severe and life-threatening infections and infections resulting in death following induction chemotherapy in adult patients 55 years and older with acute myeloid leukemia (AML). • For the mobilization of hematopoleit progenitor cells into peripheral blood for collection by leukapheresis and autologous transplantation in adults. • For the acceleration of myeloid reconstitution following autologous bone marrow or peripheral blood progenitor cell transplantation in adult and pediatric patients 2 years of age and older. • For the acceleration of myeloid reconstitution in adult and pediatric patients 2 years of age and older. | 8/29/2018 |
| Biologicals | J2840 | Injection, sebelipase alfa, 1 mg | 1 mg | 1/1/2017 | Kanuma* | sebelipase alfa injection, for intravenous use | Indicated for the treatment of patients with a diagnosis of Lysosomal Acid Lipase (LAL) deficiency. | 140 | 420 | 1 month | N/A | N/A | Υ | Y | | 6/4/2019 |
| Biologicals | J2860 | Injection, siltuximab, 10 mg | 10 mg | 1/1/2016 | Sylvant® | siltuximab for injection, for intravenous use | Indicated for treatment of patients with multicentric Castleman's disease (MCD) who are human immunodeficiency virus (HIV) negative and human herpesvirus-8 (HHV-8) negative. Unitiations of Use: Sylvant was not studied in patients with MCD who are HIV positive or HHV-8 positive because Sylvant did not bind to virally produced it-6 in a non-clinical study. | 200 | 400 | 18 years | N/A | N/A | Y | Y | | 6/7/2019 |
| Drugs | J2916 | Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg | 12.5 mg | 1/1/2003 | Ferrlecit® | sodium ferric gluconate complex in sucrose injection, for intravenous (IV) use | Indicated for the treatment of iron deficiency anemia in patients 6 years of age and older with chronic kidney disease receiving hemodialysis who are receiving supplemental epoetin therapy. | 10 | 80 | 6 years | N/A | N/A | Υ | Υ | | 9/21/2018 |

| Drugs | J2920 | Injection, methylprednisolone sodium succinate, up to 40 mg | up to 40 mg | 1/1/2000 | Solu-Medrol® | methylprednisolone sodium succinate for injection, up to 40 mg | when oral therapy is not reasable, and the strength, gosage form, and route or administration of the drug reasonably lend the preparation to the treatment of the condition, the intravenous or intramuscular use of Solu-Medrol is indicated as follows: * Allergic states: Control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in asthma, atopic dermatitis, contact dermatitis, dry hypersensitivity reactions, perennial or seasonal allergic rhinitis, serum sickness, transfusion reactions. * Dermatologic diseases: Bullous dermatitis herpetionis, ediciative expthoderma, mycosis fungoides, pempilgus, severe erythema multiforme (Stevens-Johnson syndrome). * Endocrine disorders: Primary or secondary adrenocritical insufficiency (hydrocortisone or cortisone is the drug of choice; synthetic analogs may be used in conjunction with mineralocorticoids where applicable; in infancy, mineralocorticoid supplementation is of particular importance), congenital adrenal hyperplasia, hypercalcemia associated with cancer, nonsuppurative thyroiditis. * Gastrointestinal diseases: To tide the patient over a critical period of the disease in regional enteritis (systemic therapy) and utcerative colitis. * Hematologic disorders: Acquired (autoimmune) hemolytic amemia, congenital (erythroid) hypoplastic amemia (Diamoda-Blackian amemia), idiopathic thrombocytopenic purpura in adults (Intravenous administration only; intramuscular administration is contraindicated), pure red cell aplasia, selected cases of secondary thrombocytopenia. * Miscellaneous: Trichnosis with neurologic or myocardial involvement, tuberculous meningitis with subarachnoid block or impending block when used concurrently with appropriate antituberculous chemotherapy. * Neoplastic diseases: For the palliative management of leukemias and hymphomas. * Nervous System: Acute exacerbations of multiple sclerosis; cerebral edema associated with primary or metastatic brain tumor, or craniotomy. * Ophthalmic diseases: Sym | 3 | 93 | N/A | N/A | N/A | Y | Y | 10/26/2018 |
|-------------|-------|---|--------------|----------|-------------------------------------|---|--|-----|-------|----------|-----|-----|---|---|------------|
| Drugs | 12930 | Injection, methylprednisolone sodium succinate, up to 125 mg | up to 125 mg | 1/1/2000 | Solu-Medro!* | methylprednisolone sodium succinate for injection, up to 125 mg | | 24 | 360 | N/A | N/A | N/A | Y | Y | 10/31/2018 |
| Biologicals | J2993 | Injection, reteplase, 18.1 mg | 18.1 mg | 1/1/2002 | Retavase® | reteplase for injection, for intravenous use | Bracisson disease. Boulloid: Inferioration or discontinated unbraneous to bracinate data under consumerable. Indicated for treatment of acute ST-elevation myocardial infarction (STEMI) to reduce the risk of death and heart failure. Limitation of Use: The risk of stroke may outweigh the benefit produced by thrombolytic therapy in patients whose STEMI puts them at low risk for death or heart failure. | 2 | 2 | 18 years | N/A | N/A | Υ | Y | 10/31/2018 |
| Drugs | J2997 | Injection, alteplase recombinant, 1 mg | 1 mg | 1/1/2001 | Activase®, Cathflo® Activase® | alteplase for injection, for intravenous use | Cathflo Activase: Indicated for the restoration of function to central venous access devices as assessed by the ability to withdraw blood. Activase: Indicated for the treatment of: - Acute Ischemic Stroke (AIS) - Acute Ischemic Stroke (AIS) - Acute Mycardial Infarction (AMI) to reduce mortality and incidence of heart failure. Limitation of use in AMI: The risk of stroke may be greater than the benefit in patients at low risk of death from cardiac causes. - Acute Msyssive Pulmonary Embodism (Pg1 for yisk: | 100 | 3,100 | 18 years | N/A | N/A | Y | Y | 9/25/2018 |
| Drugs | 13000 | Injection, streptomycin, up to 1 gram | up to 1 g | 1/1/2000 | N/A | streptomycin for injection fo intramuscular use | Indicated for the treatment of individuals with moderate to severe infections caused by susceptible strains of microorganisms in the specific conditions of Mycobacterium tuberculosis and Non-tuberculosis infections: Mycobacterium tuberculosis, and other sensitive non tuberculosis pathogens including Pasteurella pestis (plague); Francisella tularensis (tularenia); Brucella; Callymmatobacterium granulomatis (donovanosis, granuloma inguinale); H. ducreyi (chancroid); H. Influenzae (in respiratory, endocardial, and meningeal infections, concomitantly with another antibacterial agent); E. coli, Proteus, A. aerogenes, K. pneumoniae, and Enterococcus faecalis in urinary tract infections; Streptococcus viridans; Enterococcus faecalis (in endocardial infections, concomitantly with penicillin); Gram-negative bacillary bacteremia (concomitantly with another antibacterial agent). | 2 | 62 | N/A | N/A | N/A | Ÿ | γ | 6/7/2019 |
| Drugs | J3010 | Injection, fentanyl citrate, 0.1 mg | 0.1 mg | 1/1/2000 | N/A | fentanyl citrate injection, for intravenous or intramuscular use | Indicated for: * analgesic action of short duration during the anesthetic periods, premedication, induction and maintenance, and in the immediate postoperative period (recovery room) as the need arises. * use as an opioid analgesic supplement in general or regional anesthesia. * administration with a neurolegite as an anesthetic premedication, for the induction of anesthesia and as an adjunct in the maintenance of general and regional anesthesia. * use as an anesthetic agent with oxygen in selected high risk patients, such as those undergoing open heart surgery or certain complicated neurological or orthopedic procedures. | 210 | 210 | 2 years | N/A | N/A | Y | Y | 6/4/2019 |

| Drugs | J3030 | Injection, sumatriptan, succinate, 6 mg | 6 mg | 1/1/2000 | Imitrex® | sumatriptan succinate injection, for subcutaneous use | Indicated for: Acute treatment of migraine with or without aura in adults Acute treatment of cluster headache in adults Limitations of Use: Use only if a clear diagnosis of migraine or cluster headache has been established. Not indicated for the prophylactic therapy of migraine or cluster headache attacks. | 2 | 8 | 18 years | N/A | N/A | Y | Y | 9/21/2018 |
|-------------|-------|---|--------------|----------|-----------|--|---|-----|-------|----------|-----|------------|---|---|-----------|
| Biologicals | J3060 | Injection, taliglucerase alfa, 10 units | 10 units | 1/1/2014 | Elelyso® | taliglucerase alfa for injection, for intravenous use | Indicated for the treatment of patients with a confirmed diagnosis of Type 1 Gaucher disease. | 840 | 2,520 | 4 years | N/A | N/A | Y | Y | 6/4/2019 |
| Drugs | J3090 | Injection, tedizolid phosphate, 1 mg | 1 mg | 1/1/2016 | Sivextro® | tedizolid phosphate for injection, for intravenous use | Indicated in adults for the treatment of acute bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible bacteria. | 200 | 1,200 | 18 years | N/A | N/A | Υ | Y | 8/24/2018 |
| Drugs | J3095 | Injection, telavancin, 10 mg | 10 mg | 1/1/2011 | Vibativ® | telavancin for injection, for intravenous use | Indicated for the treatment of the following infections in adult patients caused by designated susceptible bacteria: • Complicated skin and skin structure infections (CSSSI) • Hospital-acquired and ventilator-associated bacterial pneumonia (HABP/NABP) caused by susceptible isolates of Staphylococcus aureus. Vibativ should be reserved for use when alternative treatments are not suitable. | 150 | 3,150 | 18 years | N/A | N/A | Y | Y | 6/8/2019 |
| Drugs | J3105 | Injection, terbutaline sulfate, up to 1 mg | up to 1 mg | 1/1/2000 | N/A | terbutaline sulfate injection, solution | Indicated for the prevention and reversal of bronchospasm in patients 12 years of age and older with asthma and reversible bronchospasm associated with bronchitis and emphysema. | 3 | 45 | 12 years | N/A | N/A | Υ | Υ | 9/12/2018 |
| Drugs | J3121 | Injection, testosterone enanthate, 1 mg | 1 mg | 1/1/2015 | N/A | testosterone enanthate injection, solution | Indicated for replacement therapy in conditions associated with a deficiency or absence of endogenous testosterone including primary hypogonadism (congenital or acquired), hypogonadism (congenital or acquired), and delayd puberty. Testostrone Enanthate injection may be used secondarily in women with advancing inoperable metastatic (skeletal) mammary cancer who are 1 – 5 years postmenopausal. | 400 | 1,200 | N/A | N/A | N/A | Y | Y | 9/12/2018 |
| Drugs | J3145 | Injection, testosterone undecanoate, 1mg | 1 mg | 1/1/2015 | Aveed® | testosterone undecanoate injection for intramuscular use | Indicated for testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone: primary hypogenadism (congenital or acquired) or hypogenadotropic hypogenadism (congenital or acquired). Limitations of Use: * Safety and efficacy of Aveed in men with "age-related hypogenadism" have not been established. * Safety and efficacy of Aveed in males less than 18 years old have not been established. | 750 | 1,500 | 18 years | N/A | Males Only | Υ | Y | 9/21/2018 |
| Drugs | J3230 | Injection, chlorpromazine HCI, up to 50 mg | 50 mg | 1/1/2000 | N/A | chlorpromazine hydrochloride injection | Indicated for the treatment of schizophrenia; to control nausea and vomiting; for relief of restlessness and apprehension before surgery, for acute intermittent porphyria; as an adjunct in the treatment of tetanus; to control the manifestations of the main type of manic depressive illness; for relief of intractable hiccups; for the treatment of severe behavioral problems in children [1 to 12 years of age) marked by combativeness and/or explosive hyperecitable behavior, out of proportion to immediate provocations), and in the short-term treatment of hyperactive children who show excessive motor activity with accompanying conduct disorders consisting of some or all of the following symptoms: impulsivity, difficulty sustaining attention, aggressivity, mood lability, and poor firstration tolerance. | 8 | 248 | 6 months | N/A | N/A | Y | Y | 9/27/2018 |
| Drugs | J3240 | Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial | 0.9 mg | 1/1/2003 | Thyrogen* | thyrotropin alfa for injection, for intramuscular injection | Indicated for: * Diagnostic: Use as an adjunctive diagnostic tool for serum thyroglobulin [Tg] testing with or without radioiodine imaging in the follow-up of patients with well-differentiated thyroid cancer who have previously undergone thyroidectomy. * Ablation: Use as an adjunctive treatment for radioiodine ablation of thyroid tissue remnants in patients who have undergone a near-total or total thyroidectomy for well-differentiated thyroid cancer and who do not have evidence of distant metastatic thyroid cancer. Limitations of Use: * Diagnostic: - Thyrogen-stimulated Tg levels are generally lower than, and do not correlate with Tg levels after thyroid hormone withdrawal. - Even when Thyrogen-Tg testing is performed in combination with radioiodine imaging , there remains a risk of missing a diagnosis of thyroid cancer or underestimating the extent of the disease. - Anti-Tg Antibodies may confound the Tg assay and render Tg levels uninterpretable. | 1 | 2 | 18 years | N/A | N/A | Y | Y | 9/21/2018 |
| | | | | | | | - The effect of Thyrogen on long term thyroid cancer outcomes has not been determined. Indicated in patients 18 years of age and older for: | | | | | | | | |
| Drugs | J3243 | Injection, tigecycline, 1 mg | 1 mg | 1/1/2007 | Tygacil® | tigecycline for injection, for intravenous use | Complicated skin and skin structure infections Complicated intra-abdominal infections Community-acquired bacterial pneumonia | 150 | 1,450 | 18 years | N/A | N/A | Y | Y | 9/21/2018 |
| | | | | | | | Limitations of Use: Tygacil is not indicated for treatment of diabetic foot infection or hospital-acquired pneumonia, including ventilator-associated pneumonia. | | | | | | | | |
| Drugs | J3250 | Injection, trimethobenzamide HCl, up to 200 mg | up to 200 mg | 1/1/2000 | Tigan® | trimethobenzamide hydrochloride | Indicated for the treatment of postoperative nausea and vomiting and for nausea associated with gastroenteritis. | 4 | 124 | 18 years | N/A | N/A | Υ | Y | 9/12/2018 |
| Drugs | J3260 | Injection, tobramycin sulfate, up to 80 mg | up to 80 mg | 1/1/2000 | N/A | tobramycin sulfate injection | Indicated for the treatment of serious bacterial infections caused by susceptible strains of the designated microorganisms in the diseases listed below. - Septicemia in the neonate, full, and adult caused by P. aeruginosa, E. coli, and Klebsiella sp Lower respiratory tract infections caused by P. aeruginosa, Klebsiella sp. Enterobacter sp. Serratia sp, E. coli, and S. aureus (penicillimase and non-penicillimase producing strains) - Serious central nervous system infections (meningits) caused by susceptible organisms - Intra-abdominal infections, including peritonitis, caused by E. coli, Klebsiella sp, and Enterobacter sp Skin, bone, and skin-structure infections caused by P. aeruginosa, Proteus sp, E. coli, Klebsiella sp, Enterobacter sp, and S. aureus | 18 | 558 | N/A | N/A | N/A | Y | Y | 9/12/2018 |

| Biologicals | J3262 | Injection, tocilizumab, 1 mg | 1 mg | 1/1/2011 | Actemra® | tocilizumab injection, for intravenous use | Indicated for the treatment of: *Adult patients with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response to one or more Disease-Modflying Anti-Rheumatic Drugs (DMARDs). *Active systemic juvenile idiopathic arthritis in patients two years of age and older. *Active polyarticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in patients two years of age and older. *Active polyariticular juvenile idiopathic arthritis in | 2,400 | 3,200 | Indication Specific (see comments) | N/A | N/A | γ | ¥ | Indication specific age restrictions: • Active systemic juvenile idiopathic arthrits: 2 years of age and older • Active polyaricular juvenile idiopathic arthrits: 2 years of age and older • Severe or life-threatening CAR T cell-induced cytokine release syndrome: 2 years of age and older • Moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more DMARDs: 18 years of age and older | 4/9/2019 |
|-------------|-------|---|---------|----------|-------------------------------------|---|---|-------|-------|---------------------------------------|-----|------------|---|---|--|-----------|
| Drugs | J3285 | Injection, treprostinil, 1 mg | 1 mg | 1/1/2006 | Remodulin® | treprostinil injection, for subcutaneous or intravenous use | Indicated for treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to diminish symptoms associated with exercise and to reduce the rate of clinical deterioration in patients requiring transition from epoprostenol. | 59 | 1,813 | 17 years | N/A | N/A | Υ | Υ | | 5/14/2019 |
| Drugs | J3300 | Injection, triamcinolone acetonide, preservative free, 1 mg | 1 mg | 1/1/2009 | Triesence® | triamcinolone acetonide injectable suspension | Indicated for: • Treatment of the following ophthalmic diseases: sympathetic ophthalmia, temporal arteritis, uveitis, and occular inflammatory conditions unresponsive to topical corticosteroids. • Visualization during vitrectomy Kenange 40 | 8 | 8 | N/A | N/A | N/A | Y | Y | | 6/7/2019 |
| Drugs | J3301 | Injection, triamcinolone acetonide, Not Otherwise Specified, per 10 mg | 10 mg | 1/1/2000 | Kenalog-10°, Kenalog-40° | triamcinolone acetonide injectable suspension, for intra-articular or intralesional use only | Indicated for intramuscular use as follows: Allergic states: Control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in asthma, atopic dermatitis, contact dermatitis, drug hypersensitivity reactions, perennial or seasonal allergic richinis, serum sichness; transfusion reactions. Dermatologic diseases: Bullous dermatitis herpetiformis, exfoliative erythroderma, mycosis fungoides, pemphigus, severe erythema multiforme (Stevens-Johnson syndrome). Findocrine disorders: Primary or secondary ademocortical insufficienty (hydrocortisone or cortisone is the drug of choice; synthetic analogs may be used in conjunction with mineralocorticoids where applicable; in infancy, mineralocorticoid supplementation is of particular importance), congenital adrenal hyperplasia, hypercalcemia associated with cancer, nonsuppurative thyroiditis. Gastrointestinal diseases: To tide the patient over a critical period of the disease in regional enteritis and ulcerative collitis. Hematologic disorders: Acquired (autoimmune) hemolytic anemia, Diamond-Blackfan anemia, pure red cell | 10 | 150 | N/A | N/A | N/A | γ | Y | | 9/12/2018 |
| Drugs | J3304 | Injection, triamcinolone acetonide, preservative- free, extended-release, microsphere formulation, 1 mg | 1 mg | 1/1/2019 | Zilretta™ | triamcinolone acetonide extended-release injectable suspension, for intra-articular use | Indicated as an intra-articular injection for the management of osteoarthritis pain of the knee. Limitation of Use: Zilretta is not intended for repeat administration. | 64 | 64 | 18 years | N/A | N/A | Υ | Y | | 9/12/2018 |
| Drugs | J3315 | Injection, triptorelin pamoate, 3.75 mg | 3.75 mg | 1/1/2003 | Trelstar* | triptorelin pamoate for injectable suspension | Indicated for the palliative treatment of advanced prostate cancer. | 6 | 6 | 18 years | N/A | Males Only | Υ | Υ | | 9/12/2018 |
| Drugs | J3316 | Injection, triptorelin, extended-release, 3.75 mg | 3.75 mg | 1/1/2019 | Triptodur™ | triptorelin for extended- release injectable suspension, for intramuscular use | Indicated for the treatment of pediatric patients 2 years and older with central precocious puberty. | 6 | 6 | 2 years | N/A | N/A | Y | Y | | 9/12/2018 |
| Biologicals | 13357 | Ustekinumab, for subcutaneous injection, 1 mg | 1 mg | 1/1/2017 | Stelara® for subcutaneous use | ustekinumab injection, for subcutaneous use | Indicated for the treatment of: Adult patients with: *Moderate to sewere plaque psoriasis (Ps) who are candidates for phototherapy or systemic therapy *Active psoriatic arthritis (PsA), alone or in combination with methotrexate *Moderately to severely active Crohr's disease (CD) *Moderately to severely active Uncertaive colitis Adolescent patients (12 years or older) with: *Moderatet to severe plaque psoriasis, who are candidates for phototherapy or systemic therapy. | 90 | 180 | Indication Specific (see comments) | N/A | N/A | Υ | Y | Indication specific age restrictions. * Moderate to severe plaque psoriasis, who are candidates for phototherapy or systemic therapy: 12 years of age and older *All other indications: 18 years of age and older | 12/3/2019 |
| Biologicals | J3358 | Ustekinumab, for intravenous injection, 1 mg | 1 mg | 1/1/2018 | Stelara® for intravenous use | ustekinumab injection, for intravenous use | Indicated for the treatment of adult patients with: • Moderately to severely actic Crohn's disease (CD) • Moderately to severely active ulcerative colitis | 520 | 520 | 18 years | N/A | N/A | Y | Y | | 12/3/2019 |

| Drugs | J3360 | Injection, diazepam, up to 5 mg | up to 5 mg | 1/1/2000 | N/A | diazepam injection | Indicated: For the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiotyte. In acute alcohol whitdrawal, diseapen may be useful in the symptomatic relief of acute agitation, tremor, impending or acute delirium tremens and hallucinosis. As an adjunct prior to endoscopic procedures if apprehension, anxiety or acute stress reactions are present, and to diminish the patient's recall of the procedures. As a useful adjunct for the relief of skeletal muscle spasm due to reflex spasm to local pathology (such as inflammation of the muscles or joints, or secondary to trauma); spasticity caused by upper motor neuron disorders (such as cerebral palsy and paraplegia); athetosis; stiff-man syndrome; and tetanus. As a useful apient in status epilepticus and severe recurrent convolvies esizures. As a useful premedication (the I.M. route is preferred) for relief of anxiety and tension in patients who are to undergo surgical procedures. Intervanously, prior to cardioversion for the relief of anxiety and tension and to diminish the patient's recall of the procedure. | 16 | 250 | 31 days | N/A | N/A | Y | Y | 10/10/2018 |
|-------------|-------|---|-----------------|----------|-----------|--|---|-----|-------|----------|-----|-----|---|---|------------|
| Drugs | J3370 | Injection, vancomycin HCI, 500 mg | 500 mg | 1/1/2000 | N/A | vancomycin hydrochloride for linjection, USP for intravenous use | Indicated for the treatment of serious or severe infections caused by susceptible strains of methicillin-resistant (β- lactam-resistant) staphylococci. It is indicated for penicillin-allergic patients, for patients who cannot receive or who have failed to respond to other drugs, including the penicillins or cephalosporins, and for infections caused by vancomycin-susceptible organisms that are resistant to other antimicrobial drugs. Vancomycin hydrochloride for injection is indicated for initial therapy should be adjusted accordingly. To reduce the development of drug-resistant bacteria and maintain the effectiveness of vancomycin hydrochloride for injection USP and other antibacterial drugs, vancomycin hydrochloride for injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy. | 4 | 124 | N/A | N/A | N/A | Y | У | 6/8/2019 |
| Biologicals | J3380 | Injection, vedolizumab, 1 | 1 mg | 1/1/2016 | Entyvio* | vedolizumab for injection, for intravenous use | Indicated for: *Adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response with, lost response to, or were intolerant to a tumor necrosis factor (TNF) blocker or immunomodulators; or had an inadequate response with, were intolerant to, or demonstrated dependence on corticosteroids: o Inducing and maintaining clinical remission or Inducing and maintaining clinical remission or Improving endoscopic appearance of the muosa o Achieving corticosteroid-free remission *Adult patients with moderately to severely active crohn's disease (CD) who have had an inadequate response with, lost response to, or were intolerant to a TNF blocker or immunomodulators; or had an inadequate response with, were intolerant to, or demonstrated dependence on corticosteroids: o Achieving clinical remission Achieving corticosteroid-free remission | 300 | 600 | 18 years | N/A | N/A | Y | Υ | 7/16/2018 |
| Biologicals | J3385 | Injection, velaglucerase | 100 units | 1/1/2011 | VPRIV® | velaglucerase alfa for | Indicated for long-term enzyme replacement therapy (ERT) for patients with type 1 Gaucher disease. | 84 | 252 | 4 years | N/A | N/A | Υ | Υ | 6/8/2019 |
| Drugs | J3396 | Injection, verteporfin, 0.1 | 0.1 mg | 1/1/2005 | Visudyne® | verteporfin for injection, for intravenous use | Indicated for the treatment of patients with predominantly classic subfoveal choroidal neovascularization due to age-related macular degeneration, pathologic myopia or presumed ocular histoplasmosis. | 150 | 150 | 18 years | N/A | N/A | Y | Y | 9/12/2018 |
| Biologicals | J3397 | Injection, vestronidase | 1 mg | 1/1/2019 | Mepsevii™ | vestronidase alfa-vjbk | Indicated in pediatric and adult patients for the treatment of Mucopolysaccharidosis VII (MPS VII, Sly syndrome). | 560 | 1,680 | N/A | N/A | N/A | Υ | Y | 7/16/2018 |
| Drugs | J3410 | Injection, hydroxyzine HCI, up to 25 mg | up to 25 mg | 1/1/2000 | Vistarii* | hydroxyzine hydrochloride injection for intramuscular use | The total management of anxiety, tension, and psychomotor agitation in conditions of emotional stress requires in most instances a combined approach of psychotherapy and chemotherapy. Hydroxyzine has been found to be particularly useful for this latter phase of therapy in its ability to render the disturbed patient more amenable to psychotherapy in long term treatment of the psychoneurotic and psychotic, although it should not be used as the sole treatment of psychosis or of cleanly demonstrated cases of depression. Also useful in alleviating the manifestations of anxiety and tension as in the preparation for dental procedures and in acute emotional problems. It has also been recommended for the management of anxiety associated with organic disturbances and as aliquire the therapy in alchobidism and allergic conditions with strong emotional overlay, such as in asthma, chronic urticaria, and pruritus. Hydroxyzine phyrochoridoride intramuscular solution is useful in treating the following types of patients when intramuscular administration is indicated: —The acute or chronic alcoholic with anxiety withdrawal symptoms or delirium tremens. —As pre-and postoprative and pre- and postspartum adjunctive medication to permit reduction in narcotic dosage, allay anxiety and control emesis. Hydroxyzine hydrochoridorie has also demonstrated effectiveness in controlling nausea and vomiting, excluding nausea and vomiting of pregnancy. Hydroxyzine benefits the cardiac patient by its ability to allay the associated anxiety and apprehension attendant to certain types of heart disease. Hydroxyzine is not known to interfere with the action of digitalis in any way and may be used concurrently with this agent. | 24 | 240 | N/A | N/A | N/A | Y | Y | 10/26/2018 |
| Drugs | J3420 | Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg | up to 1,000 mcg | 1/1/2000 | N/A | cyanocobalamin injection, USP (vitamin B-12) | Indicated for vitamin B12 deficiencies due to malabsorption which may be associated with the following conditions: - Addisonian (pernicious) anemia - Gastrointestinal pathology, dysfunction, or surgery, including gluten enteropathy or sprue, small bowel bacteria overgrowth, tolar or partial gastrectomy - Fish tapeworm infestation - Malignancy of pancreas or bowel - Folic acid deficiency | 1 | 10 | N/A | N/A | N/A | Υ | Υ | 9/27/2018 |

| Drugs | J3430 | Injection, phytonadione (vitamin K) per 1 mg | 1 mg | 1/1/2000 | Mephyton® | phytonadione injectable emulsion, USP | Indicated in the following coagulation disorders which are due to faulty formation of factors II, VII, IX and X when caused by vitamin K deficiency or interference with vitamin K activity: anticoagulant-induced prothrombin deficiency caused by coumarin or indanedione derivatives; prophylaxis and therapy of hemorrhagic disease of the newborn; hypoprothrombinemia due to antibacterial therapy; hypoprothrombinemia due to antibacterial therapy; hypoprothrombinemia secondary to factors limiting absorption or synthesis of vitamin K, e.g., obstructive jaundice, biliany fistula, sprue, ulcerative colitis, celiac disease, intestinal resection, cystic fibrosis of the pancreas, and regional enteritis; other drug-induced hypoprothrombinemia where it is definitely shown that the result is due to interference with vitamin K metabolism, e.g., salicylates. | 50 | 50 | N/A | N/A | N/A | Y | ¥ | 6/5/2019 |
|-------------|-------|--|----------------------------|-----------|--|---|---|-------|---------|----------|-----|-----|---|---|------------|
| Drugs | J3470 | Injection, hyaluronidase, up to 150 units | up to 150 units | 1/1/2000 | Amphadase* | hyaluronidase injection | Indicated as an adjuvant: In subcutaneous fluid administration for achieving hydration. To increase absorption and dispersion of other injected drugs. In subcutaneous urography for improving resorption of radiopaque agents. | 3 | 93 | N/A | N/A | N/A | Υ | Y | 10/26/2018 |
| Drugs | J3473 | Injection, hyaluronidase, recombinant, 1 USP unit | 1 USP unit | 1/1/2007 | Hylenex® | hyaluronidase human injection, for infiltration use, for interstitial use, for intramuscular use, for intraocular use, for peribulbar use, for soft tissue | Adjuvant to increase the dispersion and absorption of other injected drugs. In subcutaneous fluid administration for achieving hydration. In subcutaneous urography for improving resorption of radiopaque agents. | 450 | 2,250 | N/A | N/A | N/A | Y | Y | 6/4/2019 |
| Drugs | J3475 | Injection, magnesium sulfate, per 500 mg | 500 mg | 1/1/2000 | N/A | magnesium sulfate injection | Indicated for replacement therapy in magnesium deficiency, especially in acute hypomagnesemia accompanied by signs of tetany similar to those observed in hypocalcemia. In such cases, the serum magnesium level is usually below the lower limit of normal (1,5 to 2.5 mEo/L) and the serum calcium level is normal (4,3 to 3.5 mEo/L) or below the lower limit of normal (1,5 to 2.5 mEo/L). | 80 | 560 | N/A | N/A | N/A | Υ | Y | 6/5/2019 |
| Drugs | J3480 | Injection, potassium chloride, per 2 mEq | 2 mEq | 1/1/2000 | N/A | potassium chloride injection | Indicated for the treatment or prevention of hypokalemia when oral treatment is not feasible. | 200 | 1,240 | N/A | N/A | N/A | Υ | Υ | 8/24/2018 |
| Drugs | J3489 | Injection, zoledronic acid, 1 mg | 1 mg | 1/1/2014 | Reclast*; Zometa* | zoledronic acid injection, for intravenous use | Reclast is indicated for: *Treatment and prevention of postmenopausal osteoporosis *Treatment to increase bone mass in men with osteoporosis *Treatment and prevention of guocorticolid-induced osteoporosis *Treatment and prevention of guocorticolid-induced osteoporosis *Treatment of Paget's disease of bone in men and women Limitations of Use: Optimal duration of use has not been determined. For patients at low-risk for fracture, consider drug discontinuation after 3 to 5 years of use. Zometa is indicated for the treatment of: *Hypercaltemia of malignancy. *Patients with multiple myeloma and patients with documented bone metastases from solid tumors, in conjunction with standard antineoplastic therapy. Prostate cancer should have progressed after treatment with at least one hormonal therapy. Limitations of Use: The safety and efficacy of Zometa has not been established for use in hyperparathyroidism or non-tumor-related hypercalcemia. | 5 | 20 | 18 years | N/A | N/A | Y | Y | 9/21/2018 |
| Drugs | J3490 | Unclassified drugs | 1 mg | 1/1/2000 | Depacon® | valproate sodium, for intravenous injection | Indicated as an intravenous alternative in patients in whom oral administration of valproate products is temporarily not feasible in the following conditions: | 8,500 | 119,000 | 2 years | N/A | N/A | Y | Υ | 5/30/2019 |
| Drugs | J1096 | Dexamethasone, lacrimal ophthalmic insert, 0.1 mg | 0.1 mg | 10/1/2019 | Dextenza® | dexamethasone ophthalmic insert 0.4 mg, for intracanalicular use | Indicated for the treatment of ocular inflammation and pain following ophthalmic surgery. | 8 | 8 | 18 years | N/A | N/A | Υ | Y | 9/27/2019 |
| Drugs | 13490 | Unclassified drugs | 1 mg | 1/1/2000 | Baxdela™ | delafloxacin for injection, for intravenous use | Indicated in adults for the treatment of acute bacterial skin and skin structure infections (ABSSSI) caused by susceptible isolates of the following: - Gram-positive organisms: Staphylococcus aureus (including methicillin-resistant [MRSA] and methicillin-susceptible [MSAS] isolates), Staphylococcus langual cause (MRSA) and methicillin-susceptible [MSAS] isolates), Staphylococcus angionals, Streptococcus agalactus, Streptococcus anginosus Group (including Streptococcus agalosus, Streptococcus intermedius, and Streptococcus constellatus), Streptococcus progenes, and Enterococcus facealis. - Gram-negative organisms: Escherichia coli, Enterobacter cloacae, Klebsiella pneumoniae, and Pseudomonas aeruginosa. Indicated in adults for the treatment of community-acquired bacterial pneumonia (CABP) caused by the following susceptible microorganisms: Streptococcus pneumoniae, Staphylococcus aureus (methicillin-susceptible [MSSA] isolates only), Klebsiella pneumoniae, Escherichia coli, Pseudomonas aeruginosa, Haemophilus influenzae, Chlamydia pneumoniae, Legionella pneumophila, and Mycoplasma pneumoniae. | 600 | 8,400 | 18 years | N/A | N/A | Y | Y | 12/3/2019 |
| Drugs | J3490 | Unclassified drugs | 1 mg | 1/1/2000 | Cleviprex* | clevidipine injectable emulsion, for intravenous use | Indicated for the reduction of blood pressure when oral therapy is not feasible or not desirable. | 500 | 1,500 | 18 years | N/A | N/A | Y | Y | 10/4/2018 |
| Drugs | J3490 | Unclassified drugs | 1 mg | 1/1/2000 | Invega Trinza® | paliperidone palmitate extended-release injectable suspension, for intramuscula use | Indicated for the treatment of schizophrenia in patients after they have been adequately treated with Invega Sustenna® (1-month paliperidone palmitate extended-release injectable suspension) for at least four months. | 819 | 819 | 18 years | N/A | N/A | Y | Y | 7/16/2018 |
| Drugs | J0641 | Injection, levoleucovorin, not otherwise specified, 0.5 mg | 0.5 mg | 1/1/2009 | Fusilev* | levoleucovorin injection solution for intravenous use | Limitations of Use: Fusilev is not approved for pernicious anemia and megaloblastic anemias. Improper use may cause a hematologic remission while neurologic manifestations continue to progress. | 2,000 | 10,000 | N/A | N/A | N/A | γ | Y | 10/3/2019 |
| Drugs | J3490 | Unclassified drugs | 1 mg lidocaine USP base | 1/1/2000 | Lidocaine (various topical formulations) | lidocaine (various topical formulations) | Indicated for production of anesthesia of accessible mucous membranes of the oropharynx. It is also useful as an anesthetic lubricant for intubation and for the temporary relief of pain associated with minor burns, including sunburn, abrasions of the skin, and insect bites. | 1,000 | 31,000 | N/A | N/A | N/A | Y | Y | 10/26/2018 |
| Biologicals | J9119 | Injection, cemiplimab- rwlc, 1 mg | 1 mg | 10/1/2019 | Libtayo® | cemiplimab-rwlc injection, for intravenous use | Indicated for the treatment of patients with metastatic cutaneous squamous cell carcinoma (CSCC) or locally advanced CSCC who are not candidates for curative surgery or curative radiation. | 350 | 700 | 18 years | N/A | N/A | Y | Y | 9/27/2019 |
| | | | | • | | | 1 | | | | | | | + | |

| Drugs | 13490 | Unclassified drugs | 50 mL | 1/1/2000 | N/A | sodium bicarbonate injection, solution | Indicated in: *The treatment of metabolic acidosis which may occur in severe renal disease, uncontrolled diabetes, circulatory insufficiency due to shock or severe dehydration, extracorporeal circulation of blood, cardiac arrest and severe primary lactic acidosis. *The treatment of certain drug intoxications, including barbiturates (where dissociation of the barbiturate-protein complex is desired), in polosoning by salicylates or methyl alcohol and in hemolytic reactions requiring alkalinization of the urine to diminish neightrotoxicity of blood pigments. *Severe diarrhea which is often accompanied by a significant loss of bicarbonate. *Treatment of metabolic acidosis should, if possible, be superimposed on measures designed to control the basic cause of the acidosis — e.g., insulin in uncomplicated diabetes, blood volume restoration in shock. But since an appreciable time interval may elapse before all of the ancillary effects are brought about, bicarbonate therapy is indicated to minimize risks inherent to the acidosis itself. *Vigorous bicarbonate therapy is required in any form of metabolic acidosis where a rapid increase in plasma total CO content is crucial — e.g., cardiac arrest, circulatory insufficiency due to shock or severe dehydration, and in severe primary lactic acidosis or severe diabetic acidosis. | 13 | 403 | N/A | N/A | N/A | Y | Y | 10/31/2018 |
|-------------|-------|--|------------------|-----------|-------------|--|---|-------|-------|----------|-----|--------------|---|---|------------|
| Biologicals | J9313 | Injection, moxetumomab pasudotox-tdfk, 0.01 mg | 0.01 mg | 10/1/2019 | Lumoxiti™ | moxetumomab pasudotox- tdfk for injection, for intravenous use | Indicated for the treatment of adult patients with relapsed or refractory hairy cell leukemia (HCL) who received at least two prior systemic therapies, including treatment with a purine nucleoside analog (PNA). Limitations of Use: Not recommended in patients with severe renal impairment (CrCl ≤ 29 mL/min). | 600 | 3,000 | 18 years | N/A | N/A | Υ | Y | 4/9/2019 |
| Drugs | J7313 | Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg | 0.01 mg | 1/1/2016 | lluvien® | fluocinolone acetonide intravitreal implant | Indicated for the treatment of diabetic macular edema in patients who have been previously treated with a course of corticosteroids and did not have a clinically significant rise in intraocular pressure. | 38 | 38 | 18 years | N/A | N/A | Υ | Υ | 10/16/2019 |
| Drugs | J3490 | Unclassified drugs | 1 vial | 1/1/2000 | Prevymis™ | letermovir injection, for intravenous use | Indicated for prophylaxis of cytomegalovirus (CMV) infection and disease in adult CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT). | 1 | 31 | 18 years | N/A | N/A | Υ | Y | 10/26/2018 |
| Biologicals | Q5117 | Injection, trastuzumab- anns, biosimilar, (kanjinti), 10 mg | 10 mg | 10/1/2019 | Kanjinti™ | trastuzumab-anns for injection, for intravenous use | Indicated for: The treatment of HER2 overexpressing breast cancer. The treatment of HER2 overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma. Select patients for therapy based on an FDA-approved companion diagnostic for a trastuzumab product. | 126 | 252 | 18 years | N/A | N/A | Y | Y | 10/3/2019 |
| Drugs | J3490 | Unclassified drugs | 1 device (28 mg) | 1/1/2000 | Spravato™ | esketamine nasal spray | Indicated, in conjunction with an oral antidepressant, for the treatment of treatment-resistant depression (TRD) in adults. Limitations of Use: Spravato is not approved as an anesthetic agent. The safety and effectiveness of Spravato as an anesthetic agent have not been established. | 3 | 26 | 18 years | N/A | N/A | Υ | Y | 5/14/2019 |
| Biologicals | J9204 | Injection, mogamulizumab-kpkc, 1 mg | 1 mg | 10/1/2019 | Poteligeo® | mogamulizumab-kpkc injection, for intravenous use | an antended for the treatment of adult patients with relapsed or refractory mycosis fungoides or Sézary syndrome after at least one prior systemic therapy. | 140 | 700 | 18 years | N/A | N/A | Υ | Υ | 9/27/2019 |
| Drugs | J0642 | Injection, levoleucovorin (khapzory), 0.5 mg | 0.5 mg | 10/1/2019 | Khapzory™ | | Indicated for: * Rescue after high-dose methotrexate therapy in patients with osteosarcoma. * Diminishing the toxicity associated with overdosage of folic acid antagonists or impaired methotrexate elimination. * Treatment of patients with metastatic colorectal cancer in combination with fluorouracil. Limitations of Use: Khapzony is not indicated for the treatment of pernicious anemia and megaloblastic anemia secondary to lack of vitamin 812 Decause of the risk of progression of neurologic manifestations despite hematologic remission. | 2,400 | 4,800 | N/A | N/A | N/A | Y | Y | 10/3/2019 |
| Drugs | J3490 | Unclassified drugs | 1 mL | 1/4/2000 | Provayblue* | methylene blue injection, for intravenous use | indicated for the treatment of pediatric and adult patients with acquired methemoglobinemia. This indication is approved under accelerated approval. Continued approval for this indication may be contingent upon verification of clinical benefit in subsequent trials. | 60 | 60 | N/A | N/A | N/A | Υ | Y | 6/6/2019 |
| Drugs | J3490 | Unclassified drugs | 10 mg | 1/1/2000 | Vimpat® | lacosamide injection, for intravenous use | As the safety of Vimpat injection has not been established in pediatric patients, Vimpat injection is indicated for the treatment of partial-lonset seizures only in adult patients (17 years of age and older). | 40 | 1,240 | 17 years | N/A | N/A | Υ | Υ | 6/8/2019 |
| Drugs | J3490 | Unclassified drugs | 10 mg | 1/4/2000 | Revatio® | sildenafil injection, for intravenous use | inscrizes to the treatment of particularly activate inspectional (PAP) (PAP) Group in adults to improve secretise ability and delay clinical worsening. Studies establishing effectiveness were short-term (12 to 15 weeks), and included predominately patients with NYHA Functional Class II-III symptoms. Etiologies were idiopathic (71%) or associated with connective tissue disease (25%). | 3 | 93 | 3 years | N/A | N/A | Y | Y | 6/7/2019 |
| Drugs | J3490 | Unclassified drugs | 1 mL | 1/1/2000 | Defitelio® | defibrotide sodium injection, for intravenous use | Indicated for the treatment of adult and pediatric patients with hepatic veno-occlusive disease (VOD), also known as sinusoidal obstruction syndrome (5OS), with renal or pulmonary dysfunction following hematopoietic stem-cell transplantation (HSCT). | 45 | 1,395 | 18 years | N/A | N/A | Υ | Y | 6/10/2019 |
| Drugs | J3490 | Unclassified drugs | 1 mg | 1/1/2000 | Noxafil® | posaconazole injection, for intravenous use | Indicated for the prophylaxis of invasive Aspergillus and Candida infections in patients who are at high risk of developing these infections due to being severely immunocompromised, such as HSCT recipients with GVHD or those with hematologic malignancies with prolonged neutropenia from chemotherapy. | 600 | 9,600 | 18 years | N/A | N/A | Υ | Y | 8/24/2018 |
| Drugs | J7401 | Mometasone furoate sinus implant, 10 micrograms | 10 mcg | 10/1/2019 | Sinuva™ | mometasone furoate sinus implant | Indicated for the treatment of nasal polyps in patients greater than or equal to 18 years of age who have had ethmoid sinus surgery. | 270 | 270 | 18 years | N/A | N/A | Υ | Υ | 10/26/2018 |
| Drugs | J3490 | Unclassified drugs | 250 mg | 1/1/2000 | N/A | 17 alpha hydroxyprogesterone caproate (17P) *Compounded* | This drug is an investigational compounded drug with no current FDA approved indications. | 1 | 5 | N/A | N/A | Females Only | Υ | Y | 5/22/2019 |
| Biologicals | 13590 | Unclassified biologics | 1 mg | 1/1/2002 | Andexxa® | coagulation factor Xa (recombinant), inactivated- zhzo lyophilized powder for solution for intravenous injection | Indicated for patients treated with rivaroxaban and apixaban, when reversal of anticoagulation is needed due to life-threatening or uncontrolled bleeding. | 1,800 | 1,800 | 18 years | N/A | N/A | Υ | Y | 6/13/2019 |
| Biologicals | J3590 | Unclassified biologics | 11 mg (1 kit) | 1/1/2002 | Cablivi® | caplacizumab-yhdp for injection, for intravenous or subcutaneous use | Indicated for the treatment of adult patients with acquired thrombotic thrombocytopenic purpura (aTTP), in combination with plasma exchange and immunosuppressive therapy. | 2 | 32 | 18 years | N/A | N/A | Υ | Υ | 3/26/2019 |

| Biologicals | J3590 | Unclassified biologics | 150 mg | 1/1/2002 | Cosentyx® | secukinumab injection, for subcutaneous use | Indicated for the treatment of: - Moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy. - Adults with active psoriatic arthritis (PsA). - Adults with active ankylosing spondylitis (AS). | 2 | 10 | 18 years | N/A | N/A | Υ | Y | 6/4/2019 |
|-------------|-------|---|----------------|-----------|----------------------|---|---|--------|---------|----------|-----|-----|---|---|------------|
| Drugs | J2798 | Injection, risperidone, (perseris), 0.5 mg | 0.5 mg | 10/1/2019 | Perseris™ | risperidone for extended- release injectable suspension, for subcutaneous use | Indicated for the treatment of schizophrenia in adults. | 240 | 480 | 18 years | N/A | N/A | Υ | Y | 10/3/2019 |
| Biologicals | J3590 | Unclassified biologics | 1 IU | 1/1/2002 | Kcentra* | prothrombin complex concentrate (human) for intravenous use, lyophilized powder for reconstitution | indicated for the urgent reversal of acquired coagulation factor deficiency induced by Vitamin K antagonist (VKA, e.g., warfarin) therapy in adult patients with acute major bleeding or need for an urgent surgery/invasive procedure. | 5,000 | 5,000 | 18 years | N/A | N/A | Υ | Y | 7/2/2018 |
| Biologicals | J3590 | Unclassified biologics | 0.5 mL | 1/1/2002 | Plegridy™ | peginterferon beta-1a injection, for subcutaneous injection | Indicated for the treatment of patients with relapsing forms of multiple sclerosis. | 1 | 3 | 18 years | N/A | N/A | Υ | Y | 6/6/2019 |
| Biologicals | J3590 | Unclassified biologics | 50 mL | 1/1/2002 | Praxbind® | idarucizumab injection, for intravenous use | Indicated in patients treated with Pradaxa when reversal of the anticoagulant effects of dabigatran is needed: • For emergency surgenylurgent procedures • In life-threatening or uncontrolled bleeding | 4 | 4 | 18 years | N/A | N/A | Υ | Y | 7/16/2018 |
| Biologicals | J3590 | Unclassified biologics | 1 IU | 1/1/2002 | Recothrom® | thrombin topical (recombinant) lyophilized powder for solution - for topical use only | Indicated to aid hemostasis whenever oozing blood and minor bleeding from capillaries and small venules is accessible and control of bleeding by standard surgical techniques is ineffective or impractical in adults and pediatric populations greater than or equal to one month of age. | 20,000 | 80,000 | 1 month | N/A | N/A | Υ | Y | 4/10/2019 |
| Biologicals | J3590 | Unclassified biologics | 1 mg | 1/1/2002 | Revcovi™ | elapegademase-lvlr injection, for intramuscular use | Indicated for the treatment of adenosine deaminase severe combined immune deficiency (ADA-SCID) in pediatric and adult patients. | 28.8 | 288 | N/A | N/A | N/A | Υ | Y | 12/28/2018 |
| Biologicals | J3590 | Unclassified biologics | 1 mg | 1/1/2002 | Strensiq* | asfotase alfa injection, for subcutaneous use | Treatment of patients with perinatal/infantile-onset and juvenile-onset hypophosphatasia (HPP). | 420 | 5,460 | N/A | N/A | N/A | Υ | Y | 4/10/2019 |
| Biologicals | J3590 | Unclassified biologics | 1 mcg | 1/1/2002 | Sylatron™ | peginterferon alfa-2b for injection, for subcutaneous use | Indicated for the adjuvant treatment of melanoma with microscopic or gross nodal involvement within 84 days of definitive surgical resection including complete lymphadenectomy. | 900 | 4,500 | 18 years | N/A | N/A | Υ | Y | 6/7/2019 |
| Drugs | J2794 | Injection, risperidone (risperdal consta), 0.5 mg | 0.5 mg | 1/1/2005 | Risperdal Consta® | risperidone long-acting injection | Indicated: • for the treatment of schizophrenia. • as monotherapy or as adjunctive therapy to lithium or valproate for the maintenance treatment of Bipolar I Disorder. | 100 | 300 | N/A | N/A | N/A | Υ | Y | 10/3/2019 |
| Drugs | J7030 | Infusion, normal saline solution, 1,000 cc | 1,000 cc | 1/1/2000 | N/A | normal saline solution 1,000 cc (sodium chloride injection) | Indicated as a source of water and electrolytes. Also indicated for use as a priming solution in hemodialysis procedures. | N/A | N/A | N/A | N/A | N/A | Υ | Y | 10/26/2018 |
| Drugs | J7040 | Infusion, normal saline solution, sterile | 500 mL | 1/1/2000 | N/A | normal saline solution 500 cc (sodium chloride injection) | Indicated as a source of water and electrolytes. Also indicated for use as a priming solution in hemodialysis procedures. | 6 | 186 | N/A | N/A | N/A | Υ | Y | 6/7/2019 |
| Drugs | J7042 | 5% Dextrose/normal saline (500 mL = 1 unit) | 500 mL | 1/1/2000 | N/A | dextrose 5% / normal saline | Indicated for use in adults and pediatric patients as sources of calories and water for hydration. | 15 | 200 | N/A | N/A | N/A | Υ | Y | 10/10/2018 |
| Drugs | J7050 | Infusion, normal saline solution, 250 cc | 250 cc | 1/1/2000 | N/A | normal saline solution 250 cc (sodium chloride injection) | Indicated as a source of water and electrolytes. Also indicated for use as a priming solution in hemodialysis procedures. | 6 | 186 | N/A | N/A | N/A | Υ | Y | 6/7/2019 |
| Drugs | J7060 | 5% Dextrose/water (500 mL = 1 unit) | 500 mL | 1/1/2000 | N/A | dextrose 5% / water | Indicated for use in adults and pediatric patients as sources of calories and water for hydration. | 15 | 200 | N/A | N/A | N/A | Υ | Y | 10/10/2018 |
| Drugs | J7070 | Infusion, D5W, 1,000 cc | 1,000 cc | 1/1/2000 | N/A | D5W (dextrose injection) | Indicated for parenteral replenishment of fluid and minimal carbohydrate calories as required by clinical condition of the patient. | 8 | 124 | N/A | N/A | N/A | Υ | Y | 10/4/2018 |
| Drugs | J7120 | Ringer's lactate infusion, up to 1,000 cc | up to 1,000 cc | 1/1/2000 | N/A | lactated ringer's infusion | Indicated as a source of water and electrolytes or as an alkalinizing agent. | 8 | 124 | N/A | N/A | N/A | Υ | Y | 8/29/2018 |
| Drugs | J7121 | 5% dextrose in lactated ringers infusion, up to 1,000 cc | up to 1,000 cc | 1/1/2016 | N/A | D5LR (5% dextrose in lactated ringer's injection) | Indicated for parenteral replacement of extracellular losses of fluid and electrolytes, with or without minimal carbohydrate calories, as required by the clinical condition of the patient. | 8 | 124 | N/A | N/A | N/A | Υ | Y | 10/4/2018 |
| Biologicals | J7170 | Injection, emicizumab- kxwh, 0.5 mg | 0.5 mg | 1/1/2019 | Hemlibra* | emicizumab-kxwh injection, for subcutaneous use | Indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients ages newborn and older with hemophilia A (congenital factor VIII deficiency) with or without factor VIII inhibitors. | 1,680 | 5,040 | N/A | N/A | N/A | Υ | Y | |
| Biologicals | J7175 | Injection, factor X, (human), 1 IU | 110 | 1/1/2017 | Coagadex* | coagulation factor X (human) lyophilized powder for solution for intravenous injection | ***Expanded Indications Approved 9/21/2018*** Indicated in adults and children with hereditary Factor X deficiency for: *On-demand treatment and control of bleeding episodes *Perioperative management of bleeding in patients with mild and moderate hereditary Factor X deficiency ***New Indication Approved 9/21/2018*** Indicated in adults and children with hereditary Factor X deficiency for: *Routine prophylaxis to reduce the frequency of bleeding episodes Limitation of Use: Perioperative management of bleeding in major surgery in patients with severe hereditary Factor X deficiency has not been studied. | 8,400 | 84,000 | N/A | N/A | N/A | Υ | Y | 9/25/2018 |
| Biologicals | J7177 | Injection, human fibrinogen concentrate (fibryga), 1 mg | 1 mg | 1/1/2019 | Fibryga® | fibrinogen concentrate (human) lyophilized powder for reconstitution | Indicated for the treatment of acute bleeding episodes in adults and adolescents with congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia. Fibryga is not indicated for dysfibrinogenemia. | 9,800 | 9,800 | 12 years | N/A | N/A | Υ | Y | 2/5/2019 |
| Biologicals | J7178 | Injection, human fibrinogen concentrate, not otherwise specified, 1 mg | 1 mg | 1/1/2013 | RiaSTAP® | fibrinogen concentrate (human) for intravenous use, lyophilized powder for reconstitution | Indicated for the treatment of acute bleeding episodes in patients with congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia. | 9,800 | 9,800 | N/A | N/A | N/A | Y | Y | 6/8/2019 |
| Biologicals | J7179 | Injection, Von Willebrand factor (recombinant), (Vonvendi), 1IU VWF:RCo | 1 IU | 1/1/2017 | Vonvendi* | von Willebrand factor (recombinant) lyophilized powder for solution, for intravenous injection | Indicated for on-demand treatment and control of bleeding episodes in adults diagnosed with von Willebrand disease. Indicated for perioperative management of bleeding in adults age 18 and older with von Willebrand disease. | 28,000 | 254,800 | 18 years | N/A | N/A | Υ | Y | 9/21/2018 |
| Biologicals | J7180 | Injection, factor XIII (antihemophilic factor, | 110 | 1/1/2012 | Corifact | factor XIII concentrate (human) injection for | Indicated for adult and pediatric patients with congenital Factor XIII deficiency for: Routine prophylactic treatment | 5,000 | 10,000 | N/A | N/A | N/A | Υ | Y | 10/10/2018 |

| Biologicals | J7181 | Injection, factor XIII A- subunit, (recombinant), per IU | per IU | 1/1/2015 | Tretten® | coagulation factor XIII a- subunit (recombinant) | Indicated for routine prophylaxis of bleeding in patients with congenital factor XIII A-subunit deficiency. Not for use in patients with congenital factor XIII B-subunit deficiency. | 4,900 | 9,800 | N/A | N/A | N/A | Y | Y | | 6/8/2019 |
|-------------|-------|---|--------------|----------|--|---|--|---------|---------|---------------------------------------|-----|-----|---|---|---|------------|
| Biologicals | J7182 | Injection, factor VIII, (antihemophilic factor, recombinant), (Novoeight), per IU | 1 IU | 1/1/2015 | Novoeight® | antihemophilic factor (recombinant) for intravenous injection lyophilized powder for solution | Adults and children with hemophilia A for: Control and prevention of bleeding: Perioperative management; Routine prophylaxis to prevent or reduce the frequency of bleeding episodes. | 7,000 | 168,000 | N/A | N/A | N/A | Y | Y | | 6/6/2019 |
| Biologicals | J7183 | Injection, Von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO | 1 IU VWF:RCO | 1/1/2012 | Wilate® | von willebrand factor/coagulation factor VIII complex (human) lyophilized powder for solution for intravenous injection | Indicated in children and adults with von Wilebrand disease for: - On-demand treatment and control of bleeding episodes. - Perioperative management of Dieeding. Indicated in adolescents and adults with hemophilia A for: - Routine prophylaxis to reduce the frequency of bleeding episodes. - On-demand treatment and control of bleeding episodes. | 21,000 | 147,000 | N/A | N/A | N/A | Y | Y | | 10/28/2019 |
| Biologicals | J7185 | Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU | 1 IU | 1/1/2010 | Xyntha® | factor VIII (antihemophilic factor, recombinant) for intravenous injection | Indicated in adults and children with hemophilia A for control and prevention of bleeding episodes and for perioperative management. Xyntha is not indicated in patients with von Willebrand's disease. | 6,000 | 54,000 | N/A | N/A | N/A | Υ | Y | | 10/10/2018 |
| Biologicals | J7186 | Injection, antihemophilic factor VIII/Von Willebrand factor complex (human), per factor VIII IU | 1 IU | 1/1/2009 | Alphanate® | antihemophilic factor/von Willebrand factor complex (human) lyophilized powder for solution for intravenous injection | Indicated for: • Control and prevention of bleeding in adult and pediatric patients with hemophilia A. • Surgical and/or invasive procedures in adult and pediatric patients with von Willebrand Disease in whom desmopressin (DDAVP) is either ineffective or contraindicated. It is not indicated for patients with severe VWD (Type 3) undergoing major surgery. | 20,500 | 133,250 | N/A | N/A | N/A | Y | Y | Max Units: Although the monthly dose can exceed this amount, use of higher doses administered by a provider must be supported with adequate documentation supplied to DMA and established in the medical record. | 9/21/2018 |
| Biologicals | J7187 | Injection, Von Willebrand factor complex (Humate- P), per IU, VWF:RCO | 1 IU | 1/1/2007 | Humate-P* | antihemophilic factor/von Willebrand factor complex (human), lyophilized powder for reconstitution for intravenous use only | Indicated for: *Hemophilia A – Treatment and prevention of bleeding in adults. *Von Willebrand disease (VWD) – in adults and pediatric patients in the (1) Treatment of spontaneous and trauma-induced bleeding episodes, and (2) Prevention of excessive bleeding during and after surgery. This applies to patients with severe VWD as well as spatients with mild to moderate VWD where the use of desmopressin is known or suspected to be inadequate. Humate-P is not indicated for the prophylaxis of spontaneous bleeding episodes in VWD. | 27, 250 | 136,250 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age restrictions: - Hemophilia A: 18 years of age and older on age and older on the specific age and older (WWD): None Max Units: Although the daily dose can exceed this amount, use of higher doses administered by a provider must be supported with adequate documentation supplied to DMA and established in the medical record. | 9/21/2018 |
| Biologicals | J7188 | Injection, factor VIII (antihemophilic factor, recombinant), (Obizur), per IU | 1 IU | 1/1/2016 | Obizur® | antihemophilic factor (recombinant), porcine sequence lyophilized powder for solution for intravenous injection | Treatment of bleeding episodes in adults with acquired hemophilia A. | 168,000 | 630,000 | 18 years | N/A | N/A | Y | Υ | record. | 4/10/2019 |
| Biologicals | J7189 | Factor VIIa (antihemophilic factor, recombinant), per 1 microgram | 1 mcg | 1/1/2006 | NovoSeven®, NovoSeven® RT | coagulation factor VIIa (recombinant) for intravenous use | Indicated for: *Treatment of bleeding episodes and peri-operative management in adults and children with hemophilia A or B with inhibitors, congenital Factor VII (FVII) deficiency, and Glanzmann's thrombasthenia with refractoriness to platelet translicions, with or without antibodies to platelets. *Treatment of bleeding episodes and peri-operative management in adults with acquired hemophilia. | 48,000 | 96,000 | N/A | N/A | N/A | Y | Y | | 10/10/2018 |
| Biologicals | J7190 | Factor VIII (antihemophilic factor (human)) per IU | 1 IU | 1/1/2000 | Hemofil® M, Koate®.DVI, Monoclate-P® | factor VIII (antihemophilic factor, human) for intravenous injection | Koate: Indicated for the control and prevention of bleeding episodes or in order to perform emergency and elective surgery in patients with hemophilia A (hereditary Factor VIII deficiency). Limitation of Use: Koate is not indicated for the treatment of von Willebrand disease. Monoclate-P: Indicated for treatment of classical hemophilia (Hemophilia A). Affected individuals frequently require therapy following minor accidents. Surgery, when required in such individuals, must be preceded by temporary corrections of the clotting abnormality. Surgical prophylaxis in severe AHF deficiency can be accomplished with an appropriately-dosed pre-surgical IV bolus of Monoclate-P followed by intermittent maintenance doses. Monoclate P is not effective in controlling the bleeding of patients with von Willebrand disease. Hemofil M: Indicated in hemophilia A (classical hemophilia) for the prevention and control of hemorrhagic episodes. Hemofil M is not indicated in von Willebrand disease. | 6,000 | 24,000 | N/A | N/A | N/A | Y | Y | | 10/10/2018 |
| Biologicals | J7192 | Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified | 110 | 1/1/2000 | Advate*, Helivate* FS, Kogenate* FS, Recombinate**, ReFacto*, Bioclate* | factor VIII (antihemophilic factor, recombinant) for intravenous use | Kogenate: Indicated for: • On-demand treatment and control of bleeding episodes in adults and children with hemophilia A. • Perioperative management of bleeding in adults and children with hemophilia A. • Routine prophylaxis to reduce the frequency of bleeding episodes in children with hemophilia A and to reduce the risk of joint damage in children without pre-existing joint damage. • Routine prophylaxis to reduce the frequency of bleeding episodes in adults with hemophilia A. Kogenate is not indicated for the treatment of von Willebrand disease. Advate: Indicated for use in children and adults with hemophilia A for: • Control and prevention of bleeding episodes. • Perioperative management. • Routine prophylaxis to prevent or reduce the frequency of bleeding episodes. Advate is not indicated for the treatment of von Willebrand disease. Recombinate: Indicated in hemophilia A: • For the prevention and control of hemorrhagic episodes. Perioperative management. Recombinate is not indicated in von Willebrand's disease. | 6,000 | 54,000 | N/A | N/A | N/A | Y | Y | | 10/10/2018 |

| Biologicals | J7193 | Factor IX (antihemophilic factor, purified, non- recombinant) per IU | 110 | 1/1/2002 | Mononine®, AlphaNine® SD | coagulation factor IX (human | Indicated for the prevention and control of bleeding episodes in patients with Factor IX deficiency (hemophilia B, Christmas disease). | 6,000 | 42,000 | N/A | N/A | N/A | Y | Y | 10/10/2018 |
|-------------|-------|--|--------|----------|--|---|--|--------|---------|----------|-----|-----|---|---|------------|
| Biologicals | J7194 | Factor IX, complex, per IU | per IU | 1/1/2000 | Bebulin® VH, Profilnine® SD, Profilnine® | factor IX complex for intravenous administration | Bebulin: Indicated for the prevention and control of bleeding episodes in adult patients with hemophilia B (congenital Factor IX deficiency or Christmas disease). Bebulin is not indicated for use in the treatment of Factor Vill deficiency, to clinical studies have been conducted to show benefit from this product for treating deficiencies other than Factor IX deficiency. Profilnine: Indicated for the prevention and control of bleeding in patients with factor IX deficiency (hemophilia B). Profilnine contains non-therapeutic levels of factor VII and is not indicated for use in the treatment of factor VII deficiency. | 8,500 | 59,500 | 18 years | N/A | N/A | Y | Y | 10/26/2018 |
| Biologicals | J7195 | Injection factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified | 110 | 1/1/2002 | BeneFiX® | coagulation factor IX (recombinant) for intravenous use | Indicated for: Control and prevention of bleeding episodes in adult and pediatric patients with hemophilia B. Peri-operative management in adult and pediatric patients with hemophilia B. Limitations of Use: Benefix is not indicated for the treatment of other factor deficiencies (e.g. factors II, VII, VIII, and X), hemophilia A patients with inhibitors to factor VIII, reversal of courant-induced anticoagulation, and bleeding due to low levels of live-dependent coagulation factors. | 6,000 | 42,000 | N/A | N/A | N/A | Υ | Y | 10/10/2018 |
| Biologicals | J7195 | Injection factor IX (antihemophilic factor, recombinant), per IU, not otherwise specified | 110 | 1/1/2002 | lxinity® | coagulation factor IX (recombinant) lyophilized powder for solution for intravenous injection | Indicated in adults and children greater than or equal to 12 years of age with hemophilia B for control and prevention of bleeding episodes and perioperative management. | 11,500 | 322,000 | 12 years | N/A | N/A | Y | Y | 7/2/2018 |
| Biologicals | J7196 | Injection, antithrombin recombinant, 50 IU | 50 IU | 1/1/2011 | ATryn® | antithrombin (recombinant) lyophilized powder for reconstitution | Indicated for the prevention of peri-operative and peri-partum thromboembolic events in hereditary antithrombin deficient patients. | 300 | 1,100 | 18 years | N/A | N/A | Υ | Y | 9/25/2018 |
| Biologicals | J7197 | Antithrombin III (human), per IU | 110 | 1/1/2000 | Thrombate III® | antithrombin III (human) lyophilized powder for solution for intravenous injection | Indicated in patients with hereditary antithrombin deficiency for: • Treatment and prevention of thromboembolism • Prevention of peri-operative and peri-partum thromboembolism | 5,000 | 40,000 | 18 years | N/A | N/A | Y | Y | 9/25/2018 |
| Biologicals | J7198 | Anti-inhibitor, per IU | per IU | 1/1/2000 | Feiba | anti-inhibitor coagulant complex, for intravenous use lyophilized powder for solution | Indicated for use in hemophilia A and B patients with inhibitors for: • Control and prevention of bleeding episodes • Perioperative management • Routine prophylaxis to prevent or reduce the frequency of bleeding episodes. Feiba is not indicated for the treatment of bleeding episodes resulting from coagulation factor deficiencies in the absence of inhibitors to factor VIII or factor IX. | 56,000 | 560,000 | N/A | N/A | N/A | Y | Y | 9/21/2018 |
| Biologicals | J7208 | Injection, factor viii, (antihemophilic factor, recombinant), pegylated- aucl, (jivi), 1 i.u. | 110 | 7/1/2019 | Jivi® | antihemophilic factor (recombinant) PEGylated- aucl, for intravenous use | Indicated for use in previously treated adults and adolescents (12 years of age and older) with hemophilia A (congenital Factor VIII deficiency) for: On-demand treatment and control of bleeding episodes Perioperative management of bleeding Routine prophylaxis to reduce the frequency of bleeding episodes Limitations of use: Jivi is not indicated for use in children < 12 years of age due to a greater risk for hypersensitivity reactions. Jivi is not indicated for use in previously untreated patients (PUPs). Jivi is not indicated for the team of the Victoriand disease. | 18,000 | 180,000 | 12 years | N/A | N/A | Υ | Y | 9/25/2018 |
| Biologicals | J7200 | Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU | 110 | 1/1/2015 | Rixubis® | coagulation factor IX (recombinant) for intravenous injection | Indicated in adults and children with hemophilia B for control and prevention of bleeding episodes, perioperative management, and routine prophylaxis. Rixubis is not indicated for induction of immune tolerance in patients with Hemophilia B. | 6,700 | 60,300 | N/A | N/A | N/A | Υ | Y | 10/10/2018 |
| Biologicals | J7201 | Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU | 110 | 1/1/2017 | Alprolix® | coagulation factor IX (recombinant), Fc fusion protein, lyophilized powder for solution for intravenous injection | Indicated for adults and children with hemophilia B for: • On-demand treatment and control of bleeding episodes. • Perioperative management of bleeding. • Routine prophylaxis to reduce the frequency of bleeding episodes. Limitations of Use: Alprolix is not indicated for induction of immune tolerance in patients with hemophilia B. | 24,000 | 72,000 | N/A | N/A | N/A | Υ | Y | 4/10/2019 |
| Biologicals | J7202 | Injection, factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU | 110 | 1/1/2017 | Idelvion® | coagulation factor IX (recombinant), albumin fusion protein lyophilized powder for solution for intravenous use | Indicated in children and adults with hemophilia B (congenital Factor IX deficiency) for: • On-demand treatment and control and prevention of bleeding episodes • Perioperative management of bleeding • Routine prophylaxis to reduce the frequency of bleeding episodes Limitations of Use: Idelvion is not indicated for immune tolerance induction in patients with Hemophilia B. | 10,769 | 96,921 | N/A | N/A | N/A | Y | Y | 6/6/2019 |
| Biologicals | J7203 | Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu | 110 | 1/1/2019 | Rebinyn® | coagulation factor IX (recombinant), glycoPEGylated, lyophilized powder for solution for intravenous injection | Indicated for use in adults and children with hemophilia B for: • On-demand treatment and control of bleeding episodes • Perioperative management of bleeding Limitations of Use: Rebinyn is not indicated for routine prophylaxis in the treatment of patients with hemophilia B or for immune tolerance induction in patients with hemophilia B. | 16,800 | 67,200 | N/A | N/A | N/A | Υ | Y | 7/2/2018 |
| Biologicals | J7205 | Injection, factor VIII Fc fusion protein (recombinant), per IU | 1 IU | 1/1/2016 | Eloctate® | antihemophilic factor (recombinant) Fc fusion protein lyophilized powder for solution for intravenous injection | Indicated in adults and children with Hemophilia A (congenital Factor VIII deficiency) for: On-demand treatment and control of bleeding episodes. Perioperative management of bleeding. Routine prophylaxis to reduce the frequency of bleeding episodes. Limitation of Use: Eloctate is not indicated for the treatment of von Willebrand disease. | 14,000 | 140,000 | N/A | N/A | N/A | Υ | Y | 7/2/2018 |
| Biologicals | J7207 | Injection, factor VIII, (antihemophilic factor, recombinant), pegylated, 1 IU | 110 | 1/1/2017 | Adynovate® | antihemophilic factor (recombinant), PEGylated lyophilized powder for solution for intravenous injection | Indicated in children and adult patients with hemophilia A (congenital factor VIII deficiency) for: On-demand treatment and control of bleeding episodes Perioperative management Routine prophylasis to reduce the frequency of bleeding episodes Adynovate is not indicated for the treatment of you Willebrand disease. | 21,000 | 210,000 | N/A | N/A | N/A | Y | Y | 9/25/2018 |
| Biologicals | J7209 | Injection, factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU | 110 | 1/1/2017 | Nuwiq® | antihemophilic factor (recombinant), lyophilized powder for solution for intravenous injection | Notificated in a distance to the treatment of our windows in observe. Indicated in a distance with Hemophila A for: On-demand treatment and control of bleeding episodes Perioperative management of bleeding Routine prophylaxis to reduce the frequency of bleeding episodes Nuwiq is not indicated for the treatment of von Willebrand Disease. | 21,000 | 210,000 | N/A | N/A | N/A | Υ | Y | 4/10/2019 |

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|---------------------|-------|---|-----------------------|-----------|------------------------|--|---|--------|---------|---------------------------------------|-----|--------------|---|---|--|------------|
| Biologicals | J7210 | Injection, factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU | 110 | 1/1/2018 | Afstyla® | antihemophilic factor (recombinant), single chain for intravenous injection, lyophilized powder for solution | Indicated in adults and children with hemophilia A (congenital Factor VIII deficiency) for: - On-demand treatment and control of bleeding episodes Routine prophylaxis to reduce the frequency of bleeding episodes Perioperative management of bleeding Limitation of Use: - Akfyla is not indicated for the treatment of von Willebrand disease. | 21,000 | 210,000 | N/A | N/A | N/A | Y | Y | | 4/10/2019 |
| Biologicals | J7211 | Injection, factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU | 110 | 1/1/2018 | Kovaltry® | factor VIII (antihemophilic factor, recombinant) for intravenous injection | Indicated for use in adults and children with hemophilia A (congenital Factor VIII deficiency) for: On-demand treatment and control of bleeding episodes Perioperative management of bleeding Routine prophylaxis to reduce the frequency of bleeding episodes Kovaltry is not indicated for the treatment of von Willebrand disease. | 21,000 | 210,000 | N/A | N/A | N/A | Υ | Y | | 10/10/2018 |
| Drugs | J7296 | Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg | 19.5 mg | 1/1/2018 | Kyleena® | levonorgestrel-releasing intrauterine system | indicated for prevention of pregnancy for up to 5 years. | 1 | 1 | After menarche | N/A | Females Only | Y | Y | | 10/26/2018 |
| Drugs | J7297 | Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52mg | 52 mg | 1/1/2017 | Liletta® | levonorgestrel-releasing intrauterine system | Indicated for the prevention of pregnancy for up to 6 years. | 1 | 1 | After menarche | N/A | Females Only | Υ | Y | | 12/3/2019 |
| Drugs | J7298 | Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg | 52 mg | 1/1/2017 | Mirena® | levonorgestrel-releasing intrauterine system | Indicated for: Intrauterine contraception for up to 5 years. Treatment of heavy menstrual bleeding in women who choose to use intrauterine contraception as their method of contraception. | 1 | 1 | After menarche | N/A | Females Only | Υ | Υ | | 10/26/2018 |
| Miscellaneous | J7300 | Intrauterine copper contraceptive | 1 intrauterine device | 1/1/2000 | Paragard* | intrauterine copper contraceptive | Indicated for intrauterine contraception for up to 10 years. | 1 | 1 | 16 years | N/A | Females Only | Υ | Υ | | 7/16/2018 |
| Drugs | J7301 | Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg | 13.5 mg | 1/1/2017 | Skyla* | levonorgestrel-releasing intrauterine system | Indicated for the prevention of pregnancy for up to 3 years. | 1 | 1 | After menarche | N/A | Females Only | Υ | Υ | | 10/26/2018 |
| Drugs | J7307 | Etonogestrel (contraceptive) implant system, including implant and supplies | 1 implant | 1/1/2008 | Nexplanon® | etonogestrel implant for subdermal use | Indicated for use by women to prevent pregnancy. | 1 | 1 | Use after menarche | N/A | Females Only | Y | Y | | 10/10/2018 |
| Drugs | J7308 | Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg) | 354 mg | 1/1/2004 | Levulan® Kerastick® | aminolevulinic acid HCl for topical solution, 20% | Indicated for photodynamic therapy (treatment) of minimally to moderately thick actinic keratoses of the face or scalp, or actinic keratoses of the upper extremities. FDA approval of upper extremity treatment approved 3/6/2018. | 1 | 1 | 18 years | N/A | N/A | Y | Y | | 9/25/2018 |
| Drugs | J7311 | Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg | 0.01 mg | 1/1/2007 | Retisert® | fluocinolone acetonide intravitreal implant | Indicated for the treatment of chronic noninfectious uveitis affecting the posterior segment of the eye. | 118 | 118 | 12 years | N/A | N/A | Υ | Y | | 10/10/2018 |
| Drugs | J7312 | Injection, dexamethasone, intravitreal implant, 0.1 mg | 0.1 mg | 1/1/2011 | Ozurdex® | dexamethasone intravitreal implant | Indicated for the treatment of macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO), non-infectious uveitis affecting the posterior segment of the eye and diabetic macular edema. | 14 | 14 | 18 years | N/A | N/A | Υ | Υ | | 6/6/2019 |
| Drugs | J0122 | Injection, eravacycline, 1 mg | 1 mg | 10/1/2019 | Xerava™ | eravacycline for injection, for intravenous use | Indicated for the treatment of complicated intra-abdominal infections in patients 18 years of age and older. Limitations of Use: Xerava is not indicated for the treatment of complicated urinary tract infections (cUTI). | 500 | 7,000 | 18 years | N/A | N/A | Υ | Y | | 9/27/2019 |
| Drugs | J7316 | Injection, ocriplasmin, 0.125 mg | 0.125 mg | 1/1/2014 | Jetrea® | ocriplasmin injection, for intravitreal injection | Indicated for the treatment of symptomatic vitreomacular adhesion. | 2 | 2 | 18 years | N/A | N/A | Υ | Υ | | 7/16/2018 |
| Drugs | J7336 | Capsaicin 8% patch, per square centimeter | per square centimeter | 1/1/2015 | Qutenza® | capsaicin 8% patch | Indicated for the management of neuropathic pain associated with postherpetic neuralgia (PHN). | 1,120 | 1,120 | 18 years | N/A | N/A | Υ | Y | | 6/6/2019 |
| Drugs | J7342 | Installation, ciprofloxacin otic suspension, 6 mg | 6 mg | 1/1/2017 | Otiprio® | ciprofloxacin otic suspension, for intratympanic or otic use | Indicated for the treatment of pediatric patients (age 6 months and older) with bilateral otitis media with effusion undergoing tympanostomy tube placement. Indicated for the treatment of acute otitis externa in patients 6 months of age and older due to Pseudomonas aeruginosa and Staphylococcus aureus. | 10 | 10 | 6 months | N/A | N/A | Y | Y | | 9/27/2018 |
| Immune Globulins | J7504 | Lymphocyte immune globulin, anti-thymocyte globulin, equine, parenteral, 250 mg | 250 mg | 1/1/2000 | Atgam® | lymphocyte immune globulin, anti-thymocyte globulin (equine), sterile solution for intravenous use only | Indicated for: *Renal transplant rejection. *Aplastic anemia (moderate to severe) in patients unsuitable for bone marrow transplantation. Limitations of Use: The usefulness of Atgam has not been demonstrated in patients with aplastic anemia who are suitable candidates for bone marrow transplantation or in patients with aplastic anemia secondary to neoplastic disease, storage disease, myelofibrosis, Fanconi's syndrome, or in patients known to have been exposed to myelotoxic agents or radiation. | 11.2 | 235.2 | N/A | N/A | N/A | Υ | Y | | 9/12/2018 |
| Drugs | 19000 | Injection, doxorubicin hydrochloride, 10 mg | 10 mg | 1/1/2000 | Adriamycin® | doxorubicin hydrochloride for injection, for intravenous use | Indicated: - As a component of multiagent adjuvant chemotherapy for treatment of women with axillary lymph node involvement following resection of primary breast cancer. | 19 | 38 | N/A | N/A | N/A | Υ | Υ | | 4/10/2019 |
| Drugs | J9015 | Injection, aldesleukin, per single-use via | per single use vial | 1/1/2000 | Proleukin® | aldesleukin for injection, for intravenous infusion | Indicated for the treatment of adults with metastatic renal cell carcinoma and metastatic melanoma. | 12 | 112 | 18 years | N/A | N/A | Υ | Υ | | 6/6/2019 |
| Drugs | J9017 | Injection, arsenic trioxide, | 1 mg | 1/1/2000 | Trisenox® | arsenic trioxide injection, for intravenous use | Indicated for induction of remission and consolidation in patients with acute promyelocytic leukemia (APL) who are refractory to, or have relapsed from, retinoid and anthracycline chemotherapy, and whose APL is characterized by the presence of the tI[5:17] translocation or PML/RAR-alpha gene expression. Indicated in combination with tretinoin for treatment of adults with newly-diagnosed low-risk acute promyelocytic leukemia (APL) whose APL is characterized by the presence of the t[15:17] translocation or PML/RAR-alpha gene expression. | 21 | 651 | Indication Specific (see comments) | N/A | N/A | Υ | Y | Indication specific age restrictions: In combination with tretinoin: 18 years of age and older As a single agent: 5 years of age and older | 9/25/2018 |
| Drugs | J9019 | Injection, asparaginase (Erwinaze), 1,000 IU | 1,000 units | 1/1/2013 | Erwinaze® | asparaginase erwinia chrysanthemi for injection, for intramuscular (IM) or intravenous (IV) use | Indicated as a component of a multi-agent chemotherapeutic regimen for the treatment of patients with acute lymphoblastic leukemia (ALL) who have developed hypersensitivity to E. coli-derived asparaginase. | 70 | 420 | 1 year | N/A | N/A | Υ | Y | - | 6/4/2019 |

| Biologicals | J9022 | Injection, atezolizumab, 10 mg | 10 mg | 1/1/2018 | Tecentriq* | atezolizumab injection, for intravenous use | Indicated for the treatment of patients with: *Locally advanced or metastatic urothelial carcinoma who: O Are not eligible for cisplatin-containing chemotherapy, and whose tumors express PD-L1 (PD-L1 stained tumor-infiltrating immune cells [IC] covering greater than or equal to 5% of the tumor area), or O Are not eligible for any platinum-containing chemotherapy regardless of level of tumor PD-L1 expression, or o Are not eligible for any platinum-containing chemotherapy, or within 12 months of neeadjuvant or adjuvant chemotherapy. Non-Small Cell tung Ganzer (NSCLC) O Metastatic non-small cell lung cancer who have disease progression during or following platinum-containing chemotherapy. Patients with EGRs or ALK genomic tumor aberrations should have disease progression on FDA approved therapy for these aberrations prior to receiving Tecentriq. O in combination with bevacizumab, paclitaxel, and carboplatin, for the firstline treatment of patients with metastatic non-squamous NSCLC with no EGRs or ALK genomic tumor aberrations. Triple-Negative Breast Stancer (TRDC) *in combination with paclitazel protein-bound and carboplatin for the first-line treatment of adult patients with metastatic non-squamous NSCLC with no EGRs or ALK genomic tumor aberrations. Triple-Negative Breast Stancer (TRDC) *in combination with paclitazel protein-bound of the treatment of adult patients with unresectable locally advanced or metastatic TNRC whose tumors express PD-L1 (PD-L1 stained tumor-infilitating immune cells [IC] of any intensity covering 2 1% of the tumor area), as determined by an FDA approved test. | 168 | 336 | 18 years | N/A | N/A | Y | γ | 5/1/2019 |
|-------------|-------|--|------------------|----------|------------|--|--|-----|-------|----------|-----|-----|---|---|-----------|
| Biologicals | J9023 | Injection, avelumab, 10 mg | 10 mg | 1/1/2018 | Bavencio® | avelumab injection, for intravenous use | Indicated for the treatment of adults and pediatric patients 12 years and older with metastatic Merkel cell carcinoma (MCC). Indicated for patients with locally advanced or metastatic urothelial carcinoma (UC) who have disease progression during or following platinum-containing chemotherapy or have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy. First-line treatment, in combination with axitinib, of patients with advanced renal cell carcinoma (RCC). | 80 | 240 | 12 years | N/A | N/A | Y | Y | 7/2/2018 |
| Drugs | J9025 | Injection, azacitidine, 1 mg | 1 mg | 1/1/2006 | Vidaza® | azacitidine for injection, for subcutaneous or intravenous use | Indicated for the treatment of patients with the following FAB myelodysplastic syndrome (MDS) subtypes: refractory anemia (RA) or refractory anemia with ringed sideroblasts (RARS) (if accompanied by neutropenia or thrombocytopenia or requiring transfusions), refractory anemia with execss blasts (RAEB), refractory anemia with execss blasts in transformation (RAEB-T) and chronic myelomonocytic leukemia (CMMOL). | 250 | 2,500 | 18 years | N/A | N/A | Y | Y | 9/25/2018 |
| Biologicals | J9030 | Bcg live intravesical instillation, 1 mg | per installation | 1/1/2000 | Tice BCG® | BCG Live (intravesical) | Indicated for the treatment and prophylaxis of carcinoma in situ (CIS) of the urinary bladder, and for the prophylaxis of primary or recurrent stage Ta and/or T1 papillary tumors following transurethral resection (TUR). The BCG is not recommended for stage TaG1 papillary tumors, unless they are judged to be at high risk of tumor recurrence. Tice BCG is not indicated for papillary tumors of stages higher than T1. | 1 | 5 | 18 years | N/A | N/A | Y | Y | 6/8/2019 |
| Drugs | J9032 | Injection, belinostat, 10 mg | 10 mg | 1/1/2016 | Beleodaq® | belinostat for injection, for intravenous use | Indicated for the treatment of patients with relapsed or refractory peripheral T-cell lymphoma (PTCL). | 250 | 2,500 | 18 years | N/A | N/A | Υ | Y | 4/10/2019 |
| Drugs | J9033 | Injection, bendamustine HCI (Treanda), 1 mg | 1 mg | 1/1/2017 | Treanda® | bendamustine hydrochloride injection, for intravenous use | Indicated for treatment of patients with: - Chronic Myndproxitic eukemia (CLL). Efficacy relative to first line therapies other than chlorambucil has not been established. - Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with ritusians to a ritusians-boratisning regimen. | 300 | 1,200 | 18 years | N/A | N/A | Y | Y | 9/25/2018 |
| Drugs | J9034 | Injection, bendamustine HCl (Bendeka), 1 mg | 1 mg | 1/1/2017 | Bendeka® | bendamustine hydrochloride injection, for intravenous use | Indicated for treatment of patients with: - Chronic lymphocytic leukemia (CLL). Efficacy relative to first line therapies other than chlorambucil has not been established. - Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with rituurinab or a ritusimab-containing regimen. | 300 | 1,200 | 18 years | N/A | N/A | Y | Y | 9/25/2018 |
| Biologicals | J9035 | Injection, bevacizumab, 10 mg | 10 mg | 1/1/2005 | Avastin* | bevacizumab injection, for intravenous use | Indicated for the treatment of: Metastatic colorectal cancer, in combination with intravenous 5-fluorouracli-based chemotherapy for first- or second-line treatment. Metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line Avastin-containing regimen. Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and pacitizatel for first-line treatment. *Recurrent glioblastoma in adults. *Recurrent glioblastoma in adults. *Restruerent glioblastoma in adults. *Persistent, recurrent, or metastatic cervicia cancer, in combination with pacitizatel and cisplatin, or pacitizatel and topotecan. *Epithelial ovarian, fallopian tube, or primary peritoneal cancer: In combination with pacitizate, pegylated liposomal dosorobicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens. In combination with pacitizate, pegylated incommendation and pacitizate or carboplatin and gemetabine, followed by Avastin as a single agent, for platinum sensitive recurrent disease. In combination with carboplatin and pacitizatel or carboplatin and gemetabine, followed by Avastin as a single agent, for stage III or IV disease following initial surgical resection. Limitation of Use: Avastin is not indicated for adjuvant treatment of colon cancer. | 210 | 420 | 18 years | N/A | N/A | Y | Υ | 7/26/2018 |
| Biologicals | J9039 | Injection, blinatumomab, 1 mcg | 1 mcg | 1/1/2016 | Blincyto® | blinatumomab for injection, for intravenous use | Treatment of adults and children with: • Relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL). • B-cell precursor acute lymphoblastic leukemia (ALL) in first or second complete remission with minimal residual disease (MRD) ≥ 0.1%. | 28 | 784 | N/A | N/A | N/A | Y | Y | 4/9/2019 |
| Drugs | J9040 | Injection, bleomycin sulfate, 15 units | 15 units | 1/1/2000 | N/A | bleomycin for injection | Considered a palliative treatment shown to be useful in the management of: * Squamous Cell Carcinoma: Head and neck (including mouth, tongue, tonsil, nasopharynx, oropharynx, sinus, palate, lip, buccal mucosa, gingives, epiglottis, skin, layrnya), penis, cervia, and vulva. The response to bleomycin is poorer in patients with previously irradiated head and neck cancer. * Lymphomas: Hoodgikris' disease, non-Hodgikris' disease * Testicular Carcinoma: Embryonal cell, choriocarcinoma, and teratocarcinoma * Malignant Pleural Effusion: Bloomycin is effective as a sclerosing agent for the treatment of malignant pleural effusion and prevention of recurrent pleural effusions. | 5 | 27 | N/A | N/A | N/A | Y | ٧ | 4/10/2019 |

| | | totantina hantaranih | | | | bortezomib for injection, for | Indicated for treatment of patients with: | | | | | | | | |
|-------------|-------|--|--------|----------|-----------|--|--|-----|-----|----------|-----|------------|---|---|-----------|
| Drugs | J9041 | Injection, bortezomib (velcade), 0.1 mg | 0.1 mg | 1/1/2005 | Velcade® | subctuaneous or intravenous use | Multiple myeloma Mantle cell lymphoma | 35 | 245 | 18 years | N/A | N/A | Y | Y | 6/8/2019 |
| Biologicals | J9042 | Injection, brentuximab vedotin, 1 mg | 1 mg | 1/1/2013 | Adcetris* | brentuximab vedotin for injection, for intravenous use | Indicated for: - Previously untreated Stage III or IV classical Hodgkin lymphoma (cHL), in combination with doxorubicin, vinblastine, and dacarbazine. | 180 | 360 | 18 years | N/A | N/A | Y | Y | 5/14/2019 |
| Drugs | J9043 | Injection, cabazitaxel, 1 mg | 1 mg | 1/1/2012 | Jevtana® | cabazitaxel injection, for intravenous use | Indicated in combination with prednisone for treatment of patients with hormone-refractory metastatic prostate cancer previously treated with a docetaxel-containing treatment regimen. | 120 | 240 | 18 years | N/A | Males Only | Y | Y | 9/27/2018 |
| Drugs | J9044 | Injection, bortezomib, not otherwise specified, 0.1 mg | 0.1 mg | 1/1/2019 | N/A | bortezomib for injection, for intravenous use | Indicated for: • treatment of patients with multiple myeloma • treatment of patients with mantle cell lymphoma who have received at least 1 prior therapy | 35 | 245 | 18 years | N/A | N/A | Y | Y | 2/5/2019 |
| Drugs | J9045 | Injection, carboplatin, 50 mg | 50 mg | 1/1/2000 | N/A | carboplatin injection for intravenous use | Indicated for the initial treatment of advanced ovarian carcinoma in established combination with other approved chemotherapeutic agents and for the palliative treatment of patients with ovarian carcinoma recurrent after prior chemotherapy, including patients who have previously been treated with cisplatin. | 18 | 36 | 18 years | N/A | N/A | Y | Y | 4/10/2019 |
| Drugs | J9047 | Injection, carfilzomib, 1 mg | 1 mg | 1/1/2014 | Kyprolis® | carfilzomib for injection, for intravenous use | Indicated: • In combination with dexamethasone or with lenalidomide plus dexamethasone for the treatment of patients with relapsed or refractory multiple myeloma who have received one to three lines of therapy. • As a single agent for the treatment of patients with relapsed or refractory multiple myeloma who have received one or more lines of therapy. | 154 | 992 | 18 years | N/A | N/A | Y | Y | 6/5/2019 |
| Drugs | 19050 | Injection, carmustine, 100 mg | 100 mg | 1/1/2000 | BiCNU® | carmustine for injection | Indicated as palliative therapy as a single agent or in established combination therapy with other approved chemotherapeutic agents in the following: Brain tumors - glioblastoma, brainstem glioma, medulloblastoma, astrocytoma, ependymoma, and metastatic brain tumors. Multiple myeloma - in combination with prednisone. Multiple myeloma - in combination with prednisone. Hodgkin's disease - as secondary therapy in combination with other approved drugs in patients who relapse while being treated with primary therapy, or who fall to respond to primary therapy. Non-Hodgkin's lymphomas - as escondary therapy in combination with other approved drugs for patients who relapse while being treated with primary therapy, or who fail to respond to primary therapy. | 5 | 5 | 18 years | N/A | N/A | Υ | Y | 5/20/2019 |
| Biologicals | 19055 | Injection, cetuximab, 10 mg | 10 mg | 1/1/2005 | Erbitux* | cetuximab injection, for intravenous use | Indicated for: * Squamous Cell Carcinoma of the Head and Neck (SCCHN): * Locally or regionally advanced squamous cell carcinoma of the head and neck in combination with radiation therapy. * Recurrent locoregional disease or metastatic squamous cell carcinoma of the head and neck in combination with platinum-based therapy with fluorouracil. * Recurrent or metastatic squamous cell carcinoma of the head and neck progressing after platinum-based therapy. * K-Ras Wild-type, EGFR-expressing Colorectal Cancer (CRC) as determined by an FDA-approved test: * In combination with Foliri for first-line treatment, In combination with iriontecan in patients who are refractory to irinotecan-based chemotherapy, * As a single agent in patients who have failed ovalipitatin- and irinotecan-based chemotherapy or who are intolerant to irinotecan. * Limitations of Use: Erithuts is not indicated for treatment of Ras-mutant colorectal cancer or when the results of the Ras mutation tests are unknown. | 100 | 380 | 18 years | N/A | N/A | Y | ¥ | 6/4/2019 |
| Drugs | J9057 | Injection, copanlisib, 1 mg | 1 mg | 1/1/2019 | Aliqopa™ | copanlisib injection, for intravenous use | the has mutation tests are unknown. Indicated for the treatment of adult patients with relapsed follicular lymphoma (FL) who have received at least two prior systemic therapies. Accelerated approval was granted for this indication based on overall response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial. | 60 | 240 | 18 years | N/A | N/A | Υ | γ | 10/4/2018 |
| Drugs | 19060 | Injection, cisplatin, powder or solution, per 10 mg | 10 mg | 1/1/2000 | N/A | cisplatin injection | Indicated as therapy for: • Metastatic Testicular Tumors: In established combination therapy with other approved chemotherapeutic agents in patients with metastatic testicular tumors who have already received appropriate surgical and/or radiotherapeutic procedures. • Metastatic Ovarian Tumors: In established combination therapy with other approved chemotherapeutic agents in patients with metastatic ovarian tumors who have already received appropriate surgical and/or radiotherapeutic procedures. An established combination consists of cisplatin and cyclophosphamide. Cisplatin injection, as a single agent, is indicated as secondary therapy in patients with metastatic ovarian tumors refractory to standard chemotherapy who have not previously received Cisplatin injection therapy. • Advanced Bladder Cancer: Indicated as a single agent for patients with transitional cell bladder cancer which is no longer amenable to local treatments, such as surgery and/or radiotherapy. | 25 | 50 | 18 years | N/A | N/A | Y | Υ | 9/27/2018 |
| Drugs | J9065 | Injection, cladribine, per 1 mg | 1 mg | 1/1/2000 | N/A | cladribine injection | Indicated for the treatment of active Hairy Cell Leukemia as defined by clinically significant anemia, neutropenia, thrombocytopenia, or disease-related symptoms. | 13 | 91 | 18 years | N/A | N/A | Υ | Y | 6/4/2019 |
| Drugs | J9070 | Cyclophosphamide, 100 mg | 100 mg | 1/1/2000 | N/A | cyclophosphamide for injection, for intravenous use | Indicated for the treatment of: Malignant Diseases: malignant lymphomas: Hodgkin's disease, lymphocytic lymphoma, mixed-cell type | 35 | 105 | N/A | N/A | N/A | Y | Y | 6/4/2019 |
| Drugs | J9098 | Injection, cytarabine liposome, 10 mg | 10 mg | 1/1/2004 | DepoCyt® | cytarabine liposome injection for intrathecal use | | 5 | 15 | 18 years | N/A | N/A | Υ | Y | 10/4/2018 |
| Drugs | J9100 | Injection, cytarabine, 100 mg | 100 mg | 1/1/2000 | N/A | cytarabine injection | In combination with other approved anticancer drugs, is indicated for remission induction in acute non- lymphocytic leukemia of adults and pediatric patients. It has also been found useful in the treatment of acute lymphocytic leukemia and the blast phase of chronic myelocytic leukemia. Intrathecal administration of cytarabine injection [preservative-free preparations only] is indicated in the prophylaxis and treatment of meningeal leukemia. | 5 | 35 | N/A | N/A | N/A | Y | Y | |

| Drugs | J9120 | Injection, dactinomycin, 0.5 mg | 0.5 mg | 1/1/2000 | Cosmegen* | dactinomycin for injection, for intravenous use | Indicated for the treatment of: * adult and pediatric patients with Wilms tumor, as part of a multi-phase, combination chemotherapy regimen * adult and pediatric patients with rhabdomyosarcoma, as part of a multi-phase, combination chemotherapy regimen * adult and pediatric patients with Ewing sarcoma, as part of a multi-phase, combination chemotherapy regimen * adult and pediatric patients with metastatic, nonseminomatous testicular cancer, as part of a multi-phase, combination chemotherapy regimen * adult and pediatric patients with metastatic, nonseminomatous testicular cancer, as part of a multi-phase, combination chemotherapy regimen * post-menarchal patients with gestational trophoblastic neoplasia, as a single agent or as part of a combination chemotherapy regimen * adult patients with locally recurrent or locoregional solid malignancies, as a component of palliative or adjunctive regional perfusion | 14 | 42 | N/A | N/A | N/A | Υ | Y | 9/25/2018 |
|-------------|-------|--|--------------|----------|-------------------------|---|--|-------|-------|----------|-----|------------|---|---|------------|
| Drugs | J9130 | Dacarbazine, 100 mg | 100 mg | 1/1/2000 | N/A | dacarbazine for injection | Indicated for the treatment of metastatic malignant melanoma and as secondary-line therapy when used in combination with other effective agents for Hodkin's disease. | 10 | 91 | N/A | N/A | N/A | Υ | Υ | 6/10/2019 |
| Biologicals | J9145 | Injection, daratumumab, 10 mg | 10 mg | 1/1/2017 | Darzalex® | intravenous use | indicated for the treatment of adults patients with multiple myeloma: • In combination with lenalidomide and dexamethasone in patients with relapsed or refractory multiple myeloma who have received at least one prior therapy. • In combination with bortecomib and dexamethasone in patients who have received at least one prior therapy. • In combination with bortecomib have received at least three prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent or who are double-refractory to a PI and an immunomodulatory agent. • In combination with pomalidomide and dexamethasone in patients who have received at least two prior therapies including lenalidomide and a proteasome inhibitor. • In combination with bortecomis, melphalan and previous or in enwly diagnosed patients who are ineligible for autologous stem cell transplant. • In combination with heralidomide and dexamethasone in newly diagnosed patients who are ineligible for autologous stem cell transplant. • In combination with hortezomis, thalidomide, and dexamethasone in newly diagnosed patients who are eligible for autologous stem cell transplant. | 224 | 1,120 | 18 years | N/A | N/A | Υ | Y | 10/28/2019 |
| Drugs | J9150 | Injection, daunorubicin, 10 mg | 10 mg | 1/1/2000 | N/A | daunorubicin hydrochloride injection | In combination with other approved anticancer drugs, daunorubicin is indicated for remission induction in acute nonlymphocytic leukemia (myelogenous, monocytic, erythroid) of adults and for remission induction in acute lymphocytic leukemia of children and adults. | 12 | 60 | N/A | N/A | N/A | Y | Υ | 6/10/2019 |
| Drugs | J9151 | Injection, daunorubicin citrate, liposomal formulation, 10 mg | 10 mg | 1/1/2000 | DaunoXome® | daunorubicin citrate liposome injection | Indicated as first-line cytotoxic therapy for advanced HIV-associated Kaposi sarcoma. DaunoXome is not recommended in patients with less than advanced HIV-related Kaposi's sarcoma. | 10 | 30 | 18 years | N/A | N/A | Υ | Υ | 10/4/2018 |
| Drugs | J9153 | Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine | 1 mg/2.27 mg | 1/1/2019 | Vyxeos™ | daunorubicin and cytarabine liposome injection, for intravenous use | Indicated for the treatment of adults with newly-diagnosed therapy-related acute myeloid leukemia (t-AML) or AML with myelodysplasia-related changes (AML-MRC). | 132 | 660 | 18 years | N/A | N/A | Υ | Y | 2/5/2019 |
| Drugs | J9155 | Injection, degarelix, 1 mg | 1 mg | 1/1/2010 | Firmagon® | degarelix for injection for subcutaneous administration | Indicated for the treatment of patients with advanced prostate cancer. | 240 | 320 | 18 years | N/A | Males Only | Y | Υ | 10/4/2018 |
| Drugs | J9171 | Injection, docetaxel, 1 mg | 1 mg | 1/1/2010 | Taxotere®, Docefrez® | docetaxel injection concentrate, intravenous infusion | Indicated for: * Breast Cancer (BC): single agent for locally advanced or metastatic BC after chemotherapy failure; and with downshicin and cyclophosphamide as adjuvant treatment of operable node-positive BC. * Non-Small Cell Lung Cancer (NSCLC): single agent for locally advanced or metastatic NSCLC after platinum therapy failure; and with cisplatin for unresectable, locally advanced or metastatic untreated MSCLC. * Normone Refractory Prostate Cancer (HRPC): with prednisone in androgen independent (hormone refractory) metastatic prostate cancer. * Gastric Adenocracinoma (GC): with cisplatin and fluorouracil for untreated, advanced GC, including the gastroesophageal junction. * Squamous Cell Carcinoma of the Head and Neck Cancer (SCCHN): with cisplatin and fluorouracil for induction treatment of locally advanced SCCHN. | 250 | 500 | N/A | N/A | N/A | Y | Y | 6/8/2019 |
| Biologicals | J9173 | Injection, durvalumab, 10 mg | 10 mg | 1/1/2019 | lmfinzi* | durvalumab injection, for intravenous use | Imfinzi is a programmed death-ligand 1 (PD-L1) blocking antibody indicated for the treatment of patients with: • Locally advanced or metastatic urothelial carcinoma who: - Have disease progression during or following platinum-containing chemotherapy. - Have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy. This indication is approved under accelerated approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory virial under the continued of the conti | 140 | 420 | 18 years | N/A | N/A | Y | Y | 2/5/2019 |
| Biologicals | J9176 | Injection, elotuzumab, 1 mg | 1 mg | 1/1/2017 | Empliciti® | elotuzumab for injection, for intravenous use | Indicated in: • combination with lenalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received one to three prior therapies. • combination with pomalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor. | 2,800 | 5,600 | 18 years | N/A | N/A | Υ | Y | 5/20/2019 |
| Drugs | J9178 | Injection, epirubicin HCl, 2 mg | 2 mg | 1/1/2004 | Ellence® | epirubicin hydrochloride injection | Indicated as a component of adjuvant therapy in patients with evidence of axillary node tumor involvement following resection of primary breast cancer. | 150 | 300 | 18 years | N/A | N/A | Υ | Υ | 10/10/2018 |
| Drugs | J9179 | Injection, eribulin mesylate, 0.1 mg | 0.1 mg | 1/1/2012 | Halaven® | eribulin mesylate injection, for intravenous use | Indicated for the treatment of patients with: * Metastatic breast cancer who have previously received at least two chemotherapeutic regimens for the treatment of metastatic disease. Prior therapy should have included an anthracycline and a taxane in either the adjuvant or metastatic setting. * Unresectable or metastatic liposarcoma who have received a prior anthracycline-containing regimen. | 40 | 160 | 18 years | N/A | N/A | Υ | Y | 6/4/2019 |
| Drugs | J9181 | Injection, etoposide, 10 mg | 10 mg | 1/1/2000 | Toposar™, Etopophos® | etoposide phosphate for injection, for intravenous use | Indicated for the treatment of patients with. - Refractory testicular tumors, in combination with other chemotherapeutic drugs. - Small cell lung cancer, in combination with cisplatin, as first-line treatment. | 30 | 300 | 18 years | N/A | N/A | Υ | Υ | 6/10/2019 |
| Drugs | J9185 | Injection, fludarabine phosphate, 50 mg | 50 mg | 1/1/2000 | N/A | | Indicated for the treatment of adult patients with B-cell chronic lymphocytic leukemia (CLL) who have not responded to or whose disease has progressed during treatment with at least 1 standard alkylating-agent containing regimen. The safety and effectiveness of fludarabine in previously untreated or non-refractory patient with CLL have not been established. | 2 | 16 | 18 years | N/A | N/A | Υ | Υ | 10/10/2018 |

| Drugs | J9190 | Injection, fluorouracil, 500 mg | 500 mg | 1/1/2000 | Adrucil® | fluorouracil injection for intravenous use | Indicated for the treatment of patients with: - Adenocarcinoma of the colon and rectum - Adenocarcinoma of the breast - Gastric adenocarcinoma - Pancreatic adenocarcinoma | 15 | 45 | 18 years | N/A | N/A | γ | Y | | 4/10/2019 |
|-------------|----------|--|-----------------|----------|----------------------------|---|---|------|-------|---------------------------------------|-----|--|---|---|--|------------|
| Drugs | J9200 | Injection, floxuridine, 500 mg | 500 mg | 1/1/2000 | N/A | floxuridine for injection, for intra-arterial infusion | Effective in the palliative management of gastrointestinal adenocarcinoma metastatic to the liver, when given by continuous regional intra-aterial infusion in carefully selected patients who are considered incurable by surgery or other means. Patients with known disease extending beyond an area capable of infusion via a single artery should, except in unusual circumstances, be considered for systemic therapy with other chemotherapeutic agents. | 1 | 5 | 18 years | N/A | N/A | Υ | Y | | 10/26/2018 |
| Drugs | J9201 | Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg | 200 mg | 1/1/2000 | Gemzar* | gemcitabine for injection, for intravenous use | Indicated: In combination with carbopiatin, for the treatment of advanced ovarian cancer that has relapsed at least 6 months after completion of platinum-based therapy. In combination with pacilitaxely, for first-line treatment of metastatic breast cancer after failure of prior anthrocycline-containing adjuvant chemotherapy, unless anthracyclines were clinically contraindicated. In combination with capitation the treatment of non-small cell lung cancer. As a single agent for the treatment of pancreatic cancer. | 16 | 64 | 18 years | N/A | N/A | Y | Y | | 1/9/2020 |
| Drugs | J9202 | Goserelin acetate implant, per 3.6 mg | 3.6 mg | 1/1/2000 | Zoladex* | goserelin acetate implant | Product Specific: 3.6 mg: *Use in combination with flutamide for the management of locally confined carcinoma of the prostate. *Palliative treatment of advanced carcinoma of the prostate. *The management of endometriosis. *Use as an endometrial-thinning agent prior to endometrial ablation for dysfunctional uterine bleeding. *Use in the palliative treatment of advanced breast cancer in pre- and perimenopausal women. 10.8 mg: *Use in combination with flutamide for the management of locally confined carcinoma of the prostate. *Use as palliative treatment of advanced carcinoma of the prostate. | 3 | 3 | 18 years | N/A | 3.6 mg implant: None 10.8 mg implant: Males Only | Υ | Y | | 10/26/2018 |
| Biologicals | J9203 | Injection, gemtuzumab ozogamicin, 0.1 mg | 0.1 mg | 1/1/2018 | Mylotarg™ | gemtuzumab ozogamicin injection, for intravenous use | Indicated for the treatment of newly-diagnosed CD33-positive acute myeloid leukemia (AML) in adults and the treatment of relapsed or refractory CD33-positive AML in adults and in pediatric patients 2 years and older. | 150 | 275 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age restrictions: Newly-diagnosed CD33- positive acute myeloid leukemia: 18 years of age and older Relapsed or refractory CD33- positive AML: 2 years of age and older | 7/2/2018 |
| Drugs | J9205 | Injection, irinotecan liposome, 1 mg | 1 mg | 1/1/2017 | Onivyde™ | irinotecan liposome injection for intravenous use | Indicated, in combination with fluorouracil and leucovorin, for the treatment of patients with metastatic adenocarrinoma of the pancreas after disease progression following gemcitabine-based therapy. Limitation of Use Onlyvde is not indicated as a single agent for the treatment of patients with metastatic adenocarcinoma of the pancreas. | 172 | 516 | 18 years | N/A | N/A | Y | Y | | 6/6/2019 |
| Drugs | J9206 | Injection, irinotecan, 20 mg | 20 mg | 1/1/2000 | Camptosar® | irinotecan injection, intravenous infusion | Indicated for: First-line therapy in combination with 5-fluorouracil and leucovorin for patients with metastatic carcinoma of the colon or rectum. Patients with metastatic carcinoma of the colon or rectum whose disease has recurred or progressed following initial fluorouracil-based therapy. | 44 | 88 | 18 years | N/A | N/A | Υ | Y | | 4/10/2019 |
| Drugs | J9207 | Injection, ixabepilone, 1 mg | 1 mg | 1/1/2009 | lxempra* | ixabepilone kit for injection, for intravenous infusion only | Indicated for the treatment of metastatic or locally advanced breast cancer in patients after failure of an anthracycline and a taxane. wempra as monotherapy is indicated for the treatment of metastatic or locally advanced breast cancer in patients after failure of an anthracycline, a taxane, and capecitabine. | 90 | 180 | 18 years | N/A | N/A | Y | Y | | 10/26/2018 |
| Drugs | J9208 | Injection, ifosfamide, 1 gram | 1 g | 1/1/2000 | Ifex* | ifosfamide for injection, intravenous use | Indicated for use in combination with certain other approved antineoplastic agents for third-line chemotherapy of germ cell testicular cancer. It should be used in combination with mesna for prophylaxis of hemorrhagic cystitis. | 3 | 30 | 18 years | N/A | N/A | Υ | Y | | 6/4/2019 |
| Drugs | J9209 | Injection, mesna, 200 mg | 200 mg | 1/1/2000 | Mesnex® | mesna injection solution | Indicated as a prophylactic agent in reducing the incidence of ifosfamide-induced hemorrhagic cystitis. | 9 | 90 | 18 years | N/A | N/A | Υ | Y | | 6/10/2019 |
| Drugs | J9211 | Injection, idarubicin hydrochloride, 5 mg | 5 mg | 1/1/2000 | Idamycin® | idarubicin hydrochloride for injection | Indicated in combination with other approved antileukemic drugs for the treatment of acute myeloid leukemia in adults. This includes French-American-British (FAB) classifications M1 through M7. | 6 | 36 | 18 years | N/A | N/A | Υ | Υ | | 10/31/2018 |
| Biologicals | J9214 | Injection, interferon, alfa- 2b, recombinant, 1 million units | 1 million units | 1/1/2000 | Intron® A | interferon alfa-2b recombinant for injection | Indicated for: hairy cell leukemia, malignant melanoma, follicular lymphoma, condylomata acuminata, AIDS- related Kaposi's sarcoma, chronic hepatitis C and chronic hepatitis B. Please see package insert for additional information on each indication. | 75 | 1,050 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific: 18 years and older for all indications except chronic Hepatitis B and C. Hepatitis B - 1 year of age and older Hepatitis C - 3 years of age and older | 6/4/2019 |
| Biologicals | J9215 | Injection, interferon, alfa- n3, (human leukocyte derived), 250,000 IU | 250,000 IU | 1/1/2000 | Alferon® N | interferon alfa-n3 injection | Indicated for condyloma acuminata. | 10 | 100 | 18 years | N/A | N/A | Y | Υ | | 10/4/2018 |
| Biologicals | J9216 | Injection, interferon, gamma-1b, 3 million units | 3 million units | 1/1/2000 | Actimmune® | interferon gamma-1b injection, for subcutaneous use | Indicated for: Reducing the frequency and severity of serious infections associated with Chronic Granulomatous Disease ((CGD) Delaying time to disease progression in patients with severe, malignant osteoporosis (SMO) | 1.33 | 18.67 | Indication Specific (see comments) | N/A | N/A | Υ | Y | Indication specific age restrictions: CGD: 1 year and older SMO: 1 month and older | 5/6/2019 |
| Drugs | J9217 | Leuprolide acetate (for depot suspension), 7.5 | 7.5 mg | 1/1/2000 | Lupron Depot®, Eligard® | leuprolide acetate for injectable suspension, for | Indicated for the palliative treatment of advanced prostate cancer. | 6 | 6 | 18 years | N/A | Males Only | Υ | Y | | 6/4/2019 |
| Drugs | J9218 | mg Leuprolide acetate, per 1 mg | per 1 mg | 1/1/2000 | N/A | doses 7.5 mg and greater leuprolide acetate injection | Indicated in the palliative treatment of advanced prostatic cancer. | 1 | 31 | N/A | N/A | Males Only | Υ | Υ | | 6/4/2019 |
| 1 | ! | Histrelin implant | | + | | histrelin acetate | | | | 1 | l | + | | | + | |
| Drugs | J9225 | (Vantas), 50 mg | 50 mg | 1/1/2006 | Vantas* | subcutaneous implant | Indicated for the palliative treatment of advanced prostate cancer. | 1 | 1 | 18 years | N/A | Males Only | Υ | Υ | | 10/26/2018 |

| Biologicals | J9228 | Injection, ipilimumab, 1 mg | 1 mg | 1/1/2012 | Yervoy* | ipilimumab injection, for intravenous use | Indicated for: * Adjuvant treatment of patients with cutaneous melanoma with pathologic involvement of regional lymph nodes of more than 1 mm who have undergone complete resection, including total lymphadenectomy. * Treatment of patients with intermediate or poor risk, previously untreated advanced renal cell carcinoma (RCC), in combination with nivolumab. * Treatment of galatiens with intermediate or poor risk, previously untreated advanced renal cell carcinoma (RCC), in combination with nivolumab. * Treatment of adult and pediatric patients 12 years of age and older with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan, in combination with nivolumab. | 1,400 | 2,800 | 12 years | N/A | N/A | Y | Y | | 4/9/2019 |
|-------------|-------|---|---------|----------|-----------|---|--|-------|--------|---------------------------------------|-----|-----|---|---|--|------------|
| Biologicals | J9229 | Injection, inotuzumab ozogamicin, 0.1 mg | 0.1 mg | 1/1/2019 | Besponsa™ | inotuzumab ozogamicin injection, for intravenous use | | 27 | 108 | 18 years | N/A | N/A | Y | Y | | 5/6/2019 |
| Drugs | J9245 | Injection, melphalan hydrochloride, 50 mg | 50 mg | 1/1/2000 | Alkeran® | melphalan hydrochloride for injection | Indicated for the palliative treatment of patients with multiple myeloma for whom oral therapy is not appropriate. | 1 | 3 | 18 years | N/A | N/A | Υ | Υ | | 10/26/2018 |
| Drugs | J9245 | Injection, melphalan hydrochloride, 50 mg | 50 mg | 1/1/2000 | Evomela® | melphalan for injection, for intravenous use | Indicated for: • use as a high-dose conditioning treatment prior to hematopoietic progenitor (stem) cell transplantation in patients with multiple myeloma. • palliative treatment of patients with multiple myeloma for whom oral therapy is not appropriate. | 5 | 10 | 18 years | N/A | N/A | Y | Y | | 9/27/2018 |
| Drugs | J9250 | Methotrexate sodium, 5 mg | 5 mg | 1/1/2000 | N/A | methotrexate sodium injection, 5 mg | • Methotrexate is indicated in the treatment of gestational choriocarcinoma, chorioadenoma destruens andhydatidiform mole. • In acute lymphocytic leukemia, methotrexate is indicated in the prophylaxis of meningeal leukemia and is used in maintenance therapy in combination with other chemotherapeutic agents. Methotrexate is also indicated in the treatment of meningeal leukemia. • Methotrexate is used alone or in combination with other anticancer agents in the treatment of breast cancer, epidermoid cancers of the head and neck, advanced mycosis fungoides (cutaneous T cell lymphoma), and lung cancer, particularly squamous cell and small cell lyes. Methotrexate is also used in combination with other chemotherapeutic agents in the treatment of advanced stage non-Hodgkin's lymphomas. • Methotrexate in high doses followed by leucovorin rescue in combination with other chemotherapeutic agents is a effective in prolonging relapse-free survival in patients with non-metastatic osteosarcoma who have undergone surgical resection or amputation for the primary tumor. • Methotrexate is indicated in the symptomatic control of severe, recalcitrant, disabiling pooriasis that is not adequately responsive to other forms of therapy, but only when the diagnosis has been established, as by biopsy and/or after demandiogic consultation. It is important to ensure that a psoriasis "flare" is not due to an undiagnosed concomitant disease affecting immune responses. • Methotrexate is indicated in the management of selected adults with severe, active rheumatoid arthritis (ACR criteria), or children with active polyarticular-course juvenile rheumatoid arthritis, who have had an insufficient therapeutic response to, or are intelegrant of, an adequate trial of first-in the therapy including full dose non-steroidal anti-inflammatory agents (NSAIOs). Aspirin, NSAIOs, and/or low-dose steroids may be continued, although the possonse to, or are intelegrant of, an adequate trial of first-in the therapy including full dose non-steroidal anti-in | 9 | 135 | Indication Specific (see comments) | N/A | N/A | Y | ¥ | Indication specific age restrictions: • Cancer chemotherapy: None • Polyarticular-course juvenile rheumatoid arthritis: 2 years of age and older • All Other indications: 18 years of age and older | 10/26/2018 |
| Drugs | J9260 | Methotrexate sodium, 50 mg | 50 mg | 1/1/2000 | N/A | methotrexate sodium injection, 50 mg | - Methotrexate is indicated in the treatment of gestational choriocarcinoma, chorioadenoma destruens and hydatidiform mole. - in acute lymphocytic leukemia, methotrexate is indicated in the prophylaxis of meningeal leukemia and is used in maintenance therapy in combination with other chemotherapeutic agents. Methotrexate is also indicated in the treatment of meningeal leukemia. - Methotrexate is used alone or in combination with other anticancer agents in the treatment of breast cancer, epidermoid cancers of the head and neck, advanced mycosis fungoides (cutaneous T cell lymphoma), and lung cancer, particularly squamous cell and small cell lypes. Methotrexate is also used in combination with other chemotherapeutic agents in the treatment of advanced stage non-Hodgkin's lymphomas. - Methotrexate in high doses followed by leucovorin rescue in combination with other chemotherapeutic agents is effective in prolonging relapse-free survival in patients with non-metastatic osteosarcoma who have undergore surgical resection or amputation for the primary tumor. - Methotrexate is indicated in the symptomatic control of severe, recalcitrant, disabling psoriasis that is not adequately responsive to other forms of therapy, but only when the diagnosis has been established, as by biopsy and/or after demantologic consultation. It is important to ensure that a psoriasis' flare' is not due to an undiagnosed concomitant disease affecting immune responses. - Methotrexate is indicated in the management of selected adults with severe, active rheumatoid arthritis (ACR criteria), or children with active polyarticular-course juvenile rheumatoid arthritis, who have had an insufficient therapeutic response to, or are intelegrant of, an advance trial of first-tine therapy including full does non-steroidal anti-inflammatory agents (NSAIO). Aspirin, NSAIOs, and/or low-dose steroids may be continued, although the possonse to, or are intelegrant of, and some them therapeutic responses to or are intelegrant of, an advanced trial of firs | 750 | 3,000 | Indication Specific (see comments) | N/A | N/A | Y | ¥ | Indication specific. Cancer chemotherapy. None Polyarticular-course juvenile rheumatoid arthvitis: 2 years of age and older All other indications: 18 years of age and older | 6/5/2019 |
| Drugs | J9261 | Injection, nelarabine, 50 mg | 50 mg | 1/1/2007 | Arranon® | nelarabine injection, for intravenous use | Indicated for the treatment of patients with T-cell acute lymphoblastic leukemia and T-cell lymphoblastic lymphoma whose disease has not responded to or has relapsed following treatment with at least two chemotherapy regimens. This use is based on the induction of complete responses. Randomized trials demonstrating increased survival or other clinical benefit have not been conducted. | 75 | 450 | N/A | N/A | N/A | Y | Υ | | 4/10/2019 |
| Drugs | J9262 | Injection, omacetaxine mepesuccinate, 0.01 mg | 0.01 mg | 1/1/2014 | Synribo® | omacetaxine mepesuccinate for injection, for subcutaneous use | Indicated for the treatment of adult patients with chronic or accelerated phase chronic myeloid leukemia (CML) with resistance and/or intolerance to two or more tyrosine kinase inhibitors. | 625 | 10,625 | 18 years | N/A | N/A | Y | Y | | 9/21/2018 |
| Drugs | J9263 | Injection, oxaliplatin, 0.5 mg | 0.5 mg | 1/1/2004 | Eloxatin® | oxaliplatin injection for intravenous use | Indicated for: • Adjuvant treatment of stage III colon cancer in patients who have undergone complete resection of the primary tumor. • Treatment of advanced colorectal cancer. | 500 | 1,500 | 18 years | N/A | N/A | Υ | Y | | 6/4/2019 |

| Drugs | J9264 | Injection, paclitaxel protein-bound particles, 1 mg | 1 mg | 1/1/2006 | Abraxane® | paclitaxel protein-bound particles for injectable suspension, (albumin-bound) | Indicated for the treatment: • Metastatic freast cancer, after failure of combination chemotherapy for metastatic disease or relapse within six months of adjuvant chemotherapy. Prior therapy should have included an antimacycline unless clinically contraindicated. • Locally advanced or metastatic non-small cell lung cancer (NSCLC), as first-line treatment in combination with carboplatin, in patients who are not candidates for curative surgery or radiation therapy. • Metastatic adenocarcinoma of the pancreas as first-line treatment, in combination with genicitabine. | 650 | 1,300 | 18 years | N/A | N/A | Υ | Y | 7/16/2018 |
|-------------|-------|---|------------------------------------|-----------|------------|---|---|-------|-------|----------|-----|-----|---|---|--|
| Biologicals | J9266 | Injection, pegaspargase, per single dose vial | per single dose vial (3,750 IU) | 1/1/2000 | Oncaspar® | pegaspargase injection, for intramuscular or intravenous use | Indicated as a component of a multi-agent chemotherapeutic regimen for treatment of patients with: • First line acute lymphoblastic leukemia • Acute lymphoblastic leukemia and hypersensitivity to asparaginase | 2 | 6 | 1 year | N/A | N/A | Υ | Y | 8/24/2018 |
| Drugs | J9267 | Injection, paclitaxel, 1 mg | 1 mg | 1/1/2015 | Taxol® | paclitaxel injection | Indicated for breast cancer, ovarian cancer, non-small cell lung cancer, and AIDS-related karposi sarcoma. See package insert for full details of each indication. | 437.5 | 875 | 18 years | N/A | N/A | Υ | Y | 9/27/2018 |
| Drugs | J9268 | Injection, pentostatin, per 10 mg | 10 mg | 7/15/2001 | Nipent® | pentostatin for injection | Indicated as single-agent treatment for both untreated and alpha-interferon-refractory hairy cell leukemia patients with active disease as defined by clinically significant anemia, neutropenia, thrombocytopenia, or disease-related symptoms. | 1 | 3 | 18 years | N/A | N/A | Υ | Υ | 9/21/2018 |
| Drugs | J9280 | Injection, mitomycin, 5 mg | 5 mg | 1/1/2000 | Mutamycin® | mitomycin for injection, 5 mg | Mitomycin is not recommended as single-agent, primary therapy. It has been shown to be useful in the therapy of disseminated adenocarcinoma of the stomach or pancreas in proven combinations with other approved chemotherapeutic agents and as palliative treatment when other modalities have failed. Mitomycin is not recommended to replace appropriate surgery and/or radiotherapy. | 10 | 10 | 18 years | N/A | N/A | Y | Y | 6/7/2019 |
| Biologicals | J9285 | Injection, olaratumab, 10 mg | 10 mg | 1/1/2018 | Lartruvo™ | olaratumab injection, for intravenous use | Indicated, in combination with doxorubicin, for the treatment of adult patients with soft tissue sarcoma (STS) with a histologic subtype for which an anthracycline-containing regimen is appropriate and which is not amenable to curative treatment with radiotherapy or surgery. This indication is approved under accelerated approval. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trial. | 210 | 840 | 18 years | N/A | N/A | Υ | Y | 7/2/2018 |
| Drugs | J9293 | Injection, mitoxantrone hydrochloride, per 5 mg | 5 mg | 1/1/2000 | N/A | mitoxantrone hydrochloride injection, solution | Indicated: *For reducing neurologic disability and/or the frequency of clinical relapses in patients with secondary (chronic) progressive, progressive relapsing, or worsening relapsing-remitting multiple sclerosis (i.e., patients whose neurologic status is significantly abnormal between relapses). Mitoxantrone is not indicated in the treatment of patients with primary progressive multiple sclerosis. In combination with corticosteroids is indicated as initial chemotherapy for the treatment of patients with pain related to advanced hormone-refractory prostate cancer. In combination with other approved drug(s) is indicated in the initial therapy of acute nonlymphocytic leukemia (ANILI) in adults. This category includes myelogenous, promyelocytic, monocytic, and erythroid acute leukemias. | 7 | 30 | 18 years | N/A | N/A | Y | Y | Lifetime Maximum Dose: 70 10/31/2018 units |
| Biologicals | J9295 | Injection, necitumumab, 1 mg | 1 mg | 1/1/2017 | Portrazza™ | necitumumab injection, for intravenous use | Indicated, in combination with gemcitabine and cisplatin, for first-line treatment of patients with metastatic squamous non-small cell lung cancer. Limitation of Use: Portrazza is not indicated for treatment of non-squamous non-small cell lung cancer. | 800 | 3,200 | 18 years | N/A | N/A | Υ | Y | 7/2/2018 |
| Biologicals | 19299 | Injection, nivolumab, 1 mg | 1 mg | 1/1/2016 | Opdivo* | nivolumab injection, for intravenous use | Indicates for unresectaine or metastatic meanoma, as a single agent or in commination with painimumas. (Indication simplified 3/7/2015) Indicated for the treatment of patients with metastatic non-small cell fung cancer and progression on or after platinum-based chemotherapy. Patients with EGR or ALI genomic turnor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving Opdivo. Indicated for the treatment of patients with advanced renal cell carcinoma who have received prior anti- angiogenic therapy engression on or after a platinum-based therapy. Indicated for the treatment of patients with recurrent or metastatic squamous cell carcinoma of the head and neck with disease progression on after a platinum-based therapy. Indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma who: have disease progression on after a platinum-based therapy, or have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy, or have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy. ***New Indicated for the treatment of adult patients with classical Hodgkin lymphoma that has relapsed or progressed after: autologous hematopoietic stem cell transplantation (HSCT) and brentuximab vedotin, or 3 or more lines of systemic therapy that includes autologous HSCT. ****Updated Indication 7/10/2018*** ***New Indicated for the treatment of adult and pediatric (12 years and older) patients with microsatellite instability- high (MS-H) or mismatch repair deficient (MMMR) metastatic colorectal cancer that has progressed following treatment with althoropyrimidine, exalipatin, and irinotecan, as a single agent or in combination with iplimumab. ***New Indication 9/12/2017**** | 480 | 960 | 12 years | N/A | N/A | Y | Y | 5/13/2019 |
| Biologicals | J9301 | Injection, obinutuzumab, | 10 mg | 1/1/2015 | Gazyva® | obinutuzumab Injection, for intravenous use | Indicated: Indicated: In combination with chlorambucil, for the treatment of patients with previously untreated chronic lymphocytic leukemia. In combination with bendamustine followed by Gazyva monotherapy, for the treatment of patients with follicular lymphoma who relapsed after, or are refractory to, a riturianab-containing regimen. In combination with chemotherapy followed by Gazyva monotherapy in patients achieving at least a partial remission, for the treatment of adult patients with previously untreated stage II bulky, III or IV follicular lymphoma. | 100 | 400 | 18 years | N/A | N/A | Y | Y | 7/16/2018 |
| Biologicals | J9302 | Injection, ofatumumab, | 10 mg | 1/1/2011 | Arzerra® | ofatumumab injection, for intravenous use | Indicated for the treatment of chronic lymphocytic leukemia (CLL): • In combination with chlorambucil, for the treatment of previously untreated patients with CLL for whom fludarabine-based therapy is considered inappropriate. • In combination with fludarabine and cyclophosphamide for the treatment of patients with relapsed CLL. • for extended treatment of patients who are in complete or partial response after at least two lines of therapy for recurrent or progressive CLL. • for the treatment of patients with CLL refractory to fludarabine and alemtuzumab. | 200 | 1,000 | 18 years | N/A | N/A | Υ | Y | Pregnancy: May cause fetal B- cell depletion. 7/16/2018 |

| Biologicals | 19303 | Injection, panitumumab, 10 mg | 10 mg | 1/1/2008 | Vectibix® | panitumumab injection, for intravenous use | Indicated for the treatment of wild-type RAS (defined as wild-type in both KRAS and NRAS as determined by an FDA-approved test for this use) metastatic colorectal cancer (mCRC): - In combination with Folfox for first-ine treatment. - As monotherapy following disease progression after prior treatment with fluoropyrimidine, oxaliplatin, and irinotecan-containing chemotherapy. Limitation of Use: Vectibix is not indicated for the treatment of patients with RAS-mutant mCRC or for whom RAS mutation status is unknown. | 90 | 270 | 18 years | N/A | N/A | Υ | Y | 6/4/2019 |
|-------------|-------|---|-------|----------|-----------------|---|--|-----|-------|----------|-----|-----|---|---|------------|
| Drugs | 19305 | Injection, pemetrexed, 10 mg | 10 mg | 1/1/2005 | Alimta* | pemetrexed for injection, for intravenous use | Indicated: In combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous, non-small cell lung cancer (NSCCL). *As a single agent for the maintenance treatment of patients with locally advanced or metastatic, non-squamous NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy. *As a single agent for the treatment of natients with recurrent metastatic non-squamous NSCLC after once. | 200 | 300 | 18 years | N/A | N/A | Y | Y | 10/31/2018 |
| Biologicals | 19306 | Injection, pertuzumab, 1 | 1 mg | 1/1/2014 | Perjeta® | pertuzumab injection, for intravenous use | Indicated for: * Use in combination with trastuzumab and docetaxel for treatment of patients with HER2-positive metastatic breast cancer (MBC) who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease. * Use in combination with trastuzumab and chemotherapy as * Necadjuxent treatment of patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (either greater than 2 cm in diameter or node positive) as part of a complete treatment regimen for early breast cancer: * Adjuvant treatment of patients with HER2-positive early breast cancer at high risk of recurrence. | 840 | 1,260 | 18 years | N/A | N/A | Y | Υ | 7/2/2018 |
| Drugs | J9307 | Injection, pralatrexate, 1 mg | 1 mg | 1/1/2011 | Folotyn® | pralatrexate injection, for intravenous use | Indicated for the treatment of patients with relapsed or refractory peripheral T-cell lymphoma. | 80 | 400 | 18 years | N/A | N/A | Υ | Y | 8/24/2018 |
| Biologicals | 19308 | Injection, ramucirumab, 5 | 5 mg | 1/1/2016 | Cyramza* | ramucirumab injection, for intravenous use | Indicated: * As a single agent or in combination with pacitizavel, for treatment of advanced gastric or gastro-esophageal junction adenocarcinoma, with disease progression on or after prior fluoropyrimidine- or platnum-containing chemotherapy. * In combination with docetaxel, for treatment of metastatic non-small cell lung cancer with disease progression on or after platnum-based chemotherapy. Patients with EGRR or Alk genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving Cyramza. * In combination with Follifs, for the treatment of metastatic colorectal cancer with disease progression on or after prior therapy with bevacizumab, oxaliplatin, and a fluoropyrimidine. * As a single agent, for the treatment of hepatocellular carcinoma in patients who have an alpha fetoprotein of 2400 ng/ml. and have been treated with sorderinb. | 280 | 672 | 18 years | N/A | N/A | Υ | Y | 6/4/2019 |
| Biologicals | J9311 | Injection, rituximab 10 mg and hyaluronidase | 10 mg | 1/1/2019 | Rituxan Hycela* | rituximab and hyaluronidase human injection, for subcutaneous use | Indicated for the treatment of adult patients with: • Follicular Lymphoma (FL): or Relapsed or refractory, follicular lymphoma as a single agent or Previously untreated follicular lymphoma in combination with first line chemotherapy and, in patients achieving a complete or partial response to ritusimab in combination with themotherapy, as single-agent maintenance therapy or Non-progressing (including stable disease), follicular lymphoma as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy • Diffuse large E-cell Lymphoma (DIBCL): or Previously untreated diffuse large E-cell lymphoma in combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthracycline-based chemotherapy regimens • Chronic Lymphocytic Leukemia (CLL): or Previously untreated and previously treated CLL in combination with fludarabine and cyclophosphamide (FC) Limitations of Use: • Initiate treatment with Rituxan Hycela only after patients have received at least one full dose of ritusimab product by intraveous infusion. • Rituxan Hycela is not indicated for the treatment of non-malignant conditions. | 160 | 700 | 18 years | N/A | N/A | γ | Y | 4/19/2019 |

| Biologicals | J9271 | Injection, pembrolizumab, 1 mg | 1 mg | 1/1/2016 | Keytruda* | pembrolizumab injection, for intravenous use | Indicated for the treatment of patients with unresectable or metastatic melanoma. Indicated for the adjuvant treatment of patients with melanoma with involvement of lymph node(s) following complete resection. Non-Small Cell Lung Cancer (NSCLC): 1. Indicated in combination with pemetrexed and platinum chemotherapy, as first-line treatment of patients with metastatic nonsquamous NSCLC, with no EGFR or ALK genomic tumor aberrations. 2. Indicated as a single agent for the treatment of patients with metastatic NSCLC whose tumors express PD-L1 (ITPS 2.1%) as determined by an FDA-approved test, with disease progression on or after platinum-containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA- approved therapy for these aberrations prior to receiving Keytruda. 3. Indicated as a single agent for the first-line treatment of patients with stage III NSCLC, who are not candidates for surgical resection or definitive chemoradiation, or metastatic NSCLC, and whose tumors express PD-L1 [Tumor Proportion Score (TPS) 2.1%) as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations. 4. Indicated in combination with carboplatin and either paclitaxel or nab-paclitaxel, as first-line treatment of patients with metastatic squamous NSCLC. Head and Neck Squamous Cell Cancer (HNSCC): 1. Indicated for the treatment of patients with recurrent or metastatic HNSCC with disease progression on or after platinum-containing chemotherapy. 2. Indicated in combination with platinum and EU for the first-line treatment of patients with metastatic or with unresectable, recurrent HNSCC. 3. Indicated as a single agent for the first line treatment of patients with metastatic or with unresectable, recurrent HNSCC. 3. Indicated as a single agent for the first line treatment of Southern S | 200 | 400 | N/A | N/A | N/A | Y | Y | 10/28/2019 |
|-------------|-------|--|---------------|----------|------------|---|--|-----|-------|----------|-----|-----|---|---|------------|
| Drugs | J9315 | Injection, romidepsin, 1 mg | 1 mg | 1/1/2011 | Istodax® | romidepsin for injection, for intravenous use | Indicated for: *Treatment of cutaneous T-cell lymphoma (CTCL) in patients who have received at least one prior systemic therapy. *Treatment of peripheral T-cell lymphoma (PTCL) in patients who have received at least one prior therapy. | 40 | 160 | 18 years | N/A | N/A | Y | Y | 8/29/2018 |
| Drugs | J9320 | Injection, streptozocin, 1 gram | 1 g | 1/1/2000 | Zanosar® | streptozocin powder, for solution | Indicated in the treatment of metastatic islet cell cancer of pancreas. | 4 | 20 | N/A | N/A | N/A | Υ | Y | 6/7/2019 |
| Biologicals | J9325 | Injection, talimogene laherparepvec, per 1 million plaque forming units | 1 million PFU | 1/1/2017 | Imlygic® | talimogene laherparepvec suspension for intralesional injection | Indicated for the local treatment of unresectable cutaneous, subcutaneous, and nodal lesions in patients with melanoma recurrent after initial surgery. Limitations of Use: Imhygic has not been shown to improve overall survival or have an effect on visceral metastases. | 400 | 800 | 18 years | N/A | N/A | Υ | Y | 7/16/2018 |
| Drugs | J9328 | Injection, temozolomide, 1 mg | 1 mg | 1/1/2010 | Temodar® | temozolomide for injection, administered via intravenous infusion | Indicated for the treatment of adult patients with: Newly diagnosed glioblastoma multiforme (GBM) concomitantly with radiotherapy and then as maintenance treatment. Refractory anaplastic astrocytoma patients who have experienced disease progression on a drug regimen containing intrisourea and procarbazine. | 400 | 6,200 | 18 years | N/A | N/A | Υ | Y | 9/12/2018 |
| Drugs | J9330 | Injection, temsirolimus, 1 mg | 1 mg | 1/1/2009 | Torisel® | temsirolimus injection, for intravenous use | Indicated for the treatment of advanced renal cell carcinoma. | 25 | 125 | N/A | N/A | N/A | Y | Y | 9/25/2018 |
| Drugs | J9340 | Injection, thiotepa, 15 mg | 15 mg | 1/1/2000 | N/A | thiotepa injection, powder, lyophilized, for solution | Thiotepa has been tried with varying results in the palliation of a wide variety of neoplastic diseases. However, the most consistent results have been seen in the following tumors: adenocarcinoma of the breast; adenocarcinoma of the ovary, for controlling intracavitary effusions secondary to diffuse or localized neoplastic diseases of various serosal cavities; for the treatment of superficial papillary carcinoma of the urinary bladder. Thiotepa has been effective against other lymphomas, such as lymphosarcoma and Hodgkin's disease. | 8 | 20 | 18 years | N/A | N/A | Y | Y | 9/21/2018 |
| Drugs | J9351 | Injection, topotecan, 0.1 mg | 0.1 mg | 1/1/2011 | Hycamtin® | topotecan for injection | Indicated for: • Metastatic carcinoma of the ovary after disease progression on or after initial or subsequent chemotherapy. • Small cell lung cancer platinum-sensitive disease in patients who progressed after first-line chemotherapy. • Combination therapy with cisplatin for Stage IV-B, recurrent, or persistent carcinoma of the cervix which is not amenable to curative treatment. | 40 | 400 | 18 years | N/A | N/A | Y | Y | 9/12/2018 |
| Drugs | J9352 | Injection, trabectedin, 0.1 | 0.1 mg | 1/1/2017 | Yondelis® | trabectedin for injection, for intravenous use | | 40 | 80 | 18 years | N/A | N/A | Υ | Y | 9/12/2018 |
| Biologicals | J9354 | Injection, ado- trastuzumab emtansine, 1 mg | 1 mg | 1/1/2014 | Kadcyla* | ado-trastuzumab emtansine for injection, for intravenous use | received a prior anthracycline-containing regimen. Indicated, as a single agent, for the treatment of patients with HER2-positive, metastatic breast cancer who previously received trastuzumab and a taxane, separately or in combination. Patients should have either: *received prior therapy for metastatic disease, or *received prior therapy for metastatic disease, or *developed disease recurrence during or within six months of completing adjuvant therapy. *The adjuvant treatment of patients with HER2-positive early breast cancer who have residual invasive disease after neoadjuvant taxane and trastuzumab-based treatment. | 580 | 1,160 | 18 years | N/A | N/A | Y | Y | 6/4/2019 |
| Biologicals | J9355 | Injection, trastuzumab, excludes biosimilar, 10 mg | 10 mg | 1/1/2000 | Herceptin® | trastuzumab for injection, fo intravenous use | Indicated for: * The treatment of HER2-overexpressing breast cancer. * The treatment of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma. Select patients for therapy based on an FDA-approved companion diagnostic for Herceptin. | 112 | 196 | 18 years | N/A | N/A | Y | Y | 9/12/2018 |
| Drugs | J9357 | Injection, valrubicin, intravesical, 200 mg | 200 mg | 1/1/2000 | Valstar® | valrubicin solution, concentrate, for intravesical use | Indicated for intravesical therapy of Bacillus Calmette-Guérin (BCG) -refractory carcinoma in situ (CIS) of the urinary bladder in patients for whom immediate cystectomy would be associated with unacceptable morbidity or mortality. | 4 | 20 | 18 years | N/A | N/A | Y | Y | 9/12/2018 |
| Drugs | J9360 | Injection, vinblastine sulfate, 1 mg | 1 mg | 1/1/2009 | N/A | vinblastine sulfate injection | Indicated in the palliative treatment of the following: Frequently Responsive Malignancies - Generalized Hodgkin's disease (Stages III and IV, Ann Arbor modification of Rye staging system) - Lymphocytic lymphoma (nodular and diffuse, poorly and well differentiated) - Histocytic lymphoma - Muscoif (prophogated (sylvapsed stages)) | 50 | 250 | N/A | N/A | N/A | Y | Y | 9/12/2018 |

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|-------------|-------|--|-----------|-----------|-----------------------|---|--|-----|-------|---------------------------------------|-----|--------------|---|---|--|------------|
| Drugs | J9370 | Vincristine sulfate, 1 mg | 1 mg | 1/1/2000 | Vincasar PFS® | vincristine sulfate injection solution | Indicated in acute leukemia. Vincasar PFS has also been shown to be useful in combination with other oncolytic agents in Hodgkin's disease, non Hodgkin's malignant lymphomas, rhabdomyosarcoma, neuroblastoma, and Wilms' | 4 | 20 | N/A | N/A | N/A | Y | Υ | | 9/12/2018 |
| Drugs | J9371 | Injection, vincristine sulfate liposome, 1 mg | 1 mg | 1/1/2014 | Marqibo® | vincristine sulfate liposome injection, for intravenous infusion | Indicated for the treatment of adult patients with Philadelphia chromosome-negative (Ph-) acute lymphoblastic leukemia (ALL) in second or greater relapse or whose disease has progressed following two or more anti-leukemia therapies. This indication is based on overall response rate. Clinical benefit such as improvement in overall survival has not been verified. | 6 | 30 | 18 years | N/A | N/A | Υ | Y | | 9/12/2018 |
| Drugs | J9390 | Injection, vinorelbine tartrate, per 10 mg | 10 mg | 1/1/2000 | Navelbine® | vinorelbine tartrate injection, for intravenous use | Indicated: In combination with cisplatin for first-line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC). As a single agent for first-line treatment of patients with metastatic NSCLC. | 8 | 40 | 18 years | N/A | N/A | Υ | Υ | | 9/27/2018 |
| | | | | | | | Indicated for the treatment of HR-positive advanced breast cancer in postmenopausal women with disease progression following endocrine therapy. | | | | | | | | | |
| | | Injection, fulvestrant, 25 | | | | fulvestrant injection, for | Indicated for the treatment of HR-positive, HER2-negative advanced or metastatic breast cancer in combination with palbocicibi in women with disease progression after endocrine therapy. | | | | | | | | | |
| Drugs | J9395 | mg | 25 mg | 1/1/2004 | Faslodex® | intramuscular use | ***New Indication 8/25/2017*** Indicated for the treatment of hormone receptor (HRI)-positive, human epidermal growth receptor 2 (HER2)- negative advanced breast cancer in postmenopausal women not previously treated with endocrine therapy. | 20 | 60 | 18 years | N/A | Females only | Y | Y | | 10/10/2018 |
| | | | | | | | ***New Indication 11/14/2017*** Indicated for the treatment of HR-positive, HER2-negative advanced or metastatic breast cancer in combination with abemaciclib in women with disease progression after endocrine therapy. | | | | | | | | | |
| Biologicals | J9400 | Injection, ziv-aflibercept, 1 mg | 1 mg | 1/1/2014 | Zaltrap® | ziv-aflibercept injection for intravenous infusion | Indicated in combination with 5-fluorouracil, leucovorin, irinotecan-(FOLFIRI), for the treatment of patients with metastatic colorectal cancer (mCRC) that is resistant to or has progressed following an oxaliplatin-containing regimen. | 600 | 1,800 | 18 years | N/A | N/A | Υ | Υ | | 6/7/2019 |
| Drugs | J9600 | Injection, porfimer | 75 mg | 1/1/2000 | Photofrin® | porfimer sodium injection | Indicated for: scophageal Cancer - Palliation of patients with completely obstructing esophageal cancer, or of patients with partially obstructing esophageal cancer who, in the opinion of their physician, cannot be satisfactorily treated with Nd:YAG laser therapy Endobronchial Cancer - Treatment of microinvasive endobronchial non-small-cell lung cancer (NSCLC) in patients for whom surgery and | 4 | 8 | 18 years | N/A | N/A | Y | v | | 6/6/2019 |
| Diugs | 35000 | sodium, 75 mg | 75 mg | 1/1/2000 | PHOLOITH | porniner sociali injection | - Treatment of initionizative endocronchian interstriant-centrial gainet (INSEC) in patients for whom supery and radiotherapy are not indicated - Reduction of obstruction and palliation of symptoms in patients with completely or partially obstructing endocronchian INSECL - High-Grade Dysplastia in Barrett's Esophagus - Ablation of high-grade dysplasia (HGD) in Barrett's esophagus (BE) patients who do not undergo esophagectomy | 4 | ۰ | 16 years | N/A | N/A | ' | ' | | 6/6/2019 |
| Biologicals | J1303 | Injection, ravulizumab- cwvz, 10 mg | 10 mg | 10/1/2019 | Ultomiris™ | ravulizumab-cwvz injection, for intravenous use | Indicated for the treatment of adult patients with paroxysmal nocturnal hemoglobinuria (PNH). Indicated for the treatment of adults and pediatric patients one month of age and older with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy (TMA). Limitations of Use: Ultomiris is not indicated for the treatment of patients with Shiga toxin E. coli related hemolytic uremic syndrome (STEC-HUS). | 360 | 660 | Indication Specific (see comments) | N/A | N/A | Υ | Υ | PNH: 18 years and older aHUS: 1 month and older | 12/3/2019 |
| Drugs | J9199 | Injection, gemcitabine hydrochloride (infugem), 200 mg | 200 mg | 1/1/2020 | Infugem™ | gemcitabine in sodium chloride injection, for intravenous use | Indicated: • in combination with carboplatin, for the treatment of advanced ovarian cancer that has relapsed at least 6 months after completion of platinum-based therapy. • in combination with pacificacy, for first-line treatment of metastatic breast cancer after failure of prior anthracycline-containing adjuvant chemotherapy, unless anthracyclines were clinically contraindicated. • in combination with cisplatin for the treatment of non-small cell lung cancer. • as a single agent for the treatment of pancreatic cancer. | 16 | 64 | 18 years | N/A | N/A | Υ | Y | | 1/9/2020 |
| Biologicals | J0587 | Injection, rimabotulinumtoxinB, 100 units | 100 units | 1/1/2002 | Myobloc® | rimabotulinumtoxin B injection | Indicated for: - Treatment of adult patients with cervical dystonia to reduce the severity of abnormal head position and neck pain associated with cervical dystonia. - Treatment of chronic sialiorrhea in adults. | 100 | 100 | 18 years | N/A | N/A | Υ | Y | | 9/27/2019 |
| Drugs | J1097 | phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml | 1 mL | 10/1/2019 | Omidria® | phenylephrine and ketorolac intraocular solution, 1% /0.3%, for addition to ocular irrigating solution | Indicated for maintaining pupil size by preventing intraoperative miosis and reducing postoperative ocular pain. | 4 | 8 | N/A | N/A | N/A | Y | Y | | 9/27/2019 |
| Drugs | J0121 | Injection, omadacycline, 1 mg | 1 mg | 10/1/2019 | Nuzyra™ | omadacycline for injection, for intravenous use | Indicated for the treatment of adult patients with the following infections caused by susceptible microorganisms: • Community-acquired bacterial pneumonia (CABP) • Acute bacterial skin and skin structure infections (ABSSSI) To reduce the development of drug-resistant bacteria and maintain the effectiveness of Nuzyra and other antibacterial drugs, Nuzyra should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. | 200 | 1,500 | 18 years | N/A | N/A | Y | Y | | 9/27/2019 |
| Biologicals | J9356 | Injection, trastuzumab, 10 mg and Hyaluronidase- oysk | 10 mg | 7/1/2019 | Herceptin Hylecta™ | trastuzumab and hyaluronidase-oysk injection, for subcutaneous use | Indicated in adults for the treatment of HER2-overexpressing breast cancer. Select patients for therapy based on an FDA-approved companion diagnostic for trastuzumab. | 60 | 120 | 18 years | N/A | N/A | Y | Υ | | 6/3/2019 |
| Biologicals | 19999 | Not otherwise classified, antineoplastic drugs | 1 mL | 1/1/2000 | Unituxin® | dinutuximab injection, for | Indicated, in combination with granulocyte-macrophage colony-stimulating factor (GM-CSF), interleukin-2 (IL-2), and 13-cis-retinoic acid (RA), for the treatment of pediatric patients with high-risk neuroblastoma who achieve at least a partial response to prior first-line multigeach, multimodality therapy. | 15 | 60 | 18 years | N/A | N/A | Y | γ | | 6/6/2019 |

| Biologicals | P9041 | Infusion, albumin (human), 5%, 50 mL | 50 mL | 1/1/2001 | Albutein®, Plasbumin® | albumin (human), 5% | Plasbumin: Indicated for: Emergency treatment of hypovolemic shock Burn therapy Cardiopulmonary bypass Acute liver failure Sequestration of protein rich fluids Albutein: Indicated for: Hypovolemia Cardiopulmonary bypass procedures Hyposituminemia Plasma exchange Plasma exchange Plasma exchange Plasma exchange Plasma exchange | 50 | 1,550 | Product Specific (see comments) | N/A | N/A | Υ | Y | Product specific age restrictions: Plasburnin: 18 years of age and older Albutein: None (use only if clearly needed) | 9/25/2018 |
|-------------|-------|--|--------|----------|---|---|---|-----|-------|------------------------------------|-----|------------|---|---|---|------------|
| Biologicals | P9047 | Infusion, albumin (human), 25%, 50 mL | 50 mL | 1/1/2002 | Albuminar*, Albutein*, Plasbumin*, Flexbumin, Kedbumin*, Albuked | albumin (human), 25% | Plassumm and Albuxes: Indicated for: - Emergency treatment of hypowodemic shock - Burn therapy - Hypoproteinenia with or without edema - Adult respiratory distress syndrome (ARDS) - Cardiopulmonary bypass - Acute liver failure - Neonatal hemolytic disease - Sequestration of protein rich fluids - Erythrocyte resuspension - Acute nephrosis - Renal dialysis - Flesburnin: Indicated for: - Hypovolemia - Hyposubuminemia: Burns, Adult Respiratory Distress Syndrome (ARDS) and Nephrosis - Cardiopulmonary bypass surgery - Hemolytic disease of the newborn (HDN) - Limitation of Use: Albumin is not indicated as an intravenous nutrient. - Albutein: Indicated for: - Hypovolemia - Cardiopulmonary bypass - Cardiopulmonary bypass - Cardiopulmonary bypass - Acute nephrosis - Hyposolemia - Cardiopulmonary bypass - Acute nephrosis - Hyposolemia - Cardiopulmonary bypass - Acute nephrosis - Hyposolemia - Ovarian hyperstimulation syndrome - Neonatal hyperbilirubinemia - Adult sensitation, electore, andeeme (ARDS) | 10 | 310 | Product Specific (see comments) | N/A | N/A | Υ | ¥ | Product specific age restrictions: Kedbumin: 12 years of age and older - Albuked: 18 years of age and older - Albuteninar: None - Albuteninar: None - Albutenin: 18 years of age and older - Flexbumin: None - Plasbumin: 18 years of age and older | 9/25/2018 |
| Drugs | Q0138 | Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use) | 1 mg | 1/1/2010 | Feraheme® | ferumoxytol injection, for intravenous use (non-ESRD use) | Indicated for the treatment of iron deficiency anemia in adult patients with chronic kidney disease (CKD). Treatment of iron deficiency anemia in adult patients who have intolerance to oral iron or have had unsatisfactory response to oral iron. | 510 | 1,020 | 18 years | N/A | N/A | Υ | Υ | | 10/26/2018 |
| Drugs | Q0139 | Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis) | 1 mg | 1/1/2010 | Feraheme® | ferumoxytol injection, for intravenous use (ESRD use) | Indicated for the treatment of iron deficiency anemia in adult patients • With chronic kidney disease (CKD) or • Who have intolerance to oral iron or have had unsatisfactory response to oral iron. | 510 | 1,020 | 18 years | N/A | N/A | Υ | Υ | | 10/26/2018 |
| Drugs | Q0144 | Azithromycin dihydrate, oral, capsule/powder, 1 g | 1 g | 1/1/2000 | Zithromax* | azithromycin, oral | Approved indication for use in the PADP: * Sexually Transmitted Diseases Other TDA approved indications: Indicated for the treatment of mild to moderate infections caused by designated, susceptible bacteria: * Acute bacterial exacerbations of chronic bronchitis in adults * Acute bacterial exacerbations of chronic bronchitis in adults * Acute bacterial exacerbations of thronic bronchitis in adults * Incomplicated skin and skin structure infections in adults * Urethritis and cervicitis in adults * Urethritis and cervicitis in adults * Genital ulacer leases in men * Acute otitis media in pediatric patients * Acute otitis media in pediatric patients * Acute otitis media in pediatric patients * Pharyngitis/tonsilitis in adults and pediatric patients * Phyrogitis/tonsilitis in adults and pediatric patients * Limitations of Use: * Azithromycin should not be used in patients with pneumonia who are judged to be inappropriate for oral therapy because of moderate to severe illness or risk factors. * To reduce the development of drug-resistant bacteria and maintain the effectiveness of azithromycin and other artibacterial drugs, azithromycin should be used only to treat infections that are proven or strongly suspected to be caused by susceptible bacteria. | 2 | 2 | N/A | N/A | N/A | Y | Ą | | 6/7/2019 |
| Biologicals | Q2043 | Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion | 250 mL | 7/1/2011 | Provenge® | sipuleucel-T, suspension for intravenous infusion | Indicated for the treatment of asymptomatic or minimally symptomatic metastatic castrate-resistant (hormone refractory) prostate cancer. | 1 | 3 | N/A | N/A | Males Only | Υ | Y | | 7/16/2018 |

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|-------------|-------|---|-----------|----------|----------------------|--|--|-------|--------|---------------------------------------|-----|-----|---|---|--|
| Drugs | Q2049 | Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg | 10 mg | 7/1/2012 | Lipodox* | doxorubicin hydrochloride liposome injection | Indicated: * For treatment of metastatic carcinoma of the ovary in patients with disease that is refractory to both paclitaxel and platinum based chemotherapy regimens. Refractory disease is defined as disease that has progressed while on treatment or within 6 months of completing treatment. * As monotherapy for the treatment of metastatic breast cancer, where there is an increased cardiac risk. * For the treatment of AIDS related Ropois's Sarcomain patients with extensive mucocutaneous or visceral disease that has progressed on prior combination therapy (consisting of two of the following agents: a vinca alkaloid, bleomycin and standard doxorubicin or another anthracycline) or in patients who are intolerant to such therapy. | 13 | 26 | 18 years | N/A | N/A | Y | ¥ | 10/4/2018 |
| Drugs | Q2050 | Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg | 10 mg | 7/1/2013 | Doxil® | doxorubicin hydrochloride liposome injection, for intravenous use | Indicated for: Ovarian cancer after failure of platinum-based chemotherapy. AIDS-related Kapos's Sarcoma after failure of prior systemic chemotherapy or intolerance to such therapy. Multiple Myeloma in combination with bortezomib in patients who have not previously received bortezomib and have received at least one prior therapy. | 15 | 30 | 18 years | N/A | N/A | Y | Υ | 6/10/2019 |
| Biologicals | Q4081 | Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use) | 100 units | 1/1/2007 | Epogen®, Procrit® | epoetin alfa injection, for intravenous or subcutaneous use (for ESRD on dialysis) | Indicated for treatment of anemia due to - Chronic Kidney Disease (CKD) in patients on dialysis and not on dialysis. - Zidovudine in patients with HIV-infection. - The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy. - Reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery. - Limitations of Use: Epoetin alfa has not been shown to improve quality of life, fatigue, or patient wellbeing. Not indicated for use: - In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive - In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure. - In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion. - In patients scheduled for surgery who are willing to donate autologous blood. - In patients undergoing cardiac or vascular surgery. - As a substitute for RBC transfusions in patients who require immediate correction of anemia. | 140 | 1,960 | 18 years | N/A | N/A | γ | ¥ | 10/10/2018 |
| Biologicals | Q5101 | Injection, filgrastim-sndz, biosimilar, (Zando), 1 microgram | 1 mcg | 4/1/2018 | Zarxio® | filgrastim-sndz injection, for subcutaneous or intravenous use | Indicated to: Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anticancer drugs associated with a significant incidence of severe neutropenia with fee. Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML). Reduce the duration of neutropenia and neutropenia-related clinicalseguelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT). Mobilize autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis. Reduce the incidence and duration of sequelae of severe neutropenia (e.g., fever, infections, orophanyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia. | 1,920 | 59,520 | N/A | N/A | N/A | Y | Υ | 6/6/2019 |
| Biologicals | Q5103 | injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg | 10 mg | 4/1/2018 | Inflectra* | infliximab-dyyb lyophilized concentrate for injection, for intravenous use | Indicated for: Crohn's Disease: - reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease Pediatric Crohn's Disease: - reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy. Ulcerative Colitis: - reducing signs and symptoms, inducing and maintaining clinical remission and mucosal healing, and eliminating corticosteroid use in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy Pediatric Ulcerative Colitis: - reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy Rheumatold Arthrits in combination with methotrexate: - reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease Analysionis Spondylitis: - reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active disease Poporatic Arthritis - reducing signs and symptoms in patients with active disease Poporatic Arthritis - reducing signs and symptoms in patients with active disease Poporatic Arthritis - reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function Plaque Psoriasis: - reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function Plaque Psoriasis: - reducing signs and sympt | 140 | 140 | Indication Specific (see comments) | N/A | N/A | Y | ¥ | Crohn's Disease and Ulcerative Colitis: 6 years of age and oldiser Plaque Psoriasis, Psoriatic Arthritis, Ankylosing Spondyllist; Aly years of age and older |

| Biologicals | Q5105 | Injection, epoetin alfa- epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units | 100 units | 7/1/2018 | Retacrit™ | epoetin alfa-epbx injection, for intravenous or subcutaneous use (for ESRD on dialysis) | Indicated for the treatment of anemia due to: O Chronic kidney disease (CKD) in patients on dialysis and not on dialysis. O Chronic kidney disease (CKD) in patients on dialysis and not on dialysis. O The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy. Indicated for the reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery. Limitations of Use: Retacrit has not been shown to improve quality of life, fatigue, or patient well-being. Not indicated for use in: In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy. In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure. In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusions. In patients scheduled for surgery who are willing to donate autologous blood. In patients suddegoing cardiac or vascular surgery. As a substitute for RBC transfusions in patients who require immediate correction of anemia. | 140 | 1,820 | 1 month | N/A | N/A | Y | Y | | 1/9/2020 |
|-------------|-------|--|------------------------------|-----------|-------------|--|---|-------|--------|---------------------------------------|-----|-----|---|---|--|------------|
| Biologicals | Q5106 | Injection, epoetin alfa- epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units | 1,000 units | 7/1/2018 | Retacrit™ | epoetin alfa-epbx injection, for intravenous or subcutaneous use (for non- ESRD use) | *indicated for the treatment of anemia due to: O Chronic kidney disease (CKD) in patients on dialysis and not on dialysis. O Cidrounce in patients with H1-rifection. O The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned themotherapy. *Indicated for the reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonwascular surgery. Limitations of Use: Retacrit has not been shown to improve quality of life, fatigue, or patient well-being. Not indicated for use in: In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy. In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure. In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion. In patients scheduled for surgery who are willing to donate autologous blood. In patients undergoing cardiac or vascular surgery. As a substitute for RBC transfusions in patients who require immediate correction of anemia. | 84 | 630 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age restrictions: • Anemia due to concomitant myelosuppressive chemotherapy: S years of age and older clide of the concomitant such that with the concomitant such th | 1/9/2020 |
| Biologicals | Q5108 | Injection, pegfilgrastim- jmdb, biosimilar, (Fulphila), 0.5 mg | 0.5 mg | 10/1/2018 | Fulphila™ | pegfilgrastim-jmdb injection, for subcutaneous use | Indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non- myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of behile neutropenia. Limitations of Use: Fujphila is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation. | 12 | 36 | N/A | N/A | N/A | Y | Υ | | 1/9/2020 |
| Biologicals | Q5110 | Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram | 1 mcg | 10/1/2018 | Nivestym™ | filgrastim-aafi injection, for subcutaneous or intravenous use | Indicated to: Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever. Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation the production of | 1,920 | 59,520 | N/A | N/A | N/A | Y | Y | | 12/28/2018 |
| Biologicals | Q5111 | Injection, pegfilgrastim- cbqv, biosimilar, (udenyca), 0.5 mg | 0.5 mg | 1/1/2019 | Udenyca™ | pegfilgrastim-cbqv injection, for subcutaneous use | Indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non- myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of behile neutropenia. Limitations of use: Udemye is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation. | 12 | 36 | N/A | N/A | N/A | Y | Y | | 1/9/2020 |
| Drugs | Q9991 | Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg | less than or equal to 100 mg | 7/1/2018 | Sublocade™ | buprenorphine extended- release injection, for subcutaneous use, less than or equal to 100 mg | Indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days. | 1 | 2 | 18 years | N/A | N/A | Y | Y | | 9/27/2018 |
| Drugs | Q9992 | Injection, buprenorphine extended-release (Sublocade), greater than 100 mg | greater than 100 mg | 7/1/2018 | Sublocade™ | buprenorphine extended- release injection, for subcutaneous use, greater than 100 mg | Indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days. | 1 | 2 | 18 years | N/A | N/A | Y | Y | | 9/27/2018 |
| Drugs | S0080 | Injection, pentamidine isethionate, 300 mg | 300 mg | 1/1/2000 | Pentam® 300 | pentamidine isethionate for injection | Indicated for the treatment and prevention of pneumonia caused by Pneumocystis carinii. | 2 | 42 | 4 months | N/A | N/A | Υ | Υ | | 8/24/2018 |

| The control of the | Biologicals | 50145 | Injection, pegylated interferon alfa-2a, 180 mcg per mL | 180 mcg | 7/1/2005 | Pegasys* | peginterferon alfa-2a injection, for subcutaneous use | Chronic Hepatitis C (CHC): *Adult Patients: In combination therapy with other hepatitis C virus drugs for adults with compensated liver disease. Pegasys monotherapy is indicated only if patient has contraindication or significant intolerance to other HCV drugs. *Pediatric Patients: In combination with ribavirin for pediatric patients 5 years of age and older with compensated liver disease. Chronic Hepatitis B (CHB): *Adult Patients: Treatment of adults with HBeAg-positive and HBeAg-negative chronic hepatitis B (CHB) infection who have compensated liver disease and evidence of viral replication and liver inflammation. *Pediatric Patients: Treatment of non-cirrhoic pediatric patients 3 years of age and older with HBeAg-positive CHB and evidence of viral replication and elevations in serum alanine aminotransferase (ALT). | 1 | 5 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication specific age restrictions: • Chronic Hepatitis C: 5 years of age and older • Chronic Hepatitis B: 3 years of age and older | 7/2/2018 |
|--|-------------|-------|---|----------|-----------|------------|---|--|-------|--------|---------------------------------------|----------|--------------|---|---|---|-----------|
| Supple S | Biologicals | 50148 | interferon alfa-2b, 10 | 10 mcg | 10/1/2010 | PegIntron® | injection, for subcutaneous | Indicated for treatment of Chronic Hepatitis C (CHC) in patients with compensated liver disease. | 21 | 105 | 3 years | N/A | N/A | Y | Y | | 6/7/2019 |
| Prop. Col. | Drugs | S0166 | Injection, olanzapine, 2.5 | 2.5 mg | 10/1/2004 | | | Indicated for the treatment of acute agitation associated with schizophrenia and bipolar I mania. | 12 | 372 | 13 years | N/A | N/A | Υ | Υ | | 9/21/2018 |
| Prop. 1975 | Drugs | S0189 | | 75 mg | 1/1/2002 | | | testosterone: • Primary hypogonadism (congenital or acquired) - testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testes syndrome; or orchiectomy. • Hypogonadotropic hypogonadism (congenital or acquired) - gonadotropic LHRH deficiency, or pituitary - | 6 | 6 | N/A | N/A | Males Only | Y | Y | | 9/21/2018 |
| Company Comp | Drugs | S0190 | | 200 mg | 1/1/2000 | Mifeprex® | | | 1 | 1 | N/A | N/A | Females Only | Υ | Υ | | 3/15/2019 |
| Company 1/2 | Drugs | S0191 | Misoprostol, oral, 200 | 200 mcg | 1/1/2000 | Cytotec* | | Indicated, in a regimen with mifepristone, for the medical termination of intrauterine pregnancy through 70 days | 4 | 4 | N/A | N/A | Females Only | Υ | Υ | | 5/30/2019 |
| selegisch 3950 Understellen beinges 15 1 1/1/2002 Pelgemenn** 1 | Drugs | 54993 | Contraceptive pills for | 1 tablet | 4/1/2002 | N/A | | Indicated as birth control. | 91 | 91 | 11 years | 55 years | Females Only | Y | Y | cannot be broken - max daily indicates one pack of 28 or 91 birth control pills depending on specific product • Max Monthly: Birth control packs cannot be broken - max monthly indicates up to two packs of 28 birth control pills | 6/19/2019 |
| projection, ferric prophosphase totate gooder, 0.1 mg of from the code would be seed as the projection of the code would be seed as the projection of the code would be seed as the projection of the code would be seed as the projection of the proj | Biologicals | J3590 | Unclassified biologics | 1 kit | 1/1/2002 | Zolgensma® | xioi suspension for | bi-allelic mutations in the survival motor neuron 1 (SMN1) gene. Limitation of Use: - The safety and effectiveness of repeat administration of Zolgensma have not been evaluated. - The use of Zolgensma in patients with advanced SMA (e.g., complete paralysis of limbs, permanent ventilator | 2 | 2 | | 2 years | N/A | Y | Y | | |
| Biologicals OS104 Af1/2018 Remfinish Af1/2018 Af1/2018 Remfinish Af1/2018 Remfinish Af1/2018 Remfinish Af1/2018 Af1/201 | Drugs | J1444 | pyrophosphate citrate powder, 0.1 mg of iron (This code would be used with the "JE" modifier, when administered via | 0.1 mg | 7/1/2019 | Triferic® | powder packet for | Indicated for the replacement of iron to maintain hemoglobin in adult patients with hemodialysis-dependent chronic kidney disease (HDD-CKD). Limitations of Use: • Triferic is not intended for use in patients receiving peritoneal dialysis. | 2,720 | 38,080 | 18 years | N/A | N/A | Y | Y | | 7/26/2019 |
| | Biologicals | Q5104 | biosimilar, (Renflexis), 10 mg | 10 mg | 4/1/2018 | Renflexis* | infliximat-abda for injection, for intravenous use | Crohn's Disease: Reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. Reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease. Pediatric Crohn's Disease: Reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy. Ulcerative Colitis: Reducing signs and symptoms, inducing and maintaining clinical remission and mucosal healing, and eliminating corticosteroid use in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. Pediatric Ulcerative Colitis: Reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy. Rehumatic Arthritis in combination with methotrexie: Reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active disease. Pediatric Reducing signs and symptoms in patients with active disease. Pediatric signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function. Plaque Psoriasis: *Reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function. Plaque Psoriasis: *Reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function. | 140 | 140 | | N/A | N/A | Y | Y | Crom's Disease: 6 years and older Ulcerative Colitis: 6 years and older Rheumatoid Arthritis in combination with methortexate: 18 years and older Ankylosing Spondylitis: 18 years and older Psoriatic Arthritis: 18 year and older Psoriatic Arthritis: 18 year and older Plaque Psoriasis: 18 years | 7/26/2019 |
| | Drugs | J0222 | | 0.1 mg | 10/1/2019 | Onpattro™ | | Indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults. | 300 | 600 | 18 years | N/A | N/A | Υ | Y | | 9/27/2019 |

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|-------------|-------|---|--------------------------|-----------|---|--|-----------|--------|---------------------------------------|-----------|-----|---|---|--|------------|
| Biologicals | J9309 | Injection, polatuzumab vedotin-piiq, 1 mg | 1 mg | 1/1/2020 | Polivy™ | polatuzumab vedotin-piiq for indicated in combination with bendamustine and a rituximab product for the treatment of adult patients with injection, for intravenous use relapsed or refractory diffuse large B-cell lymphoma, not otherwise specified, after at least two prior therapies | 280 | 560 | 18 years | N/A | N/A | Y | Y | | 1/9/2020 |
| Drugs | J9036 | Injection, bendamustine hydrochloride, (Belrapzo/bendamustine) , 1 mg | 1 mg | 7/1/2019 | Belrapzo™ | Indicated for treatment of patients with: bendamustine hydrochloride chronic lymphocytic leukemia (CLL). Efficacy relative to first line therapies other than chlorambucil has not been established: injection for intravenous use indicated for treatment devices and indicated been established: injection for intravenous use indicated for treatment devices and indicated been established: injection for intravenous use indicated for treatment of patients with: injection for intravenous use indicated for treatment of patients with: injection for intravenous use injection for intr | 300 th | 1,200 | 18 years | N/A | N/A | Y | Y | | 8/26/2019 |
| Vaccines | 90685 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use | 0.25 mL | 1/1/2013 | Fluzone® Quadrivalent; Afluria® Quadrivalent | influenza vaccine suspension for intramuscular injection and type B viruses contained in the vaccine. 2019-2020 Formula, 0.25 m. and type B viruses contained in the vaccine. | 1 | 2 | 6 months | 35 months | N/A | Y | N | | 8/26/2019 |
| Vaccines | 90662 | Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use | 0.5 mL | 1/1/2008 | Fluzone® High- Dose | influenza vaccine suspension indicated for active immunization for the prevention of influenza disease caused by influenza A subtype viruses for intramuscular injection and type B contained in the vaccine for use in persons 65 years of age and older. | 1 | 1 | 65 years | N/A | N/A | Y | N | | 8/26/2019 |
| Vaccines | 90687 | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use | 0.25 mL | 1/1/2013 | Fluzone® Quadrivalent | influenza virus vaccine, quadrivalent (IIIv4), spilt viruses contained in the prevention of influenza disease caused by influenza A subtype viruses virus, 0.25 mt. dosage, for intramuscular use | 1 | 2 | 6 months | 35 months | N/A | Y | N | | 8/26/2019 |
| Vaccines | 90653 | Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use | 0.5 mL | 1/1/2013 | Fluad® | influenza vaccine suspension indicated for active immunization for the prevention of influenza disease caused by influenza A subtype viruses for intramuscular injection and type B virus contained in the vaccine for use in persons 65 years of age and older. | 1 | 1 | 65 years | N/A | N/A | Υ | N | | 8/26/2019 |
| Biologicals | Q5107 | Injection, bevacizumab, (mvasi), 10 mg | 10 mg | 1/1/2019 | Mvasi™ | Indicated for the treatment of: • Metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment. • Metastatic colorectal cancer, in combination with fluoropyrimidine-irrinotecan- or fluoropyrimidine-oxaliplating based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen. - Limitations of Use: Mvasi is not indicated for adjuvant treatment of colon cancer. - Limitations of Use: Mvasi is not indicated for adjuvant treatment of colon cancer. - Limitations of Use: Mvasi is not indicated for adjuvant treatment of colon cancer. - Combination with carboplatin and paclitaxel for first-line treatment. - Recurrent glioblastoma in adults. - Metastatic real cell carcinoma in combination with interferon-alfa. - Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin, or paclitaxel and topotecan. | 210 | 420 | 18 years | N/A | N/A | Y | Y | | 8/29/2019 |
| Drugs | J0291 | Injection, plazomicin, 5 mg | 5 mg | 10/1/2019 | Zemdri™ | Indicated for the treatment of patients 18 years of age or older with complicated urinary tract infections (cUI including pyelonosphritis). Plazomicin injection, for intravenous use Illinited or no alternative treatment options. To reduce the development of drug-resistant bacteria and maintain effectiveness of Zemdri and other antibacterial drugs, Zemdri should be used only to treat infections that are proven or strongly suspected to be caused by susceptible microorganisms. | 420 | 2,940 | 18 years | N/A | N/A | Υ | Y | | 10/3/2019 |
| Drugs | J7314 | Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg | 0.01 mg | 10/1/2019 | Yutiq™ | fluocinolone acetonide intravitreal implant 0.18 mg, for intravitreal injection lindicated for the treatment of non-infectious uveitis affecting the posterior segment of the eye. | 36 | 36 | 18 years | N/A | N/A | Y | Υ | | 9/27/2019 |
| Biologicals | J3398 | Injection, voretigene neparvovec-rzyl, 1 billion vector genomes | 1 billion vector genomes | 1/1/2019 | Luxturna™ | voretigene neparvovec-rzyl intraocular suspension for subretinal injection associated retinal dystrophy. Patients must have viable retinal cells as determined by the treating physician(s). | 150 | 300 | 1 year | N/A | N/A | Y | Y | | 10/16/2019 |
| Biologicals | J9312 | Injection, ritusimab, 10 mg | 10 mg | 1/1/2019 | Rituxan® | Indicated for the treatment of adult patients with: Non-Hodgkin's Lymphoma (NHL) Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent. - Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to Ritusan in combination with chemotherapy, as single-agen maintenance therapy. Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after first-licy (cophosphamide, vincristine, and prednisone) (CVP) chemotherapy. Previously untreated diffuse large B-cell, CD20-positive NHL in combination with (cyclophosphamide, doxorubicin, vincristine, and prednisone) (CVP) or other anthracycline-based chemotherapy regimens. Chronic Lymphocytic Leukemia (CLI) - Previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC). Rheumatoid Arthritis (RA) in combination with methotrexate in adult patients with moderately-to severely-active RA who have inadequate response to one or more TNF antagonist therapies. Granulomatosis with Polyangitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangitis (MPA) in adult and pediatric patients 2 years of age and older in combination with glucocorticoids. | | 500 | Indication Specific (see comments) | N/A | N/A | Y | Y | Indication Specific: • NHL, CLL, RA, PV: 18 years of age and older • GPA and MPA: 2 years of age and older | 10/28/2019 |
| Drugs | J3490 | Unclassified drugs | 1 mg | 1/1/2000 | Bridion* | sugammadex injection, for intravenous use Indicated for the reversal of neuromuscular blockade induced by rocuronium bromide and vecuronium bromide adults undergoing surgery. | in 2,500 | 12,500 | 18 years | N/A | N/A | Υ | Υ | | 11/14/2019 |
| Diugs | | | | | + | | | | | | | + | | | |

| | | | | | | | | | 1 | | | | | | I | |
|---------------------|-------|---|--------|----------|------------|--|--|-----|-------|----------|-----|-----|---|---|---|-----------|
| Biologicals | Q5115 | Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg | 10 mg | 7/1/2019 | Truxima* | rituximab-abbs injection, for intravenous use | Indicated for the treatment of adult patients with: Non-Hodgkin's Lymphoma (NHL) Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent. Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to a ritusimab product in combination with chemotherapy, as single-agent maintenance therapy. Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy. Previously untreated diffuse large B-cell, CD20-positive NHL in combination with (cyclophosphamide, doxorubicin, vincristine, and prednisone) (CHDP) or other anthracycline-based chemotherapy regimens. Chronic Lymphocytic Leukemia (CLL) Previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC). Rehumatoid Arthritis (RA) in combination with methotrexate in adult patients with moderately-to severely-active RA who have inadequate response one or more TNE antagonist therapies. Granulomatosis with Polyangilis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangilis (MPA) in adult patients in combination with glucocorticoids. | 130 | 500 | 18 years | N/A | N/A | ٧ | Y | | 12/4/2019 |
| Biologicals | J0179 | Injection, brolucizumab- dbll, 1 mg | 1 mg | 1/1/2020 | Beovu® | brolucizumab-dbll injection, for intravitreal injection | Indicated for the treatment of Neovascular (Wet) Age-Related Macular Degeneration (AMD). | 12 | 24 | 18 years | N/A | N/A | Y | Υ | | 1/9/2020 |
| Biologicals | Q5114 | Injection, Trastuzumab- dkst, biosimilar, (Ogivri), 10 mg | 10 mg | 7/1/2019 | Ogivri™ | trastuzumab-dkst for injection, for intravenous use | Indicated for: The treatment of HER2-overexpressing breast cancer. The treatment of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma. Select patients for therapy based on an FDA-approved companion diagnostic for a trastuzumab product. | 112 | 196 | 18 years | N/A | N/A | Y | Y | | 12/4/2019 |
| Biologicals | J3590 | Unclassified biologics | 1 mg | 1/1/2002 | Adakveo® | crizanlizumab-tmca injection, for intravenous use | Indicated to reduce the frequency of vasoocclusive crises in adults and pediatric patients aged 16 years and older with sickle cell disease. | 700 | 1,400 | 16 years | N/A | N/A | Y | Υ | | 1/10/2020 |
| Immune Globulins | J1599 | Injection, immune globulin, intravenous, non- lyophilized (e.g., liquid), not otherwise specified, 500 mg | 500 mg | 1/1/2011 | Asceniv™ | immune globulin intravenous, human – slra 10% liquid | Indicated for the treatment of primary humoral immunodeficiency (PI) in adults and adolescents (12 to 17 years of age). | 230 | 460 | 12 years | N/A | N/A | Y | Y | | 1/10/2020 |
| Drugs | J3490 | Unclassified drugs | 1 mg | 1/1/2000 | Givlaari™ | givosiran injection, for subcutaneous use | Indicated for the treatment of adults with acute hepatic porphyria (AHP). | 378 | 756 | 18 years | N/A | N/A | Y | Υ | | 1/10/2020 |
| Biologicals | J3590 | Unclassified biologics | 1 mg | 1/1/2002 | Reblozyl® | luspatercept-aamt for injection, for subcutaneous use | Indicated for the treatment of anemia in adult patients with beta thalassemia who require regular red blood cell (RBC) transfusions. Limitations of Use: Rebloxyl is not indicated for use as a substitute for RBC transfusions in patients who require immediate correction of anemia. | 175 | 350 | 18 years | N/A | N/A | Y | Y | | 1/10/2020 |
| Biologicals | J3590 | Unclassified biologics | 0.5 mg | 1/1/2002 | Ziextenzo™ | pegfilgrastim-bmez injection, for subcutaneous use | Indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malipancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia. Limitations of Use: Ziextenso is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation. | 12 | 36 | N/A | N/A | N/A | Y | Y | | 1/10/2020 |
| Biologicals | J9999 | Not otherwise classified, antineoplastic drugs | 10 mg | 1/1/2000 | Padcev™ | enfortumab vedotin-ejfv for injection, for intravenous use | Indicated for the treatment of adult patients with locally advanced or metastatic urothelial cancer who have previously received a programmed death receptor-1 (IPD-1) or programmed death ligand 1 (IPD-11) inhibitor, and a platium-containing chemotherapy in the neoadjuvant/adjuvant, locally advanced or metastatic setting. | 13 | 52 | 18 years | N/A | N/A | Y | Υ | | 1/30/2020 |
| Biologicals | 19999 | Not otherwise classified, antineoplastic drugs | 10 mg | 1/1/2000 | Enhertu® | fam-trastuzumab deruxtecan nxki for injection, for intravenous use | Indicated for the treatment of adult patients with unresectable or metastatic HER2-positive breast cancer who have received two or more prior anti-HER2-based regimens in the metastatic setting. | 80 | 160 | 18 years | N/A | N/A | Y | Υ | | 1/30/2020 |